

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

January 22, 2007 L-07-011

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 December 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). The following additional monitoring data are included as follows:

- Attachment 2 provides the Permit Part C.19 chromium and zinc monitoring data for Outfall 012. Note that we had not discharged via Outfall 012 since August, 2005. We began discharging again in December 2006. Therefore, monthly monitoring for that discharge point is also included in this report.
- Attachment 3 provides Permit Part C.21 Iron and Zinc Stormwater Monitoring Results for the fourth quarter of 2006, and
- Attachment 4 is a clamicide report as required by Part C.15 Asiatic Clam Control.

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.

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

Sincerely,

Peter P. Sena Director, Site Operations

Attachments (2) Enclosures (2)

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

JE25

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615L-07-011FirstEnergy Nuclear Operating Company (FENOC)Beaver Valley Power Station

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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	UNITS
11/27/06	0855	7.90	mg/L
12/05/06	0900	9.38	mg/L
12/11/06	1015	9.17	mg/L
12/15/06	1330	8.53	mg/L
12/20/06	0940	8.56	mg/L
12/28/06	1030	8.75	mg/L
01/02/07	0800	9.07	mg/L

- Attachment 1 END -

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

ATTACHMENT 2

Permit Part C.19 Chromium & Zinc Monitoring Outfall 012

Permit Part C.19 requires monitoring for chromium and zinc at Outfalls 001, 004, and 012 twice per year in the same month.

Outfall 012	SAMPLE DATE	SAMPLE TIME	VALUE	MEASURE UNITS
Chromium	12-26-06	0845	< 0.002	mg/L
Zinc	12-26-06	0845	0.148	mg/L
Chromium	12-27-06	0820	< 0.002	mg/L
Zinc	12-27-06	0820	0.135	mg/L

NOTE: The Results for Outfalls 001 and 004 were reported with the August 2006 DMRs.

- Attachment 2 END -

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

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ATTACHMENT 3

Permit Part C.21 Iron and Zinc Stormwater Monitoring Results

Sample Date	mple Date Sample Time		Parameter	Result	Units
10-17-06	0542	Outfall #003,	Zinc	261	ug/l
10-17-06	0542	Outfall #003,	Iron	1129	ug/l
10-17-06	0542	Outfall #008,	Zinc	146	ug/l
10-17-06	0542	Outfall #008,	Iron	1133	ug/l
12-01-06	0615	Outfall #011,	Zinc	333	ug/l
12-01-06	0615	Outfall #011,	Iron	258	ug/l

- Attachment 3 END -

L-07-011

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

ATTACHMENT 4

Clamicide Report

The following summarizes the last of three clamicide treatments for the control of Asian clams and Zebra mussels at Beaver Valley Power Station.

Parameter	Unit 1 A Train	Unit 1 B Train	Unit 2 A Train	Unit 2 B Train
Date	10/24/06 - 10/25/06	10/11/06 - 10/12/06	12/12/06 - 12/13/06	12/05/06 - 12/06/06
Chemical Used ¹	1184 pounds	625 pounds	1317 pounds	1459 pounds
Outfall 001 Concentration	<0.1 mg/L	< 0.1 mg/L	< 0.1 mg/L	< 0.1 mg/L
Outfall 010 Concentration	N/A ³	N/A ³	<0.1 mg/L	<0.1 mg/L
Detox Used ²	4082 pounds	4162 pounds	4674 pounds	4542 pounds
Outfall 001 Concentration ³	18.6 mg/L	17.7 mg/L	13.2 mg/L	12.2 mg/L
Outfall 010 Concentration ³	N/A ⁴	N/A ⁴	32.0 mg/L	33.3 mg/L

- 1. Chemical GEBetz Powerline 3627; LIMITS: 7,000 pounds per day and No Detectable amount at Outfalls 001 and 010
- 2. Detoxifying GEBetz Spectrus 1400 and 1401 (formerly under trademark name of Betz DTS and Betz DTG bentonite clay) as powder and slurry mixture; LIMITS: 21,000 pounds per day and ≤ 35 mg/l at Outfalls 001 and 010
- 3. Dry-weight equivalent
- 4. Outfall does not receive wastewater from the target system

- Attachment 4 END -

L-07-011

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:	Permittee Name: FirstEnergy Nucear Operating Company												
Address:	<u>P.O. Box 4</u>												
	Shippingpor	t, PA 15077											
	PERMIT	NUMBER	MONITORING PERIOD Year/Month/Day										
	PA002	25615	2006	12	01	то	2006	12	31				
				I	-	·							
PARAME	FER	ANALYSIS METHOD		LAB NAM	IE :		LAB I	D NUMBE	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	ver Station		C)4-2742					
Total Residual	Chlorine	EPA 330.5	Beaver Valley Power Station				04-2742						
Free Available	Chlorine	EPA 330.5	Beaver	Valley Pov	ver Station		¢	94-2742					
рН		EPA 150.1	Beaver	Valley Pov	ver Station		C	4-2742					
Temperat	ure	EPA 170.1	Beaver	Valley Pov	ver Station		C	4-2742					
Flow		NA	Beaver Valley Power Station				C	4-2742					
Total Suspende	ed Solids	EPA 160.2	Beaver	Valley Pov	ver Station		i C	4-2742					
Hydrazir	ne	ASTM D1385-01	Beaver	Valley Pov	ver Station		C	4-2742					
Fecal Colif	íorm	Standard Method 9222D	Beaver	Valley Pov	ver Station		: :	4-2742					
Oil and Gre	ease	FirstEnergy Corp-Beta Lab 68-01120											
Total Dissolve	d Solids	EPA 160.1	- FirstEr	nergy Corp	Beta Lab		6	8-01120					

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

Name/Title Principal Executive Officer

Phone: 724-682-7773

Signature of Principal Executive Officer or **Authorized Agent**

Peter P. Sena, Director, Site Operations

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

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

Date:



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	Permittee Name: FirstEnergy Nucear Operating Company												
Address:	P.O. Box 4												
	Shppingport	, PA 15077											
	Beaver Valle	ey Power Station	<u></u>										
	PERMIT	NUMBER			MONITO Year/	RING I Month/							
	PA002	25615	2006	12	01	то	2006	12	31				
							-						
PARAME	rer -	ANALYSIS METHOD	1.21	LAB NAM	IE		LAB	DNUMBE	R ²				
Zinc		EPA 200.7	FirstEr	ergy Corp-	Beta Lab		6	3-01120					
Coppe	r	EPA 200.7	FirstEnergy Corp-Beta Lab				68-01120						
Iron	· · ·	EPA 200.7	FirstEnergy Corp-Beta Lab 68-01120										
Chromiu	m	EPA 200.7.	FirstEnergy Corp-Beta Lab				68-01120						
Ammon	ia	EPA 350.3	FirstEnergy Corp-Beta Lab				68	3-01120					
CBOD-5 [Day	SM5210 B	Firs	stechnolog	ý, Inc.		61	3-00434					
Cyanid	e	EPA 335.2	Fire	stechnolog	y, Inc.		68	3-00434					
Chloroben	zene	EPA 624	Fire	stechnology	y, Inc.		- 61	3-00434					
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Name/Title Principal Executive Officer	Phone: 724-682-7773	Signature of Principal Executive Officer or Authorized Agent
Peter P. Sena, Director Site Operations	Date: 1/23/7	Authorized Agent

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

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

DISHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Instructions:

- 1. Complete monthly and submit with each DMR. Attach additional sheets and comments as needed for completeness and clarity.
- 2. Sludge production information will be used to evaluate plant performance. Report only sludge which has been removed from digesters and other solids which have been permanently removed from the treatment process. Do not include sludge from other plants which is processed at your facility.
- 3. In the disposal site section, report all sludge leaving your facility for disposal. If another plant processes and disposes of your sludge, just provide the name of that plant. If you dispose of sludge from other plants, include their tonnage in the disposal site section and provide their names and individual dry tonnage on the back of this form.
- 4. If no sludge was removed, note on form.

Mo	onth: _	December					
Ye	ar:	2006					
Permittee:	FENC	C					
Plant:	Beaver Valley Power Station						
NPDES:	PA00	25615					
Municipality:	Shippingport Borough						
County:	Beave	r					
Unit 1							
For sludge that is incinera	ated:						
Pre-incineration we	eight =		dry tons				
Post-incineration v	veight =	:	dry tons				

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SLUDGE PRODUCTION INFORMATION (prior to incineration)

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

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

Chemistry Manager (SSR-1 3/21/91) Signature Title Date

(724) 682-4141 Telephone

50

DISHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Instructions:

(SSR-1 3/21/91)

- 1. Complete monthly and submit with each DMR. Attach additional sheets and comments as needed for completeness and clarity.
- 2. Sludge production information will be used to evaluate plant performance. Report only sludge which has been removed from digesters and other solids which have been permanently removed from the treatment process. Do not include sludge from other plants which is processed at your facility.
- 3. In the disposal site section, report all sludge leaving your facility for disposal. If another plant processes and disposes of your sludge, just provide the name of that plant. If you dispose of sludge from other plants, include their tonnage in the disposal site section and provide their names and individual dry tonnage on the back of this form.
- 4. If no sludge was removed, note on form.

