

April 27, 2007
L-07-068

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:

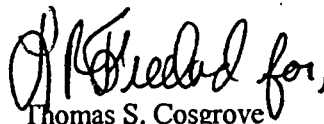
Enclosed is the March 2007 NPDES Discharge Monitoring Report (DMR) for FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station, in accordance with the requirements of the Permit. Attachment 1 to this letter is supplemental monitoring data for Outfall 001 (dissolved oxygen). Review of the data indicates one Permit parameter was exceeded during the month, and one quarterly monitoring event (stormwater iron and zinc) was late.

The exceedance occurred on March 12, 2007, when Oil and Grease at the Unit 1 Water/Oil Separator, - Internal Monitoring Point 303 was determined to be 21.9 mg/L thus exceeding the Daily Maximum Permit limit of 20.0 mg/L. Attachment 2 to this letter provides the description of the occurrence and corrective action taken. Attachment 3 to the letter is a summary of Permit Part C.21 (last paragraph) monitoring for three stormwater outfalls. Due to scheduling and rainfall criteria, the first quarter samples were not obtained until April 1 and 2. Another set of samples will be obtained to satisfy the 2nd quarter monitoring requirement before June 30, 2007. The report attachment describes corrective actions to prevent late sample acquisition in the future.

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,


Thomas S. Cosgrove
Director, Site Operations

Attachments (3)
Enclosures (2)

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

IE25

ATTACHMENT 1

Weekly Dissolved Oxygen Monitoring Results at Outfall 001

The following supplemental dissolved oxygen monitoring data for Outfall 001 is provided as agreed.

SAMPLE DATE	SAMPLE TIME	VALUE	UNITS
02/27/07	0835	9.01	mg/L
03/05/07	0945	9.00	mg/L
03/14/07	0930	8.59	mg/L
03/19/07	0920	8.47	mg/L
03/28/07	1125	8.10	mg/L

- Attachment 1 END -

ATTACHMENT 2

Oil and Grease Exceedance at Internal Monitoring Point 303

On 3/12/07, NPDES Internal Monitoring Point (IMP) 303 was sampled for Oil and Grease per the monitoring requirements of the NPDES permit. Oil and Grease results were determined to be 21.9 mg/L on 3-20-07. This concentration exceeds the NPDES permit daily maximum limit of 20 mg/L.

The condition is investigated and documented under the FENOC Problem Identification and Resolution program under Condition Report CR-07-16592. The oil/water separator was apparently not efficiently separating as designed and allowed oil to pass through the system to the discharge side of the separator. The most likely cause of the oil/water separator not functioning properly is due to high solid intrusion from river water during high water conditions experienced during March 2007.

Corrective actions included isolation of the oil/water separator on 3/20/07 to prevent discharge, and thus, additional exceedances. A work order was generated to perform preventive and corrective maintenance on the oil/water separator.

- Attachment 2 END -

ATTACHMENT 3

Permit Part C.21 Iron and Zinc Stormwater Monitoring Results

Sample Date	Sample Time	Outfall	Parameter	Result	Units
4/1/07	0701	Outfall #003,	Zinc	197	ug/l
4/1/07	0701	Outfall #003,	Iron	333	ug/l
4/2/07	0820	Outfall #008,	Zinc	14.2	ug/l
4/2/07	0820	Outfall #008,	Iron	23.7	ug/l
4/1/07	0600	Outfall #011,	Zinc	375	ug/l
4/1/07	0600	Outfall #011,	Iron	454	ug/l

The lateness of the monitoring events is documented and investigated in the FENOC Problem Identification and Resolution program under Condition Report CR-07-17363. Several causes, including human performance and change management, contributed to setting the sampling equipment too late in March.

Corrective actions include hard-scheduling any quarterly monitoring requirements, ensure adequate equipment is available, and completing training to the personnel now expected to perform the tasks. BVPS will acquire another set of samples prior to June 30, 2007, in order to meet the requirement during the second quarter.

- Attachment 3 END -

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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

PA0025615
PERMIT NUMBER

001A
DISCHARGE NUMBER


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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER	MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.84	N/A	8.54	pH	0	1 / 7	GRAB
	PERMIT REQUIREMENT			N/A	MINIMUM		MAXIMUM	pH		Weekly	GRAB
Nitrogen, ammonia total (as N) 00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
	PERMIT REQUIREMENT			N/A		Req Mon MO AVG	Req Mon DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER 04251 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/L	**	**	**
	PERMIT REQUIREMENT			N/A		MO AVG	DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	26.0	35.0	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d				N/A		Daily	CONTIN
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02***	<0.02***	mg/L	0	8 / 31	GRAB
	PERMIT REQUIREMENT			N/A		AVERAGE	MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available 50064 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.001	0.02	mg/L	0	CONT	RCDR
	PERMIT REQUIREMENT			N/A		AVERAGE	MAXIMUM	mg/L		Continuous	RECORD
Hydrazine 81313 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
	PERMIT REQUIREMENT			N/A		MO AVG	DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			724	682-5203	07	04	27
			AREA Code	NUMBER	YEAR	MO	DAY

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

* Not in wet layup this period.

