

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 2<sup>nd</sup> 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,

Director, Site Operations

Attachments (3) Enclosures (2)

Document Control Desk US NRC (NOTE: No new US NRC commitments are contained is this letter.) cc:

US Environmental Protection Agency

Central File: Keyword- DMR

### **ATTACHMENT 1**

## Weekly Dissolved Oxygen Monitoring Results at Outfall 001

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

SAMPLE DATE	SAMPLE TIME	VALUE	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

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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 -

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#### **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 -

Form Approved OMB No. 2040-0004

Page 55

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

001A DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING	·		QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.84	N/A	8.54	pН	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	(gs amii nime ixi	, HILL	ivi Vilvolvi	На		Waakiy	GHAB
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		Fleg Mon	ireqiMon Paliymx	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	TO THE STATE OF TH	e cimi	N/A	r - erum	0) • • • • • • • • • • • • • • • • • • •	D/AILS/AWX	ma/L		Wilen	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	Req Morras	Elect Monage DAIDY MX	Mgal/d				N/A		ealy, (4)	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		d amn	N/A		AVERAGE:	MAXIMUM	ma/L		:Waekiy	A 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		2 AWERAGE	5 MAXIMUVIAS	mg/L		COMPROUS.	, RCORDA
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	•	mg/L	*	*	*
81313 1 0 Effluent Gross	PERMIT REQUIREMENT		e .edka.a.	N/A		MOVAVC	DAILSANX	ma/L		Weekly	GRAB

١	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS
١	TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TEL	EPHONE		ATE	
724	682-5203	07	04	27
AREA Code	NUMBER	YEAR	МО	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

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Page 56

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

**BEAVER VALLEY POWER STATION** 

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

FROM

YEAR MO DAY

03 01

002A DISCHARGE NUMBER

YEAR MO DAY

03

31

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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
Effluent Gross	PERMIT REQUIREMENT	Reg.Mon Mo:AVG	Req Mon	MGD	ν. υμυ ν		` <b>```</b>	N/A		Webkiy	ESTIMA*,

MONITORING PERIOD

TO

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

AUTHORIZED AGENT

TELEPHONE DATE 724 682-5203 07 04 27 AREA Code NUMBER YEAR МО DAY

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

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Page 57

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

003A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBRO5)

003

External Outfall

No Data Indicator

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

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.047	0.119	MGD	N/A	N/A	N/A	N/A	•	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	ine ave	Req Mon	MGD	**************************************			N/A		Month a	ESTIMA

		i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel
	Thomas S. Cosgrove, DIRECTOR OF SITE	properly gather and evaluate the information automitted. 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, accoursts, and complete. I am sware that there are significant penalties for submitting false information, including the possibility of fire and imprisonment for knowley evidations.
i	TYPED OR PRINTED	sectioning the possibility of the site supression of the telephone to the site of the site

GNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 07 27 724 682-5203 04 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.

Page 58

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

**BEAVER VALLEY POWER STATION** 

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

004A

DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT								<del>                                     </del>		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		, www		G IMINIMATE IN		ej MAXIMUMI	На		Weekly, **	, GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT							p;;			
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50060 1 0 Effluent Gross	PERMIT REQUIREMENT				Transmitter	15 IMI <b>⊙</b> /AV65	Lientimes	mg/L	A STATE	Weekly 📥	GRAB)
Chlorine, free available	SAMPLE MEASUREMENT							912		The state of the s	Carrier Services
50064 1 0 Effluent Gross	PERMIT REQUIREMENT					AVEL/(GE	(5 (1) (2) (1) (1) (1)	ma/L	53.50	<b>w</b> -"Weekly	GRAB

TOTAL TITLE TIME ARE EXCOUNTED OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	0 0 -	TEI	LEPHONE	ľ	DATE	
Thomas S. Cosgrove, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	House On T= cosque	724	682-5203	07	04	27
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY

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

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Page 59

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

**FACILITY:** LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

006A

DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

AUX, INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

DATE

04

MO

27

DAY

07

YEAR

682-5203

NUMBER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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		direction or supervision in accordance with a system designed to assure that qualified personnel	1 0 0		LEI HOHL
		properly gather and evaluate the information submitted. Based on my inquiry of the person or	1 1 2 - 1	1	
1	Thomas S. Cosgrove, DIRECTOR OF SITE	persons who manage the system, or those persons directly responsible for gathering the	14/4/ () // 1	1	
		information, the information submitted is, to the best of my knowledge and belief, true, accurate,	MOUNTENANT COMMUNICA	724	682-52
	OPERATIONS	and complete. I am aware that there are significant penalties for submitting false information.	( ) Willister dor cosavove	1	•
1		including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE ORDICER OR	L	
	TVOCO OO DDILITEO	, , , , , , , , , , , , , , , , , , , ,		4554.0-4-	*****
	TYPED OR PRINTED	L	AUTHORIZED AGENT	AREA Code	NUMBE

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

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 **PERMIT NUMBER** 

007A **DISCHARGE NUMBER** 

(SUBR05)

MAJOR

**AUX. INTAKE SYSTEM** External Outfall

DMR MAILING ZIP CODE: 150770004

No Data Indicator

1		MONITORING PERIOD													
	YEAR	MO	DAY		YEAR	MO	DAY								
FROM	07	03	01	то	07	03	31								

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PANAMEIEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT				634.000	res fauto 9	SPECIAL PLANS		The san	Weeklyn	W GRAB
Effluent Gross	REQUIREMENT		SHEET SHOWS A		MINIMUM		<b>MAXIMUM MAKE</b>	pН		Affination of the second	編門不会の紹介
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		-								
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Rega Monte	Reg Momes DAILY MX	Mgal/d			<u>11.11.0</u>			Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	·									
50060 1 0 Effluent Gross	PERMIT REQUIREMENT				THERE	MO/AVC	NSTIMAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0	PERMIT	THE PARTY OF THE P				AVERAGE				Weeklys.	GRAB
Effluent Gross	REQUIREMENT				Actual Control of the	AVEHAGE	MAXIMUMAN	mg/L	300 TO 100 TO 10	A 1777	A

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

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

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

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OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

**BEAVER VALLEY POWER STATION** 

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615
PERMIT NUMBER

A800	
DISCHARGE N	JMBER

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		M	ONITO	RING	PERIOD		
j	YEAR	МО	DAY		YEAR	MO	DAY
ROM	07	03	01	TO	07	03	31

Page 61

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
i Aname i en		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.69	N/A	7.80	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	E IMINIMINI		) Massalvieja)	На		TAVICE (Ref.)	_ 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 I/A9/AV/€	OD DAIOYAMX	mg/L		Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 <b>*</b>	<5 <b>*</b>	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	auni.	MOYAVIC	20 1974114441744	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	MO AVG	REGIMON 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	0 1	TE	LEPHONE	Γ	ATE	
Thomas S. Cosgrove, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	HOLED & for T-cosquare	724	682-5203	07	04	27
TYPED OR PRINTED	Taichtoud the bosecous or true end any securior to knowing attentions.	SIGNATURE OF PRINCIPAL EXECUTIVE ORFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

<sup>\* &</sup>lt;5 mg/L is minimum detectable level. JPC 4-17-07

Form Approved
OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

**LOCATION: PA ROUTE 168** 

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER 010A DISCHARGE NUMBER

	MONITORING PERIOD												
	YEAR	МО	DAY	,	YEAR	MO	DAY						
FROM	07	03	01	TO	07	03	31_						

Page 62

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**UNIT 2 COOLING WATER** 

External Outfall

No Data Indicator

DATE

04

MO

27

DAY

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.52	N/A	7.73	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	. XINIMUM		IMAXIMUM:	рН		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		. MoxAVG	NSIMAX	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	FIGU Mon	Hégi Mon DAILYIMX	N/A			, 20 <b>.0</b>	N/A		Weekiy	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					# MOAVG	UNSTIMAX TA	mg/L		Weekly •	<b>F</b> GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		AVERAGE	MAXIMUMI.	mg/L		Weekly	GRAB.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	direction of
COTTO ATIONS	properly ga persons wi information and comple
TYPED OR PRINTED	including th