M	onth:	December					
Ye	ar:	2006	_				
Permittee:	FEN	OC	_				
Plant:	Beav	er Valley Power Station					
NPDES:	PA00	025615	-				
Municipality:	Shippingport Borough						
County:	Beav	er	_				
Unit 2			-				
For sludge that is inciner	ated:						
Pre-incineration w	dry tons						
Post-incineration	Post-incineration weight =						

•			HAULED AS	5 LIQ	UID SLUDG	JE		HAULED AS DEWATERED SLUDGE						
		•			(Conversi	on		(Tons of						
	(Gallons)	X	(% Solids)	X	Factor)	=	Dry Tons	Dewater Sludge)	X	(% Solids)	X	(.01)	=	Dry Tons
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					TOTAL	=	1.17				TO	TAL	=	

SLUDGE PRODUCTION INFORMATION (prior to incineration)

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

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

Chemistry Manager Title

80

(724) 682-414 Telephone

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING 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	DI

001A ISCHARGE NUMBER

	MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY	
FROM	06	12	01	то	06	12	31	
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DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
UNITS 1&2 COOLG. TOWER External Outfall	R BLWDN

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.15	N/A	7.75	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	**************************************	9 MAXIMUM	рH		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	***	***	mg/L	***	***	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	2 (5 2712) - Soo	Req. Mon.s MO AVG	The second s	mg/L	1. a in 1	Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1*	<0.1*	mg/L	0	2 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	****** 	*****	N/A	******	0 MO AVG	0 DAILY MX	mg/L		When	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	29.1	37.2	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	11111		******	N/A	1999) 1997 - 1997 1997 - 1997	Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.013	0.13	mg/L	0	10 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		8 24429	N/A	******	5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		-	N/A		AVERAGE	.5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	***	***	mg/L	***	*** / ***	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT		Charles Street	N/A	2000 - 2000	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		TEL	DATE			
Peter P. Sena, DIRECTOR OF SITE OPERATIONS	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,	Vit 1- the	724	682-7773	07	01	17
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 atta	hments here) * Two clamicides this period.	12/5 and 12/12. *0.1 mg/L is minimum detec	table level.	· · · · · · · · · · · · · · · · · · ·			

* Two clamicides this period, 12/5 and 12/12. *0.1 mg/L is minimum detectable level.

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

0.02 mg/L is minimum detectable level. * Not in wet layup this period. The BETZ DT-1 daily maximum was 33.3 mg/L. JPC 1-8-07

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OMB No. 2040-0004

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 002A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 م MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004	MONITORING PERIOD	INTAKE SCREEN BACKWASH External Outfall

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY			
FROM	06	12	01	то	06	12	31			

No Data Indicator

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO/AVG	Reg: Mon. DAILY MX	MGD	******	*****	******	N/A		Weekiy	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	\bigcirc	TE	DATE			
Peter P. Sena, 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 beliet, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of the and imprisonment for knowing violations.	htp. Jac	724	682-7773	07	01	17
TYPED OR PRINTED	nciuding the possibility of line 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

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	003A DISCHARGE NUMBER	DMR MAILING ZIF MAJOR (SUBR05)	CODE : 15077	0004 _	
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004	MONITORING	PERIOD	003 External Outfall		-	
ATTN: ELIZAE	BETH THOMAS/MGR ENV&CHEM	YEARMODAYFROM061201TO	YEAR MO DAY 06 12 31		No Data Ind	licator	
	PARAMETER	QUANTITY OR LOADING	QUALITY OR CONCENTRATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	

		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.055	0.181	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD			******	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	\square \square \square \square	TEL	EPHONE	[DATE	
Peter P. Sena, DIRECTOR OF SITE OPERATIONS	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 bast of my knowledge and bellst, true, accurate, and complete. I am aware that there are significant penalise for submitting false information,	At P. Aic	724	682-7773	07	01	17
TYPED OR PRINTED	 Including the possibility of line 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 attach	ments here)						

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

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

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MONITORING PERIOD

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING 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

FROM 06 12 01 TO

004A DISCHARGE NUMBER

YEAR MO DAY

12 31

06

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

No Da	ata Ir	ndica	tor	
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PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
FADAMETED		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	*******	9 MAXIMUM	рH		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT					·					
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Req. Mon.		******	***395	******			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*****			.5 MO AVG	1.25 INST MAX	mg/L	1. A. A.	Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		******			.2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	
	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 evane that there are significant penalties for submitting false information,	Web. hit	724	682-7773	07	01	17
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 VIOL ATIONS (Palaranae all attach							

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

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different) DMR MAILING ZIP CODE: 150770004 NAME: FIRST ENERGY NUCLEAR OPERATING PA0025615 006A MAJOR ADDRESS: PA ROUTE 168 PERMIT NUMBER DISCHARGE NUMBER (SUBR05) SHIPPINGPORT, PA 150770004 AUX. INTAKE SCREEN BACKWASH FACILITY: **BEAVER VALLEY POWER STATION** External Outfall LOCATION: PA ROUTE 168 SHIPPINGPORT, PA 150770004 MONITORING PERIOD YEAR MO DAY YEAR MO DAY No Data Indicator 12 ATTN: ELIZABETH THOMAS/MGR ENV&CHEM FROM 06 12 01 то 06 31

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE										
now, in conductor and reachers plant	MEASUREMENT				í						· · · ·
50050 1 0	PERMIT	Reg. Mon.	Req. Mon.		******	*****	******		1.5	Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MOAVG	DAILYMX	l 					204	Weekiy	CONIVIA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that gualified personnel		TEL	EPHONE	D	ATE	
Peter P. Sena, DIRECTOR OF SITE	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 balled, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	ht l. dit	724	682-7773	07	01	17
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)

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No Data Indicato

OMB No. 2040-0004

Page 60

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING 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	DISC

007	A
CHARGE	NUMBER

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

	MONITORING PERIOD							
	YEAR MO DAY YEAR MO DAY							
FROM	06	12	01	то	06	12	31	

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
FANAMEIEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	*****	******		6 MINIMUM	onum.	9		1.1	Wosklu	CPAR
Effluent Gross	REQUIREMENT				MINIMUM		9 MAXIMUM	pН	1999 - A.	Weekiy	CINAD.
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	Reg. Mon.	Reg. Mon.		******	******* #*	1		and the second second	Weekly	GRAB
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	h					WEEKIY	GUNAD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0	PERMIT	******	*****		******	.5 MO AVG	1.25 INST MAX		2000 - 10 - 20 E	Weekly	CDAR
Effluent Gross	REQUIREMENT					MOAVG	INST MAX	mg/L	C	WOOKIY	GNAD
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0	PERMIT	*****	*****		*****		.5			Weekly	GRAB
Effluent Gross	REQUIREMENT		A Sugar States of Sug	_		.2 AVERAGE	MAXIMUM	mg/L		Weekly	GIVD

	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		TEL	EPHONE	(<u> </u>	ATE	
Peter P. Sena, DIRECTOR OF SITE OPERATIONS	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 gathening the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and compilete. I am aware that there are significant penalties for submitting talse information,	het P. ha	724	682-7773	07	01	17
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
ACCOUNTED AND EVEN ANALYTICAL OF ANY WALL ATTOMA (P-4							

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)

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 008A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY:	BEAVER VALLEY POWER STATION		UNIT 1 COOLING TOWER PUMPHOUSE
LOCATION:	PA ROUTE 168		External Outfall
•	SHIPPINGPORT, PA 150770004	MONITORING PERIOD	

ATTN: EL	IZABETH	THOMAS/MGR	ENV&CHEM

	MONITORING PERIOD								
1	YEAR	MO	DAY		YEAR	MO	DAY		
FROM	06	12	01	то	06	12	31		

PARAMETER	QUANTITY OR LOADING QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE				
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		6 MINIMUM	*****	9 MAXIMUM 3	pН		Twice Per-	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	······	****** 27 24 25 25		******	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	******	******		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	C	ATE	
Peter P. Sena, DIRECTOR OF SITE	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,	Het P. dia	724	682-7773	07	01	17
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)

No Data Indicator

Page 61

.

