

December 22, 2006 L-06-174

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 November 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.

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. Errors were discovered on the August and September Supplemental Laboratory Accreditation Forms for the Lab ID Number and Analysis Method. Corrected versions of the August and September Supplemental Laboratory Accreditation forms are also being submitted.

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

Sincerely,

Richard G. Mende Director, Site Operations

Attachments (1) Enclosures (4)

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*

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
10/30/06	0800	9.6	mg/L
11/8/06	0920	9.11	mg/L
11/14/06	1100	9.21	mg/L
11/20/06	0915	8.12	mg/L
11/27/06	0855	7.9	mg/L

- Attachment 1 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								
•	Shippingport	, PA 15077							
	Beaver Valle	y Power Station							
•	PERMIT N	IUMBER			MONITOI Year/l	RING F Month/			
	PA002	5615	2006	08	01	то	2006	08	31
PARAMET	ER	ANALYSIS METHOD		LAB NAM	E 🐫 📜		LAB II	NUMBE	R ²
Powerline 3627 ((Clamtrol)	Photometric Determination	Beaver	Valley Pow	er Station		0	4-2742	
Bentonite Detoxio DT-1)	cant (Betz	Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645	Beaver	Valley Pov	ver Station		0	4-2742	
Total Residual	Chlorine	EPA 330.5	Beaver	Valley Pow	er Station		0	4-2742	
Free Available	Chlorine	EPA 330.5	Beaver	Valley Pow	er Station		. 0	4-2742	
рН		EPA 150.1	Beaver	Valley Pow	er Station		Ō	4-2742	
Temperati	ure .	EPA 170.1	Beaver	Valley Pow	er Station		0	4-2742	
Flow		NA	Beaver	Valley Pow	er Station		0	4-2742	
Total Suspende	ed Solids	EPA 160.2	Beaver	Valley Pow	er Station	19.37	. 0	4-2742	
Hydrazin	ie	ASTM D1385-01	Beaver	Valley Pow	er Station		0	4-2742	
Fecal Colif	orm	Standard Method 9222D	Beaver	Valley Pow	er Station		. 0	4-2742	100
Oil and Gre	ease	EPA 1664 Rev A	FirstEr	nergy Corp-	Beta Lab		68	3-01120	
Total Dissolved	d Solids	EPA 160.1	FirstEr	ergy Corp-	Beta Lab		68	3-01120	

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: <u>724-682-7773</u>

Authorized Agent

Signature of Principal Executive Officer or

Richard G. Mende, Director, Site Operations

ate: 12/22

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

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



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PARAMET	FER	ANALYSIS METHOD		LAB NAM	E		LAB I	DNUMBE	H ²
Zinc		EPA 200.7	FirstEn	ergy Corp-	Beta Lab		6	8-01120	
Coppe	j j	PA 200.7	FirstEr	ergy Corp	Beta Lab		6	8-01120	
Iron		EPA 200.7	FirstEn	ergy Corp-	Beta Lab		6	8-01120	
Chromiu	m ·	EPA 200.7	FirstEr	ergy Corp-	Beta Lab		. 6	8-01120	
Ammon	ia	EPA 350.3	FirstEn	ergy Corp-	Beta Lab		6	8-01120	
CBOD-51	Day	SM5210 B	Fire	stechnolog	y, Inc.		6	8-00434	
Cyanid	e	EPA 335.2	Fire	stechnology	y, Inc.		6	8-00434	
Chloroben	zene	EPA 624	Firs	stechnolog	y, Inc.		6	8-00434	
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Richard G. Mende, Director Site Operations	Date: 12 22 06	Margue Human

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	PA002	5615	2006	09	01	то	2006	09	30
·									
PARAME	ren 💮	ANALYSIS METHOD		LAB NAN	iE 🖟		LABI	DNUMBE	R ²
Powerline 3627	(Clamtrol)	Photometric Determination	Beaver	Valley Pov	ver Station		C	4-2742	
Bentonite Detoxi DT-1)	cant (Betz	Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645	Beaver	Valley Pov	wer Station			4-2742	
Total Residual	Chlorine	EPA 330.5	Beaver	Valley Pov	ver Station		C	4-2742	
Free Available	Chlorine	EPA 330.5	Beaver	Valley Pow	ver Station		(1) 	4-2742	
РH		EPA 150.1	Beaver	Valley Pov	ver Station		0	4-2742	
Temperat	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	
Hydrazir	ne	ASTM D1385-01	Beaver	Valley Pov	ver Station			4-2742	
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	PA002	25615	2006	09	01	то	2006	09	30
PARAMET	ER	ANALYSIS METHOD		LAB NAM	E inches		LABI	D NUMBE	R ²
Zinc		EPA 200.7	FirstEr	ergy Corp-	Beta Lab		6	8-01120	
Coppe		EPA 200.7	FirstEr	iergy Corp	Beta Lab		6	B-01120	
Iron		EPA 200.7	FirstEr	ergy Corp	Beta Lab		6	8-01120	
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CBOD-5 [Day	SM5210 B	Fire	stechnolog	y, Inc.		6	8-00434	
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Chloroben	zene	EPA 624	Fire	stechnolog	y, Inc.		6	8-00434	
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Richard G. Mende, Director Site Operations	Date: 12/22/06	Authorized Agent Weed

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DISHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

1. Complete monthly and submit with each DMR. Attach additional sheets and comments as

Instructions:

Month: November

Year:

2006

n	eeded for co	mple	teness and clarity	/ -							Permitt	ee:	FENOC		
2. S	ludge produ	ction	information will	be use			erformance. Repo				Plant:		Beaver	Valley	Power Station
W	hich has b	een 1	removed from d	ligester	s and other	solids	which have been	permanently			NPDES	3:	PA0025	615	
re	emoved from	m the	treatment proc	ess. I	Do not includ	de sluc	lge from other pla	ants which is			Munici	pality:	Shipping	gport B	orough
	rocessed at										County		Beaver		
							ity for disposal. If				•	Jnit 1		·.·	
							of that plant. If y			Fo	r sludge that is	incine	rated:		
							al site section and	provide their			Pre-inciner				dry tons
			ual dry tonnage o		back of this fo	rm.					Post-incine	ration	weight =		dry tons
4. I	f no sludge v	was re	emoved, note on	form.									_		Prillipander at your transfer and a second a
				•	SLUDGI	E PRO	DUCTION INFO	RMATION (prior to	inci	nera	tion)				
			HAULED AS	LIQU							ED AS DEWA	TERE	D SLUDG	E	
					(Conversion			(Tons of							
	(Gallons)	X	(% Solids)	X	Factor)	=	Dry Tons	Dewater Sludge)	X	(% Solids)	X	(.01)	=	Dry Tons
	18000		2.0		.0000417		1.50						.01		

								<u> </u>							
				T	OTAL	= _	1.50	_				TO'	TAL	= _	
	DISPOS	SALS			I: List all site	s, ever	if not used this mo	onth.							
				ite 1		ļ	Site 2			Site	e 3			Site	<u>4</u>
			Borough of Mo												
Name			Sewage Treatm	ent Pla	nt		ewell Township								
Perm			PA0020125			PA0	026328						, ,		
	Cons Dispose					ļ									
	(check one))													<u></u>
	andfill														
A	Agr. Utilizati	ion				ļ									
	Other (specif	y)	- <u>-</u>			<u> </u>									
Coun	ty:		Beaver	·		Beav	er				·				
			Chi. In		10 1800-		Chamin 34	t		12/	21/21		,	7241 6	00 4141
(CCD	1.2/01/01		Chave		in ma	<u>-</u>	Chemistry M	ianager		2/	21/06 Date				82-4141
(22K	-1.3/21/91)		ì	oignatu	ire		Title				Date			reiep	ohone

DISHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Month: November

Instructions:

 needed for compl Sludge production which has been removed from the processed at your In the disposal site processes and dispersion 	eteness and clarity. In information will be removed from dignet reatment process facility. The section, report all sposes of your sludge.	be used to evaluate gesters and other ss. Do not include sludge leaving your ge, just provide the	plant performance. Reposolids which have been de sludge from other plur facility for disposal. It is name of that plant. If you have been de sludge from other plur facility for disposal.	ort only sludge n permanently ants which is f another plant you dispose of	Permitte Plant: NPDES Municip County: U For sludge that is	Beaver PA002 Shippi Beaver Beaver Unit 2	Valley Power Station 5615 ngport Borough
	r plants, include the dual dry tonnage on		disposal site section and	provide their		ation weight =	
4. If no sludge was i			1111.		Post-incine	ration weight =	dry tons
Č	,		E PRODUCTION INFO	RMATION (prior to inci	ineration)		•
	HAULED AS L	IQUID SLUDGE			AULED AS DEWA	TERED SLUD	GE
		(Conversion		(Tons of			
(Gallons) X		X Factor)	= Dry Tons	Dewater Sludge)	X (% Solids)	X (.01)	= Dry Tons
28000	2.0	.0000417	2.34			.01	
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<u></u>		TOTAL	= 2.34			TOTAL	=
DISPOSAT	SITE INFORMAT		es, even if not used this m	onth			
DISTOSAL	Sit		Site 2	ontii.	Site 3		Site 4
	Borough of Mona						
Name:	Sewage Treatmen		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)	<u>Eljabre</u> Sig	s W Thomas gnature	Chemistry M Title	1anager∕	2/2/b(p Date		(724) 682-4141 Telephone