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

** No clamicide this period. ***0.02 mg/L is minimum detectable level. JPC 4-17-07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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

PA0025615
PERMIT NUMBER

002A
DISCHARGE NUMBER

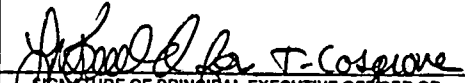
DMR MAILING ZIP CODE: 150770004
MAJOR (SUBR05)
INTAKE SCREEN BACKWASH
External Outfall

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	03	01	FROM	07	03	31
			TO			

No Data Indicator

PARAMETER	SAMPLE MEASUREMENT	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		0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req'd Mon MO AVG	Req'd 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS			724 682-5203	07	04	27	
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

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

Form Approved
OMB No. 2040-3304

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

Page 57

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

PA0025615
PERMIT NUMBER

003A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.047	0.119	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reqd Mon MO/AVG	Reqd 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724	682-5203	07	04	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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

PA0025615
PERMIT NUMBER

004A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	31

No Data Indicator



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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724	682-5203	07	04	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

Form Approved
OMB No. 2040-0004

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

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

PA0025615
PERMIT NUMBER

006A
DISCHARGE NUMBER

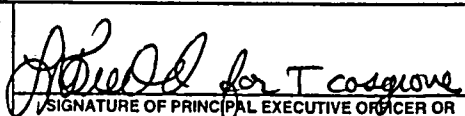
DMR MAILING ZIP CODE: 150770004
MAJOR (SUBR05)
AUX. INTAKE SCREEN BACKWASH
External Outfall

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	03	01	TO	07	03	31

No Data Indicator

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant											
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MOAVG	Reg Mon DAILY/MX							Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS			724	682-5203	07	04	27
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

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

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

PA0025615
PERMIT NUMBER

007A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	03	01	TO	07	03	31

No Data Indicator

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724	682-5203	07	04	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

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

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

PA0025615
PERMIT NUMBER

008A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.69	N/A	7.80	pH	0	2 / 31	GRAB
	PERMIT REQUIREMENT			N/A	8 MINIMUM		9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	26.0	35.6	mg/L	0	2 / 31	GRAB
	PERMIT REQUIREMENT					30 MO/AVG	100 DAILY/MX	mg/L		Twice Per Month	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5*	<5*	mg/L	0	2 / 31	GRAB
	PERMIT REQUIREMENT			N/A		15 MO/AVG	20 DAILY/MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
	PERMIT REQUIREMENT	Req: Mon MO/AVG	Req: Mon DAILY/MX	Mgal/d				N/A		Weekly	EST/MA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724	682-5203	07	04	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
* <5 mg/L is minimum detectable level. JPC 4-17-07

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

Form Approved
OMB No. 2040-0004

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

Page 62

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

PA0025615
PERMIT NUMBER

010A
DISCHARGE NUMBER


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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.52	N/A	7.73	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pH		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	0 MO AVG		0 INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.59	3.60	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	Reg Mon DAILY MAX	N/A				N/A		Weekly	MEASRB
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		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			724	682-5203	07	04	27
			AREA Code	NUMBER	YEAR	MO	DAY

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

REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX)

* No clamicide this period. **0.02 mg/L is minimum detectable level. JPC 4-17-07

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

Form Approved
OMB No. 2040-0004

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

Page 63

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

PA0025615
PERMIT NUMBER

011A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01	TO	07	03	31

No Data Indicator

PARAMETER	SAMPLE MEASUREMENT	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		0.004	0.004	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MO AVG.	Reg. Mon. DAILY MX.	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE			
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724	682-5203	07	04	27	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	YEAR	MO

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

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

Form Approved
OMB No. 2040-0004

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

Page 64

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

012A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR (SUBR05)

FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004


BLOWDOWN FROM THE HVAC UNIT
External Outfall

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.52	N/A	7.52	pH	0	1 / 31	GRAB
	PERMIT REQUIREMENT			N/A	6 MINIMUM		8 MAXIMUM	pH		Once Per Month	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.034	0.039	mg/L	0	2 / 31	GRAB
	PERMIT REQUIREMENT					Req: Mon MO AVG	Req: Mon DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.077	0.095	mg/L	0	2 / 31	GRAB
	PERMIT REQUIREMENT			N/A		1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 31	EST
	PERMIT REQUIREMENT	Req: Mon MO AVG	Req: Mon DAILY MX	Mgal/d				N/A		Once Per Month	ESTIMA
Solids, total dissolved 70295 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	484	528	mg/L	0	2 / 31	GRAB
	PERMIT REQUIREMENT			N/A		Req: Mon MO AVG	Req: Mon DAILY MX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas S. Cosgrove, 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
		724	682-5203	07	04	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA Code	NUMBER	YEAR	MO	DAY