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168	PA0025615
	SHIPPINGPORT, PA 150770004	PERMIT NUMBER
FACILITY:	BEAVER VALLEY POWER STATION	
LOCATION:	PA ROUTE 168	
	SHIPPINGPORT, PA 150770004	MO

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615	
PERMIT NUMBER	

010A DISCHARGE NUMBER

	MONITORING PERIOD											
	YEAR MO DAY YEAR MO DAY											
FROM	06	12	01	то	06	12	31					

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

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рн	SAMPLE MEASUREMENT	N/A	N/A	N/A	7	N/A	7.97	pН	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	<0.1 *	<0.1 *	mg/L	0	2 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	- Restored	0 MO AVG	0 INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.11	7.2	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	******	Artane .	 83	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	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	<0.02 **	<0.02 **	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	******	2 AVERAGE	.5 MAXIMUM	mg/L		Weekiy	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 personnet	2	TEL	EPHONE		ATE	
Peter P. Sena, DIRECTOR OF SITE	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 aubmitting false information,	het have	724	682-7773	07	01	17
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 attached	ments 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)
* Two clamicides this period, 12/5 and 12/12. *0.1 mg/L is minimum detectable level. **0.02 mg/L is minimum detectable level. JPC 1-8-07

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Form Approved

OMB No. 2040-0004

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 011A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168	·	DIESEL GEN & TURBINE DRAINS External Outfall
	SHIPPINGPORT, PA 150770004	MONITORING PERIOD YEAR MO DAY YEAR MO DAY	No Data Indicator
ATTN: ELIZAE	BETH THOMAS/MGR ENV&CHEM	FROM 06 12 01 TO 06 12 31	No Data indicator

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMEIER		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	******	eserces.	******	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	~	TEL	EPHONE	t	DATE	
Peter P. Sena, DIRECTOR OF SITE OPERATIONS	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, frue, accurate, and complete. I am aware that there are significant penalities for submitting false information,	ht . hav	724	682-7773	07	01	17
	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 (Performance all amount		· · · · · · · · · · · · · · · · · · ·					

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

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 012A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168		BLOWDOWN FROM THE HVAC UNIT External Outfall
	SHIPPINGPORT, PA 150770004	MONITORING PERIOD YEAR MO DAY YEAR MO DAY	No Data Indicator

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

		M		RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	12	01	то	06	12	.31

No Data Indicator

PARAMETER		QUANTI	TY 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	8.49	N/A	8.58	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	******	9 MAXIMUM	pН		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.041	0.044	mg/L	0	2 / 31	GRAB
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	N/A	N/A	N/A	N/A	0.142	0.148	mg/L	0	2 / 31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	8697757	*****	N/A	*****	1.5 MO AVG	1.5 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 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req: Mon. DAILY MX	Mgal/d	(Carran)	******		N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	482	512	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	Freeze .		N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that gualified personnel		TE	EPHONE	[DATE	
Peter P. Sena, DIRECTOR OF SITE OPERATIONS	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,	htl. him	724	682-7773	07	01	17
	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 PERIOD

TO

YEAR MO DAY

12

01

06

DAILY MX

FROM

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

FIRST ENERGY NUCLEAR OPERATING NAME: 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

Effluent Gross

PARAMETER		QUANTI	TY OR LOADING		(DUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.56	N/A	7.50	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekly	
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 *	<0.02 *	mg/L	0	2 / 31	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	****** 1.1.1	******	N/A		Reg. Mon. MO AVG	Reg. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.049	0.058	mg/L	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	******	05 MO 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 / 31	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	Attivit Rate British		N/A	****** 20 4 10 20 4 10		Req. Mon. DAILY MX	_mg/L_	rie Baren Strategie	Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.008	0.012	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	*	*****	******	******	Ν/Δ		Twice Per	ESTIMA

I certify under penalty of law that this document and all attachments were prepared under my NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE irection 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 Peter P. Sena, DIRECTOR OF SITE person or persons who manage the system, or those persons directly responsible for gathering 724 682-7773 07 01 17 the information, the information submitted is, to the best of my knowledge and belief, true, **OPERATIONS** accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR information, including the possibility of fine and imprisonment for knowing violations. AREA Code NUMBER YEAR MO DAY TYPED OR PRINTED AUTHORIZED AGENT COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Moal/d

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

REQUIREMENT

MO AVG

* 0.02 ma/L is minimum detectable level. ** 0.005 mg/L is minimum detectable level. JPC 1-8-07

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

31

YEAR MO DAY

12

06

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

No Data Indicator

Month

N/A

Form Approved OMB No. 2040-0004

ESTIMA

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING 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	

101A DISCHARGE NUMBER

		M	IONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	12	01	то	06	12	31

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	

101 CHEMICAL WASTE TREATMENT Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	· N/A	N/A	6.62	N/A	7.5	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	J \$\$\$\$\$	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.7	5.4	mg/L	0	1 / 7	2 HR COMP
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	<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
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/L	**	**	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	eseese Concerning	N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.010	0.012	MGD	N/A	N/A	N/A	N/A	0	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	20 000000		N/A		DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/L	**	**	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	Req. Mon. MO AVG	Req: Mon. 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		TEL	EPHONE	<u> </u>	DATE	
Peter P. Sena, DIRECTOR OF SITE OPERATIONS	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 significent penalties for submitting false information,	1000 - the	724	682-7773	07	01	17
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 of effects	mente hero)						

LANATION OF ANY VIOLATIONS (Reference all a nents 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. *5 mg/L is minimum detectable level. ** Not in wet layup this period. JPC 1-8-07

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

DISCHARGE MONITORING REPORT (DMR)

Page 66

Form Approved

OMB No. 2040-0004

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

NAME:	FIRST ENERGY NUCLEAR OPERATING	PA00
ADDRESS:	PA ROUTE 168	
	SHIPPINGPORT, PA 150770004	PERMIT
FACILITY:	BEAVER VALLEY POWER STATION	
LOCATION:	PA ROUTE 168	
	SHIPPINGPORT, PA 150770004	

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615	
PERMIT NUMBER	

102A DISCHARGE NUMBER

		MONITORING PERIOD												
	YEAR	MO	DAY		YEAR	MO	DAY							
FROM	06	12	01	то	06	12	31							

DMR MAILING ZIP CODE:	150770004
MAJOR	

(SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Data Indicator

DATE

01

мо

17

DAY

PARAMETER		QUANTI	TY OR LOADING	_	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMEISA		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.53	N/A	7.55	pН	0	2 / 31	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	18.8	37.5	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Twice Per- Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	anter 1	******	N/A	******	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Reg. Mon. DAILY MX	Mgal/d	*****	******		N/A		Twice Per Month	ESTIMA

I certify under penalty of law that this document and all attachments were prepared under my NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE 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 Peter P. Sena, DIRECTOR OF SITE persons who manage the system, or those persons directly responsible for gathering the 724 682-7773 07 information, the information submitted is, to the best of my knowledge and belief, true, accurate, **OPERATIONS** 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 AREA Code NUMBER YEAR TYPED OR PRINTED AUTHORIZED AGENT

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 1-8-07

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

Form Approved
QMB No. 2040-0004

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

NAME: FIRST ENERGY NUCLEAR OPERATING ADDRESS: PA ROUTE 168 SHIPPINGPORT, PA 150770004				PA0025615 PERMIT NUMBE	R	103A DISCHARGE NU	MBER		DMR MAI MAJOR (SUBR05		CODE: 15077	,0004
FACILITY: LOCATION:	BEAVER VALLEY POV PA ROUTE 168 SHIPPINGPORT, PA 1						··		SLUDGE Internal C		BASIN	•
ATTN: ELIZAB	BETH THOMAS/MGR EN		FR	YEAR MO	DAY		DAY 31				No Data Ind	dicator
	PARAMETER	and the second se	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			

	A PARTICLE & LONG AND LONG & REPAIR AND A PARTICULAR										the second s
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.06	N/A	7.7	pН	0	2 / 31	GRAB
00400 1 0	PERMIT		*****	N/A	- 6	*****	9			Twice Per	GRAB
Effluent Gross	REQUIREMENT				MINIMUM	Present de la companya de la company	MAXIMUM	ρН	1992 - 1 1992 -	Month	and the state of the
Solids, total suspended	SAMPLE	N/A	N/A	N/A	N/A	17.4	18.8	mg/L	0	2 / 31	24 HR
	MEASUREMENT						1				COMP
00530 1 0	PERMIT	******	*****	N/A	******	30	100 DAILY MX			Twice Per	COMP24
Effluent Gross	REQUIREMENT			N/A		MOAVG	DAILY MX	mg/L		Month	CONT 24
Flow, in conduit or thru treatment plant	SAMPLE	0.031	0,115	MGD	N/A	N/A	N/A	N/A	_	31 / 31	MEAS
now, in conduit of this treatment plant	MEASUREMENT	0.031			11/1		11/1	N/A	-	51 / 51	MILAO
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		******	******	******	N/A		Twice Per	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d				IN/A	(14) S	Month	CO TIVIA
	· · · · · · · · · · · · · · · · · · ·										

		If 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
	Peter P. Sena, DIRECTOR OF SITE	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 penalities for submitting false information,	ht P. die	724	682-7773
}		including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR		
	TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER

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.

DATE

01

мо

17

DAY

07

YEAR

Form Approved · · OMB No. 2040-0004

Page 69

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING 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	DIS

111A SCHARGE NUMBER

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

	MONITORING PERIOD								
YEAR MO DAY YEAR MO DAY									
FROM	06	12	01	то	06	12	31		

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рн	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.21	N/A	7.75	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	3*****		N/A	6 MINIMUM	sartus.	9 MAXIMUM	рН		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	RETERS	******	N/A	221311 22	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	· -	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon DAILY MX	Mgal/d	*****			N/A		Weekiy	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	2	TEI	EPHONE	C	DATE	
Peter P. Sena, DIRECTOR OF SITE	property gather and evaluate the information submitted. Based on my inquiny 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 ewate that there are significant penalties for submitting false information,	http hit	724	682-7773	07	01	17
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

1

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

*4 mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC 1-8-07

MONITORING PERIOD

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING 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

12 01 **TO**

FROM 06

113A DISCHARGE NUMBER

YEAR MO DAY

06

12 31

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

No Data Indicator

PARAMETER	QUANTI	TY OR LOADING		G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.17	N/A	7.7	pН	0	3 / 31	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	5.5	6	mg/L	0	2 / 31	8 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A		30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.005	0.009	MGD	N/A	N/A	N/A	N/A	•	19 / 31	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	043 MO:AVG	Req. Mon DAILY MX	Mgal/d	*****	*****	12 FE	N/A		Weekiy	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.73	1.5	mg/L	Ó	21 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	******	1.4 MO AVG	3.3 INST MAX	_mg/L		Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	7	N/A	#/100mL	0	2 / 31	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	****** 31.5 de	2000 MO GEOMN	300000 (10) (10)	#/100mL		Twice Per. Month	GRAB*
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4.18	4.75	mg/L	0	2 / 31	8 HR COMP
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A		25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

	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	\mathcal{O}	TEI	DATE			
Peter P. Sena, DIRECTOR OF SITE OPERATIONS	recently gather and evaluate the information submitted. Based on my inquiry of the person or erecons 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, securate, ind complete. I am aware that there are significant penalties for submitting false information,	Ret. Suit	724	682-7773	07	01	17
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.