Form Approved
OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA-ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615

001A DISCHARGE NUMBER

| MONITORING PERIOD | YEAR | MO | DAY | YEAR | MO | DAY | FROM | 06 | 11 | 01 | TO | 06 | 11 | 30 |

DMR MAILING ZIP CODE:

150770004

MAJOR

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

(SUBR05)

No Data Indicator

PARAMETER	te l	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAINAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.99	N/A	8.02	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	рН		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1 **	<0.1 **	mg/L	0	1 / 7	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	exeréx	*****	N/A	exerci	Req. Mon. MO AVG	Reg. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	*	*	*	*
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	*****	0 MO AVG	G DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	25.6	30.6	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Man MO AVG	Reg. Mon DAILY MX	Mgal/d	*******	******	өхөхөх	N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.04	0.19	mg/L	0	8 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	ежеже	*****	N/A	*****	.5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.001	0.02	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	ревере	****	N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005 ***	<0.005 ***	mg/L	0	1 / 7	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	exexex	-	N/A	#3#3#c#	0 MO AVG	0 DAILY MX	mg/L		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	DQ1 A O	TEL	EPHONE		DATE	
R. G. MENDE, DIRECTOR OF SITE	properly gether and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gethering the information, the information submitted is, to the best of my knowledge and belief, true, accurata, and complete. I am aware that there are significant penalties for submitting felse information,	Hende	724	682-7773	06	12	22
TYPED OR PRINTED	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 VIOLATIONS (Reference all attachments here)

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX.

* No clamicide this period. ** 0.1 mg/L is minimum detectable level. *** 0.005 mg/L is minimum detectable level. ** & *** In wet layup from 10-13-06 --> 11-5-06 JPC 12-11-06

Computer Generated Version of EPA Form 3320-1 (rev. 01/06)

Page 28

Form Approved OMB No. 2040-0004

Page 29

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

06

FROM

YEAR MO DAY

11 01

002A

DISCHARGE NUMBER

YEAR MO DAY

11

06

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

DADAMETED		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		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	A Red Main A 2 MO AVG	Reg. Mon. DAILY MX	MGD	Water State of the	* Why his or	Marian Salar	N/A	(Crrs	Weekly	ESTIMA

MONITORING PERIOD

то

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penelty 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	2)	TEI	LEPHONE		ATE	
IN. O. MENDE, DINCOTOR OF SITE	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,	W. Marso	724	682-7773	06	12	22
TYPED OR PRINTED	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 VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

Page 30

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA

PA ROUTE 168 SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

FROM 06

YEAR MO DAY

11 01

003A

06

DISCHARGE NUMBER

YEAR MO DAY

11 30

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

003

External Outfall

No Data Indicator

DADAMETER	CALL THE STATE OF	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.040	0.093	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Reg Mon. s. DAILY MX	MGD		**************************************	100	N/A		Twice Per Month	ESTIMA

MONITORING PERIOD

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	_ ^	TEI	LEPHONE		DATE	
R. G. MENDE, DIRECTOR OF SITE OPERATIONS	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,	10 1 0-10000	724	682-7773	06	12	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OP-PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 31

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

FROM 06

YEAR MO DAY

11

01

06

DISCHARGE NUMBER

004A

YEAR MO DAY 11 30 DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No

Data indicator X	Data indicato	r X
------------------	---------------	-----

PARAMETER		QUANTI	TY OR LOADING	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
pH	SAMPLE MEASUREMENT					,						
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6. MINIMUM	*****	9 MAXIMUM	ρH		Weekly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT					<u> </u>	NICIOINA	рп				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mont MO AVG	Reg. Monrae DAILY MX		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e de la companya de l	1	·		Weekly	MEASRD	
Chlorine, total residual	SAMPLE MEASUREMENT											
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	3.1.1	Signal.			5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB	
Chlorine, free available	SAMPLE MEASUREMENT				· ;							
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		4****	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB	

properly gather and evaluate the information submitted. Based on my inquiry of the person or \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		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	0.0	TEI	LEPHONE		ATE	
	R. G. MENDE, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who menage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am awere that there are significant penalties for submitting false information,	16 Ward	724	682-7773	06	12	22
		Including the possibility of fine and imprisonment for knowing violations.		AREA Code	NUMBER	YEAR	МО	DAY

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 32

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

06

FROM

YEAR MO DAY

11

01

006A

06

DISCHARGE NUMBER

YEAR MO DAY

11 30

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
, Alameren	14 P. SER	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE										
1 '	MEASUREMENT										
50050 1 0	PERMIT	Reg. Mon.	Reg. Mon.	,	*****	*****	******			Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX							vveekiy	ESTIMA

	direction
,	property
	persons
OPERATIONS	informa and cor
O1	

TYPED OR PRINTED

y under penalty of law that this document and all attachments were prepared under my on or supervision in accordance with a system designed to assure that qualified personne rly gather and evaluate the information submitted. Based on my inquiry of the person or is who manage the system, or those persons directly responsible for gathering the nation, 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, ncluding the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TELEPHONE DATE 724 682-7773 06 12 22 **AREA Code** NUMBER YEAR MO DAY

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

06

FROM

YEAR MO DAY

11

01

007A

DISCHARGE NUMBER

YEAR MO DAY

11 30

06

DMR MAILING ZIP CODE: 150770004

Page 33

MAJOR

(SUBR05)

AUX. INTAKE SYSTEM

External Outfall

PARAMETER		QUANTI	TY OR LOADING		Q	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE										
ייק	MEASUREMENT			-							
00400 1 0	PERMIT	*****	*****		6	*****	9			Weekly	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	pН		YYGENIY	Olorb
Clay is conduit as they treatment start	SAMPLE										
Flow, in conduit or thru treatment plant	MEASUREMENT				6						1
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		. ******	*****	******			Manuli	GRAB
Effluent Gross		MO AVG	DAILY MX	Mgal/d			20111			Weekly	GRAD
Chlorina total regidual	SAMPLE										
Chlorine, total residual	MEASUREMENT										
50060 1 0	PERMIT	******	******		*****	5 MO AVG	1.25			* Monkly	GRAB
Effluent Gross	REQUIREMENT		8.4			MO AVG	INST MAX	mg/L		Weekly	GIVAD
Chlorina fron quallable	SAMPLE								,		
Chlorine, free available	MEASUREMENT									·	
50064 1 0	PERMIT	*****	*****		******	2_	2.5			AND CHIEF	ODAD
Effluent Gross	REQUIREMENT					2 AVERAGE	MAXIMUM	mg/L		Weekly	GRAB.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	It 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	<u> </u>	TEI	LEPHONE		ATE	
R. G. MENDE, DIRECTOR OF SITE OPERATIONS	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,	mp / overesse	724	682-7773	06	12	22
TYPED OR PRINTED	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 VIOLATIONS (Reference all attachments here)

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

Computer Generated Version of EPA Form 3320-1 (rev. 01/06)

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 34

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615

06

FROM

008A

PERMIT NUMBER

YEAR MO DAY

11

01

DISCHARGE NUMBER

YEAR MO DAY

06

11 30

(SUBR05) **UNIT 1 COOLING TOWER PUMPHOUSE**

DMR MAILING ZIP CODE: 150770004

External Outfall

MAJOR

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		Q	UALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FANAMETER	11	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT		,								
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******* ********		6 MINIMUM	****** *******************************	9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	7. ******		*****	30 MO AVG	100 - DAILY MX	mg/L	19	Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	MO AVG	DAILY MX	mg/L		Twice Per Month	GRAB.
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				·						
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICE
R. G. MENDE, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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 personne 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 formation, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TEI	EPHONE	DATE					
724	682-7773	06	12	22			
AREA Code	NUMBER	YEAR	МО	DAY			