I certify under pensity of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to essure 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 sware that there are significant pensatise for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TELEPHONE

724 682-5203 07

GGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR
AUTHORIZED AGENT AREA Code NUMBER YEAR

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

Form Approved
OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PAROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

011A DISCHARGE NUMBER

DMR MAILING ZIP CODE:

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Data Indicator

- 1	MONITORING PERIOD								
[	YEAR	МО	DAY		YEAR	MO	DAY		
FROM	07	03	01	TO	07	03	31		

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMEIER		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	IS(GGFIMOG∺ IM⊕⊬4V€I	Reg Mon DAILYMX	Mgal/d	Andr.	<b></b>	74447	N/A		Weelly	JESTIMA -

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	J.
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS	prop pen info and
TYPED OR PRINTED	7

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

PLANATURE 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)

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: **BEAVER VALLEY POWER STATION** 

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 **PERMIT NUMBER** 

012A DISCHARGE NUMBER

i		M	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	03	01	то	07	03	31

Page 64

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**BLOWDOWN FROM THE HVAC UNIT** 

External Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.52	N/A	7.52	рН	0	1 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	, ruu		N/A	6 IMINIMUMI		e MUMIXAM	На		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.034	0.039	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	inin.	COT.		UIII.	Heg Mon	FOR IMOUR	ma/L		: WigerRen Wonting	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.077	0.095	mg/L	0	2 / 31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT		Tuni,	N/A	<b>,</b>	IF5 MO AVE	US Dalbyanx	ma/L		Twice Per.	GRAB.
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	•	1 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Mo Avg	Fleq (Mon)	Mgal/d	****	ULU.	7,007,1	N/A		Once Per	†ĒSTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	484	528	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	$m_{m}$	**************************************	N/A		degelMorr Me:AVc	Regi Moji.	ma/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
,
Thomas S. Cosgrove, DIRECTOR OF SITE
OPERATIONS
0, 2, , , , , , , , ,

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-5203 07 27 04 **AREA Code** NUMBER YEAR MO DAY

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 65

**EST** 

ESTIMA

2 / 31

Twice Per

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

Effluent Gross

50050 1 0

Flow, in conduit or thru treatment plant

BEAVER VALLEY POWER STATION

LOCATION: PAROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

03

01

013A DISCHARGE NUMBER

YEAR MO DAY

03

07

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

**OUTFALL 013** External Outfall

N/A

N/A

N/A

No Data Indicator

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FARAMEIER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	Ì '		:	
pΗ	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.13	N/A	7.99	pН	0	1 / 7	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUME	чис	AMAXXIMUMI.	рН		-Veekiy	GEAB	
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		Hed Mon Mo AVO	REGIMEN	mg/L	鐵鐵	UWIGE REIT	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	9.000		N/A	188 L. 37w	MOAVG	TE/ATILYAMX	mg/L		14WGeVParke iMonth	CÓMP24	
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		Regr Montage MOVAVG	Fleq Men	ma/L		Wice Perus Month	COMP24	

MGD

N/A

N/A

0.010

	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	4	TE	LEPHONE		DATE	
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the Information submitted. Based on my Inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the Information submitted is, to be best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalize for submitting take information,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	724	682-5203	07	04	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT_	AREA Code	NUMBER	YEAR	МО	DAY

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

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

SAMPLE

**MEASUREMENT** 

REQUIREMENT

PERMIT

0.009

Form Approved
OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: **BEAVER VALLEY POWER STATION** 

: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

101A DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
COLONIALECT		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.40	N/A	7.86	рН	0	7 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	-6 MUMMIMIM		MAXIMENI MAXIMENI	рH		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	B-75-234	SØ MØ/AV/ei	(00) IDAIDYAMX	mg/L		Weekly (	COMP-2
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 <b>*</b>	<5 <b>*</b>	mg/L	0	6 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		ij5 Molave	ZO DANEVIMX	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		****(Fleet Mon)************************************	RegilMon DAILY MX	mg/L		<b>W</b> eekly∵	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	Hog (Morit	Req Monaga DAILY MX	Mgal/d				N/A		DAILLY	CONTIN
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/L	**	**	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO/AVG	Feet Mon	mg/L		ww.Weekly-a	GRAB :

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	0 0	TEI	EPHONE		ATE	
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or	STORY OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-5203	07	04	27
TYPED OR PRINTED	The state of the s	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. SAMPLES SHALL BE TAKEN AT THE DISCHARGE FROM THE CHEMICAL WASTE SUMP PRIOR TO MIXING WITH ANY OTHER WATER. \*5 mg/L is minimum detectable level. \*\* Not in wet layup this period. JPC 4-17-07

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

**BEAVER VALLEY POWER STATION** 

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

102A

DISCHARGE NUMBER

		M	IONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	03	01	TO	07	03	31

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DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I Allama, an		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.34	N/A	7.38	рН	0	3 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	W.#.	u a	N/A	(6 Iminimum	(A)144 (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	9 ( MEMINIKAMI	рН		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		SO MOJAVS	IOO IDAILYAMX	mg/L		TIWICE FOILE Month	GRAB.
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<b>&lt;</b> 5 *	<5 <b>*</b>	mg/L	0	3 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		ijā Miojavic	20 DAILVIMX	mg/L	3.3	TWice Par Montril	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	A LEGI (MOILS)	Requility MX	Mgal/d	*65 2			N/A		Iwice 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 personnal		TEI	LEPHONE		ATE	
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or	I shall a a	724	682-5203	07	04	27
TYPED OR PRINTED	——————————————————————————————————————	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

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

Form Approved OMB No. 2040-0004

Page 68

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 103A

DISCHARGE NUMBER

		N	IONITO	RING	PERIOD		
	YEAR	МО	DAY		YEAR	MO	DAY
FROM	07	03	01	то	07	03	31

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAHAMEIEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.56	N/A	7.42	рН	0	5 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	aMINIMUM.		e9 MAXIMUM	рН		se Twice Pers	<b>∍</b> fGHAB
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		-601 MO/AVG	OO) DAILYJMX	mg/L_		TWG9 Par Month	COMP24
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	RegalMon.	A Registron	Mgal/d		Thur.		N/A		Twice: Feat \$	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

MANAGETT E BOULOURAL EVENIETUE ACCIOER

i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne properly gether and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for 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 tales 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.

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

111A

DISCHARGE NUMBER

		M	ONITO	RING	PERIOD		
	YEAR	MO.	DAY		YEAR	МО	DAY
FROM	07	03	01	TO	07	03	- 31

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DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.95	N/A	7.51	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	· · · · · · · · · · · · · · · · · · ·	3	N/A	6 Minimum		Mention .	pН		:Wejakiy	GRÂB 🖈
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	~ viiior • →		N/A		(0) MO/AVE	100 DAILYMX	mg/L		Weekly,	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 <b>*</b>	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	3000	ile Mo∕ave	DAILYAMX	mg/L		Weedy	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	FEETINGS -	Req Mon	Mgal/d	eres es	* * - * * * * * * * * * * * * * * * * *	11/4	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 qualitied 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 nformation, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

1	TEI	LEPHONE		ATE	
	724	682-5203	07	04	27
	AREA Code	NUMBER	YEAR	МО	DAY

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PAROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

FACILITY: LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

113A DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

**UNIT 2 SEWAGE TMT PLANT** 

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.48	N/A	7.92	рН	0	3 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	4	***	N/A	MINIMUM.		-MAXIMOM)	pН	<b>多数数</b>	18Mcoder 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		SO IMO/AVG	DAIGYIMX	mg/L		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/S MO/AVG	Reg More DAILY MX	Mgal/d				N/A		Welekiy	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		MO AVG	V INST MAX	mg/L_		The second secon	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2	N/A	#/100mL	1	2 / 31	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT		- Augus	N/A		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		r -400	N/A		25 MO AVG	DAILYMX	mg/L		Month Month	COMP <sub>18</sub>