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

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Form Approved

OMB No. 2040-0004

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

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615	
PERMIT NUMBER	

203A DISCHARGE NUMBER

	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY			
FROM	06	12	01	то	06	12	31			

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
MAIN SEWAGE TMT PLANT	
internal Outial	

No Data Indicator

DADAMETED		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	 Antonio de la composition de la composition de la com	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.01	N/A	7.88	рН	0	4 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	******	N/A	6 MINIMUM	389789	9 MUMIXAM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	29.2	36.4	mg/L	0	2 / 31	8 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	*****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.005	0.010	MGD	N/A	N/A	N/A	N/A	-	18 / 31	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	1.19	3	mg/L	0	22 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		**************************************	N/A	*****	1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3	N/A	#/100mL	0	2 / 31	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT		atteres A	N/A		2000 MO GEOMN		#/100mL		Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT	N/A	N/A	N/A	. N/A	19.8	23.8	mg/L	0	2 / 31	8 HR COMP
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 personnal property gather and evaluate the intormation submitted. Based on my inquiry of the parson or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am sware that there are significant penalties for submitting false information,		TEL	DATE			
Peter P. Sena, DIRECTOR OF SITE OPERATIONS		hel han	724	682-7773	07	01	17
TYPED OR PRINTED	ncluding 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.

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

Form Approved OMB No. 2040-0004

Form Approved OMB No. 2040-0004

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

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615					
PERMIT NUMBER					

211A DISCHARGE NUMBER

	MONITORING PERIOD								
	YEAR	MO	DAY		YEAR	MO	DAY		
FROM	06	12	01	то	06	12	31		

150770004

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ranameren		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.54	N/A	7.9	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	4.2	14.2	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	\$23777	******	N/A	******	15. MO AVG	20 DAILY MX	mg/L		Weekly.	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	N/A		Weekiy	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		TEL	DATE						
Peter P. Sena, 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 avere that there are significant penalities for submitting false information, including the possibility of time and imprisonment for knowing violations.	het Police	724	682-7773	07	01	17			
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)										

* 5 mg/L is minimum detectable level. JPC 1-8-07

Form Approved

OMB No. 2040-0004

Page 73

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING 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

1	MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY	
FROM	06	12	01	то	06	12	31	

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



PARAMETER		QUANTITY OR LOADING		(QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	a de la companya de l	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рн	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	******		6 MINIMUM	Attata .	9 MAXIMUM	рН	r. Sta	Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	- ****** **	•••••• 7.5		******	30 MO AVG	100 DAILY MX	mg/L_		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		4+8888		******	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	Reg. Mon. MO AVG	Req: Mon. DAILY MX	Mgal/d	*****	******	******			Weekiy	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	.5 MO AVG	1.25 INST MAX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that gualified personnel		TE	DATE			
Peter P. Sena, 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 penalise for submitting false information,	ht P. Sia	724	682-7773	07	01	17
	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 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.

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

301A **DISCHARGE NUMBER**

YEAR MO DAY

06

12

31

I UNIT APPLOTOG OMB No. 2040-0004

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

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD YEAR MO DAY FROM 06 12 01 TO

PA0025615

PERMIT NUMBER

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

No Data Indicator

PARAMETER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	na an a	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	********	******	N/A	******	15 MO'AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon: MO AVG	Req. Mon. DAILY MX	Mgal/d	******	evenen.	******	N/A		Weekiy	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	Δ	TEL	DATE			
eter P. Sena, DIRECTOR OF SITE	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persone directly responsible for pathening 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,	Vette dia	724	682-7773	07	01	17
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
INSENTS AND SYDI ANATION OF ANY VIOLATIONS (Beference all attachmente bere)							

CON ANATION OF ANY VIOLATIONS (Reference all attachments

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 1-8-07

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

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

YEAR MO DAY

12

31

 $\sim G$

N/A

06

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168	PA0025615	303A	DMR MAILING ZIP MAJOR
	SHIPPINGPORT, PA 150770004	PERMIT NUMBER	DISCHARGE NUMBER	(SUBR05)
				LINET 1 OIL WATER

YEAR MO DAY

12

01 то

Mgal/d

06

Reg. Mon:

DAILY MX

FROM

UNIT 1 OIL WATER SEPARATOR Internal Outfall

Weekly

CODE: 150770004

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

50050 1 0

Effluent Gross

PARAMETER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.52	N/A	7.53	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	* *****	******	N/A	6 MINIMUM	*****	9 MAXIMUM	рН		Weekiy	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	· 2	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	ereet.	******	N/A	******	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE	0.019	0.056	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	direction or supervision in accordance with a system designed to assure that gualified personnel		IEL	EPHONE	<u>ا</u>	JATE		
Peter P. Sena, DIRECTOR OF SITE	property gather and evaluate the information submitted. Based on my inquiry of the person or persone 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,	All. dur	724	682-7773	07	01	17	
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.	
DMMENTS 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.

Reg. Mon.

MO AVG

*4 mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC 1-8-07

MEASUREMENT

REQUIREMENT

PERMIT

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved OMB No. 2040-0004

ESTIMA

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 313A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY:	BEAVER VALLEY POWER STATION PA ROUTE 168		313 TURBINE BLDG DRAIN Internal Outfall
LOOKIION.	SHIPPINGPORT, PA 150770004	MONITORING PERIOD	

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

		M	IONITC	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	12	01	то	06	12	31

PARAMETER		QUANTITY OR LOADING			C	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.48	N/A	7.21	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3.1	13.2	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	A	*****	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		Req. Mon. M© AVG	Beq. Mon. DAILY MX	Mgal/d	******	******		N/A		Weskiy	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	\square	TEI	EPHONE	ב	ATE	
Peter P. Sena, DIRECTOR OF SITE	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,	UP his	724	682-7773	07	01	17
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.

* 5 mg/L is minimum detectable level. JPC 1-8-07

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

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Form Approved

No Data Indicator

OMB No. 2040-0004

MONITORING PERIOD

то

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING 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 12 01

FROM

401A DISCHARGE NUMBER

YEAR MO DAY

06 12 31

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

No Data Indicator

PARAMETER		QUANTI	QUANTITY OR LOADING QUALITY			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.71	N/A	8.88	рН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	6489799	*****	N/A	6 MINIMUM	9 98794	Req. Mon. MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	100000	******	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	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		Arease Marine Arease Marine Areas Arease Areas Areas Arease Areas Areas Areas Areas Areas Areas Arease Areas Areas Areas Areas Areas Areas Are			N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under panalty 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	<u>ر</u>	DATE	
Peter P. Sena, DIBECTOR OF SITE	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,	uppar	724	682-7773	07	01	17
	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY
OWNENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all etechnicate base)							

EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

*4 mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC 1-8-07

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۲.

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING 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	F

403A DISCHARGE NUMBER

1	MONITORING PERIOD									
	YEAR	МО	DAY		YEAR	MO	DAY			
FROM	06	12	01	то	06	12	31			

•	DMR MAILING ZIP CODE:	150770004
	MAJOR	
	(SUBR05)	
	CONDENSATE BLOWDOW	N & RIVE WAT

Internal Outfall



PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******			6 MINIMUM		9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	898888 (s.		******	30 MO AVG	100 DAILY MX	ma/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT	A Street	******		******	15 MO AVG	20 DAILY MX	ma/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*********		******	Req. Mon. MO AVG	Req: Mon. DAILY MX	ma/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT	areare	******			0 MO AVG	0 DAILY MX	ma/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	*******	******			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT									[
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****			.5 MO AVG	1.25 INST MAX	mg/L		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	1 1 22	TE	LEPHONE	ſ	DATE	
Peter P. Sena, 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 compilet. I am aware that there are significant penalties for submitting false information,	norka	724	682-7773	07	01	17
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.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

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OMB No. 2040-0004

Form Approved OMB No. 2040-0004

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

NAME: FIRST ENERGY NUCLEAR OPERATING ADDRESS: PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 403A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: BEAVER VALLEY POWER STATION LOCATION: PA ROUTE 168		CONDENSATE BLOWDOWN & RIVR WAT Internal Outfall
	MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 06 12 01 TO 06 12 31	No Data Indicator
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM	FROM 06 12 01 TO 06 12 31	

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FANAMETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE				•						
() Grazine	MEASUREMENT										
81313 1 0	PERMIT	******	******		******	Ō	0			Moakhu	GRAB
Effluent Gross	REQUIREMENT			I		MOAVG	DAILY MX	mg/L		Weekly	GNAD