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

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

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

PA0025615
PERMIT NUMBER

013A
DISCHARGE NUMBER


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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	31

No Data Indicator

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.13	N/A	7.99	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	3 MINIMUM		9 MAXIMUM	pH		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01*	<0.01*	mg/L	0	2 / 31	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		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	0.009	0.010	mg/L	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		05 MO/AVG	1 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			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	0.009	0.010	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	Mgal/d				N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas S. Cosgrove, 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
		724	682-5203	07	04	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.
* 0.01 mg/L is minimum detectable level. ** 0.005 mg/L is minimum detectable level. JPC 4-17-07

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

Form Approved
OMB No. 2040-0004

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

Page 66

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

101A
DISCHARGE NUMBER

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

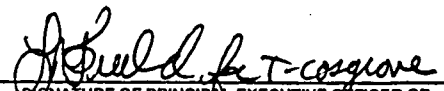
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.40	N/A	7.86	pH	0	7 / 31	GRAB
	PERMIT REQUIREMENT			N/A	5 MINIMUM		8 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	5.0	10.8	mg/L	0	6 / 31	2 HR COMP
	PERMIT REQUIREMENT			N/A		30 MO/AVG	100 DAILY/MX	mg/L		Weekly	COMP-2
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	6 / 31	GRAB
	PERMIT REQUIREMENT			N/A		15 MO/AVG	20 DAILY/MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N) 00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/L	**	**	GRAB
	PERMIT REQUIREMENT			N/A		Req Mon MO/AVG	Req Mon DAILY/MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.011	0.013	MGD	N/A	N/A	N/A	N/A	0	DAILY	CONT
	PERMIT REQUIREMENT	Req Mon MO/AVG	Req Mon DAILY/MX	Mgal/d				N/A		DAILY	CONTIN
Hydrazine 81313 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/L	**	**	GRAB
	PERMIT REQUIREMENT			N/A		Req Mon MO/AVG	Req Mon DAILY/MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
TYPED OR PRINTED			724 682-5203	07	04	27	

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. *5 mg/L is minimum detectable level. ** Not in wet layup this period. JPC 4-17-07

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

Form Approved
OMB No. 2040-0004

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

Page 67

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

PA0025615
PERMIT NUMBER

102A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.34	N/A	7.38	pH	0	3 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	25.6	28.0	mg/L	0	3 / 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	3 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		16 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	Req: Mon MO:AVG	Req: Mon DAILY:MX	Mga/d				N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724	682-5203	07	04	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

*5 mg/L is minimum detectable level. JPC 4-17-07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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

PA0025615
PERMIT NUMBER

103A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.56	N/A	7.42	pH	0	5 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM		MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	28.3	40.2	mg/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	30% MO AVG		100% DAILY MX	mg/L		Twice Per Month	COMP 24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	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	Mgal/d				N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724	682-5203	07	04	27
TYPED OR PRINTED	<i>Thomas S. Cosgrove</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

Form Approved
OMB No. 2040-0004

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

Page 69

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

PA0025615
PERMIT NUMBER

111A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.95	N/A	7.51	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	1.2	6.0	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO/AVG	100 DAILY/MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO/AVG	20 DAILY/MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO/AVG	Req: Mon DAILY/MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724 682-5203	07	04	27	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
* 5 mg/L is minimum detectable level. JPC 4-17-07

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

Form Approved
OMB No. 2040-0004

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

Page 70

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

PA0025615
PERMIT NUMBER

113A
DISCHARGE NUMBER


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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01	TO	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.48	N/A	7.92	pH	0	3 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	7.6 MINIMUM		8.9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	18.7	21.4	mg/L	0	2 / 31	8 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	60 DAILY MAX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	0.007	MGD	N/A	N/A	N/A	N/A	-	9 / 31	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	0.043 MO AVG	Reg Mon DAILY MAX	Mgal/d				N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.68	1.48	mg/L	0	12 / 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	2	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	9.7	10.3	mg/L	0	2 / 31	8 HR COMP
80082 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		25 MO AVG	50 DAILY MAX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	724	682-5203	07	04
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO

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

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

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

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

PA0025615
PERMIT NUMBER

203A
DISCHARGE NUMBER


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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.84	N/A	7.88	pH	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		8 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	6.8	6.8	mg/L	0	2 / 31	8 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO/AVG	80 DAILY/MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0058	0.0288	MGD	N/A	N/A	N/A	N/A	-	10 / 31	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	0.023 MO/AVG	Req Mon DAILY/MX	Mgal/d				N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.75	2.0	mg/L	0	13 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		1.4 MO/AVG	3.0 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			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	3.8	4.5	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 personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	724	682-5203	07	04
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO

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

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

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

PA0025615
PERMIT NUMBER

211A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.94	N/A	8.17	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	21.3	38.6	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	30 MO AVG		100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	15 MO AVG		20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO AVG	Req: Mon DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas S. Cosgrove, 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
		724	682-5203	07	04	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
* 5 mg/L is minimum detectable level. JPC 4-17-07

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

Form Approved
OMB No. 2040-0004

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

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

PA0025615
PERMIT NUMBER

213A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO:AVG	100 DAILY:MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MO:AVG	20 DAILY:MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Rept Mon MO:AVG	Rept Mon DAILY:MX	Mga/d						Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5 MO:AVG	1125 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 qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724 682-5203		07	04	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

SAMPLES SHALL BE TAKEN AT 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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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

PA0025615
PERMIT NUMBER

301A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MG/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 MG/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 MG/AVG	Req Mon DAILY/MX	Mga/d				N/A		Weerly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724 682-5203		07	04	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLES SHALL BE TAKEN AT 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 4-17-07

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

Form Approved
OMB No. 2040-0004

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

Page 75

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

PA0025615
PERMIT NUMBER

303A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.84	N/A	7.75	pH	0	1 / 7**	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM		MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	21.3	29.0	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	7.6	21.9*	mg/L	1	1 / 7**	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.019	0.056	MGD	N/A	N/A	N/A	N/A	-	1 / 7**	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724	682-5203	07	04	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

* See Attachment 2 for a description of this event. ** No discharge from Monitoring point after 3-20-07. JPC 4-17-07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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

PA0025615
PERMIT NUMBER

313A
DISCHARGE NUMBER

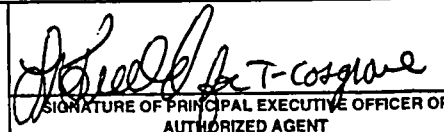
DMR MAILING ZIP CODE: 150770004
MAJOR (SUBR05)
313 TURBINE BLDG DRAIN
Internal Outfall

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.85	N/A	7.57	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	9.7	24.6	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO:AVG	100 DAILY/MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO:AVG	20 DAILY/MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO:AVG	Req: Mon DAILY/MX	Mgal/d		N/A		N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas S. Cosgrove, 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			724	682-5203	07	04	27
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OWS #21 PRIOR TO MIXING WITH ANY OTHER WATER.
 * 5 mg/L is minimum detectable level. JPC 4-17-07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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

PA0025615
PERMIT NUMBER

401A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.33	N/A	8.47	pH	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		Req/Mon MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req/Mon MO AVG	Req/Mon DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724	682-5203	07	04	27
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLES SHALL BE TAKEN AT 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 4-17-07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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

PA0025615
PERMIT NUMBER

403A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01	TO	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO/AVG	100 DAILY/MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00558 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MO/AVG	20 DAILY/MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT					Req Mon MO/AVG	Req Mon DAILY/MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT					0 MO/AVG	0 DAILY/MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO/AVG	Req Mon DAILY/MX	Mga/d						Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5 MO/AVG	125 INST/MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724 682-5203		07	04	27
TYPED OR PRINTED	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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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


403A
DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine 81313 1 0 Effluent Gross						MO AVG	DAILY MAX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724	682-5203	07	04	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR 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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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

PA0025615
PERMIT NUMBER

413A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.02	N/A	7.29	pH	0	1 / 7**	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	26.1	32.8	mg/L	0	1 / 7**	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MG/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 MG/AVG	20 DAILY/MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7**	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MG/AVG	Req Mon DAILY/MX	Mga/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724	682-5203	07	04	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OWS #24 PRIOR TO MIXING WITH ANY OTHER WATER.
* 5 mg/L is minimum detectable level. **No discharge weeks of 3-4-07 & 3-25-07. JPC 4-17-07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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

PA0025615	501A
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE			
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724	682-5203	07	04	27	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	YEAR	MO