	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	<b>^</b>	TEI	LEPHONE		DATE	
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the Information submitted. Based on my includy of the person or persons who manage the system, or those persons directly responsible for gathering the information, the Information submitted lie, to the best of my knowledge and befile, furue, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Albert & Fit-cosquare	724	682-5203	07	04	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

Form Approved

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

203A

DISCHARGE NUMBER

			IONITO	RING	PERIOD		
	YEAR	МО	DAY		YEAR	MO	DAY
ROM	07	03_	01	TO	07	03_	31

OMB No. 2040-0004

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DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

No Data Indicator

DADAMETER		QUANTI	TY OR LOADING		d	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE VALUE UNITS	VALUE	VALUE	VALUE	UNITS					
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.84	N/A	7.88	рН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	E SIMINIMIUMAS	7,444	imaximum.	pН		twice Pen 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	And the second		N/A		AL INDVAVICY	GO FRAILY/MX	mg/L		TWICE Perns	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	028 MO:AVG	Req Mon.  DATEY MX	Mgal/d				N/A	<b>H</b>	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				N/A		MO AVG	NSTIMAX.	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		HTW.	N/A		MO GEOMN	<b>7</b> ,71,11	#/100mL	群场机	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		P Kati	N/A		ZE MOVAVĆ)⊷	50 LECTAILY MX	mg/L	K P	Twice Per Month	COMP-8

	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	4	TE	LEPHONE		ATE	
Thomas S. Cosgrove, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pensative for submitting false information,	Altheel L for T- cospiare	724	682-5203	07	04	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OF CER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

Form Approved OMB No. 2040-0004

Page 72

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

211A **DISCHARGE NUMBER**  DMR MAILING ZIP CODE: MAJOR

150770004

(SUBR05)

211 TURBINE BLDG Internal Outfall

No Data Indicator

YEAR MO DAY YEAR MO D	PERIOD					
FD 011 07 00 01 TO 07 00	AY					
FROM 07   03   01   TO   07   03	31					

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.94	N/A	8.17	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM		9 INIUNIXAMI	рН		Weekly	TGRAB
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		SO L MOVAVE	100 IDÁILYGMX	mg/L		Weekly	GHAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 <b>*</b>	<5 <b>*</b>	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	7		N/A		MO <sub>Z</sub> AVe).	ZOJ DAJEVIMA	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	i leqtMon MO-AVG	Reg Mon	Mgal/d		TO THE STATE OF TH	11111	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 27 724 682-5203 07 04 MO **AREA Code** NUMBER YEAR DAY

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

213A **DISCHARGE NUMBER** 

1		M	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	МО	DAY
ROM	07	03	01	TO	07	03	31

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DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No Data Indicator

DADAMETER	QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	100			MINIMUM	<del></del>	9 IMAXIMUMI	рН		Months	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					MOVWcs	DAILYMX	mg/L_	71.66	Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT				<b>4</b>	MOVAV/G	20 Daueyamx	mg/L_		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT								Orderen a trope		
50050 1 0 Effluent Gross		iMo/AV/er	Red Moto	Mgal/d		1000		ļ		Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										1925
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					≥ IMO:AVG	1)25 1)NSTIMAX	mg/L_		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

certify under penalty of law that this document and all attachments were prepared under my action or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or ersons 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.

ATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-5203 07 04 27 YEAR MO DAY **AREA Code** NUMBER

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

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

Form Approved OMB No. 2040-0004

Page 74

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

301A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**UNIT 2 AUX BOILER BLOWDOWN** 

Internal Outfall

No Data Indicator

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

		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 <b>*</b>	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	:4441	<b>***</b>	N/A		i∆(o -∆V(c)	100) DAIEVAMX	mg/L		Twice:Ren IMontin	- GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<b>&lt;</b> 5 <b>**</b>	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		IE Moyavçı	20 DAILY/MX	mg/L		Month (	GRAB :
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon Mo AVG	Reg (Mon.	Mgal/d				N/A	1000	Weekly	FESTIMA

NAME TITLE PRINCIPAL EXECUTIVE OFFICER							
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS							
TYPED OR PRINTED							

MANEGITI E SOINCIDAL EVECUTIVE OFFICED

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.

MANATURE 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 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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PAROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PAROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER 303A

DISCHARGE NUMBER

		M	ONITO	ORING PERIOD				
ĺ	YEAR	MO	DAY		YEAR	MO	DAY	
FROM	07	03	01	то	07	03	31	

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**UNIT 1 OIL WATER SEPARATOR** 

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMEIEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	פדואט			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.84	N/A	7.75	pН	0	1 / 7**	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	(E MINIMUM)	, we will be a second of the s	(A)	pН		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	72.00	SIO MO/AVG	100 DAIDYMX	mg/L		Wealdy:	GHAB
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	A TITE	MovaVe	/20 DAHAAMX	mg/L		Weeldy	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	MONAVE V	PeqvMon DAILV:MX	Mgal/d		Mark Willing	T DULT	N/A	936	Weekly	. ESTIMA

HAMID TITLE PRINTED AL EXCENTIVE OFFICER	
· -	
Thomas S. Cosgrove, DIRECTOR OF SITE	-
	-
OPERATIONS	
OF ENATIONS	

TYPED OR PRINTED

NAME/TITLE DOINCIDAL EVECTORISE OFFICER

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

GNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

i	TE	LEPHONE	DATE					
<u>,</u>	724	682-5203	07	04	27			
	AREA Code	NUMBER	YEAR	МО	DAY			

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

SAMPLES SHALL BE TAKEN AT THE OVERFLOW FROM THE 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

Form Approved OMB No. 2040-0084

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER 313A

DISCHARGE NUMBER

1		M	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	МО	DAY
FROM	07	03	01	TO	07	03_	31

Page 76

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Data Indicator

DATE

04

MO

27

DAY

		QUANTI							NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.85	N/A	7.57	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	E MINIMUMES		iMAXIM⊎M)	рН		Wearly.	K 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	• 01111	IMO/AVG	100 DAIPYMX	mg/L		We⊜dy•	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	4	jMov <b>.V</b> €i	DAILYMX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	FLEG (MO) (MG/AVE)	- 15 GG Mon. C	Mgal/d			1117	N/A		Weekiy	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.

TELEPHONE 682-5203 07 724 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR YEAR AREA Code NUMBER AUTHORIZED AGENT

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PAROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER 401A

DISCHARGE NUMBER

- 1		N	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	03	01	TO	07	03	31

Page 77

DMR MAILING ZIP CODE: 150770004

**MAJOR** 

(SUBR05)

CHEM, FEED AREA OF AUX BOILERS

Internal Outfall

No Data Indicator

		QUANTIT	QUANTITY OR LOADING QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.33	N/A	8.47	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	- THE		N/A	E IMIMIMIMUM		Fleq/Mon	pН		Wice (e)	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		= 11117	N/A	1444	GO. MOAVG	1QQ DANSYMX	mg/L		Months	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		MOAVE	DAILYME.	mg/L_	o c	este Monthes	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	TRECT MOUNT INC. AVE.	* IRleg (Mon)	Mgal/d		- 3H/h		N/A		Weekly 🐴	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified 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.

724 GNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA Code

DATE TELEPHONE 07 04 27 682-5203 DAY YEAR MO NUMBER

TYPED OR PRINTED 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

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

403A **DISCHARGE NUMBER** 

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

Page 78

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBRO5)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indicator

		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	,			MUMINIM	7.00	IMUMIXAMI	pH_		Weekly.	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										100 milionis de
00530 1 0 Effluent Gross						MO/AV/C:	100) DAILEYINIX	mg/L		Weekly,	GRAB
Oil & grease	SAMPLE MEASUREMENT					Noonalora on the service				- T. 34	<b>C</b> ANDON'S S
00556 1 0 Effluent Gross						IMe\\VE	20 Daleyinix	mg/L_		Weekly .	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT					MO AVG	Flogi Mon.	mg/L_	4.4	Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT				man district and deposit and the state of th					an eWhen see	e Alle San San San San
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	,,,,,	. 44			IMO/AVG	DAILYAMX	mg/L		Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				A series of the						
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Itleg Mon.	Req Mon: DAILY:MX	Mgal/d						Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****							Property Color		
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					IMOVAVG	INSTIMAX	mg/L	4	Weekly	GRAB

	direction or supervision in accords:
Thomas S. Cosgrove, DIRECTOR OF SITE	properly gather and evaluate the im- persons who manage the system, 4 information, the information submits and complete. I am aware that the including the possibility of fine and
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 nformation submitted. Based on my inquiry of the person or or those persons directly responsible for gathering the itted is, to the best of my knowledge and belief, true, accurate, ere are significant penalties for submitting false information, f imprisonment for knowing violations.

GIENATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 07 04 27 724 682-5203 NUMBER YEAR MO DAY AREA Code

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

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

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

PERMIT

REQUIREMENT

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

81313 1 0

Effluent Gross

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615
1 A0023013
PERMIT NUMBER

FROM

YEAR MO DAY

03

403A	
ISCHARGE NUMBER	

YEAR MO

03

07

DAY

31

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indicator

		QUANTI	TY OR LOADING	3	<u></u>	QUALITY OR CONC	ENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT	_				·					

01 TO

MONITORING PERIOD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

724 URE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

**TELEPHONE** DATE 682-5203 07 04 27 MO DAY AREA Code NUMBER YEAR

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

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

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

Form Approved OMB No. 2040-0004

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 413A

DISCHARGE NUMBER

		N	ONITO	RING	PERIOD				
	YEAR	MO	DAY		YEAR	MO	DAY		
FROM	07	03	01	TO	07	03	31		

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

**BULK FUEL STORAGE DRAIN** 

Internal Outfall

No Data Indicator

	QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE ! TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.02	N/A	7.29	pН	0	1 / 7**	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		Tunit.	N/A	MINIMEM		imaximum	pН		Weekiy	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	W 1	MOIAVe)	DAIDYIMX	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	uw 🛊 😝	F F ' Y	N/A		5 Moraver	20 DAILYMAS	mg/L		Weekly, 4.,	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		<0.001	MGD	N/A	N/A	N/A	N/A		1 / 7**	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	TEGELAVION AVIET	FEG. MOD DAILYMX	Mgal/d		=W.		N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified 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.

VAIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE TELEPHONE 724 682-5203 07 04 27 MO DAY AREA Code NUMBER YEAR

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

Form Approved OMB No. 2040-000%

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PAROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PAROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER 501A

**DISCHARGE NUMBER** 

1		M	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	МО	DAY
ROM	07	03	01	то	07	03	31

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Data Indicator

	ń	QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT			<u> </u>							
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		,			IMO/AVe	(00 DAIDAMX	mg/L		www.weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Face Mon.	Regi Mon DAILY/MX	Mgal/d						Weekly	ESTIMA

Thomas S. Cosgrove, DIRECTOR OF SITE
OPERATIONS

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 27 682-5203 07 04 724 MO DAY YEAR AREA Code NUMBER

TYPED OR PRINTED 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 FORM<sup>1</sup>

Permittee Name:	<u>FirstEnergy</u>	Nucear Operating Company									
Address:	P.O. Box 4			<del>_</del>							
	Shippingpor	t, PA 15077	·-····					•			
	Beaver Valle	ey Power Station									
	PERMIT N	NUMBER	MONITORING PERIOD  Year/Month/Day								
	PA002	25615	2007	03	01	то	2007	03	31		
granges carboning a 337-25 encourses of Besteloh mag-		President of the product of the programme and the product of the p				and the ab					
PARAME	ERMORE	WATASISTISTIOD		LABINAL	原對於	图 翻	A LAB	DNUMBE	Right St.		
Powerline 3627 (	Clamtrol)	Photometric Determination	Beaver	Valley Pov	ver Station		C	4-2742			
Bentonite Detoxic DT-1)	ant (Betz	Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645	Beaver	Valley Po	ver Station			4-2742			
Total Residual	Chlorine	EPA 330.5	Beaver	Valley Pov	ver Station		C	4-2742			
Free Available	Chlorine	EPA 330.5	Beaver	Valley Pov	ver Station		-1	4-2742			
рН		EPA 150.1	Beaver	Valley Pov	ver Station		O	4-2742			
Temperatu	Jre .	EPA 170.1	Beaver	Valley Pov	ver Station		C	4-2742			
Flow		NA	Beaver	Valley Pov	ver Station		0	4-2742			
Total Suspende	d Solids	EPA 160.2	Beaver	Valley Pov	ver Station			4-2742			
Hydrazin	е	ASTM D1385-01	Beaver	Valley Pov	ver Station		0	4-2742			
Fecal Colife	om .	Standard Method 9222D	Beaver	Valley Pov	ver Station			4-2742			
Oil and Gre	ase	EPA 1664 Rev A	FirstEn	ergy Corp	-Beta Lab		6	8-01120			
Total Dissolved	l Solids	EPÁ 160.1	FirstEn	ergy Corp	Beta Lab		6	8-01120			

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

Name/Title Principal Executive Officer

Phone: 724-682-7773

Signature of Principal Executive Officer or

**Authorized Agent** 

Thomas S. Cosgrove Director Site Operations

Date:

4/27/07

<sup>1</sup> 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.

<sup>&</sup>lt;sup>2</sup> 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 FORM<sup>1</sup>

Permittee Name:	FirstEnergy	Nucear Operating Compan	lucear Operating Company								
Address:	P.O. Box 4										
	Shppingpor	t, PA 15077	PA 15077								
	Beaver Vall	ey Power Station									
	PERMIT		MONITORING PERIOD  Year/Month/Day								
		2007	03	01	то	2007	03	31			
PARAME	<b>TER</b>	AVALVSSIERO	灩		LABAYAM	Ē		LABI	ONUMBE		
Zinc		EPA 200.7		FirstEn	ergy Corp-	Beta Lab		68	3-01120		
Copper		EPA 200.7		FirstEn	ergy Corp-	Beta Lab		6	3-01120		
Iron		EPA 200.7		FirstEnergy Corp-Beta Lab				68-01120			
Chromiu	m i i i i i i i i i i i i i i i i i i i	-EPA 200.7		FirstEn	ergy Corp-	Beta Lab		68	3-01120		
Ammoni	a	EPA 350.3		FirstEnergy Corp-B		orp-Beta Lab		68	3-01120		
CBOD-5 C	Day	SM5210 B		Firs	technology	, Inc.		. 68	3-00434		
Cyanide	)	EPA 335.2		Firs	technology	, Inc.		68	3-00434		
Chlorobenz	ene	EPA 624		Firs	technology	, Inc.		·. 68	3-00434		
								全型。 全型。其实			
									· · · · · · · · · · · · · · · · · · ·		
Iron Chromiu Ammoni CBOD-5 L	a Day	EPA 200.7  EPA 200.7  EPA 350.3  SM5210 B  EPA 335.2		FirstEn FirstEn Firs	ergy Corp- ergy Corp- ergy Corp- technology	Beta Lab  Beta Lab  Beta Lab  Inc.		66	3-01120 3-01120 3-01120 3-00434 3-00434		

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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

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.

<sup>&</sup>lt;sup>2</sup> For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.