	I certify under penalty of law that this document and all attachments were prepared under my diraction or supervision in accordance with a system designed to assure that gualified personnel		TEL	EPHONE	1	DATE			
Peter P. Sena, DIRECTOR OF SITE OPERATIONS	Consider the toper which is the considered with a system to do the considered as a set of the present of the property gather and evaluate the information submitted. Based on my inquiny 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 take information, including the oscibility of the and improvement for knowling violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	07	01	17		
TYPED OR PRINTED	including the possibility of line and imprisonment for knowing violations.	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. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

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

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING 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					

413A DISCHARGE NUMBER

1	MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY	
FROM	06	12	01	то	06	12	31	

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	

BULK FUEL STORAGE DRAIN Internal Outfall

No Data Indicator

PARAMETER	2000 (Const.) (2) (Const.) (Const.) (Co	QUANTI	ANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.61	N/A	7.73	pН	0	4 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	23.3	48.8	mg/L	0	4 / 31	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	4 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	ARTER CALL STREET	Annese and a state	N/A	****** 2.08	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	÷	4 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Heq. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	verdes	******	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		TEL	DATE			
Peter P. Sena, DIRECTOR OF SITE OPERATIONS	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 bellet, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Het P dia	724	682-7773	07	01	17
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 attach	ments 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 weeks of 12/17/06, 12/24/06 & 12/31/06. JPC 1-8-07

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Form Approved OMB No. 2040-0004

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Form Approved OMB No. 2040-0004

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

ADDRESS: PA F	ST ENERGY NUCLEAR OPERATING ROUTE 168 PPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	501A DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
LOCATION: PA F	AVER VALLEY POWER STATION ROUTE 168 PPINGPORT, PA 150770004	MONITOR		UNIT 1 GENRTR BLWDWN FILT BW Internal Outfall
	THOMAS/MGR ENV&CHEM	YEAR MO DAY	YEAR MO DAY TO 06 12 31	No Data Indicator X

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					30 MO AVG	DAILY MX	mg/L		VICENIY	GINAD
Flow, in conduit or thru treatment plant	SAMPLE										
Flow, in conduit of the treatment plant	MEASUREMENT										
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	******	******			Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	2					weekiy	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	0 -	TEI	DATE			
	property gather and evaluate the information submitted. Based on my inquiny of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the bast of my incovidege and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of tine and imprisonment for knowing violations.	herha	724	682-7773	07	01	17
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 INTERNAL MP 501 PRIOR TO MIXING WITH ANY OTHER WATER.



Form Approved OMB No. 2040-0004

Page 55

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

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

PA0025615 PERMIT NUMBER

001A **DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Data Indicator

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM	

	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY			
FROM	06	12	01	ΤO	06	12	31			
						1.1.1.1.1				

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	- 24 - 22 - 24 - 24 - 24 - 24 - 24 - 24	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.15	N/A	7.75	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	APPERT CALIFORNIA	etesti	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	***	***	mg/L	***	***	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	arlan eta a	*****	N/A	****** ******	Reg Mon.	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1*	<0.1*	mg/L	0	2 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	3*****	N/A	*****	0 MO AVG	0 DAILY MX	ma/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	29.1	37.2	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgai/d	*****	******	******	N/A		Dally	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	· N/A	N/A	N/A	N/A	0.013	0.13	mg/L	0	10 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	******	5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	2 AVERAGE	.5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/Á	N/A	N/A	N/A	***	***	mg/L	***	*** / ***	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	0 MO AVG	0 DAILY MX - T	mg/L		Weekly	GRAB

NAME/TITL	E PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my	\square	TE	DATE			
Peter P. Sena OPERATIONS	, DIRECTOR OF SITE	property gather and waitat the information submitted. Based on my inquiry of the personnal present gather and waitat 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 penalises for submitting false information, including the possibility of the and imprisonment for knowing violations.	kt - dia	724	682-7773	07	01	17
, 	TYPED OR PRINTED	action give possibility of the and any schemen 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) * Two clamicides this period, 12/5 and 12/12. *0.1 mg/L is minimum detectable level. HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX.

***0.02 mg/L is minimum detectable level. *** Not in wet layup this period. The BETZ DT-1 daily maximum was 33.3 mg/L. JPC 1-8-07

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

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Form Approved OMB No. 2040-0004

Page 56

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

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NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 002A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168		INTAKE SCREEN BACKWASH External Outfall
	SHIPPINGPORT, PA 150770004	MONITORING PERIOD	
ATTN: ELIZAE	BETH THOMAS/MGR ENV&CHEM	YEAR MO DAY YEAR MO DAY FROM 06 12 01 TO 06 12 31	No Data Indicator

PARAMETER	QUANTITY O		TY OR LOADING	OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	******	******	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	ρ	TE			DATE	
Peter P. Sena, DIRECTOR OF SITE	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 penalities for submitting false information, including the possibility of the and imprisonment for knowing violations.	VC V (VC	724	682-7773	07	01	17
TYPED OR PRINTED	including the possibility of the and interfedentiate 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)



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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168	PA0025615	003A				
	SHIPPINGPORT, PA 150770004	PERMIT NUMBER	DISCHARGE NUMBER				
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168						
	SHIPPINGPORT, PA 150770004	MONIT	ITORING PERIOD				
		YEAR MO DAY	YEAR MO DAY				

FROM

06

12

01

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

> 12 31

06

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

No Data Indicator

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.055	0.181	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	1.11111.11	9715477.	******	N/A		Twice Per Month	ESTIMA

TO

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	DATE			
Peter P. Sena, DIRECTOR OF SITE OPERATIONS	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 penalities for submitting false information, including the possibility of time and imprisonment for knowing volucitions.	ht P. die	724	682-7773	07	01	17
	including the possibility of this 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 attac	hments here)			· · · · · · · · · · · · · · · · · · ·			

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

MONITORING PERIOD

то

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING 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

12 01

06

FROM

004A DISCHARGE NUMBER

YEAR MO DAY

12 31

06

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



PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT						-				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	944994	******		6 MINIMUM	*****	9 MAXIMUM	рН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon: MO AVG	Req. Mon: DAILY MX		******		******			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		******		*****	.5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT					2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

Defor P Song DIPECTOR OF SITE 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						
OPERATIONS	Ut V. dia	724	682-7773	07	01	17
including the possibility of fine and imprisonment for knowing violations. SIGN 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)

Form Approved OMB No. 2040-0004

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

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

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PA0025615 PERMIT NUMBER 006A DISCHARGE NUMBER

	MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY	
FROM	06	12	01	то	06	12	31	

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

External Outfall



Page 59

PARAMETER		QUANTITY OR LOADING QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE				
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE										
	MEASUREMENT										
50050 1 0	PERMIT	Reg. Mon.	Req. Mon.		*****	*****	******		1.1	Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX							Weekiy	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		TE	LEPHONE	C	DATE	
Peter P. Sena, DIRECTOR OF SITE	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 beliet, true, accurate, and complete. I am aware that there are significant penalties for aubmitting false information,	htl. dia	724	682-7773	07	01	17
TYPED OR PRINTED	including the possibility of line 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)

1

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING 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	٦

007A DISCHARGE NUMBER

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

	MONITORING PERIOD								
	YEAR	MO	DAY		YEAR	MO	DAY		
FROM	06	12	01	то	06	12	31		

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE										
	MEASUREMENT										
00400 1 0	PERMIT	*****	******		6 MINIMUM	······	9 MAXIMUM	j		Woekly	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	рН		Weekly	UNDAUC.
Flow, in conduit or thru treatment plant	SAMPLE										
Flow, in conduit or thru treatment plant	MEASUREMENT										l
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	*****	*****			Weekly	OPAR
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d						Medkiy	CITAD
Chlorine, total residual	SAMPLE										
Chiomie, total residual	MEASUREMENT										
50060 1 0	PERMIT	- N	******		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	5 MO AVG	1.25		1. S. S. S.	s Weekly	OPAR
Effluent Gross	REQUIREMENT	annaite () Annaite ()				MO AVG	INST MAX	mg/L	1993 a 19	S WHERIY	GNAD
Chlorine, free available	SAMPLE										
	MEASUREMENT										
50064 1 0	PERMIT		*****		attest.	* .2	.5		2	Wackly	CPAR
Effluent Gross	REQUIREMENT	and the second second second	Carlo Constanting Constant			AVERAGE	MAXIMUM	mg/L		Weekly	GIMD

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	0	TEL	EPHONE	C	ATE	
Peter P. Sena, 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 avere that there are significant penalties for submitting false information,	Pet P. her	724	682-7773	07	01	17
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 attach	ments here)						

NATION OF ANY VIOLATIONS (Reference all attach nents nerej

.

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.

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Page 60

External Outfall



a.

