



May 25, 2007 L-07-079

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 April 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). A review of the data indicates that the following permit parameter was exceeded during the month:

Outfall 010: The biocide, Powerline 3627, was detected in the 24 hour composite sample following a clamicide treatment of a subsystem. The permit limit is "not detectable" but the sample analysis indicated 0.795 mg/L. Attachment 2 to this letter describes the condition and provides corrective actions to prevent recurrence.

Included with the report this month are two Supplemental Laboratory Accreditation Forms for analyses performed to support permit requirements as required by 25 Pa. Code § 252

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

Sincerely,

Peter P. Sena

Director, Site Operations

Attachments (2) Enclosures (2)

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

US Environmental Protection Agency

Central File: Keyword- DMR



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

### **ATTACHMENT 1**

## Weekly Dissolved Oxygen Monitoring Results at Outfall 001

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

SAMPLE DATE	SAMPLE TIME	VALUE	UNITS
4/3/07	0940	8.19	mg/L
4/9/07	1030	8.15	mg/L
4/17/07	0855	7.99	mg/L
4/27/07	0800	8.20	mg/L
4/30/07	0900	6.71	mg/L

- Attachment 1 END -

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

#### **ATTACHMENT 2**

#### Powerline 3627 Detected at Outfall 010

Following a clamicide treatment of the Unit 2 Service Water "B" Train subsystem, analysis of the required 24-hour composite sample was analytically determined to be 0.795 mg/L for Powerline 3627. That result represents an exceedance of the permit limit of "non-detectable".

Powerline 3627 is used to control Asiatic clams and Zebra mussels at Beaver Valley Power Station (BVPS). Bentonite based Detoxicant is mixed downstream from the component(s) target for treatment. This is needed to detoxify the Powerline 3627 to non-detectable levels.

The condition is investigated and documented in the FENOC Problem Identification and Resolution program under Condition Report CR-07-19447. Corrective actions included changes to the methodology of addition of bentonite based detoxicant. These changes were implemented prior to addition treatments of the Unit 2 Service water system.

- Attachment 2 END -

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

YEAR MO DAY

FROM 07 04 01 TO

001A

DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY

04 30

07

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
PANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.67	N/A	8.33	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	N/A	6 MINIMUM	*****	9 MAXIMUM	рΗ		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	2.00 mg	******	N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1**	<0.1**	mg/L	0	1 / 30	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		0 MO AVG	0 MAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	21.8	30.0	MGD	N/A	N/A	N/A	N/A	•	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon: DAILY MX	Mgal/d	•••••	******		N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.05	0.25	mg/L	0	5 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	4.22		N/A		5) AVERAGE	1.25 MAXIMUM	mg/L		Waekiy	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02***	<0.02***	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	41444	****	N/A		2 AVERAGE	.5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	1. 3		N/A		MO AVG	DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel			TEL	EPHONE		DATE	
Peter P Sena, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting talse information,	June Jule	forpes	724	682-5203	07	05	25
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE AUTHORIZED AGENT	OFFICER OR	AREA Code	NUMBER	YEAR	МО	DAY

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

\* Not in wet layup this period. \*\* One clamicide this period on 4/26.

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP, REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING, THE LIMIT IS 35 MG/L AS A DAILY MAX. \*\*0.1 mg/L is minimum detectable level. \*\*\*0.02 mg/L is minimum detectable level. Daily Max for Detoxicant is 16.3 mg/L. JPC 5-14-07

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 2

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

50050 1 0

Effluent Gross

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

Flow, in conduit or thru treatment plant

PA0025615 PERMIT NUMBER

0.046

Reg. Mon.

DAILY MX

0.006

Req. Mon.

MO AVG

**MEASUREMENT** 

PERMIT

REQUIREMENT

YEAR MO DAY

002A DISCHARGE NUMBER

YEAR MO DAY

N/A

N/A

Ň/A

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

N/A

N/A

INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

1 / 7

Weekly

**EST** 

**ESTIMA** 

25

DAY

	-,			ا لــــــــــــــــــــــــــــــــــــ		<del></del>					······
DADAMETED	PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
	SAMPLE	0.006	0.046	MCD	NI/A	NI/A	NI/A	N/A		1 / 7	EST

MGD

MGD

04 01 TO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my	Ι	<del>1</del>		TFI	LEPHONE	Г	DATE	_
Peter P Sena, DIRECTOR OF SITE	direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the Information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		June lute for Pt	۶,	724	682-5203	07	05	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations	SIGNAT	TURE OF PRINCIPAL EXECUTIVE OFFICE AUTHORIZED AGENT	ROR	AREA Code	NUMBER	YEAR	МО	Τ

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

FROM

YEAR MO DAY

04

01 TO 003A

DISCHARGE NUMBER

YEAR MO DAY

04 30

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfall

No Data Indicator

PARAMETER		QUANTI	QUANTITY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.025	0.046	MGD	N/A	N/A	N/A	N/A	•	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	7777	, itterer		N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	C	ATE	
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting take information,	Dum Suite for PPS	724	682-5203	07	05	25
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)

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

004A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

.		M	ONITO	RING	PERIOD	)							
	YEAR												
FROM	07	04	01	TO	07	04	30						

PARAMETER		QUANTI	TY OR LOADING		G	NUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FANAMEIEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	1000	******		6 MINIMUM	www.s	9 MAXIMUM	рН		Weakly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	•									
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX		******	******	*****			Weeldy	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	22224		3 m	5 MO AVG	1.25 INST MAX	mg/L	100	Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	espirk)		**************************************	.2 AVERAGE	5 MAXIMUM	mg/Ĺ	100	Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE		ATE	
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Man Sute for PPS	724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

Form Approved American America

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

006A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

NO Data IIIC	ilicator
	•
EDECHENCY	CAMPLE

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER	line and the state of the state	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon MO AVG	Req. Mon. DAILY MX		e Hans	******	******		i i	Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	direction or supervision in accordance with a
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information persons who manage the system, or those printermation, the information submitted is, to the and complete. I am aware that there are significating the possibility of fine and imprisonment
TYPED OR PRINTED	and and the possessing of falls and anti-neoning

ider penalty of law that this document and all attachments were prepared under my 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 from 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, lete. I am sware that there are significent penalties for submitting false information, the possibility of fine and imprisonment for knowing violations.

Ī		TE	LEPHONE		DATE	
	Sur Juste for PPS	724	682-5203	07	05	25
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

007A **DISCHARGE NUMBER** 

External Outfall No Data Indicator

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

AUX. INTAKE SYSTEM

		N	IONITO	RING	PERIOD		
	YEAR	МО	DAY		YEAR	MO	DAY
ROM	07	04	01	то	07	04	30

PARAMETER	Art Control	QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER	and the second	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	eterte	erren		— 6; MINIMÜM	******	9 MAXIMUM	На		Weekly	GRAB .
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	·									·
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req: Mon DAILY:MX	Mgal/d	Present	*******	******			Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		***************************************			.5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		******			.2 AVERAGE	.5 MAXIMUM	mg/L	187	Weekly	GRAB

	I certify under pensity of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel				TEI	EPHONE		ATE	•
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and compilete. I am aware that there are significant penalties for submitting false information,	2		ut forps	724	682-5203	07	05	25
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATION	AUTHORIZED	XECUTIVE OFFICER OR 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

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

A800 DISCHARGE NUMBER

		M	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	МО	DAY
FROM	1 - 1 - 1 - 1 - 1		01	то	07	04	30

OMB No. 2040-0004

Page 7

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBRO5)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No E

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

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			-
pH	SAMPLE MEASUREMENT										
00400 1 0	PERMIT		*****		6 MINIMUM	******	9			Twice Per	GRAB
Effluent Gross	REQUIREMENT SAMPLE				MINIMUM		MAXIMUM	pН		Month	
Solids, total suspended 00530 1 0	MEASUREMENT PERMIT	42****	*****		***ttsp	30	* 100			Twice Per	
Effluent Gross	REQUIREMENT						DAILY MX	mg/L		Month	GRAB
Oil & grease	SAMPLE MEASUREMENT									,	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		******		******	15 MO AVG	20- DAILY MX-	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req: Mon. DAILY MX	Mgal/d	******	<b>1000</b>	• · · · · · · · · · · · · · · · · · · ·	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	i certify under pensity of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1	TE	LEPHONE	[	DATE	
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	The state of the s	724	682-5203	07	05	25
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	DA

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** 

**MAJOR** (SUBR05)

**UNIT 2 COOLING WATER** 

DMR MAILING ZIP CODE: 150770004

External Outfall

No Data Indicator

		MONITORING PERIOD											
[	YEAR	MO	DAY		YEAR	МО	DAY						
FROM	07	04	01	TO	07	04	30						

PARAMETER		QUANT	ITY OR LOADING	ì		QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
· · · · · · · · · · · · · · · · · · ·		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.50	N/A	7.70	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	******	9 MAXIMUM	pН		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.795*	0.795*	mg/L	1	1 / 30	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	0 MO AVG	0 INST MAX	mg/L	#	When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.06	5.76	MGD	N/A	N/A	N/A	N/A	•	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req. Mon. DAILY MX	N/A		*****	***	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.014	0.04	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	*****			5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		*******	N/A	******	.2 AVERAGE	.5 MAXIMUM	mg/L		Waekiy	GRAB-

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my			TEL	EPHONE		DATE	
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	upervision in accordance with a system designed to assure that qualified personnel ler and evaluate the information submitted. Based on my inquiry of the person or manage the system, or those persons directly responsible for gathering the the information submitted is, to the best of my knowledge and belief, true, accurate, s. I am ware that there are significant penalties for submitting false information, possibility of fine and imprisonment for knowling violations.  SIGNAT	non Cuito for PPS	724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNAT	JRE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all at	tachments here)	Daily Ma	x for Detoxicant is 28.9 mg/L.					