DISHARGE MONITORING	DEPORT STIPPI EMENTA	I SEWACE STUDGE	TGOGTG '
DISHARCTE WILLIAM TRINGS	REFURI SUPPLEMIENTA	I. Sr. W Alvr. Sl.(I) Nyr	. Kr.Pulki

Month: MARCH

**Instructions**:

1. Complete monthl	Year: 2007										
	eteness and clarity.	ouon Divina Title	aon additional shoots an	a comments as	Perm		FENOC	"	<del></del>		
		ne used to evaluate	plant performance. Rep	Plant		Beaver Valley Power Station					
			solids which have been		er Station						
	ne treatment proce		NPDES: PA0025615								
processed at your			Juints Willow 15	Municipality: Shippingport Borough							
		sludge leaving vo	our facility for disposal.	If another plant	County: Beaver						
processes and dis	poses of your slud	re, just provide th	von dispose of	<b>7</b> 7	Unit 1	. •					
	r plants, include th		For sludge that								
	dual dry tonnage on			eration w			dry tons				
4. If no sludge was r					Post-inci	neration v	weight =		dry tons		
	· · · · · · · · · · · · · · · · · · ·		E PRODUCTION INFO	ORMATION (prior to in	ucineration)						
	HAULED AS I	IQUID SLUDGE			HAULED AS DEW	ATEREI	SLIDGE				
<del></del>		(Conversion		(Tons of	INCLED NO DETT	AIDKUL	, BLODGE				
(Gallons) · X	(% Solids)	X Factor)	= Dry Tons	Dewater Sludge)	X (% Solids)	$\mathbf{X}$	(.01)	= D	ry Tons		
86500	2.0	.0000417	7.21	201111112121111111111111111111111111111	12 (70 001203)	<del></del>	.01	<u> </u>	J IOIIS		
		1000012.					;	_	<del> </del>		
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	<del></del>										
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						<u> </u>			<del></del>		
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		-		<del></del>							
									····		
									<del></del>		
		TOTAL ·	= 7.21			TOT	AL =	 •			
		1011112				101.	<i>-</i>				
DISPOSAL	SITE INFORMA	TION: List all site	es, even if not used this r	nonth.	•						
		te 1	Site 2		Site 3			Site 4			
	Borough of Mona	nca									
Name:	Sewage Treatmen		Hopewell Township								
Permit No.	PA0020125		PA0026328								
Dry Tons Disposed:								·			
Type: (check one)	·										
Landfill											
Agr. Utilization											
Other (specify)								•			
County:	Beaver		Beaver								
1	. 1119	Λ -			4-17-						
	Moral total	lera	Chemistry		4-2707	<del></del>		24) 682-4			
(SSR-1 3/21/91)	( \ Si	gnature	Titl	e	Date		,	Telephone	3		

## DISHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

**Instructions:** 

Month: March

2.	needed for compl Sludge productio which has been removed from the processed at your In the disposal si processes and dis	te section, report all' sposes of your sludg	Year: 2007 Permittee: FENOC Plant: Beaver Valley Power Station NPDES: PA0025615 Municipality: Shippingport Borough County: Beaver Unit 2 For sludge that is incinerated:								
	sludge from othe		Pre-incineration weight = dry tons Post-incineration weight = dry tons								
		dual dry tonnage on removed, note on for		IIII.			Post-inciner	ation we	eight = _		dry tons
→.	II no studec was	removed, note on for			.D. (   MTON (   4- !	·• 4	·				
	<del></del>	HATH ED ACT		E PRODUCTION INFO			D AS DEWAT	TDEN	STIDGI		
		HAULED AS L	IQUID SLUDGE (Conversion		(Tons of	NAULE	DASDEWAI	EKED.	SLUDGI		<del></del>
	(Gallons) X	(% Solids)	X Factor)	= Dry Tons	Dewater Sludge)	X	(% Solids)	X	(.01)	=	Dry Tons
	22000	2.0	.0000417	1.83	Deviater Stauge)		(70 Bollas)	<del>i</del> —	.01	I	21, 2010
	22000	2.0	10000127	7,00							
			<del> </del>								
					<u> </u>			<u> </u>	<del></del>		
							<del></del>				
		•									
					<u> </u>			1			
			TOTAL	= 1.83	<b></b>			TOTA	L	= _	
	DISPOSAL	SITE INFORMAT	ΓΙΟΝ: List all site	es, even if not used this m	onth.						
		Sit		Site 2		Site	3			Site	4
		Borough of Mona									
Nan	ne:	Sewage Treatmen	it Plant	Hopewell Township							
	mit No.	PA0020125		PA0026328							
	Tons Disposed:										
Тур	e: (check one)										
<u> </u>	Landfill										
<u> </u>	Agr. Utilization	<u> </u>				-	-				
<u> </u>	Other (specify)			- <u>-</u>			<del> </del>				
Cou	inty:	Beaver		Beaver							
(SS	R-1 3/21/91)	tenalof &	alex_	Chemistry N		4.	27-07 Date				82-4141 phone

Form Approved OMB No. 2040-0004

Page 55

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

001A DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 150770004

**MAJOR** 

(SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			i
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.84	N/A	8.54	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	wnv	** /* GUU	N/A	) AMINIMUM		SIMAXIMUM	Ha		Weakly.	(GPAB
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	***	Red Mon.	RegilMoti DAIEYAMX	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	, mm, -7		N/A	and the second	Marine Control	PXAISAAXX	mg/L		Wilein Discharcing	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	FILE IMOR AVG	Bert Works	Mgal/d				N/A		Daly Bar	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				N/A		AVEHAGE	1 <u>12</u> 5 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	, <del>,,,,,,</del> ,	AVERAGE	IMAXIMUMI	mg/L		Contructs	RCORDA
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	•	mg/L	•	*	*
81313 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	7-111-7	OMO VE	DAILYAMX	mg/L_		Weekiy	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	0 0	TEL	EPHONE		DATE	
Thomas S. Cosgrove, DIRECTOR OF SITE	properly gether and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, I am swere that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-5203	07	04	27
TYPED OR PRINTED	and the possibility of the six superioral for knowing structures.	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	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

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

	PA0025615
PE	RMIT NUMBER

002A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

**INTAKE SCREEN BACKWASH** 

External Outfall

No Data Indicator

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
I Allameteri		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	Leg Mon Mo Aver	RegisMon :	MGD	· · · · · · · · · · · · · · · · · · ·		<b></b>	N/A		Weekiy 2	ESTIMA

i	TYPED OR PRINTED
	Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS
	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. It am sware that there are significant penalise for submitting false information, including the possibility of fine and imprisonment for knowing violations.

AUTHORIZED AGENT

TEI	LEPHONE		-	DATE				
724	682-5203	07	04	27				
AREA Code	NUMBER	YEAR	МО	DAY				

MONITORING PERIOD

FROM 07 03 01 TO 07 03 31

MGD

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27

DAY

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

50050 1 0

Effluent Gross

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

YEAR MO DAY

003A DISCHARGE NUMBER

YEAR MO DAY

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

N/A

003 External Outfall

No Data Indicator

		QUANTI	TY OR LOADING			QUALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE	0.047	0.119	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	i certify under penalty of law that this document and all attachments were prepared under my		TEI	EPHONE		DATE	
Thomas S. Cosgrove, DIRECTOR OF SITE	and complete. I am aware that there are significant penalties for submitting false information,	Affect D by T- Cosonove	724	682-5203	07	04	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SONATURE OF PHINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	

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.

MEASUREMENT

PERMIT

REQUIREMENT

Form Approved OMB No. 2040-0004

Page 58

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

**BEAVER VALLEY POWER STATION** 

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

004A

DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
PH	SAMPLE										<del> </del>
00400 1 0	MEASUREMENT PERMIT					***	9.			Weekiya	25666
Effluent Gross	REQUIREMENT				MINIMOM		MAXIMUM	рН		We Weekly	GRAB
Flow, in conduit or thru treatment plant	MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	REGENCIE V MO AVG	Reg Mon		<b>****</b>	, amir				Weekly -	MEASRC
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		<b>3.44</b>			E Me Ave	1/25 1/35/1/45	mg/L		Weekiy	GŘAB,
Chlorine, free available	SAMPLE MEASUREMENT					Account to the second s					
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			** 7 . P+4+/	- (P)AsEVA	5 7 7 7	ma/L		Weekly ar	GRAB

THE THE PARTY OF T	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	0.0	TEI	LEPHONE	1	DATE	
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS	and complete. I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-5203	07	04	27
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

Form Approved OMB No. 2040-0004

Page 59

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

**ADDRESS:** 

PAROUTE 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

006A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**AUX. INTAKE SCREEN BACKWASH** 

External Outfall

No Data Indicator

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

PARAMETER		QUALITY OR LOADING QUALITY OR CONCENTRATION						NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	·									
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Regamonuse: MO/AVG says	Regillion au			HW+///	(			Weekly	ESTIMA Y