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

ногт арргочьо ОМВ No. 2040-0004

Page 61

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING 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	DISC

008A SCHARGE NUMBER

	MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY	
FROM	06	12	01	то	06	12	31	

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



PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	*****	9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*******	30 MO AVG	100 DAILY MX	mg/L		. Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	CONTRACTOR OF THE REAL OF	******		*****	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		******* 	833749 2	N/A	3	Weekly	ESTIMA

	I certily 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		TE	EPHONE	C	ATE		
Peter P. Sena, DIRECTOR OF SITE OPERATIONS	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,	Het P. dia	724	682-7773	07	01	17	
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)

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING 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	DISC

010A					
SCHARGE	NUMBER				

1	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY			
FROM	06	12	01	то	06	12	31			

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

No Data Indicator

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7	N/A	7.97	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	etaine State	N/A	6 MINIMUM	*****	9 MAXIMUM	рН		Weekiy	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1 *	<0.1 *	mg/L	0	2 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	2-3 arefras 2	*****	N/A		0 MO AVG	0 INST MAX	mg/L	17 4.1 2 2	When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.11	7.2	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MOIAVG	Req. Mon. DAILY MX	N/A		Tan Carlo and		N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	<u> </u>	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	<0.02 **	<0.02 **	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******	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	0	TEL	EPHONE	1	DATE		
Peter P. Sena, DIRECTOR OF SITE	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,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	07	01	17	
TYPED OR PRINTED	ncluding the possibility of the and inprisonment for knowing violations.	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)

* Two clamicides this period, 12/5 and 12/12. *0.1 mg/L is minimum detectable level. **0.02 mg/L is minimum detectable level. JPC 1-8-07

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Form Approved

OMB No. 2040-0004

Form Approved OMB No. 2040-0004

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

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615	011A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 06 12 01 то 06 12 31

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

No Data Indicator

PARAMETER	DADANETED		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				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 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE]	ATE	
Peter P. Sena, DIRECTOR OF SITE OPERATIONS	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 bast of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penables for submitting false information,	ht P. hen_	724	682-7773	07	01	17
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

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

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Page 63

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING 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	DISCH

12 01 **TO**

YEAR MO DAY

06

FROM

012A ARGE NUMBER

YEAR MO DAY

06

12

31

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
BLOWDOWN FROM THE H	VAC UNIT

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	44 - A	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.49	N/A	8.58	рН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	. TYPESTE	9 MAXIMUM	pН		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.041	0.044	mg/L	0	2 / 31	GRAB
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	N/A	N/A	N/A	N/A	0.142	0.148	mg/L	0	2 / 31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****** ****	erreter.	N/A	anna Alas anna	1.5 MO'AVG	1.5 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 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon, MO:AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	******	N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	• N/A	N/A	N/A	482	512	mg/L	0	2 / 31	GRAB
70295 1 0 Effiuent Gross	PERMIT REQUIREMENT	#######	******	N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	Source Ches.	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	2	TE	DATE			
Peter P. Sena, DIRECTOR OF SITE	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,	htl. him	724	682-7773	07	01	17
	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)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved OMB No. 2040-0004

12 01 TO 06 12 31

PA0025615

PERMIT NUMBER

FROM 06

Form Approved OMB No. 2040-0004

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

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

4

013A MAJOR DISCHARGE NUMBER (SUBR05) OUTFALL 013 MONITORING PERIOD YEAR MO DAY YEAR MO DAY

External Outfall

DMR MAILING ZIP CODE: 150770004

No Data Indicator

PARAMETER		QUANTITY OR LOADING			۵	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.56	N/A	7.50	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******* ******************************	******	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 *	<0.02 *	mg/L	0	2 / 31	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	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.049	0.058	mg/L	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT		•••••	N/A	414444	05 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 / 31	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	****** 17.1 a 19.1 a		N/A		Req. Mon MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.008	0.012	MGD	N/A	N/A	N/A	N/A	•	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Reg. Mon. DAILY MX	Mgal/d	******	******		N/A		Twice Per Month	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	0	TEL	DATE			
Peter P. Sena, DIRECTOR OF SITE	personal property gather and evaluate the information submitted. Based on the qualified personal 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		724	682-7773	07	01	17
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	chments here)						

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

* 0.02 mg/L is minimum detectable level. ** 0.005 mg/L is minimum detectable level. JPC 1-8-07

Form Approved OMB No. 2040-0004

Page 66

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING 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	
1	PERMIT NUMBER	

101A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) 101 CHEMICAL WASTE TREATMENT Internal Outfall

	MONITORING PERIOD									
	YEAR MO DAY YEAR MO DAY									
FROM	06	12	01	то	06	12	31			

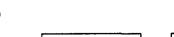
No	Data	Indicator

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.62	N/A	7.5	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	erivet.	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.7	5.4	mg/L	0	1 / 7	2 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	arat astass	1	N/A	******	30 × MO AVG	100 DAILY MX	mg/L	and the	Weekly	COMP-2
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
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/L	**	**	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.010	0.012	MGD	N/A	N/A	N/A	N/A	0	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req: Mor DAILY MX	Mgal/d	******		And a second	N/A	an a	DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/L	**	**	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	direction or supervision in accordance with a system designed to assure that gualified personnel		TEL	DATE			
Peter P. Sena, DIRECTOR OF SITE OPERATIONS	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 gathening the information, the information submitted is, to the best of my knowledge and bellet, true, accurate, and complete. I am aware that there are significant penalties for submitting tatse information,	Het P. dit	724	682-7773	07	01	17
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
ACCOUNTS AND PURE ANOTHER AND							

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. <u>*5 mg/L is minimum detectable level.</u> ** Not in wet layup this period. JPC 1-8-07



MONITORING PERIOD

то

01

Form Approved OMB No. 2040-0004

Page 67

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

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

PA0025615			
PERMIT	NUMBER		

FROM 06 12

YEAR MO DAY

102A DISCHARGE NUMBER

YEAR MO DAY

12 31

06

DMR MAILING ZIP CODE:	150770004
MAJOR	

(SUBR05)

102 INTAKE SCREEN HOUSE Internal Outfall

No Data Indicator

ATTN: FI	IZABETH	THOMAS/MGR	ENV&CHEM

.

PARAMETER		QUANTI	QUANTITY OR LOADING QUALITY OR CONCENTRATION						NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.53	N/A	7.55	рН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	adaaree	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	18.8	37.5	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	***** **	43979F	N/A	******* 	30 MO AVG	100 DAILY MX	mg/L_		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	••••••• 2.2.2.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5	15 MO AVG	20 DAILY MX	mg/L.		Twice Per-	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	AAAAAA Aaroon ah Organis	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 gualified personnel		TEL	EPHONE	[[[DATE	
Peter P. Sena, DIRECTOR OF SITE OPERATIONS	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 submiting false information,	Ut P. dece	724	682-7773	07	01	17
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 attach	ments here)						
SAMPLES SHALL BE TAKEN AT THE DISCHARGE	OF COLLECTED PUMP BEARING LEAKAGE PRIOR TO M	IXING WITH ANY OTHER WATER.					
*5 mg/L is minimum detectable level. JPC 1-	-8-07						

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

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PAOC	25615
PERMIT	NUMBER

103A DISCHARGE NUMBER

MONITORING PERIOD								
	YEAR MO DAY YEAR M						DAY	
FROM	06	12	01	то	06	12	31	

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

No Data Indicator

PARAMETER		QUANTITY OR LOADING QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.06	N/A	7.7	pН	0	2 / 31	GRAB
00400 1 0	PERMIT	*****	******	N/A	6		9 MAXIMUM			Twice Per	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	рН		Month	the substance of the
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	17.4	18.8	mg/L	0	2 / 31	24 HR COMP
00530 1 0	PERMIT	******	* *****	N/A	******	30 MO AVG	100			Twice Per	COMP24
Effluent Gross	REQUIREMENT		Construction of the	IN/A	at star	MO AVG	DAILY MX	mg/L	1. A.	Month	CONF24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.031	0.115	MGD	N/A	N/A	N/A	N/A	-	31 / 31	MEAS
50050 1 0	PERMIT	Req. Mon.	Req. Mon.			******	******	N/A	1.420.00	Twice Per	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d		-14 C			1.0	Month	CONTRACT.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	l certify direction
	al au oction

Peter P. Sena, DIRECTOR OF SITE OPERATIONS I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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 algoriticant penalties for submitting false information, including the possibility of fine and imprisonment for knowledge volucions.

0	TE	LEPHONE	DATE			
ht P. dian	724	682-7773	07	01	17	
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 THE OVERFLOW FROM THE BASIN PRIOR TO MIXING WITH ANY OTHER WATER.

TYPED OR PRINTED

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING 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	D

111A DISCHARGE NUMBER

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

	MONITORING PERIOD								
	YEAR	MO	DAY		YEAR	MO	DAY		
FROM	06	12	01	то	06	12	31		

No Data indicator

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.21	N/A	7.75	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	ereast.	******	N/A	6 MINIMUM	eracus U	9 MAXIMUM	на		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	******	beautre 1	N/A	and the second second	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oll & 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	eeeree Sta	*****	N/A	******	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d		()))))		N/A		Weekly	ESTIMA

	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	TEL	EPHONE	1	DATE	
Peter P. Sena, DIRECTOR OF SITE	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,	Att hit	724	682-7773	07	01	17
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 EVELANATION OF ANY VIOLATIONS (Deferring all attach							

COMMENTS PLANATION OF ANY VIOLATIONS (Reference all attachments here)

*4 mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC 1-8-07

Page 69

MONITORING PERIOD

01 **TO**

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING 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

12

06

FROM

113A DISCHARGE NUMBER

YEAR MO DAY

12 31

06

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
UNIT 2 SEWAGE TMT PLAN	Т

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	1	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.17	N/A	7.7	pН	0	3 / 31	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	5.5	6	mg/L	0	2 / 31	8 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	******	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.005	0.009	MGD	N/A	N/A	N/A	N/A	-	19 / 31	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.043 MO AVG	Req. Mon DAILY MX	Mgal/d	*****	******		N/A		Weekiy	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.73	1.5	mg/L	Ó	21 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	eritet Res	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	7	N/A	#/100mL	0	2 / 31	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	100 20000	a server a s	N/A		2000,- MO GEOMN	and a second	#/100mL	800 C. 45	Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4.18	4.75	mg/L	· 0	2 / 31	8 HR COMP
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	3****** 	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	\bigcirc \land \land	TEI	DATE			
Peter P. Sena, DIRECTOR OF SITE	property gather and evaluate the information submitted. Based on my inquiry of the 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 penalies for submitting false information, including the possibility of the and imprisonment for knowling violations.	Ret. Suit	724	682-7773	07	01	17
TYPED OR PRINTED	including me possibility of the 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.