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



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>FirstEnergy Nuclear Operating Company</u>							
Address: <u>P.O. Box 4</u>							
<u>Shippingport, PA 15077</u>							
<u>Beaver Valley Power Station</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA0025615				2007	03	01	TO 2007 03 31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER				
Powerline 3627 (Clamtrol)	Photometric Determination	Beaver Valley Power Station	04-2742				
Bentonite Detoxicant (Betz DT-1)	Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645	Beaver Valley Power Station	04-2742				
Total Residual Chlorine	EPA 330.5	Beaver Valley Power Station	04-2742				
Free Available Chlorine	EPA 330.5	Beaver Valley Power Station	04-2742				
pH	EPA 150.1	Beaver Valley Power Station	04-2742				
Temperature	EPA 170.1	Beaver Valley Power Station	04-2742				
Flow	NA	Beaver Valley Power Station	04-2742				
Total Suspended Solids	EPA 160.2	Beaver Valley Power Station	04-2742				
Hydrazine	ASTM D1385-01	Beaver Valley Power Station	04-2742				
Fecal Coliform	Standard Method 9222D	Beaver Valley Power Station	04-2742				
Oil and Grease	EPA 1664 Rev A	FirstEnergy Corp-Beta Lab	68-01120				
Total Dissolved Solids	EPA 160.1	FirstEnergy Corp-Beta Lab	68-01120				

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

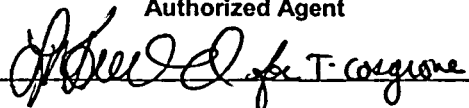
Name/Title Principal Executive Officer

Phone: 724-682-7773

Signature of Principal Executive Officer or
Authorized Agent

Thomas S. Cosgrove
Director Site Operations

Date: 4/27/07


T. Cosgrove

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.



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: FirstEnergy Nuclear Operating Company

Address: P.O. Box 4
Shippingport, PA 15077
Beaver Valley Power Station

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA0025615	2007	03	01	TO	2007	03	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²
Zinc	EPA 200.7	FirstEnergy Corp-Beta Lab	68-01120
Copper	EPA 200.7	FirstEnergy Corp-Beta Lab	68-01120
Iron	EPA 200.7	FirstEnergy Corp-Beta Lab	68-01120
Chromium	EPA 200.7	FirstEnergy Corp-Beta Lab	68-01120
Ammonia	EPA 350.3	FirstEnergy Corp-Beta Lab	68-01120
CBOD-5 Day	SM5210 B	Firstechnology, Inc.	68-00434
Cyanide	EPA 335.2	Firstechnology, Inc.	68-00434
Chlorobenzene	EPA 624	Firstechnology, Inc.	68-00434

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

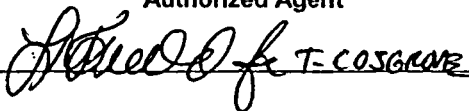
Name/Title Principal Executive Officer

Phone: 724-682-7773

Signature of Principal Executive Officer or
Authorized Agent

Thomas S. Cosgrove
Director, Site Operations

Date: 4/27/07


T. COSGROVE

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.

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Instructions:

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

Month: MARCH

Year: 2007

Permittee: FENOC

Plant: Beaver Valley Power Station

NPDES: PA0025615

Municipality: Shippingport Borough

County: Beaver

Unit 1

For sludge that is incinerated:

Pre-incineration weight = _____ dry tons

Post-incineration weight = _____ dry tons

SLUDGE PRODUCTION INFORMATION (prior to incineration)

HAULED AS LIQUID SLUDGE				HAULED AS DEWATERED SLUDGE										
(Gallons)	X	(% Solids)	X	(Conversion Factor)	=	Dry Tons	(Tons of Dewater Sludge)	X	(% Solids)	X	(.01)	=	Dry Tons	
86500		2.0		.0000417	=	7.21					.01	=		
TOTAL						=	7.21	TOTAL					=	

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

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

(SSR-1 3/21/91) Donald J. Salera
Signature

Chemistry Manager
Title

4-27-07
Date

(724) 682-4141
Telephone

DISHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Instructions:

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

Month: March

Year: 2007

Permittee: FENOC

Plant: Beaver Valley Power Station

NPDES: PA0025615

Municipality: Shippingport Borough

County: Beaver

Unit 2

For sludge that is incinerated:

Pre-incineration weight = _____ dry tons

Post-incineration weight = _____ dry tons

SLUDGE PRODUCTION INFORMATION (prior to incineration)

HAULED AS LIQUID SLUDGE					HAULED AS DEWATERED SLUDGE										
(Gallons)	X	(% Solids)	X	(Conversion Factor)	=	Dry Tons	(Tons of Dewater Sludge)	X	(% Solids)	X	(.01)	=	Dry Tons		
22000		2.0		.0000417	=	1.83					.01	=			
TOTAL						=	1.83	TOTAL						=	_____