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

010A

DISCHARGE NUMBER

External Outfall

DMR MAILING ZIP CODE: 150770004

UNIT 2 COOLING WATER

MAJOR

(SUBR05)

No Data Indicator

[M	IONITO	RING	PERIOD		
Ī	YEAR	MO	DAY		YEAR	MO	DAY
ROM	06	11	01	TO	06	11	30

PARAMETER	PARAMETER		TY OR LOADING			QUALITY OR CON	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	100	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			٠.
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.82	N/A	7.72	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	******	0 MAXIMUM			Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	*	*	*	*
04251 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	******	MO AVG	0 INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.43	8.64	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Reg. Mon. DAILY MX	N/A	******	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.024	0.12	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		******	MO AVG	1.25 INST MAX	mg/L	1	Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.022	0.11	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	2- AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	It 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	0	TE	LEPHONE		ATE	
R. G. MENDE, DIRECTOR OF SITE OPERATIONS	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,	12 Wende	724	682-7773	06	12	22
TYPED OR PRINTED	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 VIOLATIONS (Reference all attachments here)

REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.):

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

* No clamicide this period. JPC 12-11-06 Computer Generated Version of EPA Form 3320-1 (rev. 01/06) Page 35

Form Approved OMB No. 2040-0004

Page 36

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

06

FROM

YEAR MO DAY

11

01

011A

DISCHARGE NUMBER

YEAR MO DAY

06 11 30

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Data Indicator

DATE 12

MO

22

DAY

PARAMETER	Consultant of the street	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.004	0.004	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	**************************************	N/A	4 4 4 4 4	Weekly	ESTIMA

MONITORING PERIOD

NAME/TITLE 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	0.00	TE	LEPHONE	
R. G. MENDE, DIRECTOR OF SITE	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 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,	12 March	724	682-7773	06
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR

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

MONITORING PERIOD

то Г

06

Form Approved OMB No. 2040-0004

Page 37

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

FROM 06

YEAR MO DAY

11 01

012A

DISCHARGE NUMBER

YEAR MO DAY

11 30

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		Q	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
, Alsonie, El	Alexander (VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			٠
Н	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MUMIXAM	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		544.44		*****	1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon MO AVG	Req. Mon DAILY MX	Mgai/d	*****	*****				Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT										
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	Lugary.	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	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	\sim \sim \sim	TE	LEPHONE		ATE	
R. G. MENDE, DIRECTOR OF SITE OPERATIONS	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,	Whate	724	682-7773	06	12	22
TYPED OR PRINTED	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 VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER 013A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

OUTFALL 013 External Outfall

No Data Indicator

		MONITORING PERIOD												
	YEAR	MO	DAY		YEAR	MO	DAY							
FROM	06	11	01	TO	06	11	30							

PARAMETER	PARAMETER				(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
T ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.85	N/A	7.20	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	\$14.645 2.75	******	N/A	6 MINIMUM	**************************************	9: MAXIMUM	pН		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01 *	<0.01 *	mg/L	0	2 / 30	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************		N/A	2212	Req. Mon. MO AVO	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.005	0.01	mg/L	0	2 / 30	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	***		N/A		06 MØ AVG	DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	· N/A	N/A	N/A	N/A	<0.005 **	<0.005 **	mg/L	0	2 / 30	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	Para and the	*****	N/A	###### ###############################	Reg. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.009	0.014	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Req. Mon DAILY MX	Mgal/d		*****		N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	\cap	TE	LEPHONE		DATE	
R. G. MENDE, DIRECTOR OF SITE OPERATIONS	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,	Vol Would	724	682-7773	06	12	22
TYPED OR PRINTED	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 VIOLATIONS (Reference all attachments here)

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

* 0.01 mg/L is minimum detectable level. ** 0.005 mg/L is minimum detectable level. JPC 12-11-06

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

Form Approved OMB No. 2040-0004

Page 39

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

101A DISCHARGE NUMBER

		MONITORING PERIOD											
	YEAR	MO	DAY		YEAR	MO	DAY						
FROM	06	11	01	TO	06	11	30						

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05) 101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Data India

cator	X
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PARAMETER		QUANTI	ITY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FANAMETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A		N/A		рН			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	party (****** 21 januari	N/A	6 MINIMUM	****** Tales of	9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A			mg/L			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP-2
Oll & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A			mg/L			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Anna de la companya del companya de la companya del companya de la	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A			mg/L	·		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	errer III. en jouen	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			MGD	N/A	N/A	N/A	N/A			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Req=Mon	Mgal/d	******	******	******	N/A		DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A			mg/L			
31313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	******	Req. Mon.: MO AVG	Reg. Mon. DAILY:MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	^\	TEL	EPHONE		ATE	
	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,	Phyllende	724	682-7773	0,6	12	22
TYPED OR PRINTED	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 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

Page 40

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615

06

FROM

YEAR MO DAY

11

102A

PERMIT NUMBER

01

TO

DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY

11

30

06

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.19	, N/A	7.60	рН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	48.7	Arrest Special or	N/A	6 MINIMUM	*****	9 MUMIXAM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	11	17	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	:		N/A	##### ################################	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	< 5 *	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB.
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon MO AVG	Reg. Mon. DAILY MX	Mgal/d	*****	F62 18 24 12 3	******	N/A		Twice Per Month	ESTIMA

	*		
	R. G. MENDE, D	IRECTOR	OF SITE
i	OPERATIONS		

certify under penalty of law that this document and all attachments were prepared under my firection or supervision in accordance with a system designed to assure that qualified personne 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, ncluding the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TEI	EPHONE	3 06 12 2		
724	682-7773	06	12	22
AREA Code	NUMBER	YEAR	МО	DAY

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

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

*5 mg/L is minimum detectable level. JPC 12-11-06 Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615

FROM

06

103A

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY 11 01 TO 06 11

Page 41

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Data Indicator

PARAMETER	44.5	QUANTITY OR LOADING			. (QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.83	N/A	7.18	pН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	**************************************	N/A	8 MINIMUM	*****	9. MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	11	17.6	mg/L	0	2 / 30	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		S (pla)	N/A	******	MO:AVG	100s DAILY MX	mg/L		≟Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.013	0.023	MGD	N/A	N/A	N/A	N/A	-	27 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	4	**************************************		N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER
R. G. MENDE, DIRECTOR OF	SHE
OPERATIONS	٠,

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 personne 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 gethering 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, ncluding the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TEI	EPHONE	DATE					
724	682-7773	06	12	22			
AREA Code	NUMBER	YEAR	мо	DAY			

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

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

TYPED OR PRINTED

MONITORING PERIOD

11 01 **TO**

Form Approved
OMB No. 2040-0004

Page 42

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

06

FROM

YEAR MO DAY

111A
DISCHARGE NUMBER

YEAR MO DAY

11 30

06.

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

DMR MAILING ZIP CODE: 150770004

Internal Outfall

No Data Indicator

PARAMETER	245.2	QUANT	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAISHELEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.27	N/A	7.51	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	. N/A	6 MINIMUM	******	9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	. N/A	N/A	<5 **	<5 **	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	i i i i i i i i i i i i i i i i i i i	******	N/A	#***** *******************************	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A		1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon Mo AVG	Req. Mon. DAILY MX	Mgal/d	******	******	*****	N/A		Weekly	ESTIMA

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICE
Ì	R. G. MENDE, DIRECTOR OF SITE
	OPERATIONS

I certify under penelty of lew 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 aubmitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information should be information, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting felse information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TEI	LEPHONE		ATE	
724	682-7773	06	12	22
AREA Code	NUMBER	YEAR	МО	DAY

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

TYPED OR PRINTED

^{*4} mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC 12-11-06

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

113A

DISCHARGE NUMBER

UNIT 2 SEWAGE TMT PLANT

DMR MAILING ZIP CODE: 150770004

Internal Outfall

MAJOR

(SUBR05)

No Data Indicator

				PERIOD	<u>, </u>	
YE	AR N	10 D/	ΔY	YEAR	MO	DAY
ROM 0	6 1	1 0	1 TO	06	11	30

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CANAMETER	30 mg	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A、	N/A	N/A	6.76	N/A	6.94	рН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	**************************************	9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.8	5.5	mg/L	0	2 / 30	8 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	The second	N/A	eren a	30 MO AVO	80 DAILY MX	mg/L		Twice Per Month	COMP/8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	0.011	MGD	N/A	N/A	N/A	N/A	-	17 / 30	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	043 MO AVG	Req. Mon DAILY MX	Mgal/d	*****	******	******	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.53	1.93	mg/L	0	13 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	44444	N/A	******	1.4 MO AVG	3.3 INST MAX	mg/L	ne K	Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<1 *	N/A	#/100mL	0	2 / 30	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******* ******************************	2000 MO GEOMN	*****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	6.66	8.28	mg/L	0	2 / 30	8 HR COMP
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	100 mm	******	N/A	******	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	It 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	_	TE	LEPHONE		DATE	
R. G. MENDE, DIRECTOR OF SITE OPERATIONS	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 beat of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Pd Moude	724	682-7773	06	12	22
TYPED OR PRINTED	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 VIOLATIONS (Reference all attachments here)