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)

\* See Attachment 2 for a description of this event. One Clamicide this period on 4/26. \*\*0.02 mg/L is minimum detectable level. JPC 5-14-07

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

Page

MONITORING PERIOD

TO

MO DAY

01

04

Form Approved OMB No. 2040-0004

Page 9

25

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

YEAR

FROM

011A DISCHARGE NUMBER

YEAR MO DAY

04

30

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**DIESEL GEN & TURBINE DRAINS** 

External Outfall

No Data indicator

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Peter P Sena, 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.

1	TEL	EPHONE.		ATE
Duan Junte Forpes	724	682-5203	07	05
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО

Form Approved
OMB No. 2040-0004

Page 10

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

012A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CONTRACTOR	tion to	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.97	N/A	7.97	рН	0	1 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	PEPER	******	N/A	6 MINIMUM	*****	9 MUMIXAM	pН		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.082	0.102	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	A contract of the second				Reg, Mon. MO AVG	Req. Mon. DAILY MX	mg/L	SPERMI.	Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.120	0.187	mg/L	0	2 / 30	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	-	:	N/A		1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A		1 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. ** DAILY:MX	Mgal/d	****	******	******	N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	574	608	mg/L	0	2 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	RAMAN A	******	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel			TEL	EPHONE	[	PATE	
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		nan Sute for pos	724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURI	E OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

Form Approved OMB No. 2040-0004

Page 11

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER 013A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

**OUTFALL 013** 

External Outfail

No Data Indicator

i	MONITORING PERIOD											
	YEAR	MO	DAY		YEAR	МО	DAY					
FROM	07	04	01	TO	07	04	30					

PARAMETER	a particular and the second	QUANT	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	6.9	N/A	7.60	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*****	N/A	6 MINIMUM	******	MAXIMUM	pН	, L	Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01*	<0.01*	mg/L	0	2 / 30	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	******	N/A	******	Reg. Mon. MO AVG	Reg Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.020	0.030	mg/L	0	2 / 30	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	•••••	.05 MO AVG	.1 DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005**	<0.005**	mg/L	0	2 / 30	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	*****	Req. Mon. MO AVG	Req Mon DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.010	0.012	MGD	N/A	N/A	N/A	N/A	•	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req: Mon. DAILY MX	Mgal/d	******	******	******	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		0.	TEL	EPHONE	1	ATE	
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting talse information,	Dum lute	PPS	724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OF AUTHORIZED AGENT	FFICER OR	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 5-14-07

Form Approved OMB No. 2040-0004

Page 12

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

PERMIT NUMBER

PA0025615

101A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Data Indicator

	HIPPINGPORT, PA 150770004			N	IONITO	RING	PERIOD	)	
			YEAR	MO	DAY		YEAR	MO	DAY
ATTN: ELIZABET	H THOMAS/MGR ENV&CHEM	FROM	07	04	01	то	07	04	30

PARAMETER	1 (1999) 1 (1999)	QUANTI	TY OR LOADING			QUALITY OR CONC	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	6.36	N/A	8.5	pН	0	6 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	###** 	******	N/A	6_ MINIMUM	1	9 MUMIXAM	pН		Weekly _	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.5	12.4	mg/L	0	1 / 7	2 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*****	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 <b>*</b>	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		:	N/A	erese.	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/L	**	**	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****** *******************************	******	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.011	0.013	MGD	N/A	N/A	N/A	N/A	0	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO AVG	Req. Mon. DAILY MX	Mgal/d	***************************************	******	*****	N/A		LDAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/L	**	. * *	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	error Verberge	ternit.	N/A	Averes of the second	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	-1.00	Weekly	GRAB :

NAME/TITLE PRINCIPAL EXECUTIVE 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		TEL	EPHONE		DATE	
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	 ear fut pps	724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	 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 ma/L is minimum detectable level. \*\* Not in wet layup this period. JPC 5-14-07

Form Approved OMB No. 2040-0004

Page 13

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

PERMIT NUMBER

PA0025615

102A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Data Indicator

SHIPPINGPORT, PA 150770004			N	IONITO	RING	PERIOD	)	
		YEAR	MO	DAY		YEAR	MO	DAY
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM	FROM	07	04	01	TO	07	04	30

PARAMETER	L of a strong	QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I ARABETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.50	N/A	7.70	рH	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	******	N/A	6 MINIMUM	******	9 MAXIMUM	pH .		Twice Person	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	26.2	52.4	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	Aprese.	*****	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Twice Rer Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 <b>*</b>	<5 <b>*</b>	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****** *******************************	*****	N/A	*****	15 MO'AVG	20 DAILY MX	mg/L		Twice Per	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. M⊙ AVG	Req. Mon. DAILY MX	Mgal/d	man	******	******	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	<b>A C</b>	TE	DATE			
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, socurate, and complete. I am aware that there are significant penalties for aubmitting false information,	Dum Juita PPS	724	682-5203	07	05	25
including the possibility of the and imprisonment for knowing violations.  TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

\*5 mg/L is minimum detectable level. JPC 5-14-07

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 14

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

PA0025615 PERMIT NUMBER

103A DISCHARGE NUMBER

YEAR MO DAY

04

30

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Data Indicator

SHIPPINGPORT, PA 150770004

YEAR MO DAY ATTN: ELIZABETH THOMAS/MGR ENV&CHEM FROM 07 04 01

PARAMETER	Maryaga Maryaga	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I CHAIRM I WIT		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.88	N/A	7.11	рН	0	3 / 30	GRAB
00400 1 0	PERMIT	*****	*****	N/A	6	*****	9			Twice Per	GRAB
Effluent Gross	REQUIREMENT			IVA	MINIMUM		MAXIMUM	pН		Month	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	22.5	25.0	mg/L	0	2 / 30	24 HR COMP
00530 1 0	PERMIT	*****	*****	N/A	*****	30	100 - DAILY MX			Twice Per	COMP24
Effluent Gross	REQUIREMENT			IN/A		MO AVG	DAILY MX	mg/L	100	Month	CONT.24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	•	2 / 30	EST
50050 1 0	PERMIT	Reg. Mon.	Req. Mon.		*****	******	*****	N/A		Twice Per	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d				. 19/7		Month	COLIMA

	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
Peter P Sena, DIRECTOR OF SITE	properly gather and evaluate the Information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the Information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of the and imprisonment for knowing violations.
TYPEN OF PRINTER	Including the possibility of this and imprisoration for knowing violations.

TELEPHONE DATE 724 682-5203 07 05 25 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER YEAR MO DAY **AUTHORIZED AGENT** 

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

Page 15

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 111A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Data Indicator

		M	IONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	МО	DAY
ROM	07	04	01	TO	07	04	30

PARAMETER		QUANTITY OR LOADING			(	QUALITY OR CONC	ENTRATION	QUALITY OR CONCENTRATION			
PANAMETER	Bayer .	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.18	N/A	8.07	рН	0	1** / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	20000	******	N/A	6 MINIMUM	******	9 MAXIMUM	pН		Weekly	GRAS .
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.0	8.0	mg/L	0	1** / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1** / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	******	N/A	And the same	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRA8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	•	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO·AVG	Req. Mon. DAILY MX	Mgal/d		******	1000	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel			TEL	EPHONE		ATE	
Peter P Sena, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting take information,		um linte PPS	724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNAT	URE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBÉR	YEAR	МО	DAY

<sup>\* 5</sup> mg/L is minimum detectable level. \*\* No flow week of 4-15-07. JPC 5-14-07

MONITORING PERIOD

TO

DAY

01

Form Approved OMB No. 2040-0004

Page 16

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

YEAR MO

04

07

FROM

113A

YEAR MO DAY

04 30

07

**DISCHARGE NUMBER** 

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**UNIT 2 SEWAGE TMT PLANT** 

Internal Outfall

No Data Indicator

PARAMETER	44.4	QUANT	ITY OR LOADING	<b>3</b>	•	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	Pana - A	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		·	
рН	SAMPLE MEASUREMENT	'N/A	N/A	N/A	7.36	N/A	7.90	рН	0	3 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	******	9 MAXIMUM	pН		Twice Per-	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	· N/A	N/A	N/A	N/A	15.1	17.1	mg/L	0	2 / 30	8 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	****** *******************************	30 MO AVG	60 DAILY MX	mg/L	į.	Twice Per Month	GOMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.007	0.009	MGD	N/A	N/A	N/A	N/A	•	10 / 30	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.043 MO AVG	Reg Mon DAILY MX	Mgal/d	:	*****	******	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.77	2.30	mg/L	0	9 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		***************************************	N/A		1.4 MO AVG	9.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3	N/A	#/100mL	0	2 / 30	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	2000 MO GEOMN	*******	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3.5	4.0	mg/L	0	2 / 30	8 HR COMP
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	N/A	errer Erren	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	<del>-</del>	C	TEL	LEPHONE		ATE	
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the Information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are eignificant penalties for submitting table information,	Duan Isu	the PPS	724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of line and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXE AUTHORIZED A		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