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

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

(SSR-1 3/21/91) Donald J. Salek
Signature

Chemistry Manager
Title

4-27-07
Date

(724) 682-4141
Telephone

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

Form Approved
OMB No. 2040-0004

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

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.84	N/A	8.54	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM		MAXIMUM	pH		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/L	**	**	**
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	26.0	35.0	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT			Mgal/d				N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02***	<0.02***	mg/L	0	8 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		AVERAGE	MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.001	0.02	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		AVERAGE	MAXIMUM	mg/L		Continuous	RECORD
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
81313 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724	682-5203	07	04	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) ** Not in wet layup this period.*
HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX.
*** No clamicide this period. ***0.02 mg/L is minimum detectable level. JPC 4-17-07*

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

Form Approved
OMB No. 2040-0004

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

Page 56

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

PA0025615
PERMIT NUMBER

002A
DISCHARGE NUMBER


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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	03	01	FROM	07	03	31
			TO			

No Data Indicator

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE				
			724	682-5203	07	04	27	AREA Code	NUMBER

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

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

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

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

PA0025615
PERMIT NUMBER

003A
DISCHARGE NUMBER


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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	03	01	TO	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.047	0.119	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	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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS			724	682-5203	07	04	27
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

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

Form Approved
OMB No. 2040-0004

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

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

PA0025615
PERMIT NUMBER

004A
DISCHARGE NUMBER

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


ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	31

No Data Indicator



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	pH		Weekly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX							Weekly	MEASRD
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					5 MO AVG	125 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available 50064 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					1 AVERAGE	15 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas S. Cosgrove, 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			724	682-5203	07	04	27
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

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

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

PA0025615
PERMIT NUMBER

006A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	03	01	TO	07	03	31

No Data Indicator

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, In conduit or thru treatment plant											
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reqd Mon: MO/AVG	Reqd Mon: DAILY/MX							Weekly	ESTIMATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724 682-5203		07	04	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

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

PA0025615
PERMIT NUMBER

007A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	pH		Weekly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	Reqd Mon MO/AVG	Reqd Mon DAILY/MX	Mgal/d						Weekly	GRAB
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					5 MO/AVG	15 INST/MAX	mg/L		Weekly	GRAB
Chlorine, free available 50064 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724	682-5203	07	04	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

Thomas S. Cosgrove
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
MONITORING FOR FLOW, FREE AVAILABLE CHLORINE, AND TOTAL RESIDUAL CHLORINE ARE REQUIRED ONLY DURING THOSE PERIODS OF DISCHARGE FROM THE ALTERNATE FLOW PATH OF THE REACTOR PLANT RIVER WATER SYSTEM.

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

Form Approved
OMB No. 2040-0004

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

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

PA0025615
PERMIT NUMBER

008A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.69	N/A	7.80	pH	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	26.0	35.6	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO:AVG	100 DAILY:MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5*	<5*	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO:AVG	20 DAILY:MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO:AVG	Req: Mon DAILY:MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724 682-5203	07 04 27			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

* <5 mg/L is minimum detectable level. JPC 4-17-07

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

Form Approved
OMB No. 2040-0004

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

Page 62

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

PA0025615
PERMIT NUMBER

010A
DISCHARGE NUMBER


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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.52	N/A	7.73	pH	0	1 / 7	GRAB
	PERMIT REQUIREMENT			N/A	8 MINIMUM		9 MAXIMUM	pH		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER 04251 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
	PERMIT REQUIREMENT			N/A		0 MO AVG	0 INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	2.59	3.60	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
	PERMIT REQUIREMENT	Reqd Mon MO AVG	Reqd Mon DAILY MX	N/A				N/A		Weekly	MEASRD
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	0	1 / 7	GRAB
	PERMIT REQUIREMENT					5 MO AVG	125 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available 50064 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	0	1 / 7	GRAB
	PERMIT REQUIREMENT			N/A		2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that the document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
		AREA Code	NUMBER	YEAR	MO	DAY
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724	682-5203	07	04	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX)

* No clamicide this period. **0.02 mg/L is minimum detectable level. JPC 4-17-07

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

Form Approved
OMB No. 2040-0004

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

Page 63

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

PA0025615
PERMIT NUMBER

011A
DISCHARGE NUMBER


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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	03	01	07	03	31	

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.004	0.004	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon- MO:AVG	Req: Mon- DAILY:MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS			724	682-5203	07	04	27
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

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

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

PA0025615
PERMIT NUMBER

012A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT
External Outfall

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.52	N/A	7.52	pH	0	1 / 31	GRAB
	PERMIT REQUIREMENT			N/A	6 MINIMUM		8 MAXIMUM	pH		Once Per Month	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.034	0.039	mg/L	0	2 / 31	GRAB
	PERMIT REQUIREMENT					Req: Mon MO:AVG	Req: Mon DAILY:MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.077	0.095	mg/L	0	2 / 31	GRAB
	PERMIT REQUIREMENT			N/A		115 MO:AVG	115 DAILY:MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 31	EST
	PERMIT REQUIREMENT			Mgal/d				N/A		Once Per Month	EST/MA
Solids, total dissolved 70295 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	484	528	mg/L	0	2 / 31	GRAB
	PERMIT REQUIREMENT			N/A		Req: Mon MO:AVG	Req: Mon DAILY:MX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas S. Cosgrove, 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
		724	682-5203	07	04	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Thomas S. Cosgrove</i>	AREA Code	NUMBER	YEAR	MO	DAY