No Data Indicator

Page 70

MONITORING PERIOD

то

06

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING 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	

MO DAY

01

12

YEAR

06

FROM

203A DISCHARGE NUMBER

12

31

PERIOD		
YEAR	MO	DAY

MAJOR (SUBR05)	
MAIN SEWAGE TMT PLANT Internal Outfall	

DMR MAILING ZIP CODE: 150770004

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			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.01	N/A	7.88	pН	0	4 / 31	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	29.2	36.4	mg/L	0	2 / 31	8 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.005	0.010	MGD	N/A	N/A	N/A	N/A	-	18 / 31	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	1.19	3	mg/L	0	22 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3	N/A	#/100mL	0	2 / 31	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	·····		N/A	******	2000 MO GEOMN		#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	19.8	23.8	mg/L	0	2 / 31	8 HR COMP
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that gualified personnel 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 line and imprisonment for knowledge will be a submitted of the submitting false information, including the possibility of line and imprisonment for knowledge.	1	TE	DATE			
Peter P. Sena, DIRECTOR OF SITE		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	724	682-7773	07	01	17
			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.

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Form Approved OMB No. 2040-0004

Page 72

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

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.

NAME:FIRST ENERGY NUADDRESS:PA ROUTE 168SHIPPINGPORT, FFACILITY:BEAVER VALLEY ILOCATION:PA ROUTE 168SHIPPINGPORT, FATTN: ELIZABETH THOMAS/MGR	POWER STATION	FR	PA0025615 PERMIT NUMBE VEAR MO OM 06 12		211A DISCHARGE NU NG PERIOD O YEAR MO O 06 12			MAJOR (SUBR05			
		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	Sector Sector	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.54	N/A	7.9	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM		9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	Ń/A	N/A	N/A	N/A	4.2	14.2	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	****** 20. 7 m 10 m 10 m	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	errere Parage	15 MO AVG	20 DAILÝ MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment pla	nt SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	Ň/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	C. C	******	******	N/A		Weekiy	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I centify 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	DATE				
Peter P. Sena, 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 bellet, true, accurate, and complete. I am aware that there are algoliticant penalities for submitting talse information, including the possibility of time and imprisonment for knowing violations.	All Ben	724	682-7773	07	01	17	
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	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)								

* 5 mg/L is minimum detectable level. JPC 1-8-07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

MONITORING PERIOD

то

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

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025015	
PERMIT NUMBER	

YEAR MO DAY

12

01

DA0025616

FROM 06

213A **DISCHARGE NUMBER**

YEAR MO DAY

12

31

06

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
UNIT 2 COOL TOWER PUM	PHOUSE



PARAMETER		QUANTI	QUANTITY OR LOADING QUALITY OR CONCENTRATION			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рH	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	*****	*****		6 MINIMUM	*****	9			Twice Per	GRAB
Effluent Gross	REQUIREMENT				MINIMOM		MAXIMUM	рН	1.	Month	Constraint State
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	******	*****				100			Twice Per	GRAR
Effluent Gross	REQUIREMENT		5. State 199		erest and shares	MO AVG	DAILY MX	mg/L	10. Sec. 19. A.	Month	GRAB
Oil & grease	SAMPLE MEASUREMENT		· .								
00556 1 0	PERMIT		*****		******	15 MO AVG	20		1994. St. 1.	Twice Per	CODAD-
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L	Section and	Twice Per.	GRAB≓i,
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	Req. Mon:	Req. Mon.		*****	*****	******			Weeklu	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d		a data and a data and				Weekly	ESTIMA.
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0	PERMIT	*****	*****		******	.5	1.25		· · · · · ·	Twice Per Month	CRAR
Effluent Gross	REQUIREMENT				200 a	MOIAVG	INST MAX	mg/L		Month	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		TEL	EPHONE	C	DATE	
Peter P. Sena, DIRECTOR OF SITE OPERATIONS	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 submiting false information,	At P. Sia	724	682-7773	07	01	17
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attack	nments 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.

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

Form Approved

OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

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

301A DISCHARGE NUMBER

	MONITORING PERIOD								
	YEAR	MO	DAY		YEAR	MO	DAY		
FROM	06	12	01	то	06	12	31		

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
UNIT 2 AUX BOILER BLOW	DOWN

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMEIER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 31	GRAB
00530 1 0	PERMIT	******	******	N/A	******	30	100			Twice Per	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Month	01010
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 31	GRAB
00556 1 0	PERMIT	******	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	N/A	******	15 MO AVO	20			Twice Per Month	GRAB
Effluent Gross	REQUIREMENT				for the second second second	MO AVG	DAILY MX	mg/L	5. Sec. 201	Month	GINAD
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	PERMIT	Req. Mon.	Req. Mon.		******	*****	******	N/A	Sec. al	Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d						MODINIY	CO MAA
Endent Gross	negoinement	IN INICIAVO	DRILLINA	i wyawu				l	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -		

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	$\Delta \Delta = -$	TEL	DATE			
	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 fails information,	Vetter due	724	682-7773	07	01	17
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
CONTRACTOR AND EVEL ANALY ON OF ANY WOLLATIONS (Defended of anothe							

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 1-8-07

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

+ Unic mppiores

OMB No. 2040-0004

Form Approved OMB No. 2040-0004

Page 75

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING 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

12

01

то

06

06

FROM

303A DISCHARGE NUMBER

12 31

N	IONITO	RING	PERIOD		
0	DAY		YEAR	MO	DAY

MAJOR
(SUBR05)
UNIT 1 OIL WATER SEPARATOR
Internal Outfall

DMR MAILING ZIP CODE: 150770004

No Data Indicator

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	and the second second	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.52	N/A	7.53	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	<4 *	<4 *	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		*******	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.019	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	******	******	141449 1	N/A		Weekiy	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		TEL	EPHONE	<u>۲</u>	DATE		
Peter P. Sena, DIRECTOR OF SITE	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,	All dur	724	682-7773	07	01	17	
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	
OMMENTS 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.

*4 mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC 1-8-07

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	

313A DISCHARGE NUMBER

	MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY	
FROM	06	12	01	то	06	12	31	

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

No Data Indicator

PARAMETER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
F ONOMS I EN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.48	N/A	7.21	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	eretu. Kana	*****	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3.1	13.2	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	232600	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	Reg. Mon. DAILY MX	Mgal/d	*****	******	******	N/A		Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	נ	ATE	
Peter P. Sena, 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,	Ut P her	724	682-7773	07	01	17
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 (Peterence all attach	mente hore)						

ITS 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.

* 5 mg/L is minimum detectable level. JPC 1-8-07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

-6

PA0025615
PERMIT NUMBER

401A DISCHARGE NUMBER

1	MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	МО	DAY	
FROM	06	12	01	то	06	12	31	

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

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	QUANTITY OR LOADING QUALITY OR (QUALITY OR CONC	TY OR CONCENTRATION			FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.71	N/A	8.88	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	48***** 2	******	N/A	6 MINIMUM		Reg. Mon. MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	*****	N/A	******	30 MO AVG	100 DAILY MX	mg/L	28. M. S. S.	Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/Ľ	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	inini A	15 MO.AVG	20 DAILY MX	mg/L	Ph.	Twice Per 44 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	Réq. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	******	*****	N/A	-	Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	direction or supervision in accordance with a system designed to assure that gualified personnel		TEL	EPHONE	<u> </u>	DATE	
Peter P. Sena, DIRECTOR OF SITE OPERATIONS	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 belist, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Utphan	724	682-7773	07	01	17
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
CONTRACTOR AND EVEL ANALYTICAL OF ANY UNCLASSION (Defenses all and							

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.