NAM	ETITLE PRINCIPAL EXECUTIVE OFFICER
Thomas S	S. Cosgrove, DIRECTOR OF SITE
	TYPED OR PRINTED

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne roperly gather and evaluate the information submitted. Based on my inquiry of the person or property garrier and evaluate the understand submitted. Lease on my intiguity or une period or persons who manage the system, of those persons directly responsible for gathering the information, the Information submitted is, to the best of my knowledge and belief, true, accurrent, 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

MONITORING PERIOD

FROM 07 03 01 TO 07 03 31

Form Approved OMB No. 2040-0004

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GRAB

GRAB

Weekly

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

Effluent Gross

Effluent Gross

Effluent Gross

50060 1 0

50064 1 0

Chlorine, total residual

Chlorine, free available

BEAVER VALLEY POWER STATION

REQUIREMENT

SAMPLE

**MEASUREMENT** 

REQUIREMENT SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

PERMIT

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: FLIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

YEAR MO DAY

007A DISCHARGE NUMBER

YEAR MO DAY

DMR MAILING ZIP CODE: **MAJOR** 

150770004

(SUBR05)

**AUX. INTAKE SYSTEM** 

External Outfall

No Data Indicato

ATTN. ELIZABETTI TTOMAGMAT ETTV	O'ILW		J	، لـنتـا	<u> </u>						<u> </u>
		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				. MINIMIM 6	30.1/	ine vilkielki.	pН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	terre Rega Mort.	Req Mone		d 65 140					Weekly	(GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	0 4	TEL	EPHONE		ATE	
Thomas S. Cosgrove, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Morrel & for T-cosquare	724	682-5203	07	04	27
TYPED OR PRINTED	including the possibility of fine and impreonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

Form Approved OMB No. 2040-0004

Page 61

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

008A

**DISCHARGE NUMBER** 

I		M	ONITO	RING	PERIOD	,	
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	03	01	TO	07	03	31

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FANAMETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН .	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.69	N/A	7.80	рН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	S AVIINIMUM	W.W.	MAXIMUM	Hq		Twice Per-	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	-d	7,000		, T. L.	30) MOXAV(6)	DAILY MX	mg/L		Twice:Per W	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		Marie II.	N/A		iAo; Mo;A√c	20) PANISANX	mg/L		Twice Per	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	· N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	Req Mona	_Mgal/d		7,00	, , , , , , , , , , , , , , , , , , ,	N/A		Weeldy	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	0 1	TEI	EPHONE		ATE	
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Hoseld for T-cosquare	724	682-5203	07	04	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE ORSICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

<sup>\* &</sup>lt;5 mg/L is minimum detectable level. JPC 4-17-07

Form Approved OMB No. 2040-0004

Page 62

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

010A DISCHARGE NUMBER

		M	ONITO	RING	PERIOD	)	
	YEAR	МО	DAY		YEAR	MO	DAY
ROM	07	03	01	TO	07	03	31

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**UNIT 2 COOLING WATER** 

External Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING	-	G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.52	N/A	7.73	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM		ES. IMAXIMUMI	рН		Weekly,	<b>A</b> GHAB
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 VC	INSTIMAX	mg/L		When.	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		3.60	MGD	N/A	N/A	N/A	N/A	•	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Fleqi Moni MO AVG	DAILY MX	N/A	****		7000	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT		N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	0	1/7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					MO/AVC	INSTIMAX	mg/L		Weekly	#GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		AVERAGE	(MAXIMUM)	mg/L_	1	Weekly	⊭GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my		TEI	EPHONE	[t	DATE	
Thomas S. Cosgrove, DIRECTOR OF SITE	and complete. I am aware that there are significant penalties for submitting false information.	Alter of by T- cosquare	724	682-5203	07	04	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

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

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Page 63

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

PA ROUTE 168 LOCATION:

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

011A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

**DIESEL GEN & TURBINE DRAINS** 

External Outfall

No Data Indicator

DATE

04

MO

27

DAY

07

YEAR

1		M	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	МО	DAY
FROM	07	03	01	TO	07	03	31

DADAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.004	0.004	MGD	N/A	N/A	N/A	N/A	•	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	INDVAVCIA	Require DAILY MX	Mgal/d	4		<b></b>	N/A		Weekly	. EŞTIMA∵

1	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS
	TYPED OR PRINTED

MAMERITIE DOINCIDAL EVECUTIVE OFFICED

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 menage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am sware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**TELEPHONE** 724 682-5203 SIGNATURE OF PRINCIPAL EXECUTIVE ORFICER OR AUTHORIZED AGENT AREA Code NUMBER

Form Approved OMB No. 2040-0004

Page 64

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

012A **DISCHARGE NUMBER**  DMR MAILING ZIP CODE: 150770004 **MAJOR** 

(SUBR05)

**BLOWDOWN FROM THE HVAC UNIT** 

External Outfall

No Data Indicator

[		N	IONITO	RING	<b>PERIOD</b>		
[	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	03	01	TO	07	03	31

PARAMETER		QUANTI	QUANTITY OR LOADING QUALITY OR CONCENTRATION						NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.52	N/A	7.52	pН	0	1 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THILL Y	N/A	IMINIMUM)	######################################	e MUMIXAMI	Нα		Once Peri	. GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.034	0.039	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT		<b>30</b>		aran,	Fee Mon	Feq Money DAILV: MX	mg/L		Month	GRAB A
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.077	0.095	mg/L	0	2 / 31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT		74 mm.	N/A		111 <del>5</del> 1 <b>115</b> /4 <b>1/</b> 2)	(1:5 15/41=1/15)Xe	ma/L	7	Will Wice Pena.	* GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	•	1 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Figure Dit	Bequillon. DAILY: MX	Mgal/d	*******		-101	N/A	7/2	Once Per.	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	484	528	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	шш.	N/A	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	Régi Monaya Mo AVG	Régi Mon	mg/L		Twice Per	GRAB

Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS	direction or supervision in accordance with properly gather and evaluate the information persons who manage the system, or those information, the information submitted is, to and complete. I am aware that there are all
TYPEN OR PRINTEN	including the possibility of fine and imprisor

I certify under penalty of law that this document and all attachments were prepared under my ith a system designed to assure that qualified personnel ation submitted. Based on my inquiry of the person or se persons directly responsible for gathering the to the best of my knowledge and belief, true, accurate, significant penalties for submitting false information, ment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

	AREA Code	NUMBER	YEAR	мо	DAY
4	724	682-5203	07	04	27
١	TE	LEPHONE	1[	DATE	

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

013A DISCHARGE NUMBER

1		M	ONITO	RING	PERIOD	)	
	YEAR	MO	DAY		YEAR	МО	DAY
FROM	07	03	01	TO	07	03	31

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DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05) **OUTFALL 013** 

External Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		0	NUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.13	N/A	7.99	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		* *1001;	N/A	O NINIMININI	9100	IMAXIMUMI.	рH		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		744	N/A		FIGURATE:	Bee Mot DAILYMX	mg/L		trWGE#FOT Month	YCOMP24
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		(b) 1M(0)AV(c)	DAILYAMX	mg/L		Twice Perez	*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		FEATMO/AVG	FleetMon DAIDeMX	_mg/L_		Twice Reput	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	Regrittorial IMO AVG	Req Mon	Mgal/d			, mun	N/A		Twice Per.	ESTIMA

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

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

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

MONITORING PERIOD

TO

07

Form Approved OMB No. 2040-0054

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

**BEAVER VALLEY POWER STATION** 

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

YEAR

07

FROM

MO DAY

03 01

101A DISCHARGE NUMBER

YEAR MO DAY

03 31

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBRO5)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMEIER		VALUE VALUE U		UNITS	VALUE VALUE		VALUE UNITS				
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.40	N/A	7.86	рН	0	7 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		***************************************	N/A	IMINIMUMI S		(MAXIMUMA	pН		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		, mu	N/A		SI) IMOJAVJE	100 DAIDYIMX	mg/L_		∼ Weeldy P	COMP-2
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	ŅVA	<5 *	<b>&lt;</b> 5 *	mg/L	0	6 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	unitar L	, iiii.	N/A		.iii. iMe)/4V/€	ZO DANAZIME	mg/L		:Weekly/ #	<b>S</b> 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	alum Amerikan	Requision and Montage Moravigo	FIGURALIA IDANISANA	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	Heq Mon MO AVG	IROG MOD IDAILYMX	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	COLUMN TO SERVICE STATE OF THE	Reg Mon Mojava	Reg Mon DAILY/MX	mg/L		Weekly	GRAB