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

*1 #/100mL is minimum detectable level. JPC 12-11-06

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

Page 43

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

203A

DISCHARGE NUMBER

(SUBR05) MAIN SEWAGE TMT PLANT

Internal Outfall

MAJOR

DMR MAILING ZIP CODE: 150770004

No Data Indicator

1		N	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	МО	DAY
FROM	06	_11	01	TO	06	11	30

PARAMETER		QUANTI	TY OR LOADING		. (QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAKAMETER	1500	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.15	N/A	8.07	pН	0	4 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	14 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100 mg	N/A	AL B. MINIMUM		9 MAXIMUM	На	Linguage Co.	Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A .	N/A	28.5	35.5	mg/L	0	3 / 30	8 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	-30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.008	0.015	MGD	N/A	N/A	N/A	N/A	-	16 / 30	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.023 MO AVG	Req Mon. DAILY MX	Mgal/d	****	******	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.58	1.3	mg/L	. 0	15 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	******	1/4 – MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	N/A .	N/A	N/A	N/A	39.	N/A	#/100mL	0	2 / 30	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT			N/A		2000 MO GEOMN	******	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	21.9	24.1	mg/L	0	2 / 30	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

	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	N	TEI	EPHONE		ATE	
R. G. MENDE, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who menage 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 compiles. I am aware that there are significant penalties for submitting false information,	Milaule	724	682-7773	06	12	22
TYPED OR PRINTED	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 VIOLATIONS (Potestings all effects							

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

Form Approved OMB No. 2040-0004

Page 45

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

211A DISCHARGE NUMBER DMR MAILING ZIP CODE:

150770004

MAJOR (SUBR05)

211 TURBINE BLDG Internal Outfall

No Data Indicator

		N	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	11	01	то	06	11	30

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.1	N/A	7.91	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	*****	N/A	6 MINIMUM	24244	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	12.9	48	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon DAILY MX	Mgal/d	ann	enenen	*****	N/A		Weekly	ESTIMA

	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		TE	LEPHONE	C	ATE	
R. G. MENDE, DIRECTOR OF SITE OPERATIONS	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 fates information,	SIGNATURE OF FRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	06	12	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

Form Approved OMB No. 2040-0004

Page 46

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER 213A

DISCHARGE NUMBER

ı		N	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
٦м	06	11	01	TO	06	11	30

DMR MAILING ZIP CODE:

150770004

MAJOR

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

(SUBR05)

No Data Indicator

PARAMETER		QUANT	ITY OR LOADING			QUALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAININE LEA		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT				1					1	
00400 1 0	PERMIT	*****	*****		6	*****	9			Twice Per	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	pН		Month	GRAD
Solids, total suspended	SAMPLE MEASUREMENT									1	
00530 1 0	PERMIT	*****	*****		naa	30	100			Twice Per	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Month	
Oil & grease	SAMPLE MEASUREMENT									1	
00556 1 0	PERMIT	*****	*****		*****	15	20			Twice Per	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Month	GRAD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT									1	
50050 1 0	PERMIT	Reg. Mon	Reg. Mon.		*****	*****	*****			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILYMX	Mgal/d						Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT									/	
50060 1 0	PERMIT	*****	*****		*****	.5	1,25			Twice Per	GRAB
Effluent Gross	REQUIREMENT					MO AVG	INSTIMAX	mg/L		Month	GRAD

	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	.	TEL	EPHONE		ATE	
R. G. MENDE, DIRECTOR OF SITE OPERATIONS	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,	Phylloude	724	682-7773	06	12	22
TYPED OR PRINTED	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 EVOLUNIATION OF ANY MOLATIONS (B. C	4-4-4-3						

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

FROM

06

YEAR MO DAY

11

301A

DISCHARGE NUMBER

YEAR MO DAY

06

(SUBR05) UNIT 2 AUX BOILER BLOWDOWN Internal Outfall

MAJOR

DMR MAILING ZIP CODE: 150770004

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Solids, total suspended 00530 1 0 Effluent Gross Oil & grasse	a ver	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	Average Language Control of the Cont	#####	N/A	44444	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	. 0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	Artes Constitution	N/A		15 MO AVG	20 DAILY MX	mg/L	100	Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A		1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Requirement DAILY MX	Mgal/d	::	*****	******	N/A		Weekly	ESTIMA

NAME/!!!LE	PRINCIPAL	EVECUI	IVE OFFICE
R. G. MENDE, OPERATIONS	DIDECT	OD O	COITE
IL. G. MEMOE,	DIKECI		
OPERATIONS			
TO LIVE HONS			

certify under penalty of law that this document end all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TEI	EPHONE	2	ATE	•
724	682-7773	06	12	22
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 TO MIXING WITH ANY OTHER WATER.

*4 mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level, JPC 12-11-06

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

TYPED OR PRINTED

Page 47

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

303A

DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 06 11 01 TO 06 11 30 Page 48

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
T ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	,		
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.41	N/A	7.33	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	B MINIMUM	A	9 MAXIMUM:	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	5.96	18.8	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	***	30 MO AVG	DAILY MX	mg/L		Weakly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.019	0.056	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	Reg. Mon. DAILY MX	Mgal/d			 2.71	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		TEI	LEPHONE	נ	ATE	
R. G. MENDE, DIRECTOR OF SITE OPERATIONS	properly gether and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gethering 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,	Meudo	724	682-7773	06	12	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МO	DAY

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

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

* 5 mg/L is minimum detectable level. JPC 12-11-06

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

YEAR MO DAY

06 11 01

313A

DISCHARGE NUMBER

YEAR MO DAY

06

11 30

(SUBR05) 313 TURBINE BLDG DRAIN

MAJOR

Internal Outfall

DMR MAILING ZIP CODE: 150770004

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FANAMETER	i New York	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.71	N/A	6.86	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A.	6 MINIMUM	******	e MUMIXAM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	3		N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	· N/A	N/A	N/A	N/A	-	.1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MÖ AVG	Reg. Mon. DAILY MX	Mgál/d	****	*****	******	N/A		Weekly	ESTIMA

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICE
R. G. OPE	MENDE, DIRECTOR OF SITE
	TYPED OR PRINTED

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 personne 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 nformation, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TEI	_EPHONE	Ľ	ATE	
724	682-7773	06	12	22
AREA Code	NUMBER	YEAR	МО	DAY

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

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

*4 mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC 12-11-06

Computer Generated Version of EPA Form 3320-1 (Rev. 01/08)

Page 49

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 50

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615

FROM 06 11 01

YEAR MO DAY

401A

PERMIT NUMBER

DISCHARGE NUMBER

YEAR MO DAY

06

11 30

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Data Indicator

DADAMETED		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
00400 1 0 Effluent Gross Foolids, total suspended	a thaif	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pН	SAMPLE										
00400 1 0	MEASUREMENT PERMIT	*****	*****		6	*****	Req. Mon			Twice Per	
	REQUIREMENT				MINIMUM	I a transfer and the contract of the contract	MAXIMUM	pН		Month	GRAB
Soilds, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	15. MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Red Man MO AVG	Req. Mon. DAILY MX	Mgal/d	**************************************	******	******	·		Weekly	ESTIMA

	I cartify 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	A. A. A.	TE	LEPHONE		DATE	
R. G. MENDE, DIRECTOR OF SITE OPERATIONS	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,	W Mende	724	682-7773	06	12	22
TYPED OR PRINTED	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 VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT CHEMICAL FEED AREA DRAINS PRIOR TO MIXING WITH ANY OTHER WATER

Form Approved OMB No. 2040-0004

Page 51

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

403A DISCHARGE NUMBER

	MONITORING PERIOD											
	YEAR	MO	DAY		YEAR	MO	DAY					
FROM	06	11	01	то	06	11	30					

DMR MAILING ZIP CODE:

150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FANAMETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE										
•	MEASUREMENT										
00400 1 0	PERMIT	*****	*****		6	*****	9			₩veekiy	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	pН			
Solids, total suspended	SAMPLE MEASUREMENT		ŀ	1			}	1			
00530 1 0	PERMIT	41474	*****		666	30	100				
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE							1119/2			
-	MEASUREMENT										
00556 1 0	PERMIT	*****	***		*****	15	20			Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L			
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0	PERMIT	616161	*****		*****	Reg. Mon.	Reg Mon.			Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		a a eeki y	URMB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT						·		- 		
04251 1 0	PERMIT	******	*****		*****	0	0			VVhen	COMP24
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Discharging	CONF24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	Rea Mon.	Reg. Mon.		*****	*****	*****	8		101-211	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d						Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0	PERMIT	*****	*****		*****	.5	1.25			Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	INST MAX	mg/L		z z ezekiy	GRAD

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	2 00 0	TE	LEPHONE	C	ATE	
	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 significent penalties for submitting false information,	Hukude	724	682-7773	06	12	22
TYPED OR PRINTED	including the possibility of fine end imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED 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.): AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

MG/L. (THE LIMIT IS 35 MG/L

Form Approved OMB No. 2040-0004

Page 52

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

YEAR MO DAY

11

01

06

FROM

403A

DISCHARGE NUMBER

YEAR MO DAY

11 30

06

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indicator

DADAMETED		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			1
Hydrazine	SAMPLE										
	MEASUREMENT			İ							
81313 1 0	PERMIT	******	*****		*****	0	0			Weekly	GRAB
Effluent Gross	REQUIREMENT	and the second second				MO AVG	DAILY MX	ma/L		vioekly.	CIVAD

MONITORING PERIOD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penelty 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	- ^ -	TE	LEPHONE		DATE	
	R. G. MENDE, DIRECTOR OF SITE OPERATIONS	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 ewere that there are significant penalties for submitting false information,	Milleude	724	682-7773	06	12	22
	TYPED OR PRINTED	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 VIOLATIONS (Reference all attachments here)

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

MG/L. (THE LIMIT IS 35

MONITORING PERIOD

TO

Form Approved
OMB No. 2040-0004

Page 53

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: F

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

06

FROM

YEAR MO DAY

11

01

413A SCHARGE NUMBER

YEAR MO DAY

11

30

DISCHARGE NUMBER

06

DMR MAILING ZIP CODE: MAJOR

150770004

MAJOR (SUBR05)

BULK FUEL STORAGE DRAIN

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANNIETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.30	N/A	7.47	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	大心大心大心	N/A	6 MINIMUM	*****	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	17.2	28.2	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	eseses	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Actor	*****	N/A	sesese	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon DAILY MX	Mgal/d	ann	*****	*****	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	- ^	TEI	DATE			
R. G. MENDE, DIRECTOR OF SITE OPERATIONS	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,	Ryllande	724	682-7773	06	12	22
TYPED OR PRINTED	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 VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OWS #24 PRIOR TO MIXING WITH ANY OTHER WATER.

* 5 mg/L is minimum detectable level. Discharge occurred 11/11/06 - 11/20/06. JPC 12-11-06

MONITORING PERIOD

то

Form Approved OMB No. 2040-0004

Page 54

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

06

FROM

YEAR MO DAY

11

01

501A

YEAR MO DAY

11

30

06

DISCHARGE NUMBER

DMR MAILING ZIP CODE: MAJOR

150770004

(SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE										
Conds, total suspended	MEASUREMENT										
00530 1 0	PERMIT	161616	*****		*****	30	100			Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILYMX	mg/L		yvooniy	GNAG
Flow, in conduit or thru treatment plant	SAMPLE										
1 low, in conduct of this treatment plant	MEASUREMENT					l					
50050 1 0	PERMIT	Req. Mon.	Reg. Mon.		*****		*****			Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILYMX	_Mgal/d						AAAANIY	LOTIMA

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	- • 1	TEI	LEPHONE	ב	ATE	
	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, thue, accurate, and complete. I am evere that there are significant penalties for submitting false information,	12 Weed	724	682-7773	06	12	22
TYPED OR PRINTED	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 VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615

001A

DISCHARGE NUMBER

| MONITORING PERIOD | | YEAR | MO | DAY | YEAR | MO | DAY | | PROM | 06 | 11 | 01 | TO | 06 | 11 | 30 |

DMR MAILING ZIP CODE:

150770004

MAJOR (SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Data Indicator

PARAMETER		QUANT	ITY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.99	N/A	8.02	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	N/A	6 MINIMUM	141414	9 MAXIMUM	рН		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1 **	<0.1 **	mg/L	0	1 / 7	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	nnn	Req. Mon. MO AVG	Reg. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	*	*	*	*
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	*****	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	25.6	30.6	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Reg. Mon DAILY MX	Mgal/d	******	*****	**************************************	N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.04	0.19	mg/L	0	8 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	эхэх	N/A	erecen	.5 AVERAGE	1,25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.001	0.02	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	xexexe	*****	N/A	******	2 AVERAGE	5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005 ***	<0.005 ***	mg/L	0	1 / 7	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	Dan. O	TEI	LEPHONE	Г	DATE	
	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,	44 Mende	724	682-7773	06	12	22
TYPED OR PRINTED	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 VIOLATIONS (Reference all attachments here)

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX.

* No clamicide this period. ** 0.1 mg/L is minimum detectable level. *** 0.005 mg/L is minimum detectable level. ** & *** In wet layup from 10-13-06 —> 11-5-06 JPC 12-11-06

Computer Generated Version of EPA Form 3320-1 (rev. 01/06)

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Page 29

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 PERMIT NUMBER

06

FROM

YEAR MO DAY

11

01

DISCHARGE NUMBER

002A

YEAR MO DAY

11

06

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

PARAMETER	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER	ar in	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 Man + MO AVG	Req: Mon DAILY MX	MGD	******	******	******	N/A		Weekly	ESTIMA

MONITORING PERIOD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	direction
R. G. MENDE, DIRECTOR OF SITE OPERATIONS	properly persons informa and cor includin
TYPED OR PRINTED	, Cloud

y under penalty of law that this document and all attachments were prepared under my on or supervision in accordance with a system designed to assure that qualified personne ly gather and evaluate the information submitted. Based on my inquiry of the person or s who manage the system, or those persons directly responsible for gathering the ation, the information submitted is, to the best of my knowledge and belief, true, accurate implete. I am aware that there are significant penalties for submitting false information, ng the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TEI	EPHONE		ATE	
724	682-7773	06	12	22
AREA Code	NUMBER	YEAR	мо	DAY

Form Approved
OMB No. 2040-0004

ESTIM

Page 30

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

NAME:

50050 1 0

Effluent Gross

FIRST ENERGY NUCLEAR OPERATING

MEASUREMENT

PERMIT

REQUIREMENT

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: BEA

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615

06

FROM

Reg. Mon.

DVA OM

YEAR MO DAY

11

003A

YEAR MO DAY

11 30

06

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

N/A

003

External Outfall

No Data Indicator

			•								
PARAMETER		QUANT	ITY OR LOADING		. (QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE	0.040	0.093	MGD	N/A	N/A	N/A	N/A	_	2 / 30	EST

MGD

01

MONITORING PERIOD

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	_ 1	TE	LEPHONE		ATE	
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TYPED OR PRINTED	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 VIOLATIONS (Reference all attachments here)

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

Form Approved OMB No. 2040-0004

. Page 31

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER 004A

DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 06 11 01 TO 06 11 30

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Data Indicator

DATE

12

MO

22

DAY

06

YEAR

PARAMETER	· · · · · · · · · · · · · · · · · · ·	QUANTI	TY OR LOADING		G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
nH	SAMPLE				•	ı					
bi i	MEASUREMENT										
00400 1 0	PERMIT	******	******		6	*****	9			Weekly	GRAB
Effluent Gross	REQUIREMENT		144		MINIMUM		MAXIMUM ::	pН		vveekiy	GNAD
Flow, in conduit or thru treatment plant	SAMPLE										
riow, in conduit or thru treatment plant	MEASUREMENT		·					İ			
50050 1 0	PERMIT	Reg. Moh.	Reg. Mon.		*****	*****	*****			Weekly	MEASRD
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX				Mary Mary 1995			vveekiy	MEAGNE
Chlorine, total residual	SAMPLE										
Chionne, total residual	MEASUREMENT	,				i					
50060 1 0	PERMIT	******	*****		*****	.5	1.25			in a constant	CDAD
Effluent Gross	REQUIREMENT	Accessed to		•		MO AVG	1.25 INSTIMAX	mg/L		Weekly	GNAD
Chlorine, free available	SAMPLE										
	MEASUREMENT		<u> </u>		-					·	
50064 1 0	PERMIT	******	******		*****	.2	5			Monkly	GRAB
Effluent Gross	REQUIREMENT					AVERAGE	MAXIMUM	mg/L		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	0.1	TEI	EPHONE
R. G. MENDE, DIRECTOR OF SITE	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,	What Ward	724	682-7773
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

Form Approved OMB No. 2040-0004

Page 32

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

006A

DISCHARGE NUMBER

AUX. INTAKE SCREEN BACKWASH

DMR MAILING ZIP CODE:

External Outfall

MAJOR

(SUBR05)

No Data Indicator

		M	ONITO	RING	PERIOD)	
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	11	01	TO	06	11	30

PARAMETER	QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FANAMETER	2.3	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO AVG	Req. Mon. DAILY MX		******	*****	14444			Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
R. G. MENDE, DIRECTOR OF SITE
OPERATIONS

TYPED OR PRINTED

I certify under penalty of lew 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 submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TELEPHONE DATE 724 682-7773 06 12 22 **AREA Code** NUMBER YEAR МО DAY

MONITORING PERIOD

MO DAY

01

11

Form Approved OMB No. 2040-0004

Page 33

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION FACILITY:

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

06

FROM

007A

DISCHARGE NUMBER

YEAR MO DAY

30

06 11

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER	salar — Jr	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH Hq	SAMPLE	•									
F	MEASUREMENT							<u> </u>			
00400 1 0	PERMIT	******	*****		6	******	. 9			Weekly	GRAB
Effluent Gross	REQUIREMENT				6 MINIMUM	******	MAXIMUM	pН		Weenly	CIVAL
Flow, in conduit or thru treatment plant	SAMPLE						ı				
riow, in conduit or tilru treatment plant	MEASUREMENT				6			j			
50050 1 0	PERMIT	Req. Mon-	Reg. Mon.		*****	******	******		6 44 55	Weekly	GRAB
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX_	Mgal/d			344114			vveekiy.	GUVD.
Chlorine, total residual	SAMPLE										
Chionne, total residual	MEASUREMENT		1						ļ		
50060 1 0	PERMIT	*****	*****		******		1.25			AA - Lilia S	GRAB
Effluent Gross	REQUIREMENT					5 MO AVG	INST MAX	mg/L	10.00	Weekly	GRAD
Chlorine, free available	SAMPLE								,		
Chionne, nee avallable	MEASUREMENT								,	, 1	
50064 1 0	PERMIT	******	******		******	. 2	5.5			100 - 111 - 1	GRAB
Effluent Gross	REQUIREMENT					AVERAGE	MAXIMUM	mg/L		Weekly	GRAB.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	~ • •	TEL	EPHONE .		AŢE	
R. G. MENDE, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who menage 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 ewere that there are significant penalties for submitting false information,	Voluleude	724	682-7773	06	12	22
TYPED OR PRINTED	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 EVEL ANATION OF ANY VIOLATIONS (Palaranes all etter	hments hare						

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

Computer Generated Version of EPA Form 3320-1 (rev. 01/06)

MONITORING PERIOD

TO

06

Form Approved OMB No. 2040-0004

Page 34

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

YEAR MO DAY

11 01

FROM 06

A800

DISCHARGE NUMBER

YEAR MO DAY

11 30

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

DMR MAILING ZIP CODE: 150770004

External Outfall

No Data Indicator

PARAMETER	a see a	QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARABLELLIN	en Horisto	VALUE	VALUE	UNITS	VALUE	VALUE -	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		144444 144444		6 MINIMUM	******	9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		eren La maria	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	######		554 CON 1980 PM	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.	Mgal/d	*****	10 10 10 10 10 10 10 10 10 10 10 10 10 1	*****	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	N	TE	LEPHONE		ATE	
R. G. MENDE, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Besed 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, accurate, and complete. I am eware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Monde	724	682-7773	06	12	22
TYPED OR PRINTED	including the possibility of the and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

010A

DISCHARGE NUMBER

UNIT 2 COOLING WATER External Outfall

MAJOR

(SUBR05)

DMR MAILING ZIP CODE: 150770004

No Data Indicator

	MONITORING PERIOD												
[YEAR	MO	DAY		YEAR	MO	DAY						
FROM	06	11	01	TO	. 06	11 .	30						

PARAMETER	Section 1	QUANTI	QUANTITY OR LOADING Q				ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
T ANSAIL FER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.82	N/A	7.72	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6- MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	*	*	*	*
04251 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	****	0 MO AVG	0 INST MAX	mg/L	194. 1940.	When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.43	8.64	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req. Mon. DAILY MX	N/A	****	******	******	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.024	0.12	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		******	5 MO.AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.022	0.11	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	**************************************	N/A	******	.2 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	Δ .	TEL	EPHONE		ATE	
R. G. MENDE, DIRECTOR OF SITE	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 compiete. I am ewere that there are significant penalties for submitting false information,	12 Wende	724	682-7773	06	12	22
TYPED OR PRINTED	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 VIOLATIONS (Reference all attachments here)

REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.):

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

* No clamicide this period. JPC 12-11-06 Computer Generated Version of EPA Form 3320-1 (rev. 01/06)

Form Approved OMB No. 2040-0004

Page 36

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615

FROM 06

YEAR MO DAY

011A

PERMIT NUMBER

11 01

DISCHARGE NUMBER

YEAR MO DAY

06

11 30

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Data Indicator

						·					
PARAMETER		QUANTI	ITY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.004	0.004	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0	PERMIT	Req Mon.	Req. Mon.		*****	*****	*****	N/A		Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d		10 Contract 10		IN/A		YVEEKIY	LOTIVIA

MONITORING PERIOD

TO

NAME/TITLE 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	000	TEI	LEPHONE		ATE	
R. G. MENDE, DIRECTOR OF SITE	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,	12 lleude	724	682-7773	06	12	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 37

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

FROM 06

YEAR MO DAY

11 01

012A

DISCHARGE NUMBER

06

YEAR MO DAY

11 30

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	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. MÖ AVG	Reg Mon. DAILY MX			Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT										
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	(1) (1 *****		+++	1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	Req. Mon. DAILY MX	Mgal/d	+++++) 	79 111 1	*****			Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT				,						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	*****	Reg. Mon. MO AVG	Req. Mon. DAILY MX	ma/L		Twice Per Month	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	~^^	TEI	EPHONE	C	ATE	
R. G. MENDE, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information aubmitted. Based on my inquiry of the person or persons who menage the system, or those persons directly responsible for gathering the information, the information aubmitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for aubmitting false information,	Whende	724	682-7773	06	12	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER 013A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

OUTFALL 013 External Outfall

No Data Indicator

		М	ONITO	RING	PERIOD)	
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	11	01	TO	06	11	30

PARAMETER		QUANTI	TY OR LOADING		G	UALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAKAMETEK	1995	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.85	N/A	7.20	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	***	******	N/A	6 MINIMUM		9 MAXIMUM	pН		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01 *	<0.01 *	mg/L	0	2 / 30	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	******	Req Mon. Mo AVG	Req. Mon DAILY MX	mg/L		Twice Per- Month	GOMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.005	0.01	mg/L	0	2 / 30	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT		100000	N/A	****** ***********	06 MO AVG	DAILY MX	mg/L	ĵ	Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005 **	<0.005 **	mg/L	0	2 / 30	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	Andreas Paragraphic and Andreas Paragraphic	*******	N/A	****** *******************************	Req. Mon. MO AVG	Req. Mon DAILY MX	mg/L		Twice Per Month	GOMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.009	0.014	MGD	N/A	`N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*******	*******	1991 1991 1991 1991 1991 1991 1991 199	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	<u> </u>	TEI	LEPHONE		ATE	
R. G. MENDE, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who menage 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,	V vouce	724	682-7773	06	12	22
TYPED OR PRINTED	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 VIOLATIONS (Reference all attachments here)

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

* 0.01 mg/L is minimum detectable level. ** 0.005 mg/L is minimum detectable level. JPC 12-11-06

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

Form Approved OMB No. 2040-0004

Page 39

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168 SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

101A

DISCHARGE NUMBER

MAJOR

(SUBR05)

Internal Outfall

DMR MAILING ZIP CODE: 150770004

101 CHEMICAL WASTE TREATMENT

No Data Indicator

- [MONITORING PERIOD											
[YEAR	MO	DAY		YEAR	MO	DAY						
FROM	06	11	01	TO	06	11	30						

PARAMETER	1.75	QUANT	ITY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	Land Control	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A		N/A		рН			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	6 MINIMUM	111111	9 MAXIMUM	pН	13,000	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A			mg/L			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A			mg/L			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Production (******	N/A	440811	15 MO AVG	DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia totai (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A			mg/L			
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	###### (2000)	N/A	1970 1970	Reg, Mon. MO AVG	Reg. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			MGD	N/A	N/A	N/A	N/A			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon. MO AVG	Reg. Mon. DAILY MX	Mgal/d	******	******	******	N/A	Trans.	DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	·		mg/L			
31313 1 0 Effluent Gross	PERMIT REQUIREMENT	11111	******	N/A	*****	Req. Mon. MO AVG	Reg. Mon. DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	^^	TEI	EPHONE		ATE	
	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,	Blyllende	724	682-7773	06	12	22
TYPED OR PRINTED	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 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.