<u>*4 mg/L is minimum detectable level.</u> ** 5 mg/L is minimum detectable level. JPC 1-8-07 Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

Form Approved OMB No. 2040-0004

Page 78

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING 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	

403A DISCHARGE NUMBER

1		MONITORING PERIOD											
	YEAR	MO	DAY		YEAR	MO	DAY						
FROM	06	12	01	то	06	12	31						

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



PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	}		
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT	******	******		6 MINIMUM	Hanna -	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Matro		******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	eccent	******		*******	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE							1			
00610 1 0 Effluent Gross	PERMIT	******	*****		*****	Reg: Mon. MO AVG	Reg. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT				******	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT	Req. Mon	Req: Mon. DAILY MX	Mgal/d	*****	******				Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		******	.5 MO AVG	1:25 INST MAX	mg/L		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	Λ	TE	DATE			
Peter P. Sena, DIRECTOR OF SITE	erry gather and evaluate the information submitted. Based on my inquiry of the person or ons who manage the system, or those persons directly responsible for gathering the mation, the information submitted is, to the best of my knowledge and belief, true, accurate, complete. I am aware that there are significant penalties for submitting fails information,	all hu	724	682-7773	07	01	17
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. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

Page 79

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING 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	

MO DAY

12 01

YEAR

06

FROM

403A DISCHARGE NUMBER

YEAR MO DAY

12

31

06

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



PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAIVETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE										
	MEASUREMENT										
81313 1 0	PERMIT	PARTER	******			0	0			Weekiy	GRAB
Effluent Gross	REQUIREMENT					MOAVG	DAILY MX	mg/L		WOOKIY	GILAB

MONITORING PERIOD

то

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my TELEPHONE DATE firection 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 Peter P. Sena, DIRECTOR OF SITE persons who manage the system, or those persons directly responsible for gathering the 682-7773 724 07 01 17 information, the information submitted is, to the best of my knowledge and belief, true, accurate, **OPERATIONS** and complete. I am aware that there are significant penalties for submitting faise information, SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR including the possibility of fine and imprisonment for knowing violations. AREA Code NUMBER YEAR MO DAY TYPED OR PRINTED AUTHORIZED AGENT

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

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

Page 80

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING 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	DI

413A DISCHARGE NUMBER

	MONITORING PERIOD									
YEAR MO DAY YEAR MO D										
FROM	06	12	01	то	06	12	31			

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

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.61	N/A	7.73	pН	0	4 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	****** 64 54 54 54 54 54 54 54 54 54 54 54 54 54	9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	23.3	48.8	mg/L	0	4 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6174 FR4	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	4 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	ARABAN Martin Carlos Araban	•••••• ••••	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	-	4 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO'AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	ANALYS CONTRACTOR	N/A	2.1.2.2	Weekly	ESTIMA

	sertify under penalty of law that this document and all attachments were prepared under my rection or supervision in accordance with a system designed to assure that gualified personnel	\bigcirc	TELEPHONE		DATE		
Peter P. Sena, DIRECTOR OF SITE	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 sm eware that there are significant penalties for submitting false information,	Vit P dia	724	682-7773	07	01	17
	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY
COMPANY AND EVEL ANATION OF ANY VIOLATIONS (Defenses of meth							

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 weeks of 12/17/06, 12/24/06 & 12/31/06. JPC 1-8-07

Form Approved OMB No. 2040-0004

Page 81

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	501A DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			UNIT 1 GENRTR BLWDWN FILT BW Internal Outfall
ATTN: ELIZAB	SHIPPINGPORT, PA 150770004 BETH THOMAS/MGR ENV&CHEM	YEAR MO DAY	ING PERIOD YEAR MO DAY TO 06 12 31	No Data Indicator
		QUANTITY OR LOADING	QUALITY OR CONCENTRATIO	NO. FREQUENCY SAMPLE EX OF ANALYSIS TYPE

PARAMETER									EX	OF ANALYSIS	TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		****** 1. of the first state of	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX		******	******	******			Weskly	ESTIMA -

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	\sim
 Peter P. Sena, 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 diractly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, trus, socurate, and complete. I am aware that there are significant penatites for submitting false information, including the possibility of fine and improsonment for knowing violations.	No
TYPED OR PRINTED	ancluding the possibility of filte and information for Knowing Violations.	SIGNATURE

		TEL	EPHONE	[DATE	
	herha	724	682-7773	07	01	17
•	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.

DISHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Instructions:

- 1. Complete monthly and submit with each DMR. Attach additional sheets and comments as needed for completeness and clarity.
- 2. Sludge production information will be used to evaluate plant performance. Report only sludge which has been removed from digesters and other solids which have been permanently removed from the treatment process. Do not include sludge from other plants which is processed at your facility.
- 3. In the disposal site section, report all sludge leaving your facility for disposal. If another plant processes and disposes of your sludge, just provide the name of that plant. If you dispose of sludge from other plants, include their tonnage in the disposal site section and provide their names and individual dry tonnage on the back of this form.
- 4. If no sludge was removed, note on form.

Mo	onth: December			
Yea	ear: 2006			
Permittee:	FENOC			
Plant:	Beaver Valley Power Station			
NPDES:	PA0025615			
Municipality:	Shippingport Borough			
County:	Beaver			
Unit 1				
For sludge that is incinera	ated:			
Pre-incineration we	eight = dry tons			
Post-incineration w	weight = dry tons			

	HAULED A	S LIQUID S	LUDGE		H	IAULI	ED AS DEWA'	TEREI) SLUDGE		
		(Co	nversion		(Tons of						
(Gallons) X	K (% Solids)	XF	'actor) =	= Dry Tons	Dewater Sludge)	X	(% Solids)	X	(.01)	=	Dry Tons
6000	2.0	.00	000417	0.50					.01		
		· · · ·									
		TOTA	L =	0.50				TOT	AL :	=	

SLUDGE PRODUCTION INFORMATION (prior to incineration)

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

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

Chemistry Manager (724) 682-4141 (SSR-1 3/21/91) Title Telephone Signature Date

DISHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

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Mo	onth: December					
Yea	ar: 2006					
Permittee:	FENOC					
Plant:	Beaver Valley Power Station					
NPDES:	PA0025615					
Municipality:	Shippingport Borough					
County:	Beaver					
Unit 2						
For sludge that is incinerated:						
Pre-incineration weight = dry ton						
Post-incineration weight = dry tons						

HAULED AS LIQUID SLUDGE					HAULED AS DEWATERED SLUDGE								
(Conversion				(Tons of									
(Gallons)	X	(% Solids)	X	Factor)	=	Dry Tons	Dewater Sludge)	X	(% Solids)	<u>X</u>	(.01)	=	Dry Tons
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				TOTAL	=	1.17		k	<u> </u>	TOT	ΓAL	= _	······································

SLUDGE PRODUCTION INFORMATION (prior to incineration)

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

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

algnature

Chemistry Manager Title

Date

(724) 682-4141 Telephone

(SSR-1 3/21/91)

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:	Address: P.O. Box 4									
	Shippingpor	t, PA 15077	·						,	
	Beaver Valle	ey Power Station								
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
	PA002	25615	2006	12	01	то	2006	12	31	
					•					
PARAMET	FER	ANALYSIS METHOD		LAB NAM	IE		LAB I	DNUMBE	R ²	
Powerline 3627	(Clamtrol)	Photometric Determination	Beaver	Valley Pow	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	ver Station		Ċ	4-2742		
Total Residual	Chlorine	EPA 330.5	Beaver	Valley Pow	ver Station		C	4-2742		
Free Available	Chlorine	EPA 330.5	Beaver	Valley Pow	er Station	N	C	4-2742		
pН		EPA 150.1	Beaver	Valley Pow	ver Station		C	4-2742		
Temperat	ure	EPA 170.1	Beaver	Valley Pow	er Station		C	4-2742		
Flow		NA	Beaver	Valley Pow	ver Station		C	4-2742		
Total Suspende	ed Solids	EPA 160.2	Beaver	Valley Pow	er Station		C	4-2742		
Hydrazir	ne	ASTM D1385-01	Beaver	Valley Pow	er Station		O	4-2742		
Fecal Coli	lorm	Standard Method 9222D	Beaver	Valley Pow	ver Station		G	4-2742		
Oil and Gre	ease	EPA 1664 Rev A	FirstEr	nergy Corp-	Beta Lab		68	3-01120		
Total Dissolve	d Solids	EPA 160.1	FirstEr	nergy Corp-	Beta Lab		- 61	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: 724-682-7773 1/23/7

Signature	e of Principal Executive Officer or
Ω	Authorized Agent
ht P.	Authorized Agent

Peter P. Sena, Director, Site Operations

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.

Date:



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

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Permittee Name:	FirstEnergy	Nucear Operating Company								
Address:										
	Shppingport	, PA 15077								
	Beaver Valle	ey Power Station		<u></u>						
	PERMIT	NUMBER	MONITORING PERIOD Year/Month/Day							
	PA002	25615	2006	12	01	то	2006	12	31	
				•	·			·····	·	
PARAMET	rer	ANALYSIS METHOD		LAB NAM	IE		LAB	DNUMBE	R ²	
Zinc		EPA 200.7	FirstEr	ergy Corp			68	3-01120		
Copper		EPA 200.7	FirstEr	ergy Corp	Beta Lab	×.	- 61	3-01120		
Iron		EPA 200.7	FirstEnergy Corp-Beta Lab 68-01120							
Chromiu	m	EPA 200.7	FirstEr	ergy Corp-	Beta Lab		68	3-01120		
Ammoni	a	EPA 350.3	FirstEnergy Corp-Beta Lab 68-01120							
CBOD-5 [Day	SM5210 B	Firs	stechnolog	y, Inc.		6	3-00434		
Cyanide	e	EPA 335.2	Firs	stechnolog	y, Inc.		68	3-00434		
Chlorobenz	zene	EPA 624	Fire	stechnolog	y, Inc.		68	3-00434		
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Name/Title Principal Executive Officer	Phone: 724-682-7773	Signature of Principal Executive Officer or Authorized Agent
Peter P. Sena, Director Site Operations	Date: 1/23/7	Authorized Agent

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

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