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

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. SAMPLES SHALL BE TAKEN AT THE DISCHARGE FROM THE CHEMICAL WASTE SUMP PRIOR TO MIXING WITH ANY OTHER WATER. \*5 mg/L is minimum detectable level. \*\* Not in wet layup this period. JPC 4-17-07

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

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Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

**FACILITY:** 

**BEAVER VALLEY POWER STATION** 

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

102A

DISCHARGE NUMBER

		M	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	МО	DAY
ROM	07	03	01	TO	07	03	31

DMR MAILING ZIP CODE: 150770004

**MAJOR** 

(SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.34	N/A	7.38	pН	0	3 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		**************************************	N/A	(§ IMINIMIEM)	PHI C	WPANINGW B	рΗ	*	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		TULL TO	N/A		ge: Mojavć	100 DAIISANX	mg/L		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	Tunto.	CHID"	N/A		IB MO/AVG	20 DAISYMX	mg/L		Modifia	GŘAB
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	HEGHMON MONOR	RedsMone DAILY:MX	Mgal/d		Security .	<u> </u>	N/A		Twice Per & Month	#ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

certify under penalty of law that this document and all attachments were prepared under my frection 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 rsons who manage the system, or those persons directly responsible for gathering the ation, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

724 URE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA Code

TELEPHONE DATE 682-5203 07 04 27 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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PAROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER 103A

DISCHARGE NUMBER

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

Page 68

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

SLUDGE SETTLING BASIN

Internal Outfail

No Data Indicator

DATE

04

MO

27

DAY

07

YEAR

DADAMETED		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.56	N/A	7.42	рН	0	5 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	444		N/A	4MINIMIMIMI		E MAXIMUMI	рΗ		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		3.111. 3.111.	N/A		SO IMOVAVVE	DAILEZIMX	mg/L		Twice Personal Months	COMP24
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	FGG MGG	Rêq Mor DAIDYMX	Mgal/d		344		N/A		Month Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

TELEPHONE 724 682-5203 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT NUMBER **AREA Code** 

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.

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

111A

DISCHARGE NUMBER

		M	ONITO	RING	PERIOD		
	YEAR	МО	DAY		YEAR	МО	DAY
ROM	07	03	01	TO	07	03	31

Page 69

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMEIER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.95	N/A	7.51	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	IWINIKINI Q		MAXIMEM	рН		.Weekiy	7 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	***************************************	* 411117	N/A	* (UIII) **	30 4M⊙AV¢	1000 IDAILYAMX	mg/L			GHAB
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/AVe	PO DAISAMX	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	Bed Mon- DAID MX	Mgal/d	A CHUIL		### 2.53	N/A		Weekly A	<b>ESTIMA</b>

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 sware that there are significant penalties for submitting false information, ncluding the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-5203 07 04 27 NUMBER YEAR MO DAY **AREA Code** 

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

Form Approved
OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615

113A DISCHARGE NUMBER

		M	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
ROM	07	03	01	TO	07	03_	31

Page 70

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING	•	G	UALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PANAMEIEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.48	N/A	7.92	pН	0	3 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM		e) MMAXIMUMA	рН		Twice Pars.	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	TILGOTTICHETT	S 24.	44	N/A		SO: IMOVAVIĆI	60 DANAYAYA	mg/L		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	WO AVG	Fleer Monta	Mgal/d	, dom			N/A		Waakiy	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	1		N/A		Movavic)	INSTIMAX	mg/L		Twice Per Month a	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		MO:GEOMN		#/100mL		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		Mo/AVG	DAILSYMX	mg/L		1 Wice Ren Montis ●s	- COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	0.4	TEL	LEPHONE	מ	ATE	
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the Information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the Information submitted is, to the best of my knowledge and befig true, accurate, and complete. I am aware that there are significant penalize for submitting false information,	Men & fa T-cosquare	724	682-5203	07	04	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

PA ROUTE 168 LOCATION:

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER 203A

DISCHARGE NUMBER

ĺ		N	IONITO	RING	PERIOD		
	YEAR	МО	DAY		YEAR	MO	DAY
FROM	07	03	01	TO	07	03	31

Page 71

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			<u></u>
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.84	N/A	7.88	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	4		N/A	MINIMEM.		9 IMAXIMUM	рН		i Wice Ren 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	9.00	1000	N/A		Moravier	GO. HDAILYMX	mg/L		Twice Per Months	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	Oper Lativio /AVIC	FROM MORE	Mgal/d				N/A		Weekly	MEASED
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	********	11-(1 4) (0) (1) (0)	SLO INSTRIMAX	mg/L		Month :	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	7	N/A	#/100mL	0	2 / 31	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT			N/A		2000 Mo:GEOMN	mu.	#/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- MoVAVG	50 DAILY/MX	mg/L	rr	∡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	<u> </u>	TE	LEPHONE		ATE	
OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	AlBeel & for T-cospine	724	682-5203	07	04	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

Form Approved OMB No. 2040-0004

Page 72

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

211A DISCHARGE NUMBER

		N	IONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
ROM	07	03	01	TO	07	03	31

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

211 TURBINE BLDG Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.94	N/A	8.17	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM	,	MAXIMEM	pН		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		<b>11</b> 00	N/A		30- IMO:AVC	DAILY:MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 <b>*</b>	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MOV.Vet	ZO IDZNEYCIM) X	mg/L		- Vytetektyte	AGHAB
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	Heel Mon MezAVG	Taleq Mon	Mgal/d	anto a m		Jun 1	N/A		Weekly	ESTIMA

	i ceruly under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	^	TEI	LEPHONE		ATE	
Thomas S. Cosgrove, DIRECTOR OF SITE	properly gather and evaluate the information automitted. 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,	Hould Bet-cosgrave	724	682-5203	07	04	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PAROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

213A

DISCHARGE NUMBER

1		M	IONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	МО	DAY
FROM	07	03	01	TO	07	03	31_

Page 73

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No Data Indicator

		QUANTI	TY OR LOADING			QUALITY OR CON	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				- MIZIMONI E		() () () () () () () () () () () () () (	pН		Months	GBAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					SO Mo:AVe	(O) iĐ/All Vi MX	mg/L_		Mice Personal Michigan	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT				**************************************	Walkio Avidas	ZO*	mg/L_		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Red Mon	RedaMona A	Mgal/d	<b>SECRETARIES</b>	1011				: Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		****			IMOVAVE	1125 INSTRIMAX	mg/L		Twice Per Month	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 frection or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or rsons who manage the system, or those persons directly responsible for gathering the mation, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant paralities for submitting false information, including the possibility of fine and imprisonment for knowing violations.

GNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 07 27 724 682-5203 04 YEAR MO DAY AREA Code NUMBER

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

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

Form Approved OMB No. 2040-0004

Page 74

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

301A DISCHARGE NUMBER

		M	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	03_	01	TO	07	03	31_

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**UNIT 2 AUX BOILER BLOWDOWN** 

Internal Outfall

No Data Indicator

		QUANTITY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER .		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		SO IMOVAVVEI	100 iDAIRYAMX	mg/L		TAWICE) RET	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		Me) AVAC	OANDAMA.	mg/L		Worth)	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	Feg Mons	FIGO(1MOD) .	Mgai/d		, <b>, , , , , , , , , , , , , , , , , , </b>		N/A		Weekly	ESTIMA

AND THE PROPERTY OF THE PROPER	I certify under penalty of law that this document and all attachments were prepared under my		TEL	EPHONE		ATE	
Thomas S. Cosgrove, DIRECTOR OF SITE	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 penalise for submitting false information,	Hold of the t. cosgrove	724	682-5203	07	04	27
OPERATIONS  TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SANATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

SAMPLES SHALL BE TAKEN AT THE 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

MONITORING PERIOD

TO

Form Approved
OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

50050 1 0

**Effluent Gross** 

**BEAVER VALLEY POWER STATION** 

LOCATION: PAR

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

Flow, in conduit or thru treatment plant

PA0025615 PERMIT NUMBER

07

0.056

**FROM** 

YEAR MO DAY

03

01

303A DISCHARGE NUMBER

YEAR MO DAY

07

N/A

03

31

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

N/A

N/A

No Data Indicator

1 / 7\*\*

**EST** 

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.84	N/A	7.75	pН	0	1 / 7**	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM		(9) - MAXIM⊎M	рН		Weeklya	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		A CITIE SAME	N/A		3.6 Mo∧vc	100 DAILYAMX	mg/L		Veeley	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	umu 🕶		N/A		7 (5: (V(•7. <b>V</b> /€)	20 10/10/0000	ma/L		Weekly and	GRAB

MGD

	NAME TITLE PRINCIPAL EXECUTIVE OFFICER
ı	
	Thomas S. Cosgrove, DIRECTOR OF SITE
	OPERATIONS

TYPED OR PRINTED

NAME/TITLE DRINGIDAL EVECUTIVE 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

N/A

N/A

 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 OIL WATER SEPARATOR PRIOR TO MIXING WITH ANY OTHER WATER.

0.019

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

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

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

. . . .

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER 313A

DISCHARGE NUMBER

		M	ONITO	RING	PERIOD		
	YEAR	МО	DAY		YEAR	MO	DAY
FROM	07	03	01	то	07	03	31

Page 76

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Data Indicator

	le l	QUANTIT	Y OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.85	N/A	7.57	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		THE T	N/A	6 MINIMUM	Outile Control	9 IMAXIMUMI	pН		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	T. T.		N/A		MOWVG	IDAILAAMAX	mg/L		. v4We⊜kiy	GRAB*
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 <b>*</b>	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT		, milin	N/A		MO/AVer	DAILY4MX	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	FIGGLANDI) IMIÔ/AVE	PERG MICH PANEYAMX	Mgal/d	- COUNTY	**************************************	, u.s.	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	R
Thomas S. Cosgrove, DIRECTOR OF	SITE
	O11 =
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 sesure that qualified personnel properly gather and evaluate the information submitted. Sessed 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.

IONATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE TELEPHONE 07 04 27 682-5203 724 DAY YEAR MO NUMBER **AREA Code** 

TYPED OR PRINTED 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

Form Approved OMB No. 2040-0094

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DAY

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER 401A

**DISCHARGE NUMBER** 

1		M	ONITO	RING	PERIOD		
	YEAR	МО	DAY		YEAR	MO	DAY
ROM	07	03	01	то	07	03_	31_

No Data Indicator

DMR MAILING ZIP CODE: 150770004

CHEM.FEED AREA OF AUX BOILERS

MAJOR

(SUBR05)

Internal Outfall

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.33	N/A	8.47	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	744		N/A	3 MUNIMUM	****	Flegt Mon	pН		Months	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		ш.,-	N/A		30 MOAVG	100 10(A)15/3/M/X	mg/L		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		- ww	N/A	A COUL	15 MOAVE	20 DAILY MX	mg/L		Montii.	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	Brown Co. They was also been	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT	FIEG Mon-	DAILYMX		<i>L</i>			N/A		Weekly .	ESTIMA

	TYPED OR PRINTED	
	Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS	property ga persons wi information and compli including ti
ļ		direction of

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 ather and evaluate the information submitted. Based on my inquiry of the person or no manage the system, or those persons directly responsible for gathering the n, the information submitted is, to the best of my knowledge and belief, true, accurate, lets. I am sware that there are significant penalties for submitting false information, he possibility of fine and imprisonment for knowing violations.

^	TEL	EPHONE		DATE	_
Attended de Tosquore	724	682-5203	07	04	
EGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	1

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

Page 78

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PAROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

403A

**DISCHARGE NUMBER** 

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

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indicator

		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT					-					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	9000			MUNIKUMI		9 JMAXIMUMI	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	unity (			у шш.		100 DAILYAMX	mg/L		Weekly a	GRAB
Oil & grease	SAMPLE MEASUREMENT										75.62.07.23.0
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	2000			row Guu	IAOVAVCI	20 DAIFYMX	mg/L	20.5	Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT					Requirement of the second of t	I legi Mon DALYAMX	mg/L		Weekly	WGRAB:
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	A.U.				(0) IMO/AV/G	DAIEYAMX	mg/L		Wijen Discrarging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT								4.000		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	IRIGGIMION. IMO AVIGI	Requirement	Mgal/d		AUT.	****			Weekly)	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										S. OSALI, Nisaki njera
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					MovAV(c)	INSTIMAX	mg/L	A. Carlo	Weekly*-	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	
Thomas S. Cosgrove, DIRECTOR OF SIOPERATIONS	TE
TYPED OR PRINTED	

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED/AGENT

TELEPHONE DATE 27 724 682-5203 07 04 NUMBER MO DAY **AREA Code** YEAR

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

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

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

Form Approved OMB No. 2040-00%

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PAROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PAROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

403A

DISCHARGE NUMBER

No Data Indicator

DMR MAILING ZIP CODE: 150770004

CONDENSATE BLOWDOWN & RIVR WAT

MAJOR

(SUBR05)

Internal Outfall

1	MONITORING PERIOD										
ĺ	YEAR	МО	DAY		YEAR	МО	DAY				
FROM	07_	_03_	01	TO	07	03_	31_				

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT					·					
81313 1 0 Effluent Gross	PERMIT REQUIREMENT				эшиг	O MO/AV/G	O IDANGYIMA	mg/L		₩ĕĕkiÿ	GRAB"

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	٦,
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS	֓֞֜֜֜֓֓֓֓֓֓֓֓֓֓֓֓֟֜֓֓֓֓֓֟֜֟֓֓֓֓֓֓֓֓֟֜֓֓֓֓֓֓
TYPED OR PRINTED	ľ

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.

IGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE TELEPHONE 682-5203 27 07 04 724 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.

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

Page 79

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

413A **DISCHARGE NUMBER**  DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

**BULK FUEL STORAGE DRAIN** 

Internal Outfall

No Data Indicator

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

		QUANTITY OR LOADING				QUALITY OR CONCENTRATION					SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.02	N/A	7.29	рН	0	1 / 7**	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	unu -		N/A	MUMIKIM		E IMAXIMUMI	рН		Weekiy	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		. 1	N/A		MOIAVe)	100 DAIYAMA	mg/L		Weekly	• GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 <b>*</b>	mg/L	0	1 / 7**	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	.,±-1 <b>6</b> × 10 10 1	MeyAVe-	PAILY/MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		<0.001	MGD	N/A	N/A	N/A	N/A		1 / 7**	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	FERTINGS SMOVAVES	Requiring DAILY:MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Thomas S. Cosgrove, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

ceruly under penalty of lew that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.

VAIGNATURE OF PRINCIPAL EXECUTIVE OF FICER OR AUTHORIZED AGENT

DATE TELEPHONE 07 04 27 724 682-5203 MO DAY AREA Code NUMBER YEAR

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

MONITORING PERIOD

TO

01

Form Approved OMB No. 2040-0004...

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

YEAR MO DAY

03

FROM

07

501A

YEAR MO DAY

03 31

DISCHARGE NUMBER

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

TELEPHONE

No Data Indicator

DATE

04

MO

27

DAY

07

YEAR

··		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										2011/07/05/5
00530 1 0 Effluent Gross	PERMIT					Me AVS	DAILY/MX	mg/L		Weakly	GBAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										eredia 150
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon	FOOLMON, DAILYANX	Mgal/d	• (1111.)					Weekly	ESTIMA

NAME/TITLE PHINCIPAL EXECUTIVE OFFICER
Thomas S. Cosgrove, DIRECTOR OF SITE
OPERATIONS

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified 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 formation, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations,

682-5203 724 NUMBER AREA Code AUTHORIZED AGENT

TYPED OR PRINTED 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.