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

203A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

No Data Indicator

		M	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	04	30

PARAMETER	a de la companya della companya della companya de la companya della companya dell	QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.54	N/A	8.06	pН	0	4 / 30	GRAB
00400 1 0	PERMIT	******	*****	N/A	6	*****	9.			- Twice Per	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	pН		Month	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	14.0	20.0	mg/L	0.	3 / 30	8 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	e de la companya de l	N/A	442.5	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0027	0.0115	MGD	N/A	N/A	N/A	N/A	-	11 / 30	MEAS
50050 1 0	PERMIT	023	Req. Mon.		*****	******	******	N/A		Weekly	MEASRD
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d						<b>,</b>	
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.87	2.0	mg/L	0	11 / 30	GRAB
50060 1 0	PERMIT	*****	*****	N/A	******	1.4	3.3			Twice Per	GRAB
Effluent Gross	REQUIREMENT	1.		1,477	549	MO AVG	INST MAX	mg/L		Month	,
Coliform, fecal general	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<1*	N/A	#/100mL	0	2 / 30	GRAB
74055 1 1	PERMIT	******	*******	N/A	*****	2000	******			Twice Per	GRAB
Effluent Gross	REQUIREMENT			17/		MO GEOMN		#/100mL		Month	GIVAD
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3.3	4.5	mg/L	0	2 / 30	8 HR COMP
80082 1 0	PERMIT	******	*****	N/A	******	25	50			Twice Per	COMP-8
Effluent Gross	REQUIREMENT			1		MO AVG	DAILY MX	mg/L	1	Month	

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 qualitied personnel		1 1-0	TEI	EPHONE		ATE	
Peter P Sena, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	7000	ute PPS	724	682-5203	07	05	25
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EX AUTHORIZED		AREA Code	NUMBER	YEAR	МО	DAY

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

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

\* 1 #/100mL is minimum detectable limit. JPC 5-14-07

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

SHIPPINGPORT, PA 150770004

PERMIT NUMBER

PA0025615

211A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

211 TURBINE BLDG Internal Outfall

No Data Indicator

		MONITORING PERIOD												
	YEAR	МО	DAY		YEAR	МО	DAY							
FROM	07	04	01	то	07	04	30							

PARAMETER		QUANTI	TY OR LOADING		G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PANAMETER	10.00	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	• 8		
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.68	N/A	7.64	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	6 MINIMUM	**************************************	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	19.4	45.6	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	##### ################################	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	· N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Men MO AVG	Req. Mon. DAILY MX	Mgal/d				N/A	43	Weekly	ESTIMA

	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		$\sim$	TEL	EPHONE.	D	ATE	
Peter P Sena, DIRECTOR OF SITE	properly gather and evaluate the Information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Zhu		724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

<sup>\* 5</sup> mg/L is minimum detectable level. JPC 5-14-07

Form Approved OMB No. 2040-0004

Page 19

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

213A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

**UNIT 2 COOL TOWER PUMPHOUSE** 

Internal Outfall

No Data Indicator

		MONITORING PERIOD												
	YEAR	EAR MO DAY YEAR MO DAY												
FROM	07	04	01	TO	07	04	30							

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	******	*****		- 6	******	9			Twice Per.	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	pН		Month	GNAU
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	******	******		******	30	100			Twice Per	GRAR
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	,									
00556 1 0	PERMIT	*****	*****		*****	15	20			Twice Per	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Month	GIGAD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	Reg. Mon.	Req. Mon.		*****	*****	*****			Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d						vveekiy	LOTIMA
Chlorine, total residual	SAMPLE MEASUREMENT				٠						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		*****	.5 MO AVG	1.25 INST MAX	ma/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		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,	Lua Sute PPS	724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER O AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

MONITORING PERIOD

TO

DAY

01

Form Approved OMB No. 2040-0004

Page 20

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

Req. Mon.

DAILY MX

04 .

07

FROM

Req. Mon.

MO AVG

301A **DISCHARGE NUMBER** 

YEAR MO DAY

07

04

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

N/A

**UNIT 2 AUX BOILER BLOWDOWN** 

Internal Outfall

No Data Indicator

Weekly

**ESTIMA** 

DADAMETED		QUANTI	TY OR LOADING	<del></del>		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 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	2012	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	400000	/ 15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	•	1 / 7	EST

Mgal/d

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel			TEL	EPHONE		ATE	
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		man Just PPS	724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATUR	RE 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 5-14-07

**MEASUREMENT** 

PERMIT

REQUIREMENT

Form Approved ... OMB No. 2040-0004

Page 21

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER 303A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

**UNIT 1 OIL WATER SEPARATOR** 

internal Outfall

No Data Indicator

		M	ONITO	RING	PERIOD		
	YEAR	МО	DAY		YEAR	MO	DAY
ROM	07	04	01	ТО	07	04	30

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER	Comment of the Commen	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE										
Pi'	MEASUREMENT										
00400 1 0	PERMIT	*****	******		6	******	.9			Weekly	GRAB
Effluent Gross	REQUIREMENT				6 MINIMUM		MUMIXAM	pН		Weenly	GIAD
Solids, total suspended	SAMPLE										
'	MEASUREMENT										
00530 1 0	PERMIT	******	*****		******	30	100			Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Weekly	CitAD
Oil & grease	SAMPLE										
On a grease	MEASUREMENT				•						
00556 1 0	PERMIT	*****	******		******	15	20			Mookhi	GRAB
Effluent Gross	REQUIREMENT		and the second		:	MO AVG	DAILY MX	mg/L		Weekly	UNAD
Flow, in conduit or thru treatment plant	SAMPLE										
riow, in conduit of this treatment plant	MEASUREMENT		į								
50050 1 0	PERMIT	Reg. Mon.	Req. Mon.		******	*****	*****	N/A		Manual Control	COTINA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d				IN/A		vveekiy.	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	7		TEL	EPHONE		ATE	
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		man lute PPS	724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATU	JRE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

MONITORING PERIOD

TO

DAY

01

Form Approved OMB No. 2040-0004

Page 22

**ESTIMA** 

Weekly

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

50050 1 0

Effluent Gross

BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

YEAR MO

04

07

Req: Mon.

DAILY MX

FROM

Req. Mon. MO AVG

313A DISCHARGE NUMBER

YEAR MO DAY

07

04

30

DMR MAILING ZIP CODE: MAJOR

150770004

(SUBR05)

N/A

313 TURBINE BLDG DRAIN

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	6.81	N/A	7.07	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM:	*****	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	6.7	10.8	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	ANNUAL CONTRACTOR OF THE PROPERTY OF THE PROPE	30 MO AVG	100 DAILY MX	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		90000 10000	N/A		15. ": MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST

Mgal/d

	If certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	/	1 / ^ L	TEL	EPHONE		ATE	
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		man Juste 1005	724	682-5203	07	05	25
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNAT	URE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

PERMIT

REQUIREMENT

\* 5 mg/L is minimum detectable level. JPC 5-14-07

Form Approved OMB No. 2040-0004

Page 23

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER 401A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJQR (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Data Indicator

		M	IONITO	RING	PERIOD		
	YEAR	МО	DAY		YEAR	MO	DAY
ROM	07	04	01	TO	07	04	30

PARAMETER	en e	QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAILOUE (EI)		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.95	N/A	8.01	рН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		- <b>417717</b>	N/A	6 MINIMUM		Req. Mon: MAXIMUM*	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	The gradual Control	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Reg. Mon. DAILY MX	Mgal/d	******	******	*****	N/A`		Weekly	ESTIMA

D MAX 9

	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
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the Information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fire and imprisonment for knowing violations.
TYPED OR PRINTED	including the possibility of little and imprisonment for knowing violations.

TELEPHONE DATE 724 682-5203 07 05 25 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER YEAR MO DAY **AUTHORIZED AGENT** 

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 5-14-07

MONITORING PERIOD

TO

MO DAY

01

04

Form Approved OMB No. 2040-0004

Page 24

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

YEAR

07

FROM

DISCHARGE NUMBER

403A

YEAR MO DAY

04

30

07

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

۷o	Data	Indicator	X

PARAMETER		QUANTI	TY OR LOADING	· · · · · · · · · · · · · · · · · · ·	(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TATAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	Maria necessaries			6 MINIM⊎M	*****	9 MAXIMUM	На	18 11 11	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******				15. MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly.	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. → MO AVG	Reg. Mon. DAILY MX	Mgal/d		******	******			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT			<i>y</i>	,						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	eferre 2	*****		******	.5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel			TEI	LEPHONE		DATE	
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	7	un Just Pops	724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURI	E OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY

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

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

Form Approved OMB No. 2040-0004

Page 25

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

403A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indicato

		N	IONITO	RING	PERIOD		
i	YEAR	MO	DAY		YEAR	МО	DAY
FROM	07	04	01	TO	07	04	30

PARAMETER		QUANTITY OR LOADING			(	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER	er (1775)	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	Abrevag	*******		419444	0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE		ATE	
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Dem Junt 1005	724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

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

Form Approved OMB No. 2040-0004

Page 26

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PAROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

413A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

**BULK FUEL STORAGE DRAIN** 

Internal Outfall

No Data Indicator

		YEAR MO DAY YEAR MO DAY									
	YEAR	MO	DAY		YEAR	МО	DAY				
FROM	07	04	01	то	07	04	30				

PARAMETER	- T	QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAWETER	4	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.33	N/A	7.33	рН	0	1 / 7**	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	******	N/A	6 MINIMUM	PATRICE	9 MAXIMUM	pН		"Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	Ń/A	22.6	22.6	mg/L	0	1 / 7**	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******* ******************************	******	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 <b>*</b>	<5 *	mg/L	0	1 / 7**	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	******	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7**	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon DAILY MX	Mgal/d	******	1000		N/A		Weekly	€ ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE	C	ATE	
Peter P Sena, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Besed 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,	Juan hut PPS	724	682-5203	07	05.	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

\* 5 mg/L is minimum detectable level. \*\* Discharge isolated after after 4-9-07 . JPC 5-14-07

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

YEAR

07

FROM

MO DAY

01

TO

04

501A

DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY

04 30

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Data Indicato

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	*****	******		*****	30	100 DAILY:MX			Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L	100	- 1000	G, D, C
Flow, in conduit or thru treatment plant	SAMPLE										
l low, in conduit of this treatment plant	MEASUREMENT								L		L
50050 1 0	PERMIT	Reg. Mon.	Req. Mon.		******	*****	******			Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d						Weardy	LUINA

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	$\wedge$	$\wedge$	TEL	EPHONE .		ATE	
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Z)man Gute		724	682-5203	07	05	25
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	YEAR	МО	DAY

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

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

## DISHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

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

Month:

Year:

April

2007

Instructions:

needed for comp	leteness and clarit	y.						Permitt	ee:	FENOC		
2. Sludge production information will be used to evaluate plant performance. Report only sludge							Plant:		Beaver V	alley	Power Station	
which has been removed from digesters and other solids which have been permanently								NPDES	5:	PA00256	15	
removed from the treatment process. Do not include sludge from other plants which is								Munici	pality:	Shipping	ort B	orough
	processed at your facility.							County		Beaver		
3. In the disposal s									Jnit 1			
					of that plant. If yo		F	or sludge that is	inciner	ated:		
					al site section and	provide their		Pre-inciner	ation w	veight =		dry tons
	names and individual dry tonnage on the back of this form.							Post-incine	ration '	weight = $\overline{}$		dry tons
4. If no sludge was	removed, note on	form.								_		
		<del></del>			DUCTION INFOR	MATION (prior to inc						
	HAULED AS						AUL	ED AS DEWA	TERE	D SLUDGE	·	
		•	Conversion	ì		(Tons of						
(Gallons) X		X	Factor)	=	Dry Tons	Dewater Sludge)	<u>X</u>	(% Solids)	<u>X</u>	(.01)	=	Dry Tons
78300	2.0		.0000417		6.53	· · · · · · · · · · · · · · · · · · ·				.01		· · · · · · · · · · · · · · · · · · ·
										····		
			<del></del>							**		
												· · · · · · · · · · · · · · · · · · ·
	<del></del>			_			_					·
	·											<u>.</u>
	······································					M			<del></del>			
						· · · · · · · · · · · · · · · · · · ·				······································		· · · · · · · · · · · · · · · · · · ·
	···	TO:	TAT						TOT			
		10.	ΓAL	=	7.21				TOT	AL =		
DICDOCAL	SITE INFORM	ATION.	List all sita	a orron	if not used this mor	ath						
DISTUSAL		Site 1	List all site	S, even	Site 2	1111.	<u> </u>	te 3			Site	1
	Borough of Mo			<del> </del>	Site 2			ie S			Site	*
Name:	Sewage Treatm			Hone	well Township				ļ			
Permit No.	PA0020125	ioni i mit			)26328							
Dry Tons Disposed:	1 A0020125	·		IAU	720328		··········		_	· · · · · · · · · · · · · · · · · · ·		
Type: (check one)			<del>-</del>						_			
Landfill	<u> </u>		<del></del>	<del> </del>								
Agr. Utilization	<u> </u>			<del> </del>								
Other (specify)			<del></del>									
County:	Beaver			Beav	er			<del></del>				
County.	Douver	·		Deav	<u> </u>			<del></del>		<del></del>		
	A //-	1						1-1				
	Det h	n D.	T. SALEX	of.	Chemistry Ma	nager	5.	125/07		(7:	24) 68	32-4141
(SSR-1 3/21/91)	1- w- p	Signature			Title		<u> </u>	Date				phone
		<u>.</u>										

Sludge Received From Other Sources

	Sludge Received Fro	Gallons		
	Source Name (include specific plant)	Received	% Solids	Dry Tons
······································				
<del> </del>				
		· · · · · · · · · · · · · · · · · · ·		
			_	
· · · · · · · · · · · · · · · · · · ·				
			,	
Comments:				
		······································		
		and the second s		
				•

### DISHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Instructions:

Month:

April

22000   2.0   .0000417   1.83   .01	
which has been removed from digesters and other solids which have been permanently removed from the treatment process. Do not include sludge from other plants which is processed at your facility.  In the disposal site section, report all sludge leaving your facility for disposal. If another plant processes and disposes of your sludge, just provide the name of that plant. If you dispose of sludge from other plants, include their tonnage in the disposal site section and provide their ames and individual dry tonnage on the back of this form.  If no sludge was removed, note on form.  SLUDGE PRODUCTION INFORMATION (prior to incineration)  HAULED AS LIQUID SLUDGE  HAULED AS DEWATERED SLUDGE  (Conversion  (Conversion  (Conversion  (Conversion  (Conversion  (Conversion  Conversion  (Conversion  Conversion  (Conversion  Conversion  (Conversion  Conversion  Conversion  (Conversion  Conversion  Conversion  (Conversion  Conversion  Conversi	
removed from the treatment process. Do not include sludge from other plants which is processed at your facility.  3. In the disposal site section, report all sludge leaving your facility for disposal. If another plant processes and disposes of your sludge, just provide the name of that plant. If you dispose of sludge from other plants, include their tonnage in the disposal site section and provide their names and individual dry tonnage on the back of this form.  4. If no sludge was removed, note on form.  SLUDGE PRODUCTION INFORMATION (prior to incineration)  TOTAL = 1.83  DISPOSAL SITE INFORMATION: List all sites, even if not used this month.  Site 1 Site 2 Site 3 Site 4  Borough of Monaca Sewage Treatment Plant Hopewell Township  Permit No. PA0020125 PA0026328	ower Station
processed at your facility.  In the disposal site section, report all sludge leaving your facility for disposal. If another plant processes and disposes of your sludge, just provide the name of that plant. If you dispose of sludge from other plants, include their tonnage in the disposal site section and provide their names and individual dry tonnage on the back of this form.    For sludge that is incinerated:   Pre-incineration weight =   Pre-incineration weight =   Province	
3. In the disposal site section, report all sludge leaving your facility for disposal. If another plant processes and disposes of your sludge, just provide the name of that plant. If you dispose of sludge from other plants, include their tonnage in the disposal site section and provide their names and individual dry tonnage on the back of this form.  4. If no sludge was removed, note on form:  SLUDGE PRODUCTION INFORMATION (prior to incineration)  HAULED AS LIQUID SLUDGE  (Callons) X (% Solids) X Fator) = Dry Tons Dewater Sludge) X (% Solids) X (01) = 22000   2.0   .0000417   1.83	rough
processes and disposes of your sludge, just provide the name of that plant. If you dispose of sludge from other plants, include their tonnage in the disposal site section and provide their names and individual dry tonnage on the back of this form.    If no sludge was removed, note on form.	
sludge from other plants, include their tonnage in the disposal site section and provide their names and individual dry tonnage on the back of this form.    Fre-incineration weight =   Post-incineration weight =   Post-	
names and individual dry tonnage on the back of this form.   Post-incineration weight =	
If no sludge was removed, note on form.	dry tons
Studies	dry tons
HAULED AS LIQUID SLUDGE	
Conversion   Con	<del></del>
CGallons   X   (% Solids   X   Factor   = Dry Tons   Dewater Sludge   X   (% Solids   X   (.01)   =	<del></del>
22000   2.0   .0000417   1.83   .01	Dry Tons
TOTAL = 1.83   TOTAL =	
DISPOSAL SITE INFORMATION: List all sites, even if not used this month.  Site 1 Site 2 Site 3 Site 4  Borough of Monaca  Name: Sewage Treatment Plant Hopewell Township  Permit No. PA0020125 PA0026328  Dry Tons Disposed:	
DISPOSAL SITE INFORMATION: List all sites, even if not used this month.  Site 1 Site 2 Site 3 Site 4  Borough of Monaca  Name: Sewage Treatment Plant Hopewell Township  Permit No. PA0020125 PA0026328  Dry Tons Disposed:	
DISPOSAL SITE INFORMATION: List all sites, even if not used this month.  Site 1 Site 2 Site 3 Site 4  Borough of Monaca  Name: Sewage Treatment Plant Hopewell Township  Permit No. PA0020125 PA0026328  Dry Tons Disposed:	
DISPOSAL SITE INFORMATION: List all sites, even if not used this month.  Site 1 Site 2 Site 3 Site 4  Borough of Monaca  Name: Sewage Treatment Plant Hopewell Township  Permit No. PA0020125 PA0026328  Dry Tons Disposed:	
DISPOSAL SITE INFORMATION: List all sites, even if not used this month.  Site 1 Site 2 Site 3 Site 4  Borough of Monaca  Name: Sewage Treatment Plant Hopewell Township  Permit No. PA0020125 PA0026328  Dry Tons Disposed:	
DISPOSAL SITE INFORMATION: List all sites, even if not used this month.  Site 1 Site 2 Site 3 Site 4  Borough of Monaca  Name: Sewage Treatment Plant Hopewell Township  Permit No. PA0020125 PA0026328  Dry Tons Disposed:	
DISPOSAL SITE INFORMATION: List all sites, even if not used this month.  Site 1 Site 2 Site 3 Site 4  Borough of Monaca  Name: Sewage Treatment Plant Hopewell Township  Permit No. PA0020125 PA0026328  Dry Tons Disposed:	· · · · · · · · · · · · · · · · · · ·
DISPOSAL SITE INFORMATION: List all sites, even if not used this month.  Site 1 Site 2 Site 3 Site 4  Borough of Monaca  Name: Sewage Treatment Plant Hopewell Township  Permit No. PA0020125 PA0026328  Dry Tons Disposed:	
DISPOSAL SITE INFORMATION: List all sites, even if not used this month.  Site 1 Site 2 Site 3 Site 4  Borough of Monaca  Name: Sewage Treatment Plant Hopewell Township  Permit No. PA0020125 PA0026328  Dry Tons Disposed:	
DISPOSAL SITE INFORMATION: List all sites, even if not used this month.  Site 1 Site 2 Site 3 Site 4  Borough of Monaca  Name: Sewage Treatment Plant Hopewell Township  Permit No. PA0020125 PA0026328  Dry Tons Disposed:	
DISPOSAL SITE INFORMATION: List all sites, even if not used this month.  Site 1 Site 2 Site 3 Site 4  Borough of Monaca  Name: Sewage Treatment Plant Hopewell Township  Permit No. PA0020125 PA0026328  Dry Tons Disposed:	
DISPOSAL SITE INFORMATION: List all sites, even if not used this month.  Site 1 Site 2 Site 3 Site 4  Borough of Monaca  Name: Sewage Treatment Plant Hopewell Township  Permit No. PA0020125 PA0026328  Dry Tons Disposed:	
Site 1         Site 2         Site 3         Site 4           Borough of Monaca Sewage Treatment Plant         Hopewell Township         Page 1           Permit No.         PA0020125         PA0026328           Dry Tons Disposed:         Page 2	
Site 1         Site 2         Site 3         Site 4           Borough of Monaca Sewage Treatment Plant         Hopewell Township         Page 1           Permit No.         PA0020125         PA0026328           Dry Tons Disposed:         Page 2	
Name:         Sewage Treatment Plant         Hopewell Township           Permit No.         PA0020125         PA0026328           Dry Tons Disposed:	
Permit No.         PA0020125         PA0026328           Dry Tons Disposed:         ————————————————————————————————————	
Dry Tons Disposed:	
T / . 1 1	
Type: (check one)	
Landfill	
Agr. Utilization	
Other (specify)	
County: Beaver Beaver	

Sludge Received From Other Sources

Source Name (include specific plant)	Gallons Received	% Solids	Dry Tons
Source traine (include specific plant)	Neceiven	/0 30Hus	Diy rolls
·			
·		·	
		1	<u> </u>
			<del></del>
Comments:			
		· · · · · · · · · · · · · · · · · · ·	·
		***	



# 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 Company		<del></del>					
Address:	P.O. Box 4 Shppingport	PA 15077							!
		ey Power Station							
	PERMIT N			MONITOI Year/l	RING F				
	PA002	2007	03	01	то	2007	03	31	
		(h-							
PARAMET	ER	ANALYSIS METHOD		LAB NAM	E.		LAB I	D NUMBE	R²
Zinc		EPA 200.7 or EPA 200.7 Rev 4.4	FirstEr	ergy Corp-	Beta Lab		68	8-01120	
Copper		EPA 200.7 or EPA 200.7 Rev 4.4	FirstEr	ergy Corp-	Beta Lab		- ( <sup>)</sup> 6	B-01120	
Iron		EPA 200.7 or EPA 200.7 Rev 4.4	FirstEr	nergy Corp-	Beta Lab		6	8-01120	
Chromiù	m.	EPA 200.7 or EPA 200.7 Rev 4.4	FirstEr	ergy Corp-	Beta Lab		6	8-01120	
Ammoni	a	EPA 350.3 or SM 4500-NH3 D [20 <sup>th</sup> ]	FirstEr	nergy Corp-	Beta Lab		6	8-01120	
CBOD-5 E	Day	SM5210 B	Fire	stechnology	y, Inc.		60	8-00434	
Cyanide	•	SM 4500-CN E [20 <sup>th</sup> ]	Fire	stechnolog	y, Inc.		6	8-00434	
Chlorobenz	ene .	SM 8260B [20 <sup>th</sup> ]	Fir	stechnology	y, Inc.		6	8-00434	di Signa
		Part of the second							

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

Name/Title Principal Executive Officer

Phone: 724-682-7773

Signature of Principal Executive Officer or

Authorized Agent

Peter P. Sena

Director, Site Operations

Date: 5-25-07

<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:	FirstEne	ergy Nucear Operating Company	· · · _ · · · · · · · · · · · · · · · ·						
Address:	P.O. Bo	x 4					•		
	Shippin	gport, PA 15077							
	Beaver	Valley Power Station			•			,	
PERMIT NUMBER					MONITO Year/	RING F Month/			
	P	A0025615	2007	03	01	то	2007	03	31
	-							I	
PARAMETE	R	ANALYSIS METHOD		LAB NAM	E.		LABI	D NUMBE	H <sup>2</sup>
Powerline 3627 (C	lamtrol)	Photometric Determination	Beaver	Valley Pow	er Station		C	4-2742	
Bentonite Detox (Betz DT-1)		Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645	Beaver	Valley Pov	ver Station		O	)4-2742	
Total Residual Ch	nlorine	EPA 330.5 or SM 4500-CL G [20 <sup>th</sup> ]	Beaver	Valley Pow	er Station		· C	)4-2742	<u> </u>
Free Available Ch	nlorine	EPA 330.5	Beaver	Valley Pow	er Station		Ç	)4-2742	
рН		EPA 150.1 or SM 4500-H+ B [20 <sup>th</sup> ]	Beaver	Valley Pow	er Station		C	4-2742	
Temperature	9	EPA 170.1 or SM 2550 B [20 <sup>th</sup> ]	Beaver	Valley Pow	er Station		0	)4-2742 <sub>(1</sub>	
Flow		NA	Beaver	Valley Pow	er Station		C	4-2742	
Total Suspended	Solids	EPA 160.2 or SM 2540 D [20 <sup>th</sup> ]	Beaver	Valley Pow	er Station			4-2742	
Hydrazine		ASTM D1385-01	Beaver	Valley Pow	er Station		C	4-2742	
Fecal Colifor	m .	Standard Method 9222D	Beaver	Valley Pow	er Station		Ċ	4-2742	
Oil and Greas	se	EPA 1664 Rev A	FirstEr	nergy Corp-	Beta Lab		68	8-01120	
Total Dissolved S	Solids	EPA 160.1 or SM 2540 C [20 <sup>th</sup> ]	FirstEr	nergy Corp-	Beta Lab		- 6	8-01120	(

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

Name/Title Principal Executive Officer

Phone: 724-682-7773

Signature of Principal Executive Officer or

Authorizéd/Agent

Peter P. Sena Director Site Operations Date: 5-25-07

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.

Form Approved OMB No. 2040-0004

Page 1

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

SHIPPINGPORT, PA 150770004

PA ROUTE 168

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER 001A

**DISCHARGE NUMBER** 

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Data Indicator

		M	ONITO	RING	PERIOD		
	YEAR	МО	DAY		YEAR	MO	DAY
ROM	07	04	01	ТО	07	04	30

PARAMETER		QUANTI	TY OR LOADING		. 0	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	7.67	N/A	8.33	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	20000	9 MAXIMUM	pН		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	BOXWAN A CHARLES	***************************************	N/A	• Comment of the comm	Req. Mon. MO AVG	Reg. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1**	<0.1**	mg/L	0	1 / 30	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	*****	0 MO AVG	0 DAILY MX	mg/L		When Discharging:	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	21.8	30.0	MGD	N/A	N/A	N/A	N/A		DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon: MO AVG	Reg Mon DAILY MX	Mgal/d			*******	N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.05	0.25	mg/L	0	5 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	######################################	.5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB.
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02***	<0.02***	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A		.2 AVERAGE	.5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	m	•••••	N/A	7	0 MO AVG	O DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel				TEL	EPHONE		ATE	
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		un Cu	the for PRS	724	682-5203	07	05	25
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATUR	AUTHORIZED	XECUTIVE OFFICER OR AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

\* Not in wet layup this period. \*\* One clamicide this period on 4/26.

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX. \*\*0.1 mg/L is minimum detectable level. \*\*\*0.02 mg/L is minimum detectable level. Daily Max for Detoxicant is 16.3 mg/L. JPC 5-14-07

Form Approved OMB No. 2040-0004

Page 2

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

07

FROM

YEAR MO DAY

04

01

002A

DISCHARGE NUMBER

MONITORING PERIOD

07

YEAR MO DAY

04 30

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

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

	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	$\lambda$	
Peter P Sena, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting talse information, including the possibility of the and imprisonment for knowing violations.	SIGNATURI	
TYPED OF PRINTED		SIGNATURE	***

TELEPHONE DATE 724 682-5203 07 05 25 OF PRINCIPAL EXECUTIVE OFFICER OR YEAR MO DAY AREA Code NUMBER **AUTHORIZED AGENT** 

Form Approved OMB No. 2040-0004

Page 3

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

07

FROM

003A

**DISCHARGE NUMBER** 

YEAR MO DAY

04

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfall

No Data Indicator

PARAMETER	Products and	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	Level Comment	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.025	0.046	MGD	N/A	N/A	N/A	N/A	•	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon: MO AVG	Req. Mon. DAILY MX	MGD	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*******	*	N/A		Twice Per Month	ESTIMA

MONITORING PERIOD

TO

MO DAY

01

04

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>	TEL	_EPHONE		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 labe information,	Dum Suite for PPS	724	682-5203	07	05	25
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)

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

Form Approved OMB No. 2040-0004

Page 4

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

PA0025615 PERMIT NUMBER

004A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Data Indicato

SHIPPINGPORT, PA 150770004			N	MONITO	RING	PERIOD		
		YEAR	MO	DAY		YEAR	MO	DAY
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM	FROM	07	04	01	TO	07	04	30

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
, anameren,		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT									X.	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	*****		6 MINIMUM	******	9 MAXIMUM	рН		1 Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Man MO AVG	Req. Mon. DAILY MX		and the second					Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross		******	AND THE STREET, STREET		******	MO AVG	1.25 INST MAX	mg/L	18 mg (15)	Weekly	GRAB :
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	\$2000	22.221		ertite.	.2 AVERAGE	.5 MAXIMUM	mg/L	i salah Mara	Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel			TEI	LEPHONE		ATE	
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		ear Suite for PPS	724	682-5203	07	05	25
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE	OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

PERMIT

REQUIREMENT

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

Req. Mon.

FROM

Req. Mon.

MO DAY

01

04

006A

DISCHARGE NUMBER

YEAR MO DAY

04

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

Weekly

PARAMETER	fire and the second	QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										

MONITORING PERIOD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel				TEL	EPHONE		ATE	
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting labs information,		un lute	or PPS	724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE	OF PRINCIPAL EXECUTIVE OFFIC AUTHORIZED AGENT	JEH OH	AREA Code	NUMBER	YEAR	МО	DAY

Form Approved OMB No. 2040-0004

Page 6

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

PA0025615 PERMIT NUMBER

007A DISCHARGE NUMBER

DMR MAILING ZIP CODE: MAJOR

(SUBR05)

AUX. INTAKE SYSTEM External Outfall

No Data Indicator

150770004

SHIPPINGPORT, PA 150770004	Γ	MONITORING PERIOD						
		YEAR	MO	DAY		YEAR	MO	DAY
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM	FROM	07	04	01	TO	07	04	30

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
MEA 0400 1 0 Fiffluent Gross Flow, in conduit or thru treatment plant 0050 1 0 Fiffluent Gross Chlorine, total residual 0060 1 0 Fiffluent Gross REG Chlorine Reg Chlorine Reg Fiffluent Gross REG		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			.*
рН	SAMPLE MEASUREMENT										: .
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	Protes	*******		6 MINIMUM	Merres Company	9 MUMIXAM	pН		Weekly	GRAB /
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross		Req. Mon. MO AVG	Req. Mon.⇒ DAILY MX	Mgal/d		******	•			Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		77			5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******	The division of		1411	.2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE 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		TE	LEPHONE		ATE	
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	I for lette forps	724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OF 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

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

| MONITORING PERIOD | | YEAR | MO | DAY | YEAR | MO | DAY | | PROM | 07 | 04 | 01 | TO | 07 | 04 | 30 | |

.....

Page 7

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Data Indicator X

DADAMETED	77532 (19 <b>3</b> 7)	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
20400 1 0 Effluent Gross Solids, total suspended 20530 1 0 Effluent Gross Dil & grease 20556 1 0 Effluent Gross		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******			******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	494449	<b>317788</b>		44004	15 MO AVG	20. DAILY MX	mg/L		<ul> <li>Twice Per Month</li> </ul>	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req: Mon. DAILY MX	Mgal/d	******	111111	*****	N/A	71.7	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	1		TEL	EPHONE		ATE	
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Z Juan Sen	ite for PPS	724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXE AUTHORIZED A		AREA Code	NUMBER	YEAR	MO	DAY

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

010A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

Page 8

MAJOR

(SUBR05)

**UNIT 2 COOLING WATER** 

External Outfall

No Data Indicator

		M	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	04	30

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.50	N/A	7.70	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	****** 	9 MAXIMUM	pН		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.795*	0.795*	mg/L	1	1 / 30	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	: : :	0 MO AVG	0 INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.06	5.76	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mont MO AVG	Req. Mon. DAILY MX	N/A	******		****	N/A		Weekly	MEASAD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.014	0.04	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	 Dispersi		**************************************	.5 MO AVG	1.25 INST MAX	mg/L	-	Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	*****	.2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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
Peter P Sena, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting talse information,
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.

TELEPHONE DATE 724 682-5203 07 05 25 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AREA Code** NUMBER YEAR МО DAY **AUTHORIZED AGENT** 

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

Daily Max for Detoxicant is 28.9 mg/L.

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)

\* See Attachment 2 for a description of this event. One Clamicide this period on 4/26. \*\*0.02 mg/L is minimum detectable level. JPC 5-14-07

Form Approved OMB No. 2040-0004

Page 9

**ESTIMA** 

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

PERMIT

REQUIREMENT

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

50050 1 0

Effluent Gross

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

YEAR

Reg. Mon.

DAILY MX

FROM

Reg. Mon.:

MO AVG

011A

DISCHARGE NUMBER

YEAR

07

MO DAY

04

DMR MAILING ZIP CODE:

150770004

MAJOR (SUBR05)

N/A

**DIESEL GEN & TURBINE DRAINS** 

External Outfall

No Data Indicator

Weekly

DADAMETED		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				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

Mgal/d

MO DAY

04

01

MONITORING PERIOD

TO

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

**TELEPHONE** DATE 724 682-5203 07 05 25 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER YEAR MO DAY **AUTHORIZED AGENT** 

Form Approved OMB No. 2040-0004

Page 10

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

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 07 04 01 TO 07 04 30 DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Data Indicator

DADAMETED		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	SAMPLE TYPE	
ode 1 0  ffluent Gross  opper, total (as Cu)  1042 1 0  ffluent Gross  inc, total (as Zn)  1092 1 0  ffluent Gross  low, in conduit or thru treatment plant  0050 1 0	400	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.97	N/A	7.97	pН	0	1 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	eretero. Total	******	N/A	6. MINIMUM	******	.9 MAXIMUM	рН		Once Per Month	GRAB!
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.082	0.102	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.120	0.187	mg/L	0	2 / 30	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	E THE STATE OF THE		N/A	*****	1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. " MO AVG	Req: Mon. DAILY MX	Mgal/d	***		******	N/A	7	Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	574	608	mg/L	0	2 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	Preserv	#***** 	N/A	*****	Req. Mon. MO AVG	Reg. Man. DAILY MX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel			TE	LEPHONE		DATE	
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting take information,		row lute for pas	724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATUR	E OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

Form Approved OMB No. 2040-0004

Page 11

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER 013A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

**OUTFALL 013** 

External Outfall

No Data Indicator

i		MONITORING PERIOD												
	YEAR	МО	DAY		YEAR	МО	DAY							
FROM	07	04	01	TO	07	04	30							

20400 1 0 Effluent Gross Eyanide, total (as CN) 20720 1 0 Effluent Gross Example 1 1042 1 0 Effluent Gross	***	QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	1	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	i		
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.9	N/A	7.60	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	******	9 MAXIMUM	pН		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01*	<0.01*	mg/L	0	2 / 30	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	******	Req. Mon. MO:AVG	Req Mon. DAILY MX	mg/L		Twice Per * Month	GOMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.020	0.030	mg/L	0	2 / 30	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	:	- 05 MO AVG	DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005**	<0.005**	mg/L	0	2 / 30	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	***************************************	******	N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.010	0.012	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	N/A	4.7	Twice Per Month	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		0.0	TEL	EPHONE		ATE	
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the Information automitted 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,	X)	um lute PB	724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE O	F 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 5-14-07

Form Approved OMB No. 2040-0004

Page 12

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

101A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Data Indicator

1		M	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	МО	DAY
FROM	07	04	01	то	07	04	30

0400 1 0 fluent Gross  Dids, total suspended  0530 1 0 fluent Gross  il & grease  0556 1 0 fluent Gross  itrogen, ammonia total (as N)  0610 1 0 fluent Gross		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAWETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.36	N/A	8.5	рН	0	6 / 30	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	6: MINIMUM	•	9 MAXIMUM	рН		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.5	12.4	mg/L	0	1 / 7	2 HR COMP	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP-2	
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 <b>*</b>	mg/L	0	1 / 7	GRAB	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	40.0		N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB	
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	· N/A	N/A	**	**	mg/L	**	**	GRAB	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT		****	N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.011	0.013	MGD	N/A	N/A	N/A	N/A	0	DAILY	CONT	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Man. DAILY MX	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	TANATA	*******	N/A	******	Reg. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	one who manage the system, or those persons directly responsible for gathering the mation, the information submitted is, to the best of my knowledge and belief, true, accurate, complete. I am aware that there are significant penalties for submitting false information,				TEL	EPHONE		DATE	
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and ballef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	2	ron lu	te pps	724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF	PRINCIPAL EXECUT AUTHORIZED AGEN		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 5-14-07

Form Approved OMB No. 2040-0004

Page 13

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:

ATTN: ELIZABETH

PA ROUTE 168

SHI

PA0025615 PERMIT NUMBER

102A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Data Indicator

HIPPINGPORT, PA 150770004			M	ONITO	RING	PERIOD		
		YEAR	МО	DAY		YEAR	МО	DAY
THOMAS/MGR ENV&CHEM	FROM	07	04	01	TO	07	04	30

PARAMETER		QUANTI	TY OR LOADING	_	C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
T ATTAMETES	100	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.50	N/A	7.70	рН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	Access Access		N/A	6 MINIMUM	·	9 MUMIXAM	pН		Twice Per Month	GRAB (
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	26.2	52.4	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	***	30 MO AVG	100 DAILY MX	mg/L	2.00	Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	and i	*****	N/A		15 MØ AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	<b>-</b> .	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req. Mon. DAILY MX	Mgal/d			70 mg	N/A		Twice Per // Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	$\Lambda$	TEI	EPHONE	D	ATE	
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are eignificant penalties for submitting false information,	Dum Juite tops	724	682-5203	07	05	25
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 THE DISCHARGE OF COLLECTED PUMP BEARING LEAKAGE PRIOR TO MIXING WITH ANY OTHER WATER.

\*5 mg/L is minimum detectable level. JPC 5-14-07

Form Approved OMB No. 2040-0004

Page 14

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

SHIPPINGPORT, PA 150770004

PA0025615

PERMIT NUMBER

103A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Data Indicator

		N	IONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	МО	DAY
FROM	07	04	01	то	07	04	30

PARAMETER	the state of the s	QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PANAMEIEN	44.0	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.88	N/A	7.11	pН	0	3 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	A COUNTY	9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	22.5	25.0	mg/L	0	2 / 30	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Twice Per 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 / 30	EST
50050 † 0 Effluent Gross	PERMIT REQUIREMENT	## KReq Mon ≭C MO AVG	Beq: Mon: DAILY MX	Mgai/d	1000	**************************************	A COMMUNICATION	N/A		Twice Pere Month	ESTIMA

	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel				TEL	EPHONE		ATE	
Peter P Sena, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	7	son Just		724	682-5203	07	05	25
TYPED OR PRINTED	Including the possibility of fine and Imprisonment for knowing violations.	SIGNAT	AUTHORIZED	(ECUTIVE OFFICER OR AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

Form Approved OMB No. 2040-0004

Page 15

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

NAME:

ATTN:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA BOUTE 168

PA0025615 PERMIT NUMBER

111A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Data indicator

SHIPPINGPORT, PA 150770004			Ñ	IONITO	RING	PERIOD		
		YEAR	MO	DAY		YEAR	МО	DAY
: ELIZABETH THOMAS/MGR ENV&CHEM	FROM	07	04	01	TO	07	04	30

PARAMETER	1	QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMEICA		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.18	N/A	8.07	pН	0	1** / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	e e e e e e e e e e e e e e e e e e e	*****	N/A	6 MINIMUM		9 MUMIXAM	рН		Weekly	GRAB*
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.0	8.0	mg/L	0	1** / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	##*** *******		N/A	*******	30 MO AVG	. 100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 <b>*</b>	mg/L	0	1** / 7.	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	- Caresert A.	41771	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	•	1 / 7	EST
50050 1 0 Effluent Gross		Heq. Mon MO AVG	Req Mon — DAILY MX	Mgal/d		******		N/A		Weekly	ESTIMA*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	/		TEL	EPHONE		ATE	
Peter P Sena, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	2	um linte PPS	724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNAT	URE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

<sup>\* 5</sup> mg/L is minimum detectable level. \*\* No flow week of 4-15-07. JPC 5-14-07

MONITORING PERIOD

TO

MO DAY

04 01

Form Approved OMB No. 2040-0004

Page 16

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

FACILITY: LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615 PERMIT NUMBER

YEAR

07

FROM

113A **DISCHARGE NUMBER** 

YEAR MO DAY

04 30

07

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

**UNIT 2 SEWAGE TMT PLANT** 

Internal Outfall

No Data Indicator

PARAMETER		QUANT	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	'N/A	N/A	N/A	7.36	N/A	7.90	рН	0	3 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	*****	9. MAXIMUM	рН		Twice Per :- Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	15.1	17.1	mg/L	0	2 / 30	8 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	*****	N/A	******	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.007	0.009	MGD	N/A	N/A	N/A	N/A	•	10 / 30	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.043 MØ AVG	Req. Mon DAILY MX	Mgal/d	******	******	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.77	2.30	mg/L	0	9 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	**************************************	1.4 "MO AVG."	3.3 INST-MAX	mg/L		Twice Per "Month"	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3	N/A	#/100mL	0	2 / 30	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT		******	N/A	*****	2000 MO GEOMN	******	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3.5	4.0	mg/L	0	2 / 30	8 HR COMP
80082 1 0 Effluent Gross	PERMIT	, , , , , , , , , , , , , , , , , , ,	*****	N/A	******	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1	O C	TEI	EPHONE	ַ	DATE	
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and compilete. I am aware that there are elignificant penalties for submitting take information,		ian Sinte PPS	724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations,	SIGNATURE	OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 17

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

07

FROM

YEAR MO DAY

04

01

203A

DISCHARGE NUMBER

YEAR MO DAY

04

07

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

No Data Indicator

PARAMETER	100	QUANTI	TY OR LOADING		G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	2.0	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.54	N/A	8.06	рН	0	4 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	exerce 	******	N/A	6 MINIMUM	*****	9 MAXIMUM	На		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	14.0	20.0	mg/L	0	3 / 30	8 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	Person	******	N/A	******	30 MO.AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0027	0.0115	MGD	N/A	N/A	N/A	N/A	•	11 / 30	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	MO AVG	Req: Mon. DAILY MX	Mgal/d		******		N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.87	2.0	mg/L	0	11 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	***************************************	*****	N/A	******	1.4 MO AVG	3/3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<1*	N/A	#/100mL	0	2 / 30	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	\$2750 A	2000 MO GEOMN	******	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3.3	4.5	mg/L	0	2 / 30	8 HR COMP
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	,August	*****	N/A	******	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMPA

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		, L	TELEPHONE		DATE	
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting take information,	Zum Leute Pl	72	4 682-5203	07	05	25
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICE 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 18

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

SHIPPINGPORT, PA 150770004

PERMIT NUMBER

211A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05) 211 TURBINE BLDG

Internal Outfall

No Data Indicator

		M	ONITO	RING	PERIOD		
	YEAR	МО	DAY		YEAR	MO	DAY
FROM	07	04	01	то	07	04	30

PA0025615

PARAMETER	. 77	QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.68	N/A	7.64	рН	0	1 / 7	GRAB
00400 1 0	PERMIT	*****	******	N/A	6	*****	9			Weekly	GRAB
Effluent Gross	REQUIREMENT			14/7	MINIMUM		MAXIMUM	pН		1,000,0	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	19.4	45.6	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	#****		N/A	**************************************	30 MO AVG	100 DAILY MX	mg/L		- Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0	PERMIT	*****	*****	N/A	*****	15	- 20			Weekly	GRAB
Effluent Gross	REQUIREMENT			IVA		MO AVG	DAILY MX	mg/L		Weekly	<b>0</b> , 1, 10, 10
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgai/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		TE	LEPHONE		DATE	
Peter P Sena, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Lhan lute PPS	724	682-5203	07	05	25
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 5-14-07

Form Approved OMB No. 2040-0004

Page 19

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

213A DISCHARGE NUMBER

No Data Indicator

DMR MAILING ZIP CODE: 150770004

UNIT 2 COOL TOWER PUMPHOUSE

MAJOR

(SUBR05)

Internal Outfall

		M	ONITO	RING	PERIOD		
	YEAR	МО	DAY		YEAR	МО	DAY
ROM	07	04	01	TO	07	04	30

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	CRYSCHE	*****		6	*****	9 9			Twice Per	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MUMIXAM	pН		Month	GIAG
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	******	*****		******	30	100			Twice Per	ODAD
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	, ,									
00556 1 0	PERMIT	******	*****		*****	15	20			Twice Per	GRAB
Effluent Gross	REQUIREMENT		No.			MO AVG	DAILY MX	mg/L		Month	GRAD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	Reg. Mon.	Req. Mon.		******	*****	*****			Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO/AVG	- DAILY MX	Mgal/d			100			vicetiy.	LUTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0	PERMIT	*****	*****		******		1.25			Twice Per	CDAR
Effluent Gross	REQUIREMENT					MO AVG	INST MAX	mg/L		Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE		ATE	
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Zua Sente PPS	·	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 20

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

Flow, in conduit or thru treatment plant

PA0025615 PERMIT NUMBER

YEAR

07

< 0.001

Reg. Mon.

DAILY MX

FROM

< 0.001

Reg. Mon.

DVA OM

MO DAY

01

04

301A

DISCHARGE NUMBER

YEAR MO DAY

04

07

N/A

N/A

N/A

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

N/A

N/A

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

No Data Indicator

1 / 7

Weekly

**EST** 

**ESTIMA** 

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE	
PARAMETER	general and resident states of the	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	]		
Solids, total suspended	SAMPLE MEASUREMENT	N/A ·	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	Present	*****	N/A	**************************************	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB

MGD

Mgal/d

	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	7		0 -	TEL	EPHONE		ATE	
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		un Juite	pps	724	682-5203	07	05	25
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATUR	E OF PRINCIPAL EXECUTIVE AUTHORIZED AGENT	E OFFICER OR	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 5-14-07

SAMPLE

**MEASUREMENT** 

PERMIT

REQUIREMENT

Form Approved OMB No. 2040-0004

Page 21

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

PA0025615 PERMIT NUMBER

303A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

**UNIT 1 OIL WATER SEPARATOR** 

Internal Outfall

SHIPPINGPORT, PA 150770004		MONITORING PERIOD									
	Υ	/EAR	MO	DAY		YEAR	MQ	DAY			
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM	FROM	07	04	01	TO	07	04	30			

PARAMETER	Name of the second	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1 Ollower Pit	September 1991	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	PARKITE.			- 6 MINIMUM		9 MUMIXAM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT				Contrary Contrary (1 September 1	30 MO AVG	100 DAILY MX	mg/L		Weakly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT				******	15 MO AVG	= 20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	·									
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	erene.	******	19 19 19 19 19 19 19 19 19 19 19 19 19 1	N/A		Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel			TEL	EPHONE		ATE	
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are algnificant penalties for submitting false information,		man Lute PPS	724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATU	JRE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

SAMPLES SHALL BE TAKEN AT THE OVERFLOW FROM THE OIL WATER SEPARATOR 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: LOCATION: BEAVER VALLEY POWER STATION

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

313A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

313 TURBINE BLDG DRAIN Internal Outfall

No Data Indicator

	MONITORING PERIOD								
	YEAR	МО	DAY		YEAR	МО	DAY		
FROM	07	04	01	то	07	04	30		

PARAMETER	i kere	QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I GILDING [#1]	#:	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.81	N/A	7.07	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	6.7	10.8	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	STREET.	******	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	· <5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A		1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel			TEL	EPHONE		ATE	
Peter P Sena, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	2	na Juste tops	724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATO	JRE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

\* 5 mg/L is minimum detectable level. JPC 5-14-07

Page 22

Form Approved OMB No. 2040-0004

Page 23

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER 401A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Data Indicator

MONITORING PERIOD								
	YEAR	МО	DAY		YEAR	МО	DAY	
ROM	07	04	01	TO	07	04	30	

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.95	N/A	8.01	рН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	200000 200000 2000000	2277111 2477111	N/A	6 MINIMUM	oterte Carriero	Reg. Mon. MAXIMUM	рΗ		Twice Per Month	GRAB:
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB -
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Anna de la companya d	errent Lagrangia	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per. Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	· N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO.AVG	Req. Mon. DAILY MX	Mgal/d	THE THE SECOND	10.0	********	N/A		Weekly	ESTIMA

1 MAX 9

	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
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of the and impressoment for knowing violations.
TYPED OR PRINTED	the dusting the possibility of time and intermediate for knowing violations.

TELEPHONE DATE 724 682-5203 07 05 25 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER YEAR MO DAY **AUTHORIZED AGENT** 

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 5-14-07

MONITORING PERIOD

TO

MO DAY

01

04

Form Approved OMB No. 2040-0004

Page 24

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

07

FROM

**DISCHARGE NUMBER** 

403A

YEAR MO DAY

04

30

07

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indicato

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ranameren	第 <del>二</del>	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		·	
рН	SAMPLE MEASUREMENT								-		
00400 1 0	PERMIT	*****	*****		6	*****	9			Weekly	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	pН	100	VVEEKIY	GNAC
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT		******		*****	30	100			Weekly	GRAB
Effluent Gross	REQUIREMENT	100				MO'AVG	* DAILY MX	mg/L		iveeniy	9,50
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0	PERMIT	******			******	- 15	20			Weekiy	GRAB
Effluent Gross	REQUIREMENT		41.		10.0	MO AVG	DAILY'MX	mg/L		WEEKIY	GIAU.
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0	PERMIT	******	*****		*****	Req. Mon.	Req. Mon.			Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		VVBERTY	GRAD
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT		· 								
04251 1 0	PERMIT	******	*****		******	0	0			When	COMP24
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	·									
50050 1 0	PERMIT	Req. Мол.	Req. Mon.		*****	*****	******			Weekly	ESTIMA:
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d			***			,,, dany	-COIIIIA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0	PERMIT	*****	*****		******	.5	1.25			Weekly	GRAB
Effluent Gross	REQUIREMENT		6.5			MO AVG	INST MAX	mg/L		, ricolli,	5,70

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel			TEI	EPHONE		ATE	
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 labs information,		no but fops	724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATUR	E OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

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

MONITORING PERIOD

MO DAY

Form Approved OMB No. 2040-0004

Page 25

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

403A DISCHARGE NUMBER

YEAR MO DAY

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indicator

rn	OW 07 1 04	·	07   04	30					نت	
QUANT	UANTITY OR LOADING QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
LUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				

PARAMETER	4.0								EX	OF ANALYSIS	TYPE
PANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT						:				
81313 1 0	PERMIT	******	*****		111111	0	0			Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		-weariy	GIIAU

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	C	ATE	
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		ut PPS	724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL I AUTHORIZEI		AREA Code	NUMBER	YEAR	МО	DAY

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

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

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

Form Approved OMB No. 2040-0004

Page 26

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

PA0025615 PERMIT NUMBER

413A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**BULK FUEL STORAGE DRAIN** 

Internal Outfall

No Data Indicator

SHIPPINGPORT, PA 150770004		_	M	ONITO	RING	PERIOD		
	[	YEAR	МО	DAY		YEAR	МО	DAY
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM	FROM[	07	04	01	то	07	04	30

PARAMETER	Allendary of the section	QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.33	N/A	7.33	рН	0	1 / 7**	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		Are Salar	N/A	6 MINIMUM	4	9 MAXIMUM 4	pН	9.0	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	22.6	22.6	mg/L	0	1 / 7**	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	*******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oii & 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	Anoni Anoni	eserve.	N/A	******	16 MØ AVG	20 ⊮DAILY:MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	•	1 / 7**	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	7*************************************	*****	*******	N/A		Weekly	ESTIMA 2

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE		ATE	
Peter P Sena, DIRECTOR OF SITE	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,	Than but PPS	724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

\* 5 mg/L is minimum detectable level. \*\* Discharge isolated after after 4-9-07. JPC 5-14-07



501A

DISCHARGE NUMBER

Form Approved OMB No. 2040-0004

Page 27

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

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

SHIPPINGPORT, PA 150770004

PA ROUTE 168

MONITORING PERIOD MO DAY YEAR MO DAY YEAR FROM 07 04 01 07 04 30 TO

PA0025615

PERMIT NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER	1000	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT					·					
00530 1 0	PERMIT	******	*****		******	30 MO AVG	100 DAILY MX			Weekly	GRAB
Effluent Gross	REQUIREMENT		200			MO AVG	DAILY MX	mg/L		1100111	O, , , O
Flow, in conduit or thru treatment plant	SAMPLE										
l low, in conduit of the treatment plant	MEASUREMENT					l					
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		******	*****	******			Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d		1.0	- 181			Weekly	EOUVA

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	$\Lambda$	$\wedge$	TEI	LEPHONE		ATE	
Peter P Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Z ma Cu		724	682-5203	07	05	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXI AUTHORIZED A		AREA Code	NUMBER	YEAR	МО	DAY

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

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