MONITORING PERIOD

TO

Form Approved
OMB No. 2040-0004

Page 40

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615
PERMIT NUMBER

YEAR MO DAY

11 01

06

FROM

102A

DISCHARGE NUMBER

YEAR MO DAY

11 30

06

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

DMR MAILING ZIP CODE: 150770004

Internal Outfall

No Data Indicator

PARAMETER	The second	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAKAMETEK	A COMMITTEE	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE ·	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.19	, N/A	7.60	рН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	e sensitive e	N/A	6 MINIMUM	111111	9 MAXIMUM	pН	1000	Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	11	17	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	30 MÖ AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		***************************************	N/A	11111	15 MO:AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MO AVĞ	Reg, Mon. DAILY MX	Mgal/d	******		74 74	N/A		Twice Per Month	ESTIMA

	It 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	\bigcap \bigcap .	TEL	EPHONE	<u>D</u>	ATE	
R. G. MENDE, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manege 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,	10/1000	724	682-7773	06	12	22
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY
COLUMN AND EVEN AND EVEN AND AND AND AND AND AND AND AND AND AN							

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

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

*5 mg/L is minimum detectable level. JPC 12-11-06

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

Form Approved OMB No. 2040-0004

Page 41

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615

YEAR

FROM 06

103A

PERMIT NUMBER

MO DAY

11

01

MONITORING PERIOD

DISCHARGE NUMBER

YEAR MO DAY

06

11 30

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		. (QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FANAMETER	24.5	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.83	N/A	7.18	рН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	Ηq		Twice Per Month	GRAB.
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	11	17.6	mg/L	Ó	2 / 30	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	N/A	distributed in the second	30 MO:AVG	100 DAILY/MX# >	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.013	0.023	MGD	N/A	N/A	N/A	N/A	•	27 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	Req Mon. DAILY MX	Mgal/d	***	er er er er er er er er er er er er er e	100	N/A		Twice Per Month	ESTIMA

i	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	R. G. MENDE, DIRECTOR OF SITE
	OPERATIONS
	<u> </u>

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 aubmitted. 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 algorificant penalties for submitting false information, including the possibility of fine and Imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TE	LEPHONE		DATE	
724	682-7773	06	12	22
AREA Code	NUMBER	YEAR	мо	DAY

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

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

TYPED OR PRINTED

Form Approved OMB No. 2040-0004

Page 42

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

11

FROM 06

111A

DISCHARGE NUMBER

MONITORING PERIOD MO DAY YEAR MO DAY 01 06 11

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Data Indicator

PARAMETER	and the second	QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	Parket Helical	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	Ņ/A	N/A	7.27	N/A	7.51	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	**************************************	. N/A	6 MINIMUM	ectrols.	0 MUMIXAM	pН	******	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	. 0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT		N/A	. N/A	N/A	<5 **	< 5 **	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	•	****** *******************************	N/A	******	15. -MO ÁVĠ:	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	· •	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d			2 1	N/A	and the second	Weekly	ESTIMA

i	NAME/ITTLE PRINCIPAL EXECUTIVE OFFICE
ı	
Į	R. G. MENDE, DIRECTOR OF SITE
	OPERATIONS
1	3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3

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 personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TE	LEPHONE		ATE	
724	682-7773	06	12	22
AREA Code	NUMBER	YEAR	МО	DAY

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

TYPED OR PRINTED

^{*4} mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC 12-11-06

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

FROM 06

YEAR MO DAY

11 01

113A

DISCHARGE NUMBER

YEAR MO DAY

06 11 30

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		. (QUALITY OR CON	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER	4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A、	N/A	N/A	6.76	N/A	6.94	pН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Twice Per Month	GRAB -
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.8	5.5	mg/L	0	2 / 30	8 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	30 MO AVG	80 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	0.011	MGD	N/A	N/A	N/A	N/A	-	17 / 30	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	MO AVG	Req Mon DAILY MX	Mgal/d	*****	**************************************	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	. N/A	N/A	N/A	N/A	0.53	1.93	mg/L	0	13 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	100	******	N/A	*****	1.4 MO AVG	3/3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<1 *	N/A	#/100mL	0	2 / 30	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT			N/A	******	2000 MO GEOMN	*****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	6.66	8.28	mg/L	0	2 / 30	8 HR COMP
80082 1 0 Effluent Gross	PERMIT REQUIREMENT		\$44544 	N/A	******	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

	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		TEL	EPHONE	Г	DATE	
R. G. MENDE, DIRECTOR OF SITE	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 significent penalties for submitting false information.	12 Moule	724	682-7773	06	12	22
TYPED OR PRINTED	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 VIOLATIONS (Reference all attachments here)

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

*1 #/100mL is minimum detectable level. JPC 12-11-06

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

Form Approved OMB No. 2040-0004

Page 44

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 PERMIT NUMBER

203A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

No Data Indicator

	MONITORING PERIOD												
	YEAR MO DAY YEAR MO												
FROM	06	11	01	TO	06	11	30						

PARAMETER	rest described to the second	QUANT	ITY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAINETER	*	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ļ		
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.15	N/A	8.07	рН	0	4 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	2	9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	28.5	35.5	mg/L	0	3 / 30	8 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A		30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.008	0.015	MGD	N/A	N/A	N/A	N/A	-	16 / 30	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.028 MO AVG	Reg Mon. DAILY MX	Mgal/d	16	******	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.58	1.3	mg/L	. 0	15 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	200000	******	N/A	******	1.4 MÖ AVG	9.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	N/A .	N/A	N/A	N/A	39	N/A	#/100mL	0	2 / 30	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	1,4444	*****	N/A	*****	2000 MO:GEOMN		#/100mL	F 14	Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	21.9	24.1	mg/L	0	2 / 30	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

	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	N	TEL	EPHONE		ATE	
R. G. MENDE, DIRECTOR OF SITE OPERATIONS	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,	Milande	724	682-7773	06	12	22
TYPED OR PRINTED	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 VIOLATIONS (Reference all attachments here)

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 45

EST

ESTIMA

1 / 7

Weekly

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

50050 1 0

Effluent Gross

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

Flow, in conduit or thru treatment plant

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

06

0.002

Reg. Mon.

DAILY MX

0.002

Reg. Mon.

MO AVG

FROM

YEAR | MO | DAY

11

01

211A

DISCHARGE NUMBER

YEAR MO DAY

11

06

N/A

30

N/A

211 TURBINE BLDG Internal Outfall

MAJOR

(SUBR05)

N/A

N/A

N/A

DMR MAILING ZIP CODE:

No Data Indicator

150770004

PARAMETER		QUANTITY OR LOADING			(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	. N/A	N/A	7.1	N/A	7.91	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	******	9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	. N/A	N/A	N/A	N/A	12.9	48	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	esses	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	henene	*****	N/A	*****	15 MO AVG	20 DAILY MX	ma/L		Weekly	GRAB

MGD

Mgal/d

	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		TEL	EPHONE		ATE	
R. G. MENDE, DIRECTOR OF SITE OPERATIONS	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 penatities for submitting fatse information,	Allende	724	682-7773	06	12	22
TYPED OR PRINTED	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 VIOLATIONS (Reference all attachments here) * 5 mg/L is minimum detectable level. JPC 12-11-06

Form Approved OMB No. 2040-0004

Page 46

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER 213A

DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 06 11 01 06 11 TO

DMR MAILING ZIP CODE:

150770004

MAJOR (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LUMINETEL		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT									1	
00400 1 0	PERMIT	167646	*****		6	1/1/1/	9			Twice Per	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	pН		Month	GRAD
Solids, total suspended	SAMPLE MEASUREMENT									/	
00530 1 0	PERMIT	*****	*****		AAA	30	100			Twice Per	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Month	2,17,1
Oil & grease	SAMPLE MEASUREMENT		"							1	
00556 1 0	PERMIT	*****	*****		*****	15	20			Twice Per	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Month	9
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT									/	
50050 1 0	PERMIT	Reg. Mon.	Req. Mon.		****	*****	*****			Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d						***************************************	
Chlorine, total residual	SAMPLE MEASUREMENT									1	
50060 1 0	PERMIT	******	*****		*****	.5	1,25			Twice Per	GRAB
Effluent Gross	REQUIREMENT					MO AVG	INSTMAX	mg/L		Month	- V. V.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Icertify under penary or law mate this document and an attachments were prepared under milestone in accordance with a system designed to assure that qualified personal properties of the p	all on the contract of the con	15	LEPHONE	<u> </u>	DATE	
R. G. MENDE, DIRECTOR OF SITE OPERATIONS properly gather and evaluate the information submitted. Based on my inquiry of the person persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my involved ge and belief, true, accur and complete. I am aware that there are significant penalties for submitting false information.	Milloude	724	682-7773	06	12	22
including the possibility of fine and imprisonment for knowing violations. TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY

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

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615

06

FROM

PERMIT NUMBER

YEAR MO DAY

11

01

DISCHARGE NUMBER

301A

MONITORING PERIOD

YEAR MO DAY

11 30

06

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	30 MO AVG	100 DAILY MX	mg/L_		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	< 5 **	<5 **	mg/L	. 0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A		15 MO AVG	DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	******	in the second	N/A		Weekly	ESTIMA

ı	NAME/TITLE PRINCIPAL EXECUTIVE OFFIC
ı	R. G. MENDE, DIRECTOR OF SITE
	IV. G. MENDE, DIVECTOR OF SHE
	OPERATIONS
	OI LIGHTON

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 personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information. including the possibility of fine and imprisonment for knowing violations.

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TE	LEPHONE		DATE				
724	682-7773	06	12	22			
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 TO MIXING WITH ANY OTHER WATER.

*4 mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC 12-11-06

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

TYPED OR PRINTED

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

303A

DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 06 11 01 06 11 30 Page 48

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FARAMETER		VALUE	VALUE UN		VALUE	VALUE	VALUE UNITS					
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.41	N/A	7.33	рН	0	1 / 7	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	344444	N/A	6 MINIMUM	Assessed 1	9 MAXIMUM_	pН		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	5.96	18.8	mg/L	0	1 / 7	GRAB	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	******	30 ≟MO AVG	100 DAILY MX	mg/L		Weekly	GRAB	
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	2017	*****	N/A	:	15 MÖ AVG	20 DAILY MX	mg/L		Weekly	GRAB.	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.019	0.056	MGD	N/A	N/A	N/A	N/A	- ,	1 / 7	EST	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	217944		*****	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		TEI	_EPHONE		ATE	
R. G. MENDE, DIRECTOR OF SITE OPERATIONS	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,		724	682-7773	06	12	22
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МO	DAY

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

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

* 5 mg/L is minimum detectable level. JPC 12-11-06

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615

313A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Data Indicator

		MONITORING PERIOD										
	YEAR	MO	DAY		YEAR	МО	DAY					
FROM	06	11	01	TO	06	11	30					

PARAMETER		QUANTITY OR LOADING		G	QUALITY OR CONC	ENTRATION	\	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.71	N/A	6.86	pΗ	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		4.24	N/A	*****	MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	*****	MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg: Mon MO AVG	Req. Mon DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

l		It 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	\sim 1.	TEI	LEPHONE		ATE	
- 1	R. G. MENDE, DIRECTOR OF SITE	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.	Chleude	724	682-7773	06	12	22
	TYPED OR PRINTED	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 VIOLATIONS (Reference all attachments here).

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

*4 mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC 12-11-06

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615

401A

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 06 11 01 06

Page 50

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No

Data Indicator	X
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PARAMETER		QUANTITY OR LOADING			Q	UALITY OR CONC	ENTRATION		NO. EX	-	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE										
00400 1 0	MEASUREMENT PERMIT	*****	*****			*****	Reg. Mon.			Twice Per	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	pН		Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		4*****	30. MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT						-				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		###### ###############################	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req. Mon. DAILY MX	Mgal/d	erente.	- 14444 - 14444	******			Weekly	ESTIMA

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICE
ı	
	R. G. MENDE, DIRECTOR OF SITE
i	OPERATIONS

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 personne 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, ncluding the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TE	LEPHONE	DATE				
724	682-7773	06	12	22		
AREA Code	NUMBER	YEAR	МО	DAY		

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

SAMPLES SHALL BE TAKEN AT CHEMICAL FEED AREA DRAINS PRIOR TO MIXING WITH ANY OTHER WATER

TYPED OR PRINTED

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

403A DISCHARGE NUMBER

		N	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
ROM	06	11	01	то	06	11	30

Page 51

DMR MAILING ZIP CODE:

150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No

Data Indicator	X
----------------	---

PARAMETER		QUANT	ITY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE			1							
,	MEASUREMENT	*****	*****	<u> </u>		***		J	****************		000000000000000000000000000000000000000
00400 1 0	PERMIT	*****	*****		6	••••	9	i i		Weekly	GRAB
Effluent Gross	REQUIREMENT			\$	MINIMUM		MAXIMUM	pН			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	61,61,61	*****	 	exexe	30	100				
Effluent Gross	REQUIREMENT					MOAVG	DAILYMX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE										
00556 1 0	MEASUREMENT	20200				15	20	8	000000000000000000000000000000000000000		
Effluent Gross	PERMIT REQUIREMENT					MO AVG	DAILY MX	mg/L		Weekly	GRAB
Lindent Gloss	SAMPLE			*				S Hig/E			
Nitrogen, ammonia total (as N)	MEASUREMENT				:		i				İ
00610 1 0	PERMIT	61616	*****		*****	Reg Mon.	Reg Mon.			Weekly	GRAB
Effluent Gross	REQUIREMENT					MOAVG	DAILY MX	mg/L		wweekiy	GRAD
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT]
04251 1 0	PERMIT	101010			*****	0	0			When	COMP24
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE										
	MEASUREMENT					~~~	*****				
50050 1 0	PERMIT	Req. Mon.	Reg. Mon							Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d				4			
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0	PERMIT	*****	*****		*****	.5	1.25			Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	INST MAX	mg/L		ARRENIA	GNAD

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	200	TEL	DATE			
R. G. MENDE, DIRECTOR OF SITE OPERATIONS	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 eware that there are significant penalties for submitting false information,	Hubude	724	682-7773	06	12	22
TYPED OR PRINTED	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 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.): AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

MG/L. (THE LIMIT IS 35 MG/L

Form Approved OMB No. 2040-0004

Page 52

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615

FROM

06

YEAR MO DAY

11

403A

PERMIT NUMBER

01

MONITORING PERIOD

TO

DISCHARGE NUMBER

YEAR MO DAY

11

06

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		699346	0 MO:AVG	0 DAILY MX	mg/L_		Weekly	GRÁB

	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		TE	, [DATE		
R. G. MENDE, DIRECTOR OF SITE OPERATIONS	properly galher 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,	Malbude	724	682-7773	06	12	22
TYPED OR PRINTED	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 VIOLATIONS (Reference all attachments here)

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

MG/L. (THE LIMIT IS 35

MONITORING PERIOD

TO

MO DAY

01

11

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

YEAR

06

FROM

413A

DISCHARGE NUMBER

YEAR MO DAY

11 30

06

DMR MAILING ZIP CODE:

150770004

MAJOR (SUBR05)

BULK FUEL STORAGE DRAIN

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I AI ORITIO I GIT		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.30	N/A	7.47	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	表面致存出的	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekty	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	17.2	28.2	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	***	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Antone	表示表示	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	man	****	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	~ ^	TEI	0	ATE		
R. G. MENDE, DIRECTOR OF SITE OPERATIONS	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 significent penalties for submitting false information,	Ryllande	724 •	682-7773	06	12	22
TYPED OR PRINTED	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 VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OWS #24 PRIOR TO MIXING WITH ANY OTHER WATER.

* 5 mg/L is minimum detectable level. Discharge occurred 11/11/06 - 11/20/06. JPC 12-11-06

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 54

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

06

FROM

YEAR MO DAY

11

01

501A

DISCHARGE NUMBER

YEAR MO DAY

11

30

06

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	******	*****		*****	30	100			Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILYMX	mg/L		vveency	UNA:
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	Req. Mon.	Reg. Mon.			# *****	*****			Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d						AAGGUIĞ	L9:184A

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		TE	DATE			
R. G. MENDE, DIRECTOR OF SITE OPERATIONS	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 ewere that there are significant penalizes for submitting false information,	Muleud	724	682-7773	06	12	22
TYPED OR PRINTED	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 VIOLATIONS (Reference all attachments here)

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