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

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

Form Approved
OMB No. 2040-0004

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

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

PA0025615
PERMIT NUMBER

013A
DISCHARGE NUMBER


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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01	TO	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.13	N/A	7.99	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM		MAXIMUM	pH		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01*	<0.01*	mg/L	0	2 / 31	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		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	0.009	0.010	mg/L	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		05 MO/AVG	1 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			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	0.009	0.010	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	Mga/d				N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that the document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	724	682-5203	07	04
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.
* 0.01 mg/L is minimum detectable level. ** 0.005 mg/L is minimum detectable level. JPC 4-17-07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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

PA0025615
PERMIT NUMBER

101A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.40	N/A	7.86	pH	0	7 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	5 MINIMUM		8 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	5.0	10.8	mg/L	0	6 / 31	2 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MOAVG	100 DAILYMX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	6 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MOAVG	20 DAILYMX	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 MOAVG	Req Mon DAILYMX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.011	0.013	MGD	N/A	N/A	N/A	N/A	0	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MOAVG	Req Mon DAILYMX	Mgal/d				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 MOAVG	Req Mon DAILYMX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE			
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724	682-5203	07	04	27	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	YEAR	MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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 4-17-07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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

PA0025615
PERMIT NUMBER

102A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.34	N/A	7.38	pH	0	3 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	25.6	28.0	mg/L	0	3 / 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	3 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MG 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	Reqd Mon MO AVG	Reqd Mon DAILY MX	Mgal/d				N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724 682-5203	07 04 27			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

*5 mg/L is minimum detectable level. JPC 4-17-07

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

Form Approved
OMB No. 2040-0004

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

Page 68

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

PA0025615
PERMIT NUMBER

103A
DISCHARGE NUMBER


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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.56	N/A	7.42	pH	0	5 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM		MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	28.3	40.2	mg/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP 24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reqd Mon MO AVG	Reqd Mon DAILY MX	Mga/d				N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			724	682-5203	07	04	27
			AREA Code	NUMBER	YEAR	MO	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.

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

Form Approved
OMB No. 2040-0004

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

Page 69

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

PA0025615
PERMIT NUMBER

111A
DISCHARGE NUMBER

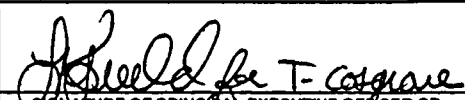
DMR MAILING ZIP CODE: 150770004
MAJOR (SUBR05)
111 DIESEL GENERATOR BLDG
Internal Outfall

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.95	N/A	7.51	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	1.2	6.0	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req/Mo MO AVG	Req/Mbhr DAILY MX	Mga/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS			724	682-5203	07	04
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
* 5 mg/L is minimum detectable level. JPC 4-17-07

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

Form Approved
OMB No. 2040-0004

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

Page 70

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

PA0025615
PERMIT NUMBER

113A
DISCHARGE NUMBER


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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01	TO	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.48	N/A	7.92	pH	0	3 / 31	GRAB
	PERMIT REQUIREMENT			N/A	MINIMUM		MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	18.7	21.4	mg/L	0	2 / 31	8 HR COMP
	PERMIT REQUIREMENT			N/A		30 MO AVG	60 DAILY MAX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.006	0.007	MGD	N/A	N/A	N/A	N/A	-	9 / 31	MEAS
	PERMIT REQUIREMENT	0.043 MO AVG	Regt Mont DAILY MAX	Mgal/d				N/A		Weekly	MEASRD
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.68	1.48	mg/L	0	12 / 31	GRAB
	PERMIT REQUIREMENT			N/A		1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general 74055 1 1 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2	N/A	#/100mL	0	2 / 31	GRAB
	PERMIT REQUIREMENT			N/A		2000 MO GEOMN		#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	9.7	10.3	mg/L	0	2 / 31	8 HR COMP
	PERMIT REQUIREMENT			N/A		25 MO AVG	50 DAILY MAX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			724	682-5203	07	04	27
			AREA Code	NUMBER	YEAR	MO	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.

