

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

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. for RGM

Richard G. Mende Director, Site Operations

Attachments (3) Enclosures (2)

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



Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

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 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 -

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

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 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 -

3800-FM-WSFR0189 6/2006



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	FirstEnergy	Nucear Operating Company							
Address:	P.O. Box 4	-							
	Shippingpor	t, PA 15077							
	Beaver Valle	ey Power Station							
	PERMIT	NUMBER			MONITO Year/	RING F Month/			
	PA002	25615	2006	10	01	то	2006	10	31
					• • • • • • •				
PARAME	TER	ANALYSIS METHOD			ie) - ¹		LABI	DNUMBE	R ²
Powerline 3627	(Clamtrol)	Photometric Determination	Beaver	Valley Pov	ver Station		C	4-2742	
Bentonite Detox DT-1)		Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645	Beaver	Valley Pov	ver Station		Ć	4-2742	
Total Residual	Chlorine	EPA 330.5	Beaver	Valley Pov	ver Station		C	4-2742	
Free Available	Chlorine	EPA 330.5	Beaver	Valley Pov	ver Station		C	4-2742	
рН		EPA 150.1	Beaver	Valley Pov	ver Station		C	4-2742	
Temperal	ure	EPA 170:1	Beaver	Valley Pov	ver Station		C	4-2742	
Flow		NA	Beaver	Valley Pov	ver Station		C	4-2742	
Total Suspende	ed Solids	EPA 160.2	Beaver	Valley Pov	ver Station		C.	4-2742	
Hydraziı	ne	ASTM D1385-01	Beaver	Valley Pov	ver Station		C	4-2742	
Fecal Coli	form	Standard Method 9222D	Beaver	Valley Pov	ver Station		Ç.	4-2742	
Oil and Gr	ease	EPA 1664 Rev A	FirstEr	nergy Corp	-Beta Lab		6	8-01120	
Total Dissolve	d Solids	EPA 160 1	FirstEi	nergy Corp	Béta Lab		6	8-01120	

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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

•	
Phone:	724-682-7773
•	

Signature of Principal Executive Officer or Authorized Agent tor

Richard G. Mende, Director, Site Operations Date: 11 - 22 - 06

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.

3800-FM-WSFR0189 6/2006



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	FirstEnergy 1	Nucear Operating Company										
Address:	P.O. Box 4											
	Shppingport,	PA 15077										
	Beaver Valle	y Power Station		<u></u>								
	PERMIT N	UMBER			MONITO Year/	RING F Month/						
	PA002	5615	2006	10	01	то	2006	10	31			
· · ·			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	·	•••••••••••••••••••••••••••••••••••••••					
PARAMET	reR	ANALYSIS METHOD		LAB NAM	E		L'AB I	D NUMBE	R ²			
Zinc		EPA 200.7	FirstEn	ergy Corp-	Beta Lab		68	3-01120				
Coppe		EPA 200.7	FirstEn	ergy Corp-	Beta Lab		68	3-01120				
Iron		EPA 200.7	FirstEn	ergy Corp-	Beta Lab		68	3-01120				
Chromiu	m.	EPA 200.7	FirstEn	ergy Corp-	Beta Lab			3-01120				
Ammoni	a	EPA 350.3	FirstEnergy Corp-Beta Lab				68-01120					
CBOD-5 [Day	SM5210 B	Firs	stechnology	y, Inc.			3-00434				
Cyanide	Э	EPA 335.2	Fire	stechnology	y, Inc.		68	3-00434				
Chlorobenz	zene	EPA 624	Firs	stechnology	y, Inc.		68	8-00434				
								J. J.				
				and a second			an a					
							e Arthur - Arthur -					

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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Signature of Principal Executive Officer or Phone: 724-682-7773 Authorized Agent Date: 11-22-06

Richard G. Mende, Director Site Operations

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.

Çe.

DISHARGE 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: Year:	October 2006					
Permittee:	FEN	DC					
Plant:	Beav	er Valley Power Station					
NPDES:	PA00	025615					
Municipality	: Shipp	Shippingport Borough					
County:	Beav	er					
Unit 1	L						
For sludge that is incin	erated:						
Pre-incineration	weight =	dry tons					
Post-incineratio	n weight :	= drv tons					

		HAULED AS	LIQU	UID SLUDGE	2	······································	H	IAUL	ED AS DEWA'	TERE	D SLUDGI	E		
(Gallons)	x	(% Solids)	x	(Conversion Factor)	ו =	Dry Tons	(Tons of Dewater Sludge)	x	(% Solids)	x	(.01)	Ŧ	Dry Tons	
 36000		2.0	Ť	.0000417		3.00			(// 200200)	<u> </u>	.01			
														_
				······································							- <u></u>			_
 							·		· · · · · · · · · · · · · · · · · · ·					
 · · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·												
 		····					·····							
 									4					
					· ·								·	
 											<u></u>			
•			·	TOTAL	= _	3.00				TOT	IAL	=		

SLUDGE PRODUCTION INFORMATION (prior to incineration)

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

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

g'abres Althomes Signature 1/21/06 **Chemistry Manager** (724) 682-4141 (SSR-1 3/21/91) Title Telephone Date

DISHARGE 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.

Μ	Ionth:	October
Y	ear:	2006
Permittee:	FEN	OC
Plant:	Beav	er Valley Power Station
NPDES:	PAO	025615
Municipality:	Ship	bingport Borough
County:	Beav	er
Unit 2		
For sludge that is incine	rated:	
Pre-incineration v	veight =	dry tons
Post-incineration	weight	= dry tons

			HAULED AS	LIQU	ID SLUDGE			H	AULI	ED AS DEWA'	FERE	D SLUDGE	
					(Conversion			(Tons of		(~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
	(Gallons)	X	(% Solids)	X	Factor)	=	Dry Tons	Dewater Sludge)	X	(% Solids)	<u>X</u>	(.01) :	= Dry Tons
_	32000		2.0		.0000417		2.67					.01	
-													
					· · · · · ·								
							_						
_													
				T	OTAL	Ξ	2.67				TOT	'AL =	

SLUDGE PRODUCTION INFORMATION (prior to incineration)

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

	Site 1	Site 2	Site 3	Site 4
	Borough of Monaca			
Name:	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)

Signature

Chemistry Manager Title

11/21/06

Date

(724) 682-4141 Telephone

nev. Na Charles (1999)		NATIONA	AL POLLUTANT DIS DISCHARGE N		LIMINATION SYS G REPORT (DMR)			•			n Approved 3 No. 2040-0004
PERMITTEE NAME/ADDRESS (Include Fac	ility Name/Location if I	Different)	•	ι.							Page 1
NAME: FIRST ENERGY NUCLE ADDRESS: PA ROUTE 168 SHIPPINGPORT, PA .15	1		PA0025615 PERMIT NUMBE	R	001A DISCHARGE NUM	IBER		DMR MAILIN MAJOR	IG ZIP Ĉ	ODE: 15077	/0004
FACILITY: BEAVER VALLEY POWE LOCATION: PA ROUTE 168 SHIPPINGPORT, PA 15 ATTN:ELIZABETH THOMAS/MGR EN	0770004	FRC	YEAR MO	DAY 01 TO	YEAR MO	DAY 31		(SUBR05) UNITS 1&2 (External Outl		TOWER BLW No Data Ir	
<u></u>		OUAN	TITY OR LOADING	•				· · · · · · · · · · · · · · · · · · ·	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALITY OR CONC			EX .	OF ANALYSIS	TYPE
 pH	SAMPLE	N/A	N/A	N/A		N/A	7,61	PH		1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	7.58		1.01	рн	0		GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.03	8.1	malL	Ö	117*	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A				篇 V 加 ma/L			A SIGRATION
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1**	<0.1**	mall	0	2 DSCH	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A			THE STATIST	mg/L		NA When's a NG SCHUDINGEN	PCOMPULE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	20.1	31.8	mbn	N/A	N/A	N/A	N/A	-	Daily	Cont
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	CENTRAL MORE FROM THE MICE AVIA		Mgal/d				N/A			
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.05	0.19	mall	0	7130	GRAB
50060 1 0 Effluent Gross				N/A		A CE A		mg/L		NAME OF T	TORABL
Chiorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	800.0	0.08	mall	0.	Cont	ACRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A				mg/L			DROORDRE
	SÁMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005 ***	<0.005	male	Ó	1/7*	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A			TRAILY MAN	Q' mg/L .		a weekiy :	IGRAB

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 property gather and		TELEPHONE	DATE	
R & MENNE DiARCONSINE	 evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or thore persons directly responsible for gathering the information, the information submitted is, to the based of my knowledge and belief, true, securate, and complete. I am sware that there are significant 		724 682 7773	06 11	25
TYPED OR PRINTED	pensities for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code NUMBER	YEAR MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATI	ONS (Reference all attachments here) * WETLAYUP	10-13-06 -7 11-5-06 JPC 11-21-0	6	·	·
HYDRAZINE AND AMMONIA MONITORING TO APPL	LY DURING PERIODS OF WET LAYUP REPORT THE DAILY MAXIMI	UM FOR BETZ DT-1 WHEN DISCHARGING. THE LIMIT IS: is minimum detectable level. 3pc	15 MG/L AS A DAILY MAX.		
EPA Form 3320-1 (Rev.01/06) Previous editions may be use	* *** BETZ DT-1 WAS 15	3.2 mg/2 AVERAGE AND 15	1.6 mg/2 man Spc 11-2	inum for	the per

· · ·

No Data Indicator

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME: FIRST ENERGY NUCLEAR OPERATING DMR MAILING ZIP CODE: 150770004 PA0025615 002A ADDRESS: PA ROUTE 168 PERMIT NUMBER DISCHARGE NUMBER MAJOR SHIPPINGPORT, PA 150770004 FACILITY: BEAVER VALLEY POWER STATION MONITORING PERIOD LOCATION: PA ROUTE 168 YEAR MO DAY YEAR MO DAY SHIPPINGPORT, PA 150770004

FROM

06

10

(SUBR05) INTAKE SCREEN BACKWASH External Outfall

ATTN:ELIZABETH THOMAS/MGR ENV&CHEM

PARAMETER		QUAN	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	Mgai/d	N. CROOLES			N/A		Weekly	ESTIMA

01

TO

06

10

31

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 sarve that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persona directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, me, ecurate, and complete. J an aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing TELEPHONE DATE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER for RGM ŻZ DiRector site 06 724 6827773 MENDE (+ operations SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OF AREA Code NUMBER YEAR MO DAY TYPED OR PRINTED AUTHORIZED AGENT

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

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA_150770004
FACILITY:	BEAVER VALLEY POWER STATION
LOCATION:	PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN:ELIZABETH THOMAS/MGR ENV&CHEM

	PA002	25615		003A				
F	PERMIT	NUMBE	R	D	DISCHARGE NUMBER			
	[N		RING	PERIOD)		
	YEAR	MO	DAY		YEAR	MO	DAY	
FROM	06	10	01	то	06	10	31	

		Page 3
DMR MAILING ZIP COL	E: 15077	0004
MAJOR		•
(SUBR05)		
003		1 .
External Outfall	· · ·	
•	No Data In	dicator 🦳

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	moo	N/A	N/A	N/A	N/A	0	2/31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon: MO(AVG	Req. Mon. DAILY(MX)	Mgai/d				N/A		• Twice Per. • Month	ESTIMA

	· · · · · · · · · · · · · · · · · · ·					
NAME/ITTLE 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		TELEPHONE	<u>٦</u>	DATE	
DI ha E in C Di Rectonsite	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those person 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	X man Junto for Rong	774 682-7173	06	11	22
	penalties for submitting false information, including the possibility of fine and imprisonment for knowing stolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATION	NS (Reference all attachments here)	· · ·				

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

Form Approved	
OMB No. 2040-00	04

Form Approved OMB No. 2040-0004

Page

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY:	BEAVER VALLEY POWER STATION
LOCATION:	PA ROUTE 168 SHIPPINGPORT, PA 150770004

	PA002	25615			· 0	04A		
F	ERMIT	NUMBE	R	DISCHARGE NUMBER				
		. 1	IONITO	RING	PERIO))		
	YEAR	MO	DAY		YEAR	MO	DAY	
FROM	06	10	01	то	06	10	31	

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) UNIT ONE COOLG TOWER OVERFLOW 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			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			•	6 MINIMUM≷~~∽	******	9 MUMIXAM	pН		Weekiy	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						S Weekly*	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT							•			
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5 MO AVG	a1125 ≄INST MAX	mg/L		- Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT			* <u> </u>				•			
50064 1 0 Effluent Gross	PERMIT REQUIREMENT					AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB*

		/						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and	. 1		TEL	LEPHONE	• •	DATE	
	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, twe, accurate, and complete. I am aware that there are significant		man finite for Rom	724-1	682-7773	06	11	22
K. Ir. MENDE Operations TYPED OR PRINTED	penalties for submitting faise information, including the possibility of fine and imprisonment for knowing violations.	SIGNATL	JRE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY
			· · ·	-				

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

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

NAME:FIRST ENERGY NUCLEAR OPERATINGADDRESS:PA ROUTE 168
SHIPPINGPORT, PA 150770004FACILITY:BEAVER VALLEY POWER STATIONLOCATION:PA ROUTE 168
SHIPPINGPORT, PA 150770004

ATTN:ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 006A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD YEAR DAY YEAR MO DAY MO FROM 06 10 01 то 06 10 31

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

No Data Indicator

Form Approved OMB No. 2040-0004

PARAMETER		QUANT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	MOD	N/A	N/A	N/A	N/A	J	1/7	EST
50050 1 0 Effluent Gross		Reg Mon MO AVG	Req Mon. DAILY MX a	Mgal/d				N/A		Weskly	ESTIMA -

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 personal property gather and evaluate the information nybmitted. Based on ny inquity of the person or personar who manage the DATE TELEPHONE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER ton RGN Directorsite evaluate us information atomitate, assets on my inquiry of us perion or perions woo manage use system, or those persons directly responsible for gathering the information, the informations without 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. 22 06 724-682-1723 R 5 MENDE Operations SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER YEAR MO DAY TYPED OR PRINTED AUTHORIZED AGENT

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

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

• •

Form Approved OMB No. 2040-0004

Week

Page 6 PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) DMR MAILING ZIP CODE: 150770004 NAME: FIRST ENERGY NUCLEAR OPERATING 007A PA0025615 ADDRESS: PA ROUTE 168 MAJOR PERMIT NUMBER DISCHARGE NUMBER SHIPPINGPORT, PA 150770004 (SUBR05) FACILITY: BEAVER VALLEY POWER STATION MONITORING PERIOD AUX, INTAKE SYSTEM LOCATION: PA ROUTE 168 External Outfall YEAR DAY YEAR MO DAY MO SHIPPINGPORT, PA 150770004 No Data Indicator FROM 06 10 01 то 06 10 31 ATTN: ELIZABETH THOMAS/MGR ENV&CHEM SAMPLE NO. FREQUENCY 机体工作 QUANTITY OR LOADING QUALITY OR CONCENTRATION OF ANALYSIS EX TYPE PARAMETER UNITS VALUE VALUE VALUE UNITS VALUE VALUE 14 1 1 1 1 SAMPLE pН MEASUREMENT 6 MINIMUM 00400 1 0 PERMIT MAXIMUM Weekly pH Effluent Gross REQUIREMENT SAMPLE Flow, in conduit or thru treatment plant MEASUREMENT Reg Mon DAILY MX & R 50050 1 0 PERMIT Req Mon Mgal/d Effluent Gross REQUIREMENT SAMPLE Chlorine, total residual MEASUREMENT 5 MO:AVG 1.25 INST MAX Weekly 50060 1 0 PERMIT GRAB REQUIREMENT .mg/L Effluent Gross M. Carrol SAMPLE Chlorine, free available MEASUREMENT

Sec. 2

MAXIMUM

ma/L

AVERAG

B. G. MENDE Dr. Rector Site Site of or submitted persons of consumer and complete. I an aware that there are significant persons do for submitting false information, the uniformation and the person of consumer and complete. I an aware that there are significant persons do for submitting false information, including the possibility of fine and imprisonment for knowing Manual Constraints and complete. I and aware that there are significant persons do for submitting false information, the uniformation and the person of constrainted in the person of constrai	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 property gather and				TEL	EPHONE		DATE	
D. G. MENDE OPERATIONS penaltics for ubmitting false information, including the possibility of fine and imprisonment for knowing SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER YEAR MO DAY	Q DiRector Site	system, or those persons directly responsible for gathering the information, the information submitted is,	K	mon /in	ite for RGM	77.4	6927773	06	11.	22
		penalties for submitting false information, including the possibility of fine and imprisonment for knowing				AREA Code	NUMBER	YEAR	мо	DAY

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

PERMIT

REQUIREMENT

...........

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

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

50064 1 0

Effluent Gross

Form Approved

OMB No. 2040-0004

Page 7 PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) DMR MAILING ZIP CODE: 150770004 NAME: FIRST ENERGY NUCLEAR OPERATING PA0025615 **A800** ADDRESS: PA ROUTE 168 DISCHARGE NUMBER MAJOR PERMIT NUMBER SHIPPINGPORT, PA 150770004 (SUBR05) FACILITY: BEAVER VALLEY POWER STATION MONITORING PERIOD UNIT 1 COOLING TOWER PUMPHOUSE LOCATION: PA ROUTE 168 External Outfall YEAR МО DAY YEAR MO DAY SHIPPINGPORT, PA 150770004 No Data Indicator FROM 01 06 10 31 06 10 то ATTN:ELIZABETH THOMAS/MGR ENV&CHEM

PARAMETER		QUANT	TITY OR LOADING		QI	JALITY OR CONC	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIM⊍M		99 MAXIMUM	рН		Monthi	GRABI
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO,AVG	100 DAILY MX	mg/L		Twice Ren Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556_1 0 Effluent Gross	PERMIT REQUIREMENT					T MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB(
	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req. Mon DAILY MX	Mgal/d		1000 1000 1000 1000 1000 1000 1000 100	energy (⊷.Weekly a	ESTIIMA

· · · · · · · · · · · · · · · · · · ·		/						·	
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	. /1	· //	0 0.	TEL	EPHONE		DATE	
D / In FAIL DI Rector SILE	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 an aware that there are similarity.	1 Jun	n'/u	ite for Ron	7746	577773	06	11	22
TYPED OR PRINTED	peadities for submitting false information, including the possibility of fine and imprisonment for knowing violations.	I SIGNATORE OF FRI	NCIPAL EXE	CUTIVE OFFICER OR	AREA Code	NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY VIOLAT	ONS (Reference all attachments here)	· · · · · · · · · · · · · · · · · · ·					·		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME: FIRST ENERGY NUCLEAR OPERATING PA0025615 DMR MAILING ZIP CODE: 150770004 010A ADDRESS: PA ROUTE 168 PERMIT NUMBER DISCHARGE NUMBER MAJOR SHIPPINGPORT, PA 150770004 (SUBR05) FACILITY: BEAVER VALLEY POWER STATION UNIT 2 COOLING WATER MONITORING PERIOD LOCATION: PA.ROUTE 168 YEAR MO External Outfall DAY YEAR MO DAY SHIPPINGPORT, PA 150770004 FROM 06 No Data Indicator 10 01 то 06 10 31 ATTN: ELIZABETH THOMAS/MGR ENV&CHEM NO. SAMPLE FREQUENCY QUANTITY OR LOADING QUALITY OR CONCENTRATION OF ANALYSIS EX PARAMETER TYPE VALUE VALUE UNITS VALUE VALUE VALUE UNITS SAMPLE N/A N/A N/A DH. N/A oH 4q 6.80 117 GRAB MEASUREMENT 0 00400 1 0 PERMIT N/A MINIMUM Effluent Gross MAXIMUM (GR/ REQUIREMENT pН SAMPLE N/A NA CLAMTROL CT-1, TOTAL WATER * N/A N/A ¥ ⋇ × mgl * MEASUREMENT 04251 1.0 PERMIT 1.0 N/A Effluent Gross REQUIREMENT INSTIMA mg/L SAMPLE N/A Flow, in conduit or thru treatment plant N/A 6:33 N/A N/A 5,76 men (MEAS MEASUREMENT 50050 1 0 PERMIT N/A Effluent Gross REQUIREMENT Mgal/d SAMPLE N/A N/A N/A Chlorine, total residual N/A mall 17 0.038 0.17 0 GRAB MEASUREMENT 50060 1 0 PERMIT N/A **INST**IMAXX Effluent Gross REQUIREMENT mg/L SAMPLE N/A Chlorine, free available N/A N/A N/A 0.054 0.11 О GRAB MEASUREMENT mall 50064 1 0 PERMIT N/A Effluent Gross REQUIREMENT mg/L

<u> </u>		A				•	
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 property gather and			EPHONE	· · · · · ·	DATE	
R (, home a) DE OI Acctor site	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persona directly responsible for gishering the information, the information submitted is, to the best of my knowledge and belief, true, securate, and complete. I am aware that there are significant	I man hit for Rom	724 6	6827773	06	11	22
TYPED OR PRINTED	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREAICode	NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY VIOLAT	ONS (Reference all attachments here) 🖌 AOO CT - L DT	ESCHARGE THIS PERFOD JPC 11-21-06	5				سيب
REPORT THE DAILY MAXIMUM FOR BETZ DT-1 W	HEN DISCHARGING (24 HR. COMP.) : MG/L. (THE LIMIT IS 35 M	G/L AS A DAILY MAX.)				• .	· ·

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

Form	Арр	roved
омв	No.	2040-0004

Form Approved OMB No. 2040-0004

PERMITTEE N	AME/ADDRESS (Include Facility Name/Location if Different)										•		•	Pa	ige (
NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004		PA00 PRMIT	25615 NUMBE	R	D	0 ISCHAR	11A GE NU	MBER	М	MR MAILING IAJOR SUBR05)	ZIP C	ODE: 15077	0004	
FACILITY:	BEAVER VALLEY POWER STATION PA ROUTE 168	·				RING	PERIOD				IESEL GEN &		BINE DRAINS		
LOCATION:	SHIPPINGPORT, PA 150770004		YEAR	MO	DAY		YEAR	MO	DAY	E	xternal Outfall				
ATTN:ELIZA	BETH THOMAS/MGR ENV&CHEM	FROM	06	10	01	то	06	10	31				No Data In	dicator	
	•	• .		•		•									
······		QUANTITY	0810			T			JUALIT			NQ.	FREQUENCY	SAMP	LE

	PARAMETER		QUANT	TTY OR LOADING		Q	UALITY OR CONC		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	mbD	N/A	N/A	N/A	N/A	- 1	117	EST
50050 Efflue	0 1 0 ent Gross	PERMIT REQUIREMENT	Reg Mon. MO AVG	Req: Mon. DAILY MX	Mgal/d			******	N/A		Weekly	LESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER lecrify under penalty of law that this document and all attachments were prepared under my direction or my direction or approximation in accordinate with a system dating due penalty of person or process who mange the anomalian attachments were prepared under my direction or any induity of the person or persons who mange the anomalian attachments were prepared under my direction or any induity of the person or persons who mange the anomalian attachments were prepared under my direction or any induity of the person or persons who mange the anomalian attachments were prepared under my direction or any induity of the person or persons who mange the person or persons who mange that there are are information attachments attachment is automaticed. If the person or persons directly responsible for gathering the information, the information automaticed. If the person or persons directly responsible for gathering the information, including the possibility of fine and imprisonment for knowing violations. Telephone DATE Dia Code To Principal EXECUTIVE OFFICER OR TYPED OR PRINCIPAL EXECUTIVE OFFICER OR Violations. Dia Code To Principal Executive of the principal Executiv				Λ	\land					
R.G. MENDE OPERAtions United Black and belief, use acutate, and complete. I an aware that there are ignificant in the information automitted is a significant information a	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		. 1.			TEL	EPHONE		DATE	
Violational AREA Code NUMBER VEAR MOLDAY		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, rue, securate, and complete. I am aware that there are significant	A		un le le	7246	825773	06	11	22
		penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATU			AREA Code	NUMBER	YEAR	MO	DAY

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

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING 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 MO DAY YEAR DAY YEAR MO FROM 06 10 01 то 06 10 31

• •
_

No Data Indicator

Form Approved OMB No. 2040-0004

PARAMETER					Q	· ·	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE UNITS		VALUE VALUE		VALUE	UNITS			
рН	SAMPLE MEASUREMENT	•									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	1997 - 19		•	6 MINIMUM	an and the second second	9 MAXIMUM	pН		Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT						•			-	
01042 1 0 Effluent Gross	PERMIT REQUIREMENT					Reg: Mon. MO AVG	Reg: 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 MX4	mg/L		Months	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	Reg: Mon. DAILY MX	Mgal/d						Once Perils Month	ESITIMA
Solids, total dissolved	SAMPLE MEASUREMENT										
70295 1 0 Effluent Gross	PERMIT REQUIREMENT					Reg Mon MO AVG	DAILY MX	mg/L		TwicelPerin Montheat	GRAB

· · · · · · · · · · · · · · · · · · ·							•		
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in secondance with a system designed to assure that qualified personnel property gather and	-1		0	TEL	EPHONE	· · · · · ·	DATE	
	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, nue, accurate, and complete. I am aware that there are significant	1. k	ion / unt	-pr R.GM	7746	82 7773	06	11	22
K.G. MENDE operations TYPED OR PRINTED	pensities for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF	PRINCIPAL EXECU AUTHORIZED AGE		AREA Code	NUMBER	YEAR	см	DAY

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

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

OMB No. 2040-0004

Page 11

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

	PA002	25615			0	13A	
P	PERMIT	NUMBE	R	DI	SCHAR	GE NU	MBER
		٨	IONITO	RING	PERIOD	>	· · · · ·
	YEAR	N MO		RING	PERIOD) MO	DAY

DMR MAILING ZIP CODE:	150770004	
MAJOR	÷ .,	
(SUBR05)	1. 1. A.	
OUTFALL 013	•	
External Outfall		

No Data Indicator

PARAMETER		QUANT	TTY OR LOADING		Q	JALITY OR CONC	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	UNITS VALUE VALUE		VALUE UNITS				
pH	SAMPLE MEASUREMENT	N/A	N/A ·	N/A	6.51	N/A	7.12	pH	0	117	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A				рН			GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	40.01 *	<0.01 *	mall	0	z/31	24 48 2000
00720 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		CREELMONG MOVAVG	DAILYIMAD	mg/L		n Kwiger Pielse Monthere	LCOME 4
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0025	0.005	mall		2/31	Z41 HR Comp
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MOAVCLES		mg/L,		Contwict de la service Montitue	n comeza y
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	NIA	<0.00 ³ *	50.005**	mall	0	2/31	Z4 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A			NA RUG MBANAN NGAILY MX	mg/L		en tiwlenisten H 14.00500 (State	COMP244
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2510.0	0.0146	mGD	N/A	N/A	N/A	N/A		2/31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT		Regimbed uses DALDY MX	Mgal/d				N/A			EST MAR

		/	(Λ		_				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or aupervision in accordance with a system designed to assure that qualified personnel property gather and			///	<u> </u>	TE	LEPHONE	DATE		
	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or these persons directly responsible for gathering the information, the information submitted is, to the best of my knowledges and belief, thus, security and complete. I am aware that there are significant		hron .	the second s	tor RGM	724	6827773	06	11	25
TYPED OR PRINTED	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	· ·	AUTHORIZ	ED AGI	ENT	AREA Code		YEAR	мо	DAY
THERE SHALL BE NO RECOMPOSE OF FLOATING COURS OF VISIBLE FOAM IN OTHER THAN TRACE ANOUNTS			•		um de tectabl					
·····	<u> </u>		15 marc	<u>15 n</u>	ninimum det	ecta bl	e cevel.	arc 11-1	100	

Form Approved

OMB No. 2040-0004

Page 12

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)									Page 1
NAME: FIRST ENERGY NUCLEAR OPERATING ADDRESS: PA ROUTE 168 SHIPPINGPORT, PA 150770004	F	PA0025615 PERMIT NUMBER			101A DISCHARGE NUMBER			MBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: BEAVER VALLEY POWER STATION			M	IONITO	RING	PERIO) ¹ .		101 CHEMICAL WASTE TREATMENT
LOCATION: PA ROUTE 168 SHIPPINGPORT, PA 150770004		YEAR	MO	DAY		YEAR	MO	DAY	Internal Outfall
ATTN:ELIZABETH THOMAS/MGR ENV&CHEM	FROM	06	10	01	ТО	06	10	31	No Data Indicator

PARAMETER		QUANT	TTY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT									¢.	•
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9****	pН		29 Weekly 1	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1000 				30 MO AVG	100_ DAILY MX	mg/L		Weekly	COMP 2.
Oil & grease	SAMPLE MEASUREMENT		· ·								
00556 1 0 Effluent Gross	PERMIT REQUIREMENT				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	15 MO'AVG	20 DAILY MX	mg/L		weekiv. ™	C GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT		ра С			Reg Mon MO AVG	Req: Mon. DAILY MX	mg/L		Waekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	Reg Mon: a St DAILY MX	Mgal/d						Daily	CONTINA
Hydrazine	SAMPLE MEASUREMENT								-		
81313 1 0 Effluent Gross	PERMIT REQUIREMENT		****** ******			Reg: Mon. MO AVG	Reg Mon. DAILY MX	mg/L		/_Weekly/	GRAB

		/	1	1					
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 gualified personnel properly gather and	7/				LEPHONE		DATE	
DI Recton Site	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, uque, accurate, and complete. I am aware that there are significant				1/61	682-1173	06	12	22
K.G. MENDE OPERations TYPED OR PRINTED	penalties for submitting faise information, including the possibility of fine and imprisonment for knowing violations.	SIGNATO		AL EXECUTIVE OFFICER OR	AREA Code	NUMBER	YEAR	мо	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.

Form Approved

OMB No. 2040-0004

ERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)							. /		•.		Page 13	
NAME: FIRST ENERGY NUCLE ADDRESS: PA ROUTE 168 SHIPPINGPORT, PA 15		PA0025615 102A PERMIT NUMBER DISCHARGE NUMBER				BER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)					
FACILITY: BEAVER VALLEY POWE	ER STATION		N		•	2 INTAKE	SCREEN	IHOUSE	11 A. A. A.			
LOCATION: PA ROUTE 168		· · ·	YEAR MO DAY YEAR MO DAY Internal Outfall									
SHIPPINGPORT, PA 15	FRC	OM 06 10	01 то	06 10	31			· ·	No Data In	dicator		
ATTN:ELIZABETH THOMAS/MGR EN	V&CHEM	· .		<u> </u>	· · · · · · · · · · · · · · · · · · ·							
PARAMETER		QUANTITY OR LOADING QUALITY O			JALITY OR CONC	OR CONCENTRATION			FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE UNITS		VALUE	VALUE	VALUE	UNITS		:		
рН	SAMPLE MEASUREMENT	N/A N/A N/A		7.56	N/A	7.87	pH	0	2131	GRAB		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MINIMUM		pН		Twice Per Month	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	15.8	17	mall	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 [*]	<u>(</u> خ *	mall	0	2/31	GRAB	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	and the	•••••	ALL A MARKED AND A		15 TMO AVG	20 DAILY:MX	V mg/L		TwicelPerl Month	GRABA	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	50.001	40.001	MED	N/A	N/A	N/A	N/A		2131	EST	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg :Mon MO AVG	Reg :Mon DAILY MX	Mgal/d				N/A .		MwicelPer.≯ Month:≉t	ESTIMA	

	•	\wedge							<u> </u>	
	enalty of law that this document and all attachments were prepared under my direction or coordance with a system designed to assure that qualified personnel property gather and				TEL	EPHONE		DATE		
Di Rector Site system, or those p	ormation submitted. Based on my inquiry of the person or persons who manage the persons directly responsible for gathering the information, the information submitted is, y knowledge and belief; thue, accurate, and complete. I am aware that there are significant	TV	uan mite to	r RGM	724.	682-7773	06	$\left(\right)$	22	
TYPED OR PRINTED	y distributed with owner, and sectores, and conjugates of an and denote a sector of the sector of th	SIĞNATUR	E OF PRINCIPAL EXECU AUTHORIZED AGE		AREA Code	NUMBER	YEAR	мо	DAY	•
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Refere	ence all attachments bere)									

5 mg/L

ì≤

minimum detectable

-71-06

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all allacianing inco, SAMPLES SHALL BE TAKEN AT THE DISCHARGE OF COLLECTED PUMP BEARING LEAKAGE PRIOR TO MIXING WITH ANY OTHERWATER.

Form Approved OMB No. 2040-0004

vice Pe

IN/A

PERMITTEE NAME/ADDRESS (Include Fac.	ility Name/Location if I	Different)				· ·			•	ч. <u>х</u>	Page 14
NAME: FIRST ENERGY NUCLEA ADDRESS: PA ROUTE 168 SHIPPINGPORT, PA 150		• • •	PA0025615 PERMIT NUMB	ER	103A DISCHARGE NUM	BER	· N	MR MAILIN 1AJOR SUBR05)	ig zip c	ODE: 15077	0004
FACILITY: BEAVER VALLEY POWE LOCATION: PA ROUTE 168			YEAR MO			DAY	S	SLUDGE SE		BASIN	
SHIPPINGPORT, PA 15 ATTN:ELIZABETH THOMAS/MGR EN		FRO	DM 06 10	01 тс	06 10	31				No Data Ir	idicator
PARAMETER		QUAN			Q		ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7,40	N/A	8.00	ρH	0	2/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	1995 - 1995 -	******* 1.1.5 2 ³² 4	N/A			9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	9.4	12.6	mg/L	0	2131	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	······		N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per. Month	GOMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0121	0.0223	MGD	N/A	N/A	N/A	N/A	-	29/31	meas

Mgal/d

	·		Λ					
	I certify under pensity 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				TELEPHONE		DATE	
	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. J am aware that there are significant		from firste for RGM		682.7773	06	10	22
TYPED OR PRINTED	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violation.	SIGNATUR	RE OF PRINCIPAL EXECUTIVE OFFICER AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIC	DNS (Reference all attachments here)							
SAMPLES SHALL DE TAKEN AT OVERELOWEROM I	THE BASIN BRIOR TO MILING WITH ANY OTHER WATER							

OTHER WATER. LOWFROM THE RIOR TO MIXING WITH ANY

PERMIT REQUIREMENT

* * Reg Mon MO AVG

Reg. Mon. DAILY MX

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

50050 1 0

Effluent Gross

NAME: ADDRESS:	DDRESS: PA ROUTE 168 SHIPPINGPORT, PA 150770004			PA0025		R	DI	1 SCHAR	11A GE NU	MBER		DMR MAILING ZIP COD MAJOR	E: 150770004
	BEAVER VALLEY POWER STATION		MONITORING PERIOD						(SUBR05) 111 DIESEL GENERATOR BL				
LOCATION:	PA ROUTE 168 SHIPPINGPORT, PA 150770004	2	Y	EAR I	мо	DAY		YEAR	MO	DAY		Internal Outfall	
ATTN:ELIZA	BETH THOMAS/MGR ENV&CHEM	FI	ROM	06	10	01	то	06	10	31	•		No Data Indicat

PARAMETER		QUANT	TTY OR LOADING	ING QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.67	N/A	7,49	ρH	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A				рН			GRABAR
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.88	14,4	mall	0	1/7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVE		mg/L_		and workly as	I NGBABA
Oil & grease	SAMPLE MEASUREMENT	·N/A	N/A	N/A	N/A	1.5	7.5	mall	0	1/7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		NT WOLVES		mg/L		a k iveekiya si	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	500.0	0.002	mod	N/A	N/A	N/A	N/A		117	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Red Montes	n in Red Mon. DAILY MX	Mgai/d				N/A		F AWBERI/11/	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of Iaw that this document and all allachments were prepared under my direction or TELEPHONE DATE	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	\wedge	•					
	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	supervision in accordance with a system designed to assure that qualified personnel property gather and		C 0.0.1.1	TEL	EPHONE		DATE	
Q (MEADE SITE System, or these persons directly responsible for galaxies, and complete in momental on submitted is, system, or these persons directly responsible for galaxies, and complete is in galaxies that there are significant for the set of my knowledge and belief, true, excurse, and complete is in galaxies that there are significant for the set of my knowledge and belief, true, excurse, and complete is in galaxies that there are significant for the set of my knowledge and belief, true, excurse, and complete is in galaxies that there are significant for the set of my knowledge and belief, true, excurse, and complete is in galaxies that there are significant for the set of my knowledge and belief.	01 MEADE	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	& man / mites	pricon	724-1	682-7773	06)	SS
1. (F. II) CIVIC OPERATIONS prehibiter for submitting faise information, including the possibility of fine and imprisonment for knowing SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR				JTIVE OFFICER OR				мо	DAY

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

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

Page 15

Form Approved OMB No. 2040-0004

No Data Indicator

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY:	BEAVER VALLEY POWER STATION
LOCATION:	PA ROUTE 168 SHIPPINGPORT, PA 150770004

	PA002	25615			1	13A		
Р	PERMIT NUMBER DISCHARGE NUMBER							
	MONITORING PERIOD							
		٨	IONITO	RING	PERIOD)		
	YEAR	MO		RING	PERIOD	MO	DAY	

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

No Data Indicator

ATTN:ELIZABETH THOMAS/MGR ENV&CHEM

PARAMETER		QUANT	TTY OR LOADING		QL	JALITY OR CONC			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		· · · ·	
рН	SAMPLE MEASUREMENT	N/A	N/A	NZA	6.58	N/A	7,04	+Iq	0	2/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pН		Twice Per-	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3.2	6.4	mall	0	2/31	BHR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 + MO AVG +	60 GIDAILY MX	mg/L	1	Twice Percis Month	COME-8x
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5900.0	0.0116	m6D	N/A	N/A	N/A	N/A	0	17/31	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	043 MOIAVG	Req. Mon DAILY MX & A	Mgāl/d				N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	NJA	N/A	0.78	2.80	mgl	0	16/31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		14 MO'AVG2	3:3 INST MAX	mg/L		Twice Per-	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	N/A		N/A	N/A	9,49	N/A	#/100m	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	mglL	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

· · · · ·		Δ		•			
	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			TELEPHONE		DATE	1.
0/ nEnne	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		men Juste for RGM	774 682-1773	06	11°	22
TYPED OR PRINTED	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE	OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIC	ONS (Reference all attachments here)						

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

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

Form Approved OMB No. 2040-0004

Form Approved OMB No. 2040-0004

.

SAR

COMP

COMP-8

S

13

#Wice H

ന

ma

mg/L

Page 17 PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) FIRST ENERGY NUCLEAR OPERATING DMR MAILING ZIP CODE: 150770004 NAME: PA0025615 203A ADDRESS: PA ROUTE 168 DISCHARGE NUMBER MAJOR PERMIT NUMBER SHIPPINGPORT, PA 150770004 (SUBR05) FACILITY: BEAVER VALLEY POWER STATION MAIN SEWAGE TMT PLANT MONITORING PERIOD LOCATION: PA ROUTE 168 Internal Outfall YEAR MO DAY YEAR MO DAY SHIPPINGPORT, PA 150770004 No Data Indicator 10 01 то 06 1Õ 31 06 FROM ATTN: ELIZABETH THOMAS/MGR ENV&CHEM SAMPLE NO. FREQUENCY QUALITY OR CONCENTRATION QUANTITY OR LOADING EX OF ANALYSIS TYPE PARAMETER VALUE VALUE UNITS VALUE VALUE VALUE UNITS $\delta_{\rm max}$ N/A N/A SAMPLE N/A 6.82 3/3 N/A 7.90 pH pН Ó GRAB MEASUREMENT Twice Re 6 MINIM⊍M 00400 1 0 PERMIT N/A pН Effluent Gross REQUIREMENT Wy tak tak 8 HK Zomp THK SAMPLE N/A N/A N/A N/A mall 313 Solids, total suspended 20 20 MEASUREMENT Contract of the 00530 1 0 3C 30 👀 PERMIT ***** 60 DAILY MX N / A COMPLE MO AVG ma/L REQUIREMENT Effluent Gross SAMPLE N/A [/ A N/A N/A Flow, in conduit or thru treatment plant 0.014 0.021 1913 m60 MEAS MEASUREMENT Req: Mon. PERMIT 50050 1 0 NIA i divent MEASE MOAVG Weekly Mgal/d Effluent Gross REQUIREMENT N/A SAMPLE N/A N/A N/A 0,97 2.92 GRAB 20131 Chlorine, total residual \bigcirc mall MEASUREMENT ***** MO AVG 3.3 INST MAX 50060 1 0 PERMIT N/A Effluent Gross REQUIREMENT mg/L 65659 SAMPLE N/A N/A * * N/A NIA N/A 21 GRAB 3 Coliform, fecal general #/100wil く \cap MEASUREMENT 74055 1 1 PERMIT 2000 94,43 -34 N/A Twice Per Month Si GRAB MO GEOMN #/100mL Effluent Gross REQUIREMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and		TELEPHONE	DAT	E
B.G. MENDE Operations	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for guthering 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 constitution for clumbiting factor information, including the preventibility of fine and immissionment for knowledge	I man line for RGM		0611	22
TYPED OR PRINTED	penalities for submitting false information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code NUMBER	YEAR MC	D DÁY
COMMENTS AND EXPLANATION OF ANY VIOLATION	DNS (Reference all attachments here) ¥ SEE AHACh F	ment 2 to cover Letter SPC 1	1-21-06		, ·
SAMPLES SHALL BE TAKEN AT OVERFLOWFROM	THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OT	HER WATER. XX 1 #/100ml is mini	mum detectable	level. 3	AC11-21-01

N/A

N/A

N/A

Sec. 24. 192

6.33

46

MO AVG DAILY MX

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

BOD, carbonaceous, 05 day, 20 C

80082 1 0

Effluent Gross

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

N/A

......

3))) (1997) (1997) N/A

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Faci	ility Name/Location if	Different)							•		Page 18	
NAME: FIRST ENERGY NUCLEA ADDRESS: PA ROUTE 168 SHIPPINGPORT, PA 150		E	PA0025615 PERMIT NUMBE		211A DISCHARGE NUM	BER	N	OMR MAILIN MAJOR SUBR05)	IG ZIP C	:ODE: 15077	0004	
FACILITY: BEAVER VALLEY POWE	ER STATION		1	MONITORIN	G PERIOD	T	211 TURBINE BLDG					
LOCATION: PA ROUTE 168 SHIPPINGPORT, PA 150	SHIPPINGPORT, PA 150770004		YEAR MO	DAY	YEAR MO	DAY	le de la della d	nternal Outfa	all	No Data In		
ATTN:ELIZABETH THOMAS/MGR ENV	FROM	M 06 10	01 TO	06 10	31			•	NU Data m			
PARAMETER		QUANTI	ITY OR LOADING		QI		ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.74	N/A	7.89	ett .	0	1/7	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		•••••	N/A	6 MINIMÚM		9 MAXIMUM	рН		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	N/A		N/A	N/A	9.6	48	mall	0	117	GRAB	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N / A		30 MO/AVG	100 DAILY MX	ži i i i i i i i i i i i i i i i i i i		C Weekly	GRABA	
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5*	mg/L	0	117	GRAB	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MOIAVG	DAILY MX	mg/L		Weekly	S JGRAB	
Flow, in conduit or thru treatment plant	MEASUREMENT			med	N/A	N / A	N/A	N/A	-	1/7	EST	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Red-Mon MC/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	i/	1-1-	· 0		EPHONE		DATE	
DIACTOR Site	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, rose, securate and complete. I am awre that there are significant		fra Jute	for RGM	724	6827713	06	11	22
R.G. MENDE openations TYPED OR PRINTED	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE	OF PRINCIPAL EXEC AUTHORIZED AGI		AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIC	DNS (Reference all attachments here)					· · ·		,	4
*	5mall is minimum detectible Level,	5PC 11.	-71-06	• •					
EPA Form 3320-1 (Rev.01/06) Previous editions may be used			•				· ·		

PERMITTEE NAME/ADDRESS	(Include Facilit	ty Name/Location	if Different
------------------------	------------------	------------------	--------------

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY:	BEAVER VALLEY POWER STATION
LOCATION:	PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN:ELIZABETH THOMAS/MGR ENV&CHEM

	PA002	25615			2	13A	
Ē	ERMIT	UMB	R	D	SCHAR	GE NU	MBER
				RING	PERIOD	<u> </u>	
	YEAR	MO	DAY	, i	YEAR	MO	DAY
FROM	06	10	01	то	06	10	31

		Page 19
DMR MAILING ZIP CODE:	150770004	ţ
MAJOR		
(SUBR05)		
UNIT 2 COOL TOWER PUM	PHOUSE	
Internal Outfall	•	
		. 57

No Data Indicator

Form Approved OMB No. 2040-0004

PARAMETER		QUANT	TTY OR LOADING		Q		ENTRATION	· · · · · · · · · · · · · · · · · · ·	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMÚM		9 M MUMIXAM	pН		Twice Per Month	
Solids, total suspended	SAMPLE MEASUREMENT										,
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************				30 M© AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	State States				15 MO'AVGB 1.	205 DAILYIMX	mg/L		Twice Per Month	GRABA
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			-							
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon M© AVG	Reg Mon- DAILY MX	Mgal/d						Waakiy	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT		· .								
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5 MO'AVG	1125 INST/MAX	mg/L`		Twice Per	ORAB!

			ł	Λ	· · · ·			-		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all stachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and	~/	. /		0	TEL	EPHONE		DATE	
	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 beief, rure, accurate, and complete. I am aware that there are significant	Land	lan'	finte +	or RGM	724 -	682-1773	06	11	22
TYPED OR PRINTED	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations,	SIGNATUR		PAL EXECUTI		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: THEMONITORING 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.

Form Approved

OMB No. 2040-0004

FERMITIEEP	AMERDDRESS (Include Pat	any Name/Location in Differen	9													Page 2	0
NAME: ADDRESS: FACILITY:	FIRST ENERGY NUCLE PA ROUTE 168 SHIPPINGPORT, PA 15 BEAVER VALLEY POWI	50770004	P	PA0025 ERMIT NU	UMBER			CHARC		MBER	· · ·		DMR MAILIN MAJOR (SUBR05)		· ·		
LOCATION:				YEAR	мо		Y	ERIOD	MO	DAY	• .		UNIT 2 AUX Internal Outfo		BLOWDOWN	, 	T
ATTN:ELIZA	BETH THOMAS/MGR EN	V&CHEM	FROM	06	10	<u>01</u> T	o [06	10	31					No Data In		ן. ו
	PARAMETER		QUANTITY	OR LOAI	DING				Ġ	UALIT	OR CO	NCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE]

VALUE VALUE VALUE VALUE VALUE VALUE VALUE VALUE VALUE UNITS Solids, total suspended SAMPLE MEASUREMENT N/A N/A N/A N/A $\langle 4^{*} \rangle$ $\langle 4^{*} \rangle$ mg/L O $Z/31$ GRAB 00530 1 0 Effluent Gross PERMIT REQUIREMENT N/A N/A N/A M/A Maximited for set mg/L O $Z/31$ GRAB Oil & grease SAMPLE MEASUREMENT N/A N/A N/A N/A Maximited for set mg/L O $Z/31$ GRAB Oil & grease SAMPLE MEASUREMENT N/A N/A N/A N/A Maximited for set mg/L O $Z/31$ GRAB O0556 1 0 Effluent Gross PERMIT REQUIREMENT N/A N/A N/A Maximited for set M/A <th>FARAMETER</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>] =^</th> <th></th> <th> 0166 - [</th>	FARAMETER] =^		0166 - [
Solids, total suspended MEASUREMENT M/A N/A N/A N/A Q.7 Q.7 Mg/L Q. Z/J G.//A/A 00530 1 0 Effluent Gross PERMIT REQUIREMENT N/A N/A V/A V/A Mg/L Q. Z/J G.//A/A G.//A/A 00530 1 0 Effluent Gross SAMPLE N/A N/A N/A M/A Mg/L Q. Z/J G.//AAB 0il & grease MEASUREMENT N/A N/A N/A N/A G.//AB Mg/L Q. Z/J G.//AB 00556 1 0 PERMIT PERMIT REQUIREMENT N/A N/A M/A Mg/L Q. Z/J G.//AB 00556 1 0 SAMPLE N/A N/A M/A M/A Mg/L Q. Z/J G.//AB 00556 1 0 PERMIT REQUIREMENT N/A N/A M/A Mg/L Q. Z/J G.//AB 00556 1 0 SAMPLE SAMPLE N/A N/A M/A Mg/L Q. Z/J G.//AB			VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			. , .
Effluent Gross REQUIREMENT N/A N/A N/A M/A M	Solids, total suspended		N/A	N/A	N/A	N/A	<4*	44*	mg/L	0	2/31	G-RAB
MEASUREMENT N/A N/A N/A Same 00556 1 0 PERMIT PERMIT N/A N/A Same Same Effluent Gross REQUIREMENT N/A N/A Same Same Same					N/A		Moxyc	idi) DAIL VIX	mg/L			GRABUS
Effluent Gross REQUIREMENT SAMPLE	Oil & grease		N/A	N/A	N/A	N/A	$<5^{**}$	<5**	mall	0	2/3/	GRAB
Flow, in conduit or thru treatment plant SAMPLE CA and MAN N/A N/A N/A N/A N/A A					N/A			DXILVAVX	v mg/L			SUCRAE IN
MEASUREMENT 10:001 10:001 11:00 11:0	Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	50.001	10.001	m60	N/A	N/A	N/A	N/A	-	117	EST
50050 1 0 Effluent Gross PERMIT REQUIREMENT APPORT SCHEDEN AND MARKED MARKED AND AND AND AND AND AND AND AND AND AN				Regi Mon PERMINYUX	Mgal/d				N/A			ESTMA

					•			
NAME/TH LE PRINCIPAL EXECUTIVE OFFICER ;	I certify under pensity 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 property guther and			TEL	EPHONE		DATE	
Director site	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 submitted is, to the best of my knowledge and belief, true, securate, and complete, im, swere that there are significant	2 man Juite	for RGM	7761	687 7773	06		22
	penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINCIPAL EXECUT	IVE OFFICER OR					
TYPED OR PRINTED	violations.	AUTHORIZED AGEN		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 TOMIXING WITH ANY OTHER WATER.

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

* 4 mg/Lis minimum detectable Level. Spc 11-21-06 ** 5 mg/z is minimum detectable Level: Spc 11-21-06 **DISCHARGE MONITORING REPORT (DMR)**

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY:	BEAVER VALLEY POWER STATION
LOCATION:	PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN:ELIZABETH THOMAS/MGR ENV&CHEM

	PA002	25615	1		3	03A	
F	ERMIT	UMBE	R	D	SCHAR	GE NU	MBER
		N	IONITO	RING	PERIOD)	
	YEAR	MO		RING	PERIOD) MO	DAY

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

No Data Indicator

PARAMETER		QUANT	TTY OR LOADING		Q	JALITY OR CONC	ENTRATION	· · · ·	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.79	N/A	7.10	pH ·	0	117	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	**************************************	9 MAXIMUM	pН		. Жеекіу	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A		NJA	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	<u>۲5</u> *	<u>۲5</u> *	mall	0	1/7	FRAB
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	6.056	MED	N/A	NZA	N/A	N/A		1/7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Rèq Mon MO AVG	Req Mon-+- DAILY-MX	Mgal/d				N/A		Weekiy	LESTIMAT

		Λ Λ	· · ·			
AME/TITLE PRINCIPAL EXECUTIVE OFFICER Inspervise	fy under penalty of law that this document and all attachments were prepared under my direction or vision in accordance with a system designed to assure that qualified personnel properly gather and		TELEPHONE	DATE		
DI MEANE DIRECTON SINE system, o	ate the information submitted. Based on my inquiry of the person or persons who manage the n, or those persons directly responsible for gathering the information, the information submitted is, best of my knowledge and belief, true, accurate, and complete. I an aware that there are significant	2 from Junto for Rong	724 682-7773	06 11 2	22	
R.G. MENDE OPERations predictions	ies for submitting false information, including the possibility of fine and imprisonment for knowing iona.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code NUMBER	YEAR MO DA	AY	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (R	(Reference all attachments here)		· .			
AMPLES SHALL BE TAKEN AT OVERFLOWFROM THE OIL WATER SEPARATOR PRIORTO MIXING WITH ANY OTHER WATER. * 5 mall is minimum detectable level, 3PC 11-21-06						

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

Form Approved

OMB No. 2040-0004

Page.21

DISCHARGE MONITORING REPORT (DMR)



NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTÉ 168 SHIPPINGPORT, PA 150770004
FACILITY:	BEAVER VALLEY POWER STATION
LOCATION:	PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 313A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD DAY YEAR МО DAY YEAR MO 10 01 то 06 10 31 FROM 06

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

No Data Indicator

PARAMETER		QUANT	TTY OR LOADING		Q	JALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.71	N/A	6.79	PH	0	117	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	6 MINIMUM		95 States States	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	NK/ A	< 4 *	< 4 *	mall	0	1/7	FRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	and the second se	30 MO'AVG	DAILY MX	mg/L		Weekly,	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	L5 **	mglL	Ô	11.7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	1997 (1997) 1999 (1997) 1999 (1997)		N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	500.0	m60	N/A	N/A	N/A	N/A	·	1/7	Est
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg≗Mon MO AVG	Req Mon: DAILY MX	Mgal/d				N/A		#Weekly	ESTIMA

			/	A .					
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 property gather and				TEL	EPHONE	<u> </u>	DATE	•
	super vision in accordance while a floar designed to associate querned personary become evaluate the information submitted. Based on my inquiry of the person or personar 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, rule, accurate, and complete. Lan aware that there are significant	2	Juan Vin	ite for Abri	724	6877773	06	11	22
TYPED OR PRINTED				AL EXECUTIVE OFFICER OR ZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIC SAMPLES SHALL BE TAKEN AT DISCHARGE FROM	DNS (Reference all attachments here) OWS #21 PRIOR TO MIXING WITHANY OTHER WATER.	L						•	

* 4 mg/L is minimum detectable Level Joc 11-21-06 ** 5 mg/L is minimum detectable Level, 300 11-21-06

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

Page 22

Form Approved

OMB No. 2040-0004

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING 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 MONITORING PERIOD MÓ DAY YEAR MO DAY YEAR 10 31 FROM 06 10 01 то 06

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

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			
pН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.76	N/A	9:50	рĦ	0	2/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	16 MINIMUM		Req: Mont MAXIMUM	рН		Twice Rer . Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4*	<4×	mall	Ο	.2/3/	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30	100 DAILY/MX	mg/L		Twice/Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<u> ۲5 **</u>	<5 * *	mgK	θ	2/31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	****** 1917 - 1918 - 1918 - 1918 - 1918 - 1918 - 1918 - 1918 - 1918 - 1918 - 1918 - 1918 - 1918 - 1918 - 1918 - 1918 -	MO AVG	2014 DAILYMX	mg/L		Twice Per. Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	50.001	10.001	med	N/A	N/A	N/A	N/A	-	1/7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon (MO/AVG	AReq Mon DAILYIMX	Mgal/d				N/A		Waekiy	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		~	TEL	EPHONE		DATE	
R.G. MENDE DIRECTOR Site Operations	valuate the information submitted. Based on my inquiry of the person or persons who massings the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, securate, and complete. I an aware that there are significant penalities for submitting fails en information, including the pensibility of finan and imprisonment for knowing	SIGNATURE OF PRINCIPAL EXI	ECUTIVE OFFICER OR	72416	27773	06	1(22
TYPED OR PRINTED	violations.	AUTHORIZED A	GENT	AREA Code	NUMBER	YEAR	MO	DAY
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. XX5 mg/L is minimum Detectable Level SPC 11-21-06							-	

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

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

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

PA0025615 403A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY DAY YEAR MO 10 01 то 06 1Ò .31 FROM 06

DMR MAILING ZIP CODE:	150770004
MAJOR	•
(SUBR05)	
CONDENSATE BLOWDOW	N & RIVR WAT
Internal Outfall	_

No Data Indicator

PARAMETER		QUANT	TTY OR LOADING	<u>.</u>	QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	рН		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					Reg. Mon. MO:AVG	Req Mon: DAILY MX s	mg/L		Weekiy	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	ICOMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mone MO AVG	Req* Mon ** DAILY,MX***	Mgal/d						sr .kWeekly ⇔	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			-		5 MO AVG	INST MAX	mg/L		Weekly	GRAB

					· · · · · · · · · · · · · · · · · · ·	_
ſ		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	/		TELEPHONE	
ł	Dinector six	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, securate, and complete. Is an aware that there are significant	<u></u>	from Juit	7246827773	06
	R.G. MERODE Openations	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATI	URE OF PRINCIPAL EXECUTIVE OFFICER OR	AREA Code NUMBER	YEAR
	TYPED OR PRINTED			AUTHORIZED AGENT		

.

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

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

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

MG/L. (THE LIMIT IS 35 MG/L AS A DAILY

DATE

MO

22

DAY

Form Approved OMB No. 2040-0004

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				
F		UMBE	R	DISCHARGE NUMBER					
	[M	IONITO	RING	PERIOD)	<u>·</u>		
	YEAR	MO	IONITO DAY	RING	PERIOD	мо	DAY		

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

Internal Outfall

No Data Indicator

PARAMETER		QUANT	TITY OR LOADING	· · · · · ·	QI	UALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT					0 MO [*] AVG	0 DAILY MX	mg/L		Weekly	GRAE

					· · · ·	*		•
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 property gather and	. /		TEL	EPHONE		DATE	
D/ mENNE	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, it to the best of my knowledge and belief, true, accurate, and complete. I sim aware that there are significant		han funte for Rbon	724	682 7773	06	11	27
F. IN EXAMPLE ODE PORTIONS penalties for submitting false information, including the possibility of fine and imprisonment for knowin violations.		SIGNATU	RE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
OMMENTS AND EXPLANATION OF ANY VIOLATIC	NS (Reference all attachments here)	•						

COMMEN attachments here)

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

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

MG/L. (THE LIMIT IS 35 MG/L AS A DAILY

Form Approved OMB No. 2040-0004

Form Approved OMB No. 2040-0004

Page 26

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME: FIRST ENERGY NUCLEAR OPERATING PA00256

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

	PA002	25615	·		4	13A		
F	ERMIT	NUMBE	R	DISCHARGE NUMBER				
•		N	IONITO	RING	PERIOD)		
	YEAR	MO	DAY		YEAR	MO	DAY	
FROM	06	10	01	то	06	10	31	

· · · ·	- 1	
DMR MAILING ZIP CODE:	150770004	1
MAJOR	• • •	
(SUBR05)		
BULK FUEL STORAGE DRA	AN .	
Internal Outfall		_

No Data Indicator

PARAMETER		QUANT	TTY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE VALUE UNITS VALUE VALUE		VALUE UNITS							
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.87	N/A	7.88	off	С	1/7 -	6-PAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6. MINIMUM		9 MAXIMUM	т pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	20.9	66.9	mall		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	N7A	N/A	\$ 5 **	< 5 **	mall	Ō	1/7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	1997 - 1997 -	15.41, s MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	50.001	50,001	MED	N/A	N/A	NIA	N/A	-	117	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Rèq Mon DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

	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	nd K man (with for Ron			TELEPHONE		DATE		
	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, ure, securate, and complete. I an aware that there are significant			the for Rom	7240	6827773	06	11	22
TYPED OR PRINTED	penalities for submitting false information, including the possibility of fine and imprisonment for knowing violations.		AUTHORIZED	AGENT	AREA Code	NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIO	DNS (Reference all attachments here)	se see	AttAchment	3 to the cover	Letter	, JAC 11-2	1-06		
SAMPLES SHALL BE TAKEN AT DISCHARGE FROM	OWS #24 PRIOR TO MIXING WITHANY OTHER WATER.	K Jma)	L is the m	ninimum detection	able l	evel spal	1-21-06		<u> </u>
EPA Form 3320-1 (Rev.01/06) Previous editions may be used		Flow	10-29-06	-7 10-31-06	SPC 11-	21-06			

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME: FIRST ENERGY NUCLEAR OPERATING DMR MAILING ZIP CODE: 150770004 PA0025615 501A ADDRESS: PA ROUTE 168 MAJOR DISCHARGE NUMBER PERMIT NUMBER SHIPPINGPORT, PA 150770004 (SUBR05) FACILITY: BEAVER VALLEY POWER STATION MONITORING PERIOD UNIT 1 GENRTR BLWDWN FILT BW LOCATION: PA ROUTE 168 Internal Outfall YEAR MO DAY YEAR MO DAY SHIPPINGPORT, PA 150770004 No Data Indicator 10 TO 06 10 FROM 06 01 31 ATTN: ELIZABETH THOMAS/MGR ENV&CHEM NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION

PARAMETER	and the second second								EX	OF ANALYSIS	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	Rég Mon MO AVG	Reg. Mon. DAILY MX	Mgal/d						Weekly	ESTIMA	
· · · · · ·												

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under peasity of law that this document and all attachments were prepared under my direction or personal property gather and explained in a scondarce with a system designed to assure that qualified personal property gather and explained is the constrained induction to the personal directly responsible for gathering the information, the information submitted is, to those personal directly responsible for gathering the information, including the possibility of fine and imprisonment for knowing violations. TELEPHONE DATE TYPED OR PRINTED DATE violations. TELEPHONE DATE				<u> </u>	1					
R.G. MENDE OPENATIons viewling files information, including the possibility of fine and imprisonment for knowing submitted, in avere that there are significant penatics for submitting files information, including the possibility of fine and imprisonment for knowing SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	supervision in accordance with a system designed to assure that qualified personnel properly gather and				TEL	EPHONE	·	DATE	
	0 / mEnne "	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		na /		7721	682 7773	00	11	22
			SIGNATUR				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.

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

Page 27

Form Approved OMB No. 2040-0004

OMB No. 2040-0004

Page 1

PERMITTEE NAME/ADDRESS	(Include Facili	ty Name/Location	if Different,
------------------------	-----------------	------------------	---------------

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA .150770004
FACILITY:	BEAVER VALLEY POWER STATION
LUCATION:	PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN:ELIZABETH THOMAS/MGR ENV&CHEM

· [PA002		001A				
F	PERMIT	VUMBE	R	D	SCHAR	GE NU	MBER
			MONITO	RING	PERIO) .	
	YEAR	МО	DAY	[YEAR	MO	DAY

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
UNITS 1&2 COOLG, TOWE	R BLWDN.
External Outfall	

۰.

No Data Indicator

PARAMETER		QUANT	TITY OR LOADING		QI	JALITY OR CONC	ENTRATION	· · · · · ·	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	· ·		
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.58	N/A	7,61	oH	0	117	GAAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A			MAXIMUM 11	рН		ALL AVENUES	UGRABUL
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N / A	2.03	8.1	mall	0	117*	GRAB
00610 1 0 Effluent Gross	PERMIT			N/A				mg/L			CIGRABLES
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1**	<0.1**	mall	0	2 DSCH	24 HR Comp
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Morave In		mg/L		n dis When Paris NOISE Fardinesi	COMP24R
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	20.1	31.8	men	N/A	N/A	N/A	N/A		Daily	Cont
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	no karan Mana mwa Mana Moraya	CONRECT MEMORY DATE ON MAX 201	Mgal/d				N/A			
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.05	0,19	mall	0	7130	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	y samerici (ar ari Mur di samerici Mur di samerici	AVE AGE -	MAXIMUM	, mg/L		A Watkiya A	, DORABLE 4
Chiorine, free available	SAMPLE MEASUREMENT	N/A	NZA	N/A	N/A	800.0	0.08	mall	0.	Cont	BCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A				mg/L		CONTINUED IN	ROORDRE
Hydrazine	SAMPLE MEASUREMENT	NZA	N/A	N/A	N/A	<0.005 ***	<0.005***	mall	Ó	1/7*	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MINIMOAVER IA		mg/L		Weekiy r.	NGRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DA	ГЕ]
R G MFNDE Directory Site of my knowledge and beller, they carries that there are significant to be been or your of your or your or your of the the formation when the the the state of my knowledge and beller, they carries, and complete. I an ware that there are significant to the best of my knowledge and beller, they carries and complete. I an ware that there are significant	A fran Junte for RGM	724 682 7773	06 1	55	,
TYPED OR PRINTED		AREA Code NUMBER	YEAR M	IO . DAY] .
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * WET LAYUP	10-13-06-7 11-5-06 JPC11-21-01	ō			-
HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXINX OF MOLL IS MINIMUM DELECTOR LEVEL. YXX 0.005 mall	UM FOR BETZ DT-1 WHEN DISCHARGING. THE LIMIT IS30	MG/L AS A DAILY MAX.			
EPA Form 3320-1 (Rev.01/06) Previous editions may be used.	8.2 mg)2 AVERAGE AND 18	6 mg/2 man	inum Fi	or the P	ревю
		SPC 11-2	.7-06		

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) Page 2 NAME: FIRST ENERGY NUCLEAR OPERATING DMR MAILING ZIP CODE: 150770004 PA0025615 002A ADDRESS: PA ROUTE 168 PERMIT NUMBER DISCHARGE NUMBER MAJOR SHIPPINGPORT, PA 150770004 (SUBR05) FACILITY: BEAVER VALLEY POWER STATION MONITORING PERIOD INTAKE SCREEN BACKWASH LOCATION: PA ROUTE 168 External Outfall YEAR MO DAY YEAR MO DAY SHIPPINGPORT, PA 150770004 FROM 06 10 31 No Data Indicator 10 01 то 06 ATTN:ELIZABETH THOMAS/MGR ENV&CHEM NO. SAMPLE FREQUENCY QUANTITY OR LOADING QUALITY OR CONCENTRATION OF ANALYSIS PARAMETER EX TYPE LIMITE VALUE VALUE VALUE LINITS

	· · · · · · · · · · · · · · · · · · ·	TALUL	TALUL	UNITS	VALUE	VALUE	TALUE	01110				1.2
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	0.046	mgD	N/A	N/A	N/A	N/A	1	1/7	EST	••
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg: Mon: MO/AVG: 4	Req: Mon DAILY MX					N/A		Weekly	ESTIMA	· .
			•									

I certify under penalty of law that this document and all atlachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information arbmitted: Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information aubmitted in, to the best of my knowledge and belief, true, accurate, and complete. I am sware that there are significant penalities for submitting fails information, including the possibility of fine such that there are significant penalities for submitting fails information. DATE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE for RGN Director site 22 06 724 682777 MENDE operations SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR alstions AREA Code NUMBER YEAR MO DAY TYPED OR PRINTED AUTHORIZED AGENT

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

Form Approved OMB No. 2040-0004

Page 3

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA_150770004	P	PA002 ERMIT N		IR	DI	0 SCHAR	03A GE NU	MBER
FACILITY:	BEAVER VALLEY POWER STATION			Ν		RING	PERIO)	
LOCATION:	PA ROUTE 168 SHIPPINGPORT, PA 150770004		YEAR	MO	DAY		YEAR	мо	DAY
ATTN:ELIZA	BETH THOMAS/MGR ENV&CHEM	FROM	06	10	01) то	06	10	31

DMR MAILING ZIP C	ODE: 150	770004
MAJOR		
(SUBR05)	•	
003		. · · ·
External Outfall		

No Data Indicator

PARAMETER		QUANT				QUALITY OR CONCENTRATION				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	mos	N/A	N/A	N/A	N/A	0	2/31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req Mon. DAILY/MX	Mgal/d				N/A		Twice Ren Month	ESTIMA

				and the second		1.1.1	
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			LEPHONE		DATE	
D / ha E ALAE D' Rectonsite	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, rule, accurate, and complete. I am aware that there are significant	X Jeran Junto for RG	12774	682-773	06	11	22
TYPED OR PRINTED	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER AUTHORIZED AGENT	OR AREA Code	NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIC	DNS (Reference all attachments here)				·. ·	• •	. :

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

.

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

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

	PA002	25615			0	04A	-			
F	PERMIT NUMBER				SCHAR	GE NU	MBER_			
		<u> </u>	NONITO	ITORING PERIOD						
	YEAR	МО	DAY		YEAR	MO	DAY			
FROM	06	10	01	то	06	10	31			

Page 4
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT ONE COOLG TOWER OVERFLOW
External Outfall
No Data Indicator 🔀

NO. SAMPLE FREQUENCY QUANTITY OR LOADING QUALITY OR CONCENTRATION EΧ OF ANALYSIS TYPE PARAMETER VALUE VALUE UNITS VALUE VALUE VALUE UNITS SAMPLE pН MEASUREMENT 00400 1 0 PERMIT 9.4 Weekly GRAB Effluent Gross REQUIREMENT MAXIMUM pН . SAMPLE Flow, in conduit or thru treatment plant MEASUREMENT Req Mon 44 DAILY MX 50050 1 0 PERMIT Req Mon* MEASRD Weekly Effluent Gross REQUIREMENT Mgal/d SAMPLE Chlorine, total residual MEASUREMENT 50060 1 0 PERMIT ***** 1.25 aINST/MAX MO AVGH - Weekly GRAB, Effluent Gross REQUIREMENT mg/L SAMPLE Chlorine, free available MEASUREMENT 50064 1 0 PERMIT 25.0 AVERAGE MAXIMUM Effluent Gross REQUIREMENT mg/L

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	. 1		TEL	EPHONE	· ·	DATE	
R Ir, MENDE DiActor site	 evaluate the information submitted. Bated 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 penalities for submitting failes information, including the possibility of fine and imprisonment for knowing 		Inon / inte for Rboy	724-(82-7773	06	11	22
TYPED OR PRINTED	violations.	SIGNATU	JRE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY

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

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS	(Include Facilit	y Name/Location	if Different)
------------------------	------------------	-----------------	---------------

NAME:FIRST ENERGY NUCLEAR OPERATINGADDRESS:PA ROUTE 168
SHIPPINGPORT, PA 150770004FACILITY:BEAVER VALLEY POWER STATIONLOCATION:PA ROUTE 168
SHIPPINGPORT, PA 150770004

ATTN:ELIZABETH THOMAS/MGR ENV&CHEM

	PA002	25615			0	06A	
Р	ERMIT	IUMBE	R	DI	SCHAR	GE NU	MBER
		N		RING	PERIOD)	
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	то	06	10	31

DMR MAILING ZIP CODE:	150770004	
MAJOR		
(SUBR05)		
AUX.INTAKE SCREEN BAC	KWASH	
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	i		
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	mod	N/A	N/A	N/A	N/A	-	1/7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Rèq Mon. MO AVG	Reg. Mon DAILY:MX					N/A		Weekly +	ESTIMAT.

			<u>A</u>						
	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 property gather and	/			TEL	EPHONE		DATE	
D / M G N OF	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those perions directly responsible for gathering the information, the information activation in to the best of my knowledge and belief, true, accurate, and complete. I an avare that there are significant penalities for submitting fails and information, including the possibility of finas and imprisonment for knowing		him In	its for RGM	724-	682-1723	OG	11	22
TYPED OR PRINTED	Platter to security in the internation, network in positionary of the and imprisonment for knowing violations.	SIGNATU		AL EXECUTIVE OFFICER OR	AREA Code	NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIC	DNS (Reference all attachments here)				,				

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

Page 5

Form Approved OMB No. 2040-0004

PERMITTEE N/	AME/ADDRESS (Include F	acility Name/Location if Diffe	rent)							· · ·	· · · ·	Page
NAME: ADDRESS:	ADDRESS: PA ROUTE 168 SHIPPINGPORT, PA 150770004		PERMIT			007A DISCHARGE NUMBER		DMR MAILI MAJOR (SUBR05)		IG ZIP C		0004
FACILITY: LOCATION:				MONITORIN YEAR MO DAY			DAY		AUX. INTAKI External Out			
ATTN:ELIZA	BETH THOMAS/MGR E		FROM	06 10	01 тс	06 10	31				No Data In	ndicator
	PARAMETER		QUANTIT	Y OR LOADING		G	UALITY OR CO	NCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			

рН	SAMPLE MEASUREMENT				•					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	рН	Weekly	GRAB, /
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		_				•			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon 2 MO AVG	Req. Mon: DAILY,MX	Mgal/d					d Weekly	ESTIMA
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		an a			AVERAGE	5 MAXIMUM	· mg/L	s Weekly‡	GRAB.**

	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	2		1 0 0	TEL	EPHONE	DATE		
Q 1 DiRector Site	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, rue, accurate, and complete. I am aware that there are significant	K.	mon'	inter for KGM	724	6927773	06	11	22
TYPED OR PRINTED		SIGNATURE	OF PRINCIPAL AUTHORIZ	L EXECUTIVE OFFICER OR ED AGENT	AREA Code	NUMBER	YEAR	мо	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 THOSEPERIODS OF DISCHARGE FROM THE ALTERNATE FLOW PATH OF THE REACTOR PLANT RIVER WATER SYSTEM.

.

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

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

	PA002	25615			-0	08A					
Ē	PERMIT	NUMBE	R	DI	DISCHARGE NUMBER						
		. N	IONITO	RING	PERIOD)					
	YEAR	мо	DAY		YEAR	МО	DAY				
							1				

DMR MAILING ZIP CODE:	150770004
MAJOR	· · · ·
(SUBR05)	ь. 1
UNIT 1 COOLING TOWER F	PUMPHOUSE
External Outfall	• •

No Data Indicator

Form Approved OMB No. 2040-0004

Page 7

PARAMETER		QUANT	TITY OR LOADING		Q	JALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		· · ·	
рН	SAMPLE MEASUREMENT									•	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM	•••••• ••••••	9 MAXIMUM	рН		A Twice Perso Month	GRAB.
Solids, total suspended	SAMPLE MEASUREMENT					· · ·					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	100 JC[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 S	Mgal/d						w Weekly	ESTIMA

· · · · · · · · · · · · · · · · · · ·			<i>(</i>						<u>/ · · · · · · · · · · · · · · · · · · ·</u>
	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		1 . /	1. 0. 0.	TEL	EPHONE		DATE	
	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, rule, securate, and complete. I am aware that there are significant		rean /	with for Roa	7740	ETT 780	06	11	22
			OF PRINCIPAL E	XECUTIVE OFFICER OR AGENT		NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIC	Les (Peferance all attechments here)	L					<u>لـــــا</u>		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY:	BEAVER VALLEY POWER STATION
LOCATION:	PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

	PA002	25615			010A							
Р	ERMIT I	UMBE	R	DISCHARGE NUMBE								
•												
		N	IONITO	RING	PERIO	2						
	YEAR	МО	DAY		YEAR	MO	DAY					
ROM	06	10	01	то	06	10	31					

150770004
ميد ا

No Data Indicator

PARAMETER		QUANT	TITY OR LOADING		Q	UALITY OR CONC	ENTRATION	-	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.80	N/A	7.49	рH	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM			pН		A CONTRACT	GRAESSY
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mall	*	*	*
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Kickver	UNBT MAX 4	mg/L		When IDIScharofnitu	NCOMB24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.33	5,76	mon	N/A	N/A	N/A	N/A	0	117	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT		Received DATLY MAX	Mgal/d				N/A		ale Wanklys	HMEASRIDT
Chlorine, total residual	SA'MPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0 38	0.17	mglL	0	1/7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A				mg/L			GEAD TO
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.054	0.11	mgl	Ø	.117	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		AV/ERACE		mg/L		Weeklys a	QEAE

I certify under pensity 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 property gather and evaluate the information arbmitted: Based on any inquiry of the person or persons who maage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of ruly knowledge and bellef, true, accurate, and complete. I an aware that there are significant enables for submitting false information, including the possibility of fine and imprisonment for knowing instantone. DATE TELEPHONE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER O' BOCHOR SITE 06 22 R 724 6827773 MENDE spe mation SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER YEAR мо DAY TYPED OR PRINTED AUTHORIZED AGENT * NO CT - 1 DISCHARGE THIS PERFOD JPC 11-21-06 MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.);

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

Form Approved

OMB No. 2040-0004

PERMITTEE N	AME/ADDRESS (Include Facility Name/Location if D	Different)													• •		F	Page
NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004			F	PA002 PRMIT I		R	D	0 ISCHAR	11A GE NUI	MBER]	MA	R MAILIN JOR BR05)	IG ZIP C	ODE: 1507	70004	,
FACILITY:	BEAVER VALLEY POWER STATION					1		RING	PERIOD)		1	•		& TURE		s	
LOCATION:	PA ROUTE 168				YEAR	MO	DAY	1	YEAR	мо	DAY		Exte	ernal Outf	all			. <u></u>
ATTN:ELIZA	SHIPPINGPORT, PA 150770004 BETH THOMAS/MGR ENV&CHEM	•.		FROM	06	10	01	то	06	10	31]	•			No Data	Indicato	٢Ľ
۰ 	·		• •								-	· · · ·						
ATTN:ELIZA			• .				1	<u>,</u>	· · · · · · · · · · · · · · · · · · ·		•	J						<u> </u>

PARAMETER		QUANT	TITY OR LOADING		Q	UALITY OR CONC			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	mbD	N/A	N/A		N/A	- 1	117	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon. MO AVG	Req. Mon. DAILY/MX	Mgal/d			1997 (Sereers) - 1997 	N/A		Weekly	ESTIMA

	· · · · · · · · · · · · · · · · · · ·		Λ	\wedge					
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	$ \cdot $		D'A	TEL	EPHONE		DATE	
B 6 IN EADE DIRECTOR Site	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		han /	inter for REM	7246	825773	06	11	22
K.G. MENDE Openations TYPED OR PRINTED	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATU		AL EXECUTIVE OFFICER OR ZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIO	DNS (Reference all attachments here)								

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY:	BEAVER VALLEY POWER STATION
LOCATION:	PA ROUTE 168 SHIPPINGPORT, PA 150770004

· · · · · · · · · · · · · · · · · · ·			DISCHAR		
MONITORING PERIOD	 MO	NITOF		D ·	~

то

01

FROM

06

10

06

10

31

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

No Data Indicator

ATTN:ELIZABETH THOMAS/MGR ENV&CHEM

PARAMETER		QUANT	TITY OR LOADING		Q	JALITY OR CONC	ENTRATION	-	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pН	SAMPLE MEASUREMENT						· · · ·				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			•	6 MINIMUM		9 MAXIMUM	рН		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 Pure	mg/L		Twice Per A Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MO/AVG	Req. Mon. DAILY MX	Mgal/d						Once Per Month	
Solids, total dissolved	SAMPLE MEASUREMENT				_						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			Req Mon MO AVG	Req: Mon. DAILY MX	mg/L		Twice:Pers. Month	GRAB

		/	1	1						
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	1			0	TEL	EPHONE		DATE	
DiRector Site	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, rous, accurate, and complete. I am aware that there are significant		him!	ut.	for RGM	7740	87 7773	56	11	22
K.G. MENDE operations TYPED OR PRINTED	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE	OF PRINCIPAL AUTHORIZI		E OFFICER OR	AREA Code	NUMBER	YEAR	мо	DAY
		•	·					-		

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

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

Form Approved OMB No. 2040-0004

Form Approved

OMB No. 2040-0004

Page 11

PERMITTEE NAME/ADDRESS	(Include Encilit	V Nama/Lacation	if Different
	(Include racing	y wanter Location	" Dingi gin

.•

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY:	BEAVER VALLEY POWER STATION
LOCATION:	PA ROUTE 168 SHIPPINGPORT, PA 150770004

PA0025615 013A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD МО YEAR MO YEAR DAY DAY 10 06 01 FROM 10 то 06 31

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	· · · ·
OUTFALL 013	· ·
External Outfall	
No	Data Indicator

ATTN:ELIZABETH THOMAS/MGR ENV&CHEM

PARAMETER		QUANT	UALITY OR CONC	ENTRATION	NO, EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE				
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		•	
рH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.51	N/A	7.12	pH	0	117	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MANNA STATE			рН			RGRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	40.01 *	<0.01 *	mg/L	0	z/31	24 HR Comp
00720 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Red Mont MOAVG	Reo Man-cu DALLYIMX	mg/L		NATION OF THE STATE OF THE STAT	
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.002.5	0.005	mall	0	2/31	Z41 HR Comp
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		M MORE S		mg/L		Monine a	CCMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.00 ³ *	<i>≺0.005</i> **	mall	Ó	2/31	Z4 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A				mg/L		en av Centrer e Her Vontin Par	GOME24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2510.0	0.0146	mGD	N/A	N/A	N/A	N/A		2/31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT		Rear(Mola) The DAILY MX	Mgai/d				N/A			ESTIMAT

			1 · .	\wedge					
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		177		TE	LEPHONE	•	DATE	
D / ho F D F Diffector Site	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 sware that there are significant	Z	hron I	ut tor RGM	724	6827773	06	11	25
R.G. MENDE OPERations TYPED OR PRINTED	violations,		AUTHORIZEI		AREA Code	NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIC	DNS (Reference all attachments here)	0.01 m	all is mir	nimum de tectabl	e Lev	el. JPK 11-	00-15		,
THERE SHALL BE NO DISCHARGE OF FLOATING S	OUDS OD VISIOUS FOAM IN OTHER THAN TRACE AMOUNTS		•	sminimum det		e Level	spell-	2106	
EPA Form 3320-1 (Rev.01/06) Previous editions may be used	l.		V						

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									

bН

	PA002	25615			101A						
Р	ERMIT !	UMB	R	D	DISCHARGE NUMBER						
	·										
•		N	IONITC	ORING PERIOD							
	YEAR	мо	DAY		YEAR	MO	DAY				
FROM	06	10	01	то	06	10	31				

DMD	MAILING	710 (SODE:	150770004
	MAILING			100//0004

MAJOR	

(SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal	Outfall	

No Data Indicator

SAMPLE

TYPE

GRAB

NO. FREQUENCY QUALITY OR CONCENTRATION 12 QUANTITY OR LOADING OF ANALYSIS EX PARAMETER UNITS VALUE VALUE VALUE VALUE UNITS VALUE 1911 SAMPLE MEASUREMENT Weekly 6, MINIMUM 99.00 arring Ma 00400 1 0 PERMIT MAXIMUM рH REQUIREMENT Effluent Gross are start. SAMPLE Solids, total suspended MEASUREMENT Market a COMP-2 PERMIT 301405 DAILY MX Weekly 00530 1 0 MOAVG ma/L REQUIREMENT Effluent Gross SAMPLE Oil & grease MEASUREMENT 20 DAILY MX ••••• 15 MO'AVG Weekly PERMIT 00556 1 0 GRAB ma/L REQUIREMENT Effluent Gross SAMPLE Nitrogen, ammonia total (as N) MEASUREMENT Weekly Réq Monta a MO AVG DAILY MX 00610 1 0 PERMIT Canal Carde and the second mg/L REQUIREMENT Effluent Gross SAMPLE Flow, in conduit or thru treatment plant MEASUREMENTReg: Mon MO AVG Req (Mon*) DAILY MX PERMIT 50050 1 0 REQUIREMENT Mgal/d Effluent Gross SAMPLE Hydrazine MEASUREMENT Reg Mon. DAILY MX Req Mon. MO AVG Weekly PERMIT ****** 81313 1 0 W+GRAB REQUIREMENT mg/L Effluent Gross

			1	1	•	·			
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	-7/	T			LEPHONE		DATE	
DI Recton Site	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, is the best of my knowledge and belief, rule, accurate, and complete. I am aware that there are significant		pran's	inter for RGM	724	682-7773	06	11	22
TYPED OR PRINTED	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATO		AL EXECUTIVE OFFICER OR	AREA Code	NUMBER	YEAR	мо	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.

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

OMB No. 2040-0004

Page 12

Form Approved

Page 13 PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME: FIRST ENERGY NUCLEAR OPERATING PA0025615 102A DMR MAILING ZIP CODE: 150770004 ADDRESS: PA ROUTE 168 MAJOR PERMIT NUMBER DISCHARGE NUMBER SHIPPINGPORT, PA 150770004 (SUBR05) FACILITY: BEAVER VALLEY POWER STATION MONITORING PERIOD **102 INTAKE SCREENHOUSE** LOCATION: PA ROUTE 168 Internal Outfall MO YEAR MO DAY YEAR DAY SHIPPINGPORT, PA 150770004 No Data Indicator FROM 06 10 01 TO 06 10 31 ATTN: ELIZABETH THOMAS/MGR ENV&CHEM SAMPLE NO. FREQUENCY QUALITY OR CONCENTRATION QUANTITY OR LOADING EX OF ANALYSIS TYPE. PARAMETER UNITS VALUE UNITS VALUE VALUÉ VALUE VALUE SAMPLE N/A N/A N/A N/A 1.56 7.87 213 GRAR pН DH O MEASUREMENT \$ 16 A 9 A 1 00400 1 0 PERMIT 20 ****** N/A MINIMUM GRA MUMXIMUM Effluent Gross REQUIREMENT pН

N/A

N/A

N/A

N/A

MED

Mgal/d

N/A

N/A

N/A

15.8

a 30.24

15 MO AVG ----

<u>۲.5</u>*

N/A

MOAVG

17

<i *

N/A

1000 DAILY MX

DAILY MX

N/A

N/A

Req. Mon. DAILY MX

40.001

				· · · ·
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE	
Di Accion Sike 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, rue, securate, and complete, is an aware that there are estimation		724-682-7773	06 11 2	2
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code NUMBER	YEAR MO D	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 WI	TH ANY OTHERWATER. V C			

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

Solids, total suspended

Flow, in conduit or thru treatment plant

0053010

Effluent Gross

Oil & grease

Effluent Gross

Effluent Gross

00556 1 0

50050 1 0

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

N/A

N/A

50.001

area and

NA CONTRACTOR

Req Mon-MO AVG

Form Approved

213

wiceRe

Month

213

Twice Pe

2131

Month

wiceiP

GRAB

GRAE

GRAB

GRAB

EST

0

(

mall

mg/L

<u>ma</u>12

mg/L

N/A

N/A

* Small is minimum detectable Level. Spell-21-06

OMB No. 2040-0004

Form Approved

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Fac	ility Name/Location if I	Different)							•		Page 14
NAME: FIRST ENERGY NUCLE ADDRESS: PA ROUTE 168 SHIPPINGPORT, PA 150		· .	PA0025615 PERMIT NUMBE				. I	DMR MAILIN MAJOR SUBR05)	IG ZIP C	ODE: 15077	'0004
FACILITY: BEAVER VALLEY POWER STATION LOCATION: PA ROUTE 168 SHIPPINGPORT, PA 150770004			YEAR MO	MONITORING YEAR MO DAY		DAY	8	SLUDGE SE			
ATTN:ELIZABETH THOMAS/MGR EN		FRO	M <u>06 10</u>	<u>01</u> TO	06 10	31	•		·.	No Data Ir	Idicator
PARAMETER	and the second sec	QUANT	ITY OR LOADING		QL	QUALITY OR CONCENTRATION					SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	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	рН		 Twice Per ■Monthi 	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	9.4	12.6	mg/L	Ο	2131	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO'AVG	100 DAILEY MX	mg/L		Twice/Perce Month	COMP24
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	Reg: Mon MO'AVG	Req. Mon: DAILY MX	Mgal/d		1		N/A		TwiceiPer - Month	ESTIMA

		/	1						· · ·
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				TE	LEPHONE		DATE	
Director Site	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 here of my knowledge and helic frage acquiring and complete Lam super that there are insufficient.	LZ	· · · · · · · · · · · · · · · · · · ·	ite for RGM	724	682.7773	06	10	22
TYPED OR PRINTED	to an use of any history of a second se	SIGNATUR		L EXECUTIVE OFFICER OR ZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATI	ONS (Reference all attachments bere)					,			

nere) uυ SAMPLES SHALL BE TAKEN AT OVERFLOWFROM THE BASIN PRIOR TO MIXING WITH ANY OTHER WATER.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Differe	ant)			· ·							Page 15
NAME: FIRST ENERGY NUCLEAR OPERATING ADDRESS: PA ROUTE 168 SHIPPINGPORT, PA 150770004		PA0025615 111A PERMIT NUMBER DISCHARGE NUMBER							MBER	DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
FACILITY: BEAVER VALLEY POWER STATION LOCATION: PA ROUTE 168										111 DIESEL GENERATOR	BLDG
SHIPPINGPORT, PA 150770004		FROM	YEAR 06	<u>MO</u> 10	DAY 01	то	YEAR 06	MO 10	DAY 31	Internal Outfail No	Data Indicator
ATTN:ELIZABETH THOMAS/MGR ENV&CHEM			·······	· ·	لينيب				·	· · · · ·	n an

PARAMETER		QUANT	TTY OR LOADING	· · · · · ·	αι	JALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.67	N/A	7,49	ρH	0	1/7.	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	KI AMINIMUM PAR			pН		ANWEEKIV A	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2,88	14.4	mall	0	1/7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Mo/Ave	DALLYIKA	mg/L		NERVERKIVA S	PACEABA A
Oil & grease	SAMPLE MEASUREMENT	• N / A	N/A	N/A	N/A	1.5	7.5	mall	0	1/7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A				mg/L		a alvaariya d	L. CRAEMA
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	m6D	N/A	N/A	NIA	N/A	-	1/7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Red Mon A	AL-REGEMONT DAILY MX AN	Mgal/d				N/A		F avVəskivit <i>i</i> r	HIESTIMA.

		s			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	[[DATE	
Bi Acctor Site of my knowledge and belief, use accurate, and complete. I an avera that there are ignified to the belief, use accurate, and complete. I an avera that there are ignified to the belief use accurate, and complete. I an avera that there are ignified to the belief use accurate, and complete. I an avera that there are ignified to the belief use accurate, and complete. I an avera that there are ignified to the belief use accurate, and complete. I an avera that there are ignified to the belief use accurate, and complete. I an avera that there are ignified to the belief use accurate, and complete. I an avera that there are ignified to the belief use accurate. In advection that there are ignified to the belief use accurate, and complete. I an avera that there are ignified to the belief use accurate. In advection that there are ignified to the belief use accurate. In advection that there are ignified to the belief use accurate. In advection that there are ignified to the belief use accurate. In advection the belief use accurate. In advection that there are ignified to the belief use accurate. In advection the advectiont the advectiont the advection the advectiont the advectiont the a		724 - 682-7773	06)	SS
<u>Presides for submitting false information, including the possibility of fine and imprisonment for know</u>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code NUMBER	YEAR	MO	DAY

. .

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

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

NAME:	FIRST ENERGY 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

	PA002	25615			113A					
F	PERMIT	UMBE	R	D	DISCHARGE NUMBER					
	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	МО	DAY			

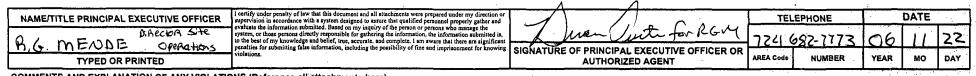
DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

No Data Indicator

PARAMETER		QUANT	TTY OR LOADING		QI	UALITY OR CONC		•	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	· ·		
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.58	N/A	7.04	+14	0	2/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	.6 .MINIMUM		9 MAXIMUM	рН		Menth	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3.2	6.4	mall	0	2/31	8HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		•••••• ••••••	N/A		30 MO.AVG	60 DAILY MX*	mg/L		Twice Per.	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5,000.0	0.0116	m6D	N/A	N/A	N/A	N/A	0	17/31	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	043 MO AVG	Reg Mon DAILY MX	Mgál/d			3. 	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.78	2.80	mgl	0	16/31	GAAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MOJĄVG	3.3 INST MAX	mg/L		Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	9,49	N/A	#/100m	- 0	2/31	GRAIB
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	mgl	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



COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLES SHALL BE TAKEN AT OVERFLOWFROM THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OTHER WATER.

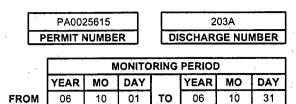
EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY:	BEAVER VALLEY POWER STATION
LOCATION:	PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN:ELIZABETH THOMAS/MGR ENV&CHEM



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

No Data Indicator

PARAMETER		QUANT	TITY OR LOADING		QI	UALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	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	75		N/A	-6 MINIM⊍M		9 MAXIMUM	рН		Twice Per - Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	20	ZO	mg12	-	3/31*	8 HK Comp
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A ···		30 MO AVG 1-7	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.014	0.021	m60	N/A	N/A	N/A	N/A	0	19/31	MEALS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	MO AVG	Req: Mon DAILY/MX	Mgai/d				NIA		Weekiy	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A ·	0,97	2,92	mylL	0	20/31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	······································	and a second state of the	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	NIA	人一类 发	N/A	#/100ml		2131	6-RAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT			N/A		2000 MO GEOMN		#/100mĽ		Twice Per Month	
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	6.33	6.44	mall	0	2131	\$ AR COMP
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A		25 MO AVG	DAILY-MX	mg/L		TwicelPer ≫Montn≀	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 property gather and				EPHONE		DATE	
D (mE DDE pigector site	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, two, accurate, and complete. I am aware that there are significant		for RGM		6827773	06	11	ZZ
TYPED OR PRINTED	Violations,	AUTHORIZED AG	GENT	AREA Code	NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY VIOLAT SAMPLES SHALL BE TAKEN AT OVERFLOWFROM	ONS (Reference all attachments here) 米 ムビビ みみおんり THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OT	ment 2 to couer	Letter SPC 11. Oml_is minin	U · · · ·	lachable	أصدها	5.0/	(11-21 m)

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

Form Approved OMB No. 2040-0004

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Fac	ility Name/Location if L	Different)							· · .		Page 18
ADDRESS: PA ROUTE 168	RESS: PA ROUTE 168 SHIPPINGPORT, PA 150770004 LITY: BEAVER VALLEY POWER STATION			615 MBER	211A DISCHARGE NUM	BER		D <mark>MR MAILIN</mark> MAJOR (SUBR05)	ODE: 15077	0004	
FACILITY: BEAVER VALLEY POWE	ER STATION		· · · · · · · · · · · · · · · · · · ·	MONITORIN	G PERIOD			211 TURBIN	E BLDG	`.	•
LOCATION: PA ROUTE 168 SHIPPINGPORT, PA 15	0770004		YEAR	MO DAY	YEAR MO	DAY		Internal Outfa	all	,* • · ·	
ATTN:ELIZABETH THOMAS/MGR EN		FRO	M 06	10 01 ŤO	06 10	31				No Data In	dicator
ATTN.ELIZABETH THOMASIMOR EN	Vachem			÷.					•	•	· · ·
PARAMETER	h an the second seco	QUANT	ITY OR LOAD	ING	Q	UALITY OR CONC	ENTRATION	- <u></u> .	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.74	N/A	7.89	ett .	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	9.6	48	mall	0	112	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	Langer of States		N/A		30 MO/AVG	DAILY MX			Weekjy	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 [*]	mg/L	0	117	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MOIAVG	20 DAILY MX			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	500.0	mtid	N/A	N/A	N/A	N/A	~	1/7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon: MO AVG	Req. Mon. DAILY MX					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 is secondance with a system designed to assure that qualified personnel property gather and		. 0		EPHONE		DATE	· · · · · ·
R.G. MENDE DIACTOR Site Openations	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, rue, accurate, and complete. I am aware that there are significant		te for RGM	724	6827713	06	11	22
TYPED OR PRINTED	positions,	SIGNATURE OF PRINCIPAL I AUTHORIZEI		AREA Code	NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATI	ONS (Reference all attachments here)	· · · · · · · · · · · · · · · · · · ·				•	· · ·	4
*	(Small is minimum detectible Level,	5PC 11-21-06	· ·					
EPA Form 3320-1 (Rev.01/06) Previous editions may be use		•				•		· · ·

Form Approved

OMB No. 2040-0004

PERMITTEE NA	ME/ADDRESS (Include F	Facility Name/Location if I	Different)								•	Page 19
	FIRST ENERGY NUCI PA ROUTE 168 SHIPPINGPORT, PA			PA0025615 PERMIT NUMBE	R	213A DISCHARGE NUM	BER	١	DMR MAILIN MAJOR SUBR05)	IG ZIP C	ODE: 15077	0004
	BEAVER VALLEY PO PA ROUTE 168 SHIPPINGPORT, PA		FRC	YEAR MO	DAY 01 TO		DAY 31	i	•		R PUMPHOUS	SE Idicator 🗙
ATTN:ELIZAE	BETH THOMAS/MGR E	NV&CHEM	- FRC									(
Р	PARAMETER		QUANT		· .	Q	UALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1	•	
рН	· · · · · · · · · · · · · · · · · · ·	SAMPLE MEASUREMENT					•					
00400 1 0 Effluent Gross	5	PERMIT REQUIREMENT				6a MINIMUM		9 N MAXIMUM	рН		• Twice Per - Month	GRAB
		SAMPLE						1				· .

		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
рН	SAMPLE MEASUREMENT									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6x MINIMUM		9 N MAXIMUM	pН	 Twice Per Monthe 	GRAB
Solids, total suspended	SAMPLE MEASUREMENT									
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MØ/AVG	100 DAILY MX	mg/L	Twice Per	GRAB
Oil & grease	SAMPLE MEASUREMENT				4					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MO/AV/GI	201 DAILYMX	mg/L	Twice Person Monih	CHEGRAB - A
Flow, in conduit or thru treatment plant	SAMPLE									. · ·
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO/AVG	Reg. Mon DAILY MX	Mgal/d			34		. Weakly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT						,			
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.				5 MO AVG1	1.25 INST/MAX	mg/L`	Twice Per 4	GRAB

		. /		1		· · ·		·	
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			·	TEL	EPHONE		DATE	
Director Site	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,		san la	inte, for NGM	7741-	697-1773	06	11	22
	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		E OF PRINCIPA	L EXECUTIVE OFFICER OR		Dacins	100	<u> </u>	
TYPED OR PRINTED	violations.			ZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

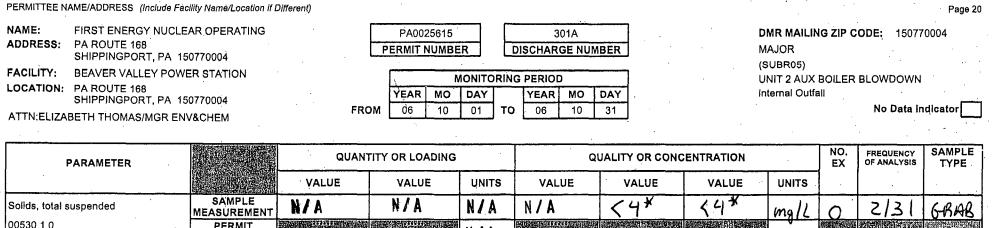
SAMPLES SHALL BE TAKEN AT DISCHARGE FROM THE PUMP HOUSE PRIOR TO MIXING WITH ANY OTHER WATER. NOTE: THEMONITORING OF THIS DISCHARGE IS NOT REQUIRED WHEN EFFLUENT FROM UNIT NO. 2 COOLING TOWER PUMPHOUSE FLOOR& EQUIPMENT DRAINS IS BEING RECYCLED TO THE UNIT NO. 2 WATER RECIRCULATION SYSTEM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

30-15-11-298



Solids, total suspended	MEASUREMENT	N/A	NZA	NZA		1 < 9'	59	mg/L	0	2131	G-BAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MOAVO	1100 DAILY MX	mg/L			GRABE
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5**	mall	0	2/3/	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N / A		E TWO/AVG)	UDAILY MIX (mg/L.			UICRAB IN
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	50.001	10.001	m60	NIA	N/A	N/A	N/A		[]7	ES7
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	RECEIVED AND A STREET		Mgal/d				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				TEL	EPHONE		DATE	
Difector site	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, rule, accurate, and complete. I am swere that there are significant	1 × J	ran / wite	for RGM	7761	697 7773	06	11	22
K. (r. MENDE operations	penalties for submitting false information, including the possibility of fine and imprisonment for knowing		F PRINCIPAL EXECU	TIVE OFFICER OR			~~		
TYPED OR PRINTED	violations.		AUTHORIZED AGE		AREA Code	NUMBER	YEAR	мо	DAY

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

SAMPLES SHALL BE TAKEN AT THE DISCHARGE OF BOILER BLOWN DOWN PRIOR TOMIXING WITH ANY OTHER WATER. * 4 mg 16 is minimum detectable Level. Spc 11-21-06 ** 5 mg 12 is minimum detectable cevel. Spc 11-21-06

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

	PA002	25615			303A				
F	ERMIT	NUMBE	R	DI	SCHAR	GE NU	MBER		
	[N	AONITO	RING	PERIOD)			
	YEAR	MO		RING	PERIOD) MO	DAY		

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

No Data Indicator

PARAMETER		QUANT	TTY OR LOADING			JALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	an a	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.79	N/A	7.10	p#	0	117	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	eessive Schemenseler Provinsion	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A		N/A	N/A	0.8	4	mg/L	0	117	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO/AVG 75	DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<u>۲5</u> *	<u> ۲5</u> *	mg/L	0	1/7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MOIAVG	20 DAILY MX	mg/L		Weekly	GRAB)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.019	6.056	MED	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

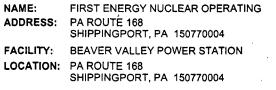
		A	· · ·		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and		TELEPHONE	DA	ATE
R.G. MENDE DIRECTOR SITE	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 pensibility of fine and imprisonment for knowing		724 682-7773	06	11 22
TYPED OR PRINTED	violationa,	AUTHORIZED AGENT	AREA Code NUMBER	YEAR	MO DAY
COMMENTS AND EXPLANATION OF ANY VIOLATI SAMPLES SHALL BE TAKEN AT OVERFLOWFROM	ONS (Reference all attachments here) THE OIL WATER SEPARATOR PRIORTO MIXING WITH ANY OTHE	R WATER. * 5 mg/L is minimum detec	table level, JPC	11-21-06	, <u>, , , , , , , , , , , , , , , , , , </u>
EPA Form 3320-1 (Rev.01/06) Previous editions may be use	d.	0	· · · ·		

Form Approved OMB No. 2040-0004

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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



ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

	· PA002	25615			3	13A		
F	PERMIT	RMIT NUMBER DISCHARGE NUMBER						
	<u></u>			RING	PERIOD	,	. <u>.</u>	
	YEAR	MO	DAY		YEAR	MO	DAY	
NOM	06	10	01	то	06	10	31	

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

No Data Indicator

Form Approved OMB No. 2040-0004

Page 22

PARAMETER		QUANT	TTY OR LOADING			JALITY OR CONC	ENTRATION	_	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.71	N/A	6.79	pH	0	117	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIM⊍M	*****	9 MAXIMUM	рH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	NK/ A	< 4 *		mall	0	1/7	FRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		S 130 MO'AVG	DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	L5 **	mglL	Ô	117	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	V, U -	0.002	mGD	N/A	N/A	N/A	N/A	<u> </u>	1/7	Est
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon Mon Mon Mon Mon 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			TEL	EPHONE		DATE	•
IR A MENNE	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or these persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, securate, and complete. I an aware that there are significant penalties for submitting false and information, the validing the pensibility of fina and imprisonment for knowing		n	7241	6877773	06	11	22
TYPED OR PRINTED	pessioning of sounduing laise union addent including the possioning of the and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFI AUTHORIZED AGENT	CER OR	AREA Code	NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIC	ONS (Reference all attachments here)	· · · · · · · · · · · · · · · · · · ·						
SAMPLES SHALL BE TAKEN AT DISCHARGE FROM	OWS #21 PRIOR TO MIXING WITHANY OTHER WATER.			·				

* 4 4mall is minimum detectable Level Spc 11-21-06 * * 5 mg/L is minimum detectable cevel, 302 11-21-06

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY:	BEAVER VALLEY POWER STATION
LOCATION:	PA ROUTE 168 SHIPPINGPORT, PA 150770004
A TTNI- 17 A	

ATTN:ELIZABETH THOMAS/MGR ENV&CHEM

	PA0025615				401A					
E	PERMIT	NUMBE	R	DISCHARGE NUMBER						
*			IONITO	RING	PERIOD)				
	YEAR	MÓ	DAY		YEAR	МО	DAY			
FROM	06	10	01	то	06	10	31			

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

No Data Indicator

PARAMETER		QUANT	TTY OR LOADING		Q	JALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	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 MAXIM⊍M	рН		Twice Pert	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	NZA	54×	<4×	mgll	0	.2/31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY/MX	mg/L	4108.33.4465.896502	Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 * *	mall	0	2131	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO/AVG; + 4		mg/L		Twice Per-	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	50.001	10.001	m6D	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

		A							
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				TEL	EPHONE		DATE	
	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, suce, accurate, and complete. I am aware that there are significant		san / with fo	rpom	72416	2177586	06	10	22
TYPED OR PRINTED	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATŪRE	E OF PRINCIPAL EXECUTIV AUTHORIZED AGENT	E OFFICER OR	AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIC SAMPLES SHALL BE TAKEN AT CHEMICALFEED AF	DNS (Reference all attachments here) ** REA DRAINS PRIOR TO MIXING WITH ANY OTHER WATER. **	Jundie	is mininum de 1/2 is mininum	tectable c Detectate		5PC-11-21-01 (C) -8PC-11-2		· · · ·	

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY:	BEAVER VALLEY POWER STATION
LOCATION:	PA ROUTE 168 SHIPPINGPORT, PA 150770004

	PA002	25615			4	03A	
P	ERMIT	NUMBE	R	DI	SCHAR	GE NU	MBER
				-			
		N	IONITO	RING	PERIOD) ·	
	YEAR	N MO		RING	PERIOD	MO	DAY

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
CONDENSATE BLOWDOW	N & RIVR WAT
Internal Outfall	
No	Data Indicator

ATTN:ELIZABETH THOMAS/MGR ENV&CHEM

PARAMETER		QUANT	TTY OR LOADING		Q	JALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM≽	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					MO AVG	DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 TVMOVAVG	A 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	Reg Mon MO!AVG	Req Mon. DAILY/MX	Mgal/d						G Weekly to	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		•••••			.5 MO'AVG	BEINST MAX	mg/L		Weekly	GRAB

			1	1					
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	_/			TELI	EPHONE		DATE	
	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,	- <i>V</i>	from 1	uit	9740	682 7773	06	$\left \right\rangle$	22
R.G. MENDE openations	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	SIGNATU	RE OF PRINCIPA	L EXECUTIVE OFFICER OR			~~		<u> </u>
TYPED OR PRINTED	violations.		AUTHORI	ZED AGENT	AREA Code	NUMBER	YEAR	мо	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.): MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

Page 24

Form Approved OMB No. 2040-0004

MG/L. (THE LIMIT IS 35 MG/L AS A DAILY

Form Approved OMB No. 2040-0004

Page 25

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME: FIRST ENERGY NUCLEAR OPERATING PA0025615 403A DMR MAILING ZIP CODE: 150770004 ADDRESS: PA ROUTE 168 DISCHARGE NUMBER MAJOR PERMIT NUMBER SHIPPINGPORT, PA 150770004 (SUBR05) FACILITY: BEAVER VALLEY POWER STATION MONITORING PERIOD CONDENSATE BLOWDOWN & RIVR WAT LOCATION: PA ROUTE 168 YEAR MO DAY YEAR MO DAY Internal Outfall SHIPPINGPORT, PA 150770004 No Data Indicator 31 FROM 06 10 01 то 06 10 ATTN:ELIZABETH THOMAS/MGR ENV&CHEM SAMPLE NO. FREQUENCY QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER EX OF ANALYSIS TYPE

UNITS

VALUE

VALUE

VALUE

UNITS

VALUE

VALUE

				·	
Hydrazine	SAMPLE MEASUREMENT				
81313 1 0 Effluent Gross			O MOAVO	0.2 DAILY MX mg/L	CRAB:
				•	
		e			
					· · ·

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or rupervision in accordance with a system designed to assure that qualified personnel property gather and	DATE
B & m EDDE BACCOR Site evaluate the information reporting of the person or persons who manage the grant of the person or persons who manage the grant of the person of persons who manage the grant of the persons who persons who persons who persons who persons who persons w	11 27
TYPED OR PRINTED penaltics for submitting false information, including the possibility of fine and imprisonment for knowing SIGNATÚRE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER YEAR	MO DAY

1

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.): MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

MG/L. (THE LIMIT IS 35 MG/L AS A DAILY

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

E

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

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

PA002	25615			4	13A	
PERMIT	UMB	R	D	ISCHAR	GE NU	MBER
·		••				
1.	N	IONITO	RING	PERIOD)	
YEAR	MO	DAY	RING	YEAR	MO	DAY

DMR MAILING ZIP CODE:	150770004
MAJOR	• •
(SUBR05)	
BULK FUEL STORAGE DRA	AIN .
Internal Outfall	

No Data Indicator

PARAMETER		QUANT	TTY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS].		
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.87	NZA	7.88	olt	0	1/7 -	6 PAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	л pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	20.9	66.9	mall		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	NZA	N/A	5 **	< 5 * *	mall	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	40.001	10,001	mbd	N/A	N/A		N/A		[]]	E3T
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	Req. Mon. DAILY MX	Mgal/d				N/A		Weekly	ESTIMA -

		· /	A					
	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				EPHONE	DATE		
	e valuate the information submitted. Based on my inquiry of the person or persons who immage 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.		executive officer or		6827773	06	-[]	22
TYPED OR PRINTED		AUTHORIZI	ED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIC	DNS (Reference all attachments here)	se see AttAchmen	nt 3 to the cover	- Letter	JPC 11-2	1-06		
SAMPLES SHALL BE TAKEN AT DISCHARGE FROM	OWS #24 PRIOR TO MIXING WITHANY OTHER WATER.	(5mg/L is the	minimum detect	able	Level spc1	1-21-06		
EPA Form 3320-1 (Rev.01/06) Previous editions may be used)(A	F10W 10-29-0	6-7 10-31-06	BPC 11.	-71-06			

,

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	. •	- P	PA002		R	D	5	01A GE NU	MBER		DMR MAILING ZIF MAJOR (SUBR05)	CODE: 150770004	· · ·		
FACILITY:	BEAVER VALLEY POWER STATION				MONITORING PERIOD							UNIT 1 GENRTR BLWDWN FILT BW				
LOCATION:	PA ROUTE 168 SHIPPINGPORT, PA 150770004			YEAR	MO	DAY		YEAR	мо	DAY		Internal Outfall				
ATTN:ELIZA	BETH THOMAS/MGR ENV&CHEM	•	FROM	06	10	01	то	06	10	31	· .		No Data Indicat	orX		
												-		. '		

PARAMETER		QUANT	TTY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT						·				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					308 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	Reg Mon MO(AVG	Reg. Mon. DAILY/MX	Mgal/d						www.weekly.su	ESTIMA

			· .		•	
					· · ·	1
	•				•	
		· · · · · · · · · · · · · · · · · · ·				1
	1					

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				TEL	EPHONE	·····	DATE	
O (IN EIDAE Directorsite	evaluates 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, rule, accurate, and complete. I am aware that there are significant	A	na-'m	stetor RGM	772) (622 7773	00	10	22
TYPED OR PRINTED	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE	OF PRINCIPAL AUTHORIZE	EXECUTIVE OFFICER OR D 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.

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

Form Approved

OMB No. 2040-0004

OMR MAILING ZIP CODE:	150770004	
MAJOR		
SUBR05)		·
JNIT 1 GENRTR BLWDWN	I FILT BW	
nternal Outfall		