



June 25, 2007 L-07-085

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 May 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). Attachment 2 to this letter is a clamicide report as required by Part C.15 – Asiatic Clam Control.

Review of the data indicates no Permit parameters were exceeded during the month.

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. An updated form for April is also enclosed.

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

Sincerely,

Director, Site Operations

Attachments (2) Enclosures (3)

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

US Environmental Protection Agency

Central File: Keyword- DMR

1 EXS

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
4/30/07	0900	6.71	mg/L
5/7/07	0825	7.87	mg/L
5/14/07	1005	7.82	mg/L
5/21/07	1000	7.56	mg/L
5/30/07	1200	7.03	mg/L

- Attachment 1 END -

ATTACHMENT 2

Clamicide Report

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

Parameter	Unit 1 A Train	Unit 1 B Train	Unit 2 A Train	Unit 2 B Train
Date	5/1/07 - 5/2/07	5/15/07 - 5/16/07	5/8/07 - 5/9/07	4/26/07 - 4/27/07
Chemical Used ¹	1651 pounds ³	800 pounds ³	1459 pounds ³	1743 pounds ³
Outfall 001 Concentration	<0.182 mg/L	<0.1 mg/L	<0.182 mg/L	< 0.1 mg/L
Outfall 010 Concentration	N/A ⁴	N/A ⁴	<0.1 mg/L	0.795 mg/L
Detox Used ²	4542 pounds	4541 pounds	5080 pounds	4494 pounds
Outfall 001 Concentration ³	34.7 mg/L	19.3 mg/L	18.2 mg/L	16.3 mg/L
Outfall 010 Concentration ³	N/A ⁴	N/A ⁴	31.4 mg/L	28.9 mg/L

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

- Attachment 2 END -

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: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

001A

DISCHARGE NUMBER

		M	ONITO	RING	PERIOD)	
	YEAR	МО	DAY		YEAR	MO	DAY
FROM	. 07	05	01	TO	07	05	31

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
r ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.29	N/A	7.75	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	******	9 MUMIXAM	.pH		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	everen.	******	N/A	ANTITY	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**	<0.182***	mg/L	0	3 / 31	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	20.9	30.3	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	<0.02****	<0.02****	mg/L	0	7 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A		.5 AVERAGE	1:25 MAXIMUM	mg/L	in the state	Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.002	0.02	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A		.2 AVERAĜE	.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	200	*******	N/A	*****	0 MO AVG	0 DAILY MX	mg/L	green.)	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	A	TEL	EPHONE		ATE	
Peter P. Sena, DIRECTOR OF SITE OPERATIONS properly gather and evaluate the information submitted. Based on my inquity 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 evere that there are significant penalties for submitting false information,	Oth how	724	682-5203	07	06	22
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

* Not in wet layup this period. Three clamicides this period on 5/1, 5/8 & 5/15. The BETS DT-1 daily maximum was 34.7 mg/ COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX.

0.1 mg/L is minimum detectable level. * 0.182 is minimum detectable level. ****0.02 mg/L is minimum detectable level. JPC 6-12-07

002A

DISCHARGE NUMBER

Form Approved OMB No. 2040-0004

Page 29

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

PA ROUTE 168

ATTN: DONALD J SALERA/MGR ENV & CHEM

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 07 05 01 TO 07 05 31

PA0025615

PERMIT NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	0 1 0 -	TEI	LEPHONE		PATE	ئـــــــــــــــــــــــــــــــــــــ
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 fase information,	bet her	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

003A

DISCHARGE NUMBER

Form Approved OMB No. 2040-0004

Page 30_

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: DONALD J SALERA/MGR ENV & CHEM

SHIPPINGPORT, PA 150770004

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 05 01 05 TO 07

PA0025615

PERMIT NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfall

No Data Indicator

PARAMETER		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	0.030	0.046	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO/AVG	Reg. Mon. DAILY MX	Mgal/d) granna	******	******	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OF	ICER i certify under penalty of (aw 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 SIT	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.	let ! her	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

Form Approved OMB No. 2040-0004

Page 31

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

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

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

004A DISCHARGE NUMBER

(SUBR05) UNIT ONE COOLG TOWER OVERFLOW External Outfall

MAJOR

DMR MAILING ZIP CODE: 150770004

No Data Indicator

	MONITORING PERIOD												
	YEAR MO DAY YEAR MO DAY												
FROM	07	05	01	TO	07	05	31						

DADAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
0400 1 0 Effluent Gross Flow, in conduit or thru treatment plant 0050 1 0 Effluent Gross Chlorine, total residual 0060 1 0 Effluent Gross	are with the	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		6 MINIMUM	******	9 MAXIMUM	pН		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	Agento	******	******			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										}
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******				5 MO AVG	1:25 INST-MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	•	******			.2 AVERAGE	5 MAXIMUM	r: 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	1	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,	Pet ho	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

Form Approved OMB No. 2040-0004

Page 32

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/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

		M	ONITO	RING	PERIOD]
	YEAR	MO	DAY		YEAR	MO	DAY]
FROM	07	05	01	TO	07	05	31	1

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
(Visalie 12)	2.5	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	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	0	TE	LEPHONE	C	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, sccurate, and complete. I am aware that there are significant penalties for submitting false information,	let ha	724	682-5203	07	06	2
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	D

MONITORING PERIOD

TO

01

Form Approved OMB No. 2040-0004

Page 33

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

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

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

05

007A DISCHARGE NUMBER

YEAR MO DAY

05 31

07

DMR MAILING ZIP CODE: 150770004 **MAJOR**

(SUBR05)

AUX. INTAKE SYSTEM External Outfall

PARAMETER		QUANTI	TY OR LOADING		Q	UALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		•	
pH .	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	411111	9 MAXIMUM	рН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgai/d	*****	******	*****			Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******* ******************************	*****		******	5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		*****	.2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1 1 2 =	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,	ht I have	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

Form Approved OMB No. 2040-0004

Page 34

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

PA0025615 PERMIT NUMBER

008A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Data Indicator

EOOM HON.	I A NOOTE 100									
	SHIPPINGPORT, PA 150770004			M	IONITO	RING	PERIOD)		
			YEAR	MO	DAY		YEAR	MO	DAY	
ATTN: DONAL	D J SALERA/MGR ENV & CHEM	FROM	07	05	01	TO	07	05	31	

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT						·				
00400 1 0	PERMIT	*****	*****		6	497999	9 MAXIMUM			Twice Per	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	pН		Month	Great
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	٠									
00556 1 0	PERMIT	******	******			15 MO AVG	4 4 20		4-11	Twice Per Month	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Month	Olero.
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	Reg. Mon.	Req Mon		*****	*****	*****	N/A		Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d				137		,,,,,,,,	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1	TEI	LEPHONE		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 besid, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	but f het	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

Form Approved OMB No. 2040-0004

Page 35

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: DONALD J SALERA/MGR ENV & CHEM

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

DISCHARGE NUMBER

010A

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

UNIT 2 COOLING WATER

External Outfail

No Data Indicator

		MONITORING PERIOD												
	YEAR	MO	DAY		YEAR	MO	DAY							
FROM	07	05	01	TO	07	05	31							

PARAMETER		QUANTI	TY OR LOADING		1	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.85	N/A	7.50	рН	.0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	Setter.		N/A	6 MINIMUM	*****	9 MAXIMUM	рH		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1*	<0.1*	mg/L	0	3 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	Attes	0 MO AVG	0 INST/MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.33	6.62	MGD	N/A	N/A	N/A	N/A	•	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon. MO AVG	Reg. Mon. DAILY MX	Mgal/d	******	ATTENDA	###### ###############################	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.024	0.08	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******			,5 MO AVG	1.25 INST/MAX	mg/L		Weekly	GRAB
Chiorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.014	0.07	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	1.00	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,	fet F. ned_	724	682-5203	07	06	22
OPERATIONS	and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	10510-4-	MINORD	V545	MO	DAY
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MU	DAT

The BETS DT-1 daily maximum was 31.4 mg/L

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

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

Three Clamicides this period on 5/1, 5/8 & 5/15. 0.1 mg/L is minimum detectable level. JPC 6-12-07

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM 07

YEAR MO DAY

05 01

011A DISCHARGE NUMBER

YEAR MO DAY

05

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05) .

DIESEL GEN & TURBINE DRAINS

External Outfall

No Data Indicator

PARAMETER	2012	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
· ANDRES	A COLUMN	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	700000	A Seasons		N/A		Weekly	ESTIMA

	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	D D D	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 hose persons directly responsible for gathering the information, information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Vot P. hou	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

Form Approved OMB No. 2040-0004

Page 37

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

012A DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Data Indicator

	MONITORING PERIOD										
	YEAR	MO	DAY		YEAR	MO	DAY				
FROM	07	05	01	TO	07	05	31				

PARAMETER		QUANTI	TY OR LOADING		G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1 Alouine I mil	180	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.56	N/A	7.56	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	essent a	******	N/A	6i MINIM⊍M	****	9 MAXIMUM	pН		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.061	0.062	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Marin		******	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	0.105	0.109	mg/L	0	2 / 31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A		1.5 MO AVG	1.5 DAILY MX	mg/L	e de la companya de l	Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg 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	534	552	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	Process Tagging and an artist and an artist and artist artis	******	N/A	******	Req. Mon MO AVG	Req: Mon: DAJLY 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	1 1 0 -	TEI	LEPHONE	C	ATE	
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. Lam aware that there are significant penalities for submitting false information,	ht I ha	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

SHIPPINGPORT, PA 150770004

PA ROUTE 168

PA0025615 PERMIT NUMBER 013A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

OUTFALL 013 External Outfall

No Data Indicator

	MONITORING PERIOD											
	YEAR	MO	DAY		YEAR	MO	DAY					
FROM	07	05	01	TO	07	05	31					

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.88	N/A	7.41	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	weent.	N/A	6 MINIMUM	******	9 MAXIMUM	рН		_ Weekiy	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01*	<0.01*	mg/L	0	2 / 31	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A		Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.008	0.010	mg/L	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	400	C-CARLET .	N/A	***************************************	05 MO AVG	DÁILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005**	<0.005**	mg/L	0	2 / 31	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	news	*******	N/A	******	Req Mon. MO AVG	Reg. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.003	0.003	MGD	N/A	· N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO AVG	Req: Mon. DAILY MX	Mgal/d	******	*****	******	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1 1 1-	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 complete. I am aware that there are significant penetities for submitting false information,	lett hed	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY

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

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 6-12-07

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

Page 38

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: **BEAVER VALLEY POWER STATION** PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

05

01

101A

YEAR MO DAY

05

07

DISCHARGE NUMBER

MAJOR

DMR MAILING ZIP CODE: 150770004

(SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			j
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.14	·N/A	8.46	рН	0	6 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	enace:	*****	N/A	6 MINIMUM	******	9 MUMIXAM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.6	6.4	mg/L	0	6 / 31	2 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	******	30 MO AVG	100 DAILY:MX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	6 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	*****	N/A	******	15 MOAVG	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	0.009	0.011	MGD	N/A	N/A	N/A	N/A	0	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MOIAVG	Req. Mon. 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	*****	*****	N/A	******	Req: Mon: # MO AVG	Req:Mon DAILY MX	mg/L		Weekly	GRAB

direction or supervision in accordance with a system designed to assure that qualified personnel properly galher and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsable for galhering the	let I her	704			1	
OPERATIONS 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,	pect the	724	682-5203	07	06	22
TYPED OR PRINTED Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. SAMPLES SHALL BE TAKEN AT THE DISCHARGE FROM THE CHEMICAL WASTE SUMP PRIOR TO MIXING WITH ANY OTHER WATER. *5 mg/L is minimum detectable level. ** Not in wet layup this period. JPC 6-12-07

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

Page 39

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Page 40

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

102A DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 05 01 TO 07 05 31

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I AIVAMETELY		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		:	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.49	N/A	7.82	рН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	499444	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	8.1	10.7	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	ALCO TO	******	4 025000	N/A	100	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	1 1 1-7	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 false information,	let has	724	682-5203	07	06	22
TYPED OR PRINTED	Tincluding 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 6-12-07

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

Form Approved OMB No. 2040-0004

Page 41

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

103A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Data Indicator

[MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY			
FROM	07	05	01	TO	07	05	31			

PARAMETER		QUANTI	TY OR LOADING		ď	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.99	N/A	7.15	pН	0	3 / 31	GRAB
00400 1 0	PERMIT	******	*****	N/A	6	*****	9			Twice Per	GRAB
Effluent Gross	REQUIREMENT			IN/A	MINIMUM		MAXIMUM	pН		Month	2
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	13.6	17.4	mg/L	0	2 / 31	24 HR COMP
00530 1 0	PERMIT	*****	*****	N/A	******	30	100			Twice Per	COMP24
Effluent Gross	REQUIREMENT			INA		MO AVG	DAILY MX	mg/L		Month	OOM 24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	· N/A	N/A	N/A	•	2 / 31	EST
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	*****	******	N/A		Twice Per	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d			4.474	17/		Month	COTIMIA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	rsons who manage the system, or those persons directly responsible for gathering the	0 1	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 compiete. I am aware that there are significant penalties for submitting fates information,	Pett her	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

Form Approved OMB No. 2040-0004

Page 42

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

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

PA ROUTE 168

ATTN: DONALD J SALERA/MGR ENV & CHEM

SHIPPINGPORT, PA 150770004

PA0025615

PERMIT NUMBER

111A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Data Indicator

	MONITORING PERIOD												
	YEAR	MO	DAY		YEAR	MO	DAY						
FROM	07	05	01	то	07	05	31						

PARAMETER		QUANTI	TY OR LOADING		G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
T AIVAINETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.47	N/A	7.81	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*10***	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	8.8	10.8	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	(account)		N/A	****		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		*******	Armen Armene Armene	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE		ATE	
Peter P. Sena, DIRECTOR OF SITE OPERATIONS	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,	Pet I he	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

^{* 5} mg/L is minimum detectable level. JPC 6-12-07

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 43

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: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

YEAR MO DAY

05

01

113A

DISCHARGE NUMBER

YEAR MO DAY

05 31

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Module	19 mg - 19 mg	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	Artes a	*****		*****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			,							_
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.043 MO AVG	Req. Mon DAILY MX	Mgal/d	******	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT				·						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	entropy Control of the control of th	617774		******	1.4 — MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	##CFF ##		******	200 MO GEOMN	*****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	277464	******		******	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	1.01	TEI	EPHONE		ATE	
Peter P. Sena, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	fit P. hu	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

Form Approved OMB No. 2040-0004

Page 44

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: DONALD J SALERA/MGR ENV & CHEM

SHIPPINGPORT, PA 150770004

PA ROUTE 168

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
ROM	07	05	01	TO	07	05	31

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	7.38	N/A	7.85	рΗ	0	3 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*****	N/A	6 MINIMUM		9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	14.7	20.0	mg/L	0	3 / 31	8 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0077	0.0115	MGD	N/A	N/A	N/A	N/A	-	7 / 31	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.023 MO AVG	Req. Mon. DAILY MX	Mgal/d	*******	****	*******	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	Ņ/A	N/A	N/A	0.67	1.1	mg/L	0	9 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	•	1.4 MO AVG	3:3 INST: MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<1*	N/A	#/100mL	0	2 / 31	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	******	200 MO GEOMN	******	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	10.5	15.0	mg/L	0	2 / 31	8 HR COMP
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	******	44447	N/A	edecro	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	0 0 0	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.	Vol P. Diel	724	682-5203	07	06	22
	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)

** Discharge no longer occurred after 5-22-07.

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 6-12-07

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 45

GRAB

EST

ESTIMA

Weekly

1 / 7

Weekly

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

00556 1 0

50050 1 0

Effluent Gross

Effluent Gross

Flow, in conduit or thru treatment plant

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR

0.002

Req. Mon.

DAILY MX

FROM

MO DAY

05

01

211A DISCHARGE NUMBER

07

N/A

YEAR MO DAY

05

15

MO AVG

N/A

20 DAILY MX

N/A

mg/L

N/A

N/A

MAJOR (SUBR05) 211 TURBINE BLDG Internal Outfall

DMR MAILING ZIP CODE: 150770004

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
T PAG WILLIAM		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.40	N/A	7.19	pН	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	<4 *	<4 *	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	dicere.	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

N/A

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	α	TEI	LEPHONE		ATE	
Peter P. Sena, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	let Plex	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

0.002

Req. Mon.

MO AVG

^{*4} mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC 6-12-07

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 46

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

MEASUREMENT

PERMIT

REQUIREMENT

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

Chlorine, total residual

50060 1 0

Effluent Gross

BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

YEAR MO DAY

05 01

213A

DISCHARGE NUMBER

YEAR MO DAY

05 31

MAJOR (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

DMR MAILING ZIP CODE: 150770004

Internal Outfall

No Data Indicator

Twice Per

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER	100	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Н	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		6 MINIMUM	******	9. MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****** *******************************	******		******	30 Mo AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT]						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	SC CAT BEAUTY (******		(******	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.	Req. Mon.	Mgal/d	Attent	*****	******			Weekly	ESTIMA
Chlorine total residual	SAMPLE							<u> </u>			

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	A	TEI	LEPHONE	D	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 aubmitted 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,	let I hear	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM 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

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: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

05 01

301A

DISCHARGE NUMBER

31

YEAR MO DAY

07 05

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

No Data Indicator

PARAMETER	4 9 1	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUÉ	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	. N/A		30 MO AVG	100 DAILY MX	mg/L	4.4	Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	•	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	A17898	*****	N/A	200	Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	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 eware that there are significant penalties for submitting false information,	lit P. Sou	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

SAMPLES SHALL BE TAKEN AT 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 6-12-07

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

Page 47

MONITORING PERIOD

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

05

01

DISCHARGE NUMBER

YEAR MO DAY

05 31

07

303A

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

PARAMETER		QUANTI	TY OR LOADING		Q	UALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6. MINIMUM	*****	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	entered to the second	*****		******	15 MO AVG	20 DAILY MX	mg/L	as a	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	******	******	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE		ATE	
Peter P. Sena, DIRECTOR OF SITE OPERATIONS	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,	let how	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

MONITORING PERIOD

05 01 TO

Form Approved OMB No. 2040-0004

Page 49"

EST

ESTIMA

1 / 7

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: DONALD J SALERA/MGR ENV & CHEM

Flow, in conduit or thru treatment plant

PA0025615 PERMIT NUMBER

07

0.002

Req. Mon.

DAILY MX

0.002

Req. Mon.

MO AVG

FROM

YEAR MO DAY

313A

DISCHARGE NUMBER

YEAR MO DAY

05 31

07

N/A

N/A

N/A

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

N/A

N/A

313 TURBINE BLDG DRAIN

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.88	N/A	7.41	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	8.3	18.4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	***************************************	N/A	Access	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	6 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	eccese Company	oresee.	N/A	*****	16 MO'AVG	20 DAILY MX	mg/L		Weekly	GRAB

MGD

Mgal/d

	it certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	0 1 1	TEI	EPHONE	0	ATE	
Peter P. Sena, DIRECTOR OF SITE	properly gather and evaluate the Information aubmitted. Based on my inquiry of the person or persons who manage the system, or, those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am ewere that there are significant penalties for submitting false information,	Kel du	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

* 5 mg/L is minimum detectable level. JPC 6-12-07

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MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 50

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

Effluent Gross

Effluent Gross

50050 1 0

Flow, in conduit or thru treatment plant

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

<0.001

Req. Mon.:

DAILY MX

FROM

< 0.001

Req. Mon.

MO AVG

YEAR MO DAY

05

01 TO

401A

DISCHARGE NUMBER

YEAR MO DAY

05

31

07

N/A

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

mg/L

N/A

N/A

N/A

N/A

No Data Indicator

1 / 7

Weekly

EST

ESTIMA

PARAMETER	100 mg	QUANTI	TY OR LOADING		G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	control of the state of the sta	VALUE	VALUE	UNITS	VALUE	VALUÉ	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.49	N/A	8.72	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	Bossers	P*****	N/A	6 MINIMUM	erroes.	Req. Mon. MAXIMUM			Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.3	4.6	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	Accessed	******	N/A	*4.0000	30 MO AVG	100 DAILY MX	mg/L_	10.75	Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB

MGD

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		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, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information,	let later	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

* 5 mg/L is minimum detectable level. JPC 6-12-07

Form Approved OMB No. 2040-0004

Page 51

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

ATTN: DONALD J SALERA/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 Indicator

04			М	ONITO	RING	PERIOD			
		YEAR	MO	DAY		YEAR	MO	DAY	
l	FROM	07	05	01	то	07	05	31	

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
t tarvallie i erz	a sense a se	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 • MAXIMUM	ρН		Weekiy	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	auters au auters	******		*****	15 MO AVG	20 DAILY MX	mg/L	d E	Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	gerrie.	erebre V		i Z	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	Reg. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	2	######################################	******			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		12774		*******	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	7 1	TEL	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, fure, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Whater_	724	682-5203	07	06	22
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

MG/L. (THE LIMIT IS 35

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

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: DONALD J SALERA/MGR ENV & CHEM

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

YEAR MO DAY

05 01 403A

07

DISCHARGE NUMBER

YEAR MO DAY

05 31

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05) CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indicator

PARAMETER	a period a second	QUANTI	QUANTITY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT	·					·				
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	0 MO AVG	DAILY MX	ma/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 essure that qualified personnel	0 0 0	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,	let he	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

MG/L. (THE LIMIT IS 35

Form Approved OMB No. 2040-0004

Page 53

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

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	MONITORING PERIOD							•
			YEAR	MO	DAY		YEAR	МО	DAY
ATTN: DONAL	D J SALERA/MGR ENV & CHEM	FROM	07	05	01	то	07	05	31

PARAMETER	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	QUANTITY OR LOADING			C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	5.4	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT					·	·				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	;	*****		*******	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	a day.	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	*******	934444	977794			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	00	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, occurate, and complete. I am aware that there are significant penalties for submitting false information.	hel her	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

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: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

YEAR MO DAY

05 01

501A

DISCHARGE NUMBER

YEAR MO DAY

05

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	*****	*****		*****	30	100			Weekly	GRAB
Effluent Gross	REQUIREMENT				1	MO AVG	DAILY MX	mg/L	agains of	VVCCKIY	SIVAD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	Reg. Mon.	Reg Mon		*****		*******		750 95	Weekly	COTIVIA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d					750	vveekiy	EONIMA"

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1 1	TEL	LEPHONÉ		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,	1.4/2 164	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY

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

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:

May

2007

Instructions:

			eteness and clarity							Permitte	e:	FENOC			
2.	Sludge produ	ction	n information will	be use	ed to evaluate	plant	performance. Repor	t only sludge		Plant:		Beaver V	alley	Power Station	
							s which have been			NPDES	:	PA00256			
				ess.	Do not inclu	de sl	udge from other pla	nts which is		Municip	ality:	Shipping	port B	orough	
	processed at									County:		Beaver			
3.							cility for disposal. If			•	nit 1				_
							ne of that plant. If yo		F	or sludge that is		ated:			
							osal site section and	provide their		Pre-inciner				dry tons	
			lual dry tonnage o		back of this fo	rm.	•			Post-incine	ration	weight =		dry tons	
4.	If no sludge v	was r	emoved, note on	form.											
					SLUDGE	E PR	ODUCTION INFOR	RMATION (prior to inc	inera	tion)					
			HAULED AS	LIQU	ID SLUDGE			H	AUL	ED AS DEWAT	EREI	SLUDGE) /		_
					(Conversion			(Tons of							
	(Gallons)	X	(% Solids)	X	Factor)	=	Dry Tons	Dewater Sludge)	X	(% Solids)	X	(.01)	=	Dry Tons	
	6000		2.0		.0000417		0.5004					.01			
														2	
			-												
															_
															_
															_
															_
				T	OTAL	=	0.5004				TOT	AL :	 =		_
						_									
	DISPOS	AL	SITE INFORMA	ATION	N: List all site	s, eve	en if not used this mor	nth.							
			S	ite 1		ľ	Site 2		Sit	e 3			Site 4	4	
			Borough of Mor	naca											_
Nan	ne:		Sewage Treatme	ent Pla	nt	Ho	pewell Township				1				
Peri	nit No.		PA0020125				0026328								
Dry	Tons Dispose	d:				<u> </u>									
Typ	e: (check one)														
	Landfill														
	Agr. Utilizati	on													
	Other (specif														_
Cou	inty:	···	Beaver			Bea	iver								_
								****							_
	•	1	01.	0	n					-					
	,	سهد	thald 1.	Sta	AUK		Chemistry Ma	nager	6	2607		(7		32-4141	
(SS	R-1 3/21/91) أ		15	Signatu	ıre	_	Title			Date	_		Telep	hone	



Permittee Name: FirstEnergy Nucear Operating Company

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Address: P.O. Bo	ox 4									
Shippin	gport, PA 15077									
Beaver	Valley Power Station							·		
		¥ĩ.								
PERI	MIT NUMBER			MONITO Year/	RING F Month/					
. Р	A0025615	2007	05	01	то	2007	05	31		
								•		
PARAMETER	ANALYSIS METHOD		LAB NAM	E		LABI) NUMBE	R ²		
Powerline 3627 (Clamtrol)	Photometric Determination	Beaver	Valley Pov	ver Station		O	4-2742			
Bentonite Detoxicant (Betz DT-1)	Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645	Beaver	Valley Pov	ver Station		() () () () () ()	4-2742	15 71 2 2		
Total Residual Chlorine	SM 4500-CL G [20 th]	Beaver	Valley Pov	ver Station		04-2742				
Free Available Chlorine	EPA 330.5 ,	Beaver	Valley Pov	ver Station		C	4-2742			
рН	SM 4500-H+ B [20 th]	Beaver	Valley Pov	ver Station		O	4-2742			
Temperature	SM 2550 B [20 th]	Beaver	Valley Pov	ver Station	.3	Ċ	4-2742			
Flow	NA	Beaver	Valley Pov	ver Station		C	4-2742			
Total Suspended Solids	SM 2540 D [20 th]	Beaver	Valley Pov	ver Station		e e	4-2742			
Hydrazine	ASTM D1385-01	Beaver	Valley Pov	ver Station		C	4-2742			
Fecal Coliform	Standard Method 9222D	Beaver	Valley Pov	ver Station		Ċ	4-2742			
Oil and Grease	EPA 1664 Rev A	FirstEr	nergy Corp	Beta Lab		6	8-01120			
Total Dissolved Solids	SM 2540 C [20 th]	FirstEr	nergy Corp	Beta Lab		6	8-01120			
								· · · · · · · · · · · · · · · · · · ·		

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

Name/Title Principal Executive Officer	Phone: 724-682-7773	Signature of Principal Executive Officer or Authorized Agent
Peter P. Sena Director Site Operations	Date: 6/27/7	Pet f Sue

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

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



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	FirstEnergy	Nucear Operating Company					_		
Address:	P.O. Box 4								
	Shppingport	, PA 15077							
	Beaver Valle	ey Power Station						_	
	PERMIT I	NUMBER			MONITO Year/	RING F Month/			
	PA002	25615	2007	05	01	то	2007	05	31
PARAME	TER	ANALYSIS METHOD		LAB NAN	Æ .		LABI	D NUMBE	R ²
Zinc	_	EPA 200.7 Rev 4.4	FirstEr	nergy Corp	-Beta Lab		6	8-01120	
Coppe		EPA 200.7 Rev 4:4	FirstEr	nergy Corp	-Beta Lab		- 6	8-01120	
Iron		EPA 200.7 Rev 4.4	FirstE	nergy Corp	-Beta Lab		6	8-01120	
Chromiu	ım 🐃 📜	EPA 200.7 Rev 4.4	FirstEr	nergy Corp	-Beta Lab		. 6	8-01120	
Ammon	ia	SM 4500-NH3 D [20 th]	FirstE	nergy Corp	-Beta Lab		6	8-01120	
CBOD-5	Day	SM5210 B	Fir	stechnolog	ıy, İnc.		6	8-00434	
Cyanid	e	SM 4500-CN E [20 th]	Fin	stechnolog	ıy, Inc.		6	8-00434	
Chloroben	zene	EPA 624	Fir	stechnolog	y, Inc.		6	8-00434	
Artis									
21.									
designed to assure the who manage the sys	that qualified petern, or those purate, and comp	his document and all attachments wersonnel properly gather and evalua ersons directly responsible for gathe olete. I am aware that there are signions.	te the information	nation subm mation, the	itted. Based information :	i on my submitte	inquiry of a	the person best of my	or persons knowledge

Name/Title Principal Executive Officer	Phone: 724-682-7773	Signature of Principal Executive Officer or Authorized Agent
Peter P. Sena Director, Site Operations	Date: 647/7	fet P. Sue

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

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



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	FirstEnergy I	Nucear Operating Company		·							
Address:	P.O. Box 4										
	Shppingport,	, PA 15077									
	Beaver Valle	ey Power Station									
	PERMIT N	IUMBER			MONITOI Year/l	RING P Month/					
	PA002	25615	2007	04	01	то	2007	04	30		
: .		A Market Comment									
PARAMET	TER	ANALYSIS METHOD		LAB NAM	E		LABII	D NUMBE	R ²		
Zinc		EPA 200.7 or EPA 200.7 Rev 4.4	FirstEr	nergy Corp-	Beta Lab		68	8-01120			
Copper	Ti i i i i i i i i i i i i i i i i i i	EPA 200.7 or EPA 200.7 Rev 4.4	FirstEr	nergy Corp-	Beta Lab		- 60	8-01120			
Iron	A CONTRACTOR OF THE CONTRACTOR	EPA 200.7 or EPA 200.7 Rev 4.4	FirstEnergy Corp-Beta Lab				68-01120				
Čhromiu	Chromium EPA 200.7 or EPA 200.7 Rev 4.4			FirstEnergy:Corp-Beta Lab: 68-0112				B-01120	0		
Ammoni	ia	EPA 350.3 or SM 4500-NH3 D [20 th]	FirstEnergy Corp-Beta Lab				68-01120				
CBOD-5.0	Day 🚊	SM5210 B	Fire	stechnolog	y, Inc:		6	8-00434			
Cyanide	Э	SM 4500-CN E [20 th]	Fire	stechnolog	y, Inc.		68	8-00434			
Chlorobenz	zene	EPA 624	Fin	stechnolog	y, Inc.		6	8-00434			
							-				
a popular di				Para Section							
designed to assure to who manage the systematics.	that qualified pe tem, or those p	nis document and all attachments we ersonnel properly gather and evaluate ersons directly responsible for gathe	te the inform ring the infor	nation submit mation, the i	tted. Based information s	l on my submitte	inquiry of t ed is, to the	the person or best of my l	or persons knowledge		

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	Date: 6/27/	Pet f Like

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 28

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: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

YEAR MO DAY

05 01

001A

DISCHARGE NUMBER

YEAR MO DAY

05 31

07

DMR MAILING ZIP CODE: 150770004 **MAJOR**

(SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY OF ANALYSIS	SAMPLE
ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.29	N/A	7.75	pН	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	*****	******	N/A	*****	Reg. 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**	<0.182***	mg/L	- 0	3 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	0 MO/AVG	DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	20.9	30.3	MGD	N/A	N/A	· N/A	N/A	•	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mön. DAILY MX	Mgal/d	*****		******	N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02****	<0.02****	mg/L	0	7 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.002	0.02	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	ecces.	******	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	******	******	N/A	******	0 MO AVG	0. DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	0 0	TELEPHONE			DATE		
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Vt. hore	724	682-5203	07	06	22	
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY	
	* Alad in such lasses this make at T	to a constraint and the married and EM EM OF A	C TILL DET	0.07.4.4.7		- 04	7	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * Not in wet layup this period. Three clamicides this period on 5/1, 5/8 & 5/15. The BETS DT-1 daily maximum was 34.7 mg/ 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. * 0.182 is minimum detectable level. ****0.02 mg/L is minimum detectable level. JPC 6-12-07

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: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

ATTN: DONALD J SALERA/MGR ENV & CHEM

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER 002A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

Page 29

MAJOR

(SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 07 05 01 07 05 31

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	0.046	MGD	N/A	N/A	N/A	N/A		1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d		44444		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	0 0 0 0	TEI	LEPHONE		ATE	
Peter P. Sena, DIRECTOR OF SITE	creation or supervision in accordance with a system designed to easily side quality of the person or 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 ewere that there are significant penalties for submitting false information,	Bet to her	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

Form Approved OMB No. 2040-0004

Page 30

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: DONALD J SALERA/MGR ENV & CHEM

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER 003A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfall

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 01 TO 07 05 31

No Data Indicator

PARAMETER	PARAMETER			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	0.030	0.046	MGD	N/A	N/A	N/A	N/A		2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Reg: Mon. DAILY MX	Mgal/d			* ******	N/A		Twice Per Month	ESTIMA

	ns who manage the system, or those persons directly responsible for gathering the station, the information submitted is, to the best of my knowledge and belief, true, accurate, omplete I are ware that there are storti		TEI	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 menage the system, or inose 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,	let ! her	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

004A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfali

No Data Indicator

tor X

Page 31

		N	IONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

PARAMETER		QUANTI	ry or loading			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT]						
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		6 MINIMUM	617844	9 MAXIMUM	рΗ		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	******	printer	**************************************			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT				v						
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	******	Access.		******	2 AVERAGE	.5 MAXIMUM	mg/L	1	¹ 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	1	TE	DATE			
Peter P. Sena, DIRECTOR OF SITE OPERATIONS