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

Form Approved
OMB No. 2040-0064

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

Page 71

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

PA0025615
PERMIT NUMBER

203A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.84	N/A	7.88	pH	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM		MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	6.8	6.8	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	0.0058	0.0288	MGD	N/A	N/A	N/A	N/A	-	10 / 31	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	0.023 MO:AVG	Req: Mon: DAILY:MX	Mgal/d				N/A		Weekly	MEAS:SD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.75	2.0	mg/L	0	13 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	174 MO:AVG		333 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			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	3.8	4.5	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 personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724 682-5203	07	04	27	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

Form Approved
OMB No. 2040-0004

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

Page 72

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

PA0025615
PERMIT NUMBER

211A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.94	N/A	8.17	pH	0	1 / 7	GRAB
	PERMIT REQUIREMENT			N/A	6 MINIMUM		8 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	21.3	38.6	mg/L	0	1 / 7	GRAB
	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
	PERMIT REQUIREMENT	Req: Mon MO AVG	Req: Mon DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724 682-5203	07 04 27			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
* 5 mg/L is minimum detectable level. JPC 4-17-07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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

PA0025615
PERMIT NUMBER

213A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					30 MO:AVG	100 DAILY:MX	mg/L		Twice Per Month	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					15 MO:AVG	20 DAILY:MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	Req'd Mon MO:AVG	Req'd Mon DAILY:MX	Mga/d						Weekly	ESTIMA
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					5 MO:AVG	1125 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 qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724 682-5203	07 04 27			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

SAMPLES SHALL BE TAKEN AT 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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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

PA0025615
PERMIT NUMBER

301A
DISCHARGE NUMBER


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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS			724	682-5203	07	04	27
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

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

*4 mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC 4-17-07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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

PA0025615
PERMIT NUMBER

303A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.84	N/A	7.75	pH	0	1 / 7**	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	21.3	29.0	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	7.6	21.9*	mg/L	1	1 / 7**	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO/AVG	20 DAILY/MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.019	0.056	MGD	N/A	N/A	N/A	N/A	-	1 / 7**	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO/AVG	Reg Mon DAILY/MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas S. Cosgrove, 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
		724	682-5203	07	04	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Thomas S. Cosgrove</i>	AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLES SHALL BE TAKEN AT THE OVERFLOW FROM THE OIL WATER SEPARATOR PRIOR TO MIXING WITH ANY OTHER WATER.
* See Attachment 2 for a description of this event. ** No discharge from Monitoring point after 3-20-07. JPC 4-17-07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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

PA0025615
PERMIT NUMBER

313A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.85	N/A	7.57	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	9.7	24.6	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req'd Mon MO AVG	Req'd Mon DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724	682-5203	07	04	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OWS #21 PRIOR TO MIXING WITH ANY OTHER WATER.

* 5 mg/L is minimum detectable level. JPC 4-17-07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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

PA0025615
PERMIT NUMBER

401A
DISCHARGE NUMBER

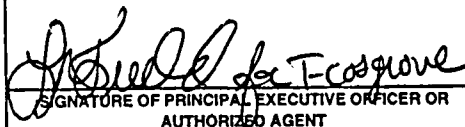
DMR MAILING ZIP CODE: 150770004
MAJOR (SUBR05)
CHEM.FEED AREA OF AUX BOILERS
Internal Outfall

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.33	N/A	8.47	pH	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	3 MINIMUM		Req'd Mon MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req'd Mon MO AVG	Req'd Mon DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas S. Cosgrove, 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
		724	682-5203	07	04	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLES SHALL BE TAKEN AT 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 4-17-07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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

PA0025615
PERMIT NUMBER

403A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT
Internal Outfall

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH											
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	pH		Weekly	GRAB
Solids, total suspended											
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease											
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)											
00610 1 0 Effluent Gross	PERMIT REQUIREMENT				Reqd Mon MO AVG		Reqd Mon DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER											
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											
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reqd Mon MO AVG	Reqd Mon DAILY MX	Mgal/d						Weekly	ESTIMA
Chlorine, total residual											
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5 MO AVG	125 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724 682-5203	07	04	27	
TYPED OR PRINTED	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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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

PA0025615
PERMIT NUMBER

403A
DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	31

No Data Indicator

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine 81313 1 0 Effluent Gross						0 MO AVG	0 DAILY MAX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724	682-5203	07	04	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

Thomas S. Cosgrove
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR 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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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

PA0025615
PERMIT NUMBER

413A
DISCHARGE NUMBER


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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.02	N/A	7.29	pH	0	1 / 7**	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	5 MINIMUM		8 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	26.1	32.8	mg/L	0	1 / 7**	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MOAVG	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 MOAVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7**	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req/Mon MOAVG	Req/Mon DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			724	682-5203	07	04	27
			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OWS #24 PRIOR TO MIXING WITH ANY OTHER WATER.
* 5 mg/L is minimum detectable level. **No discharge weeks of 3-4-07 & 3-25-07. JPC 4-17-07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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

PA0025615	501A
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

No Data Indicator

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS		724	682-5203	07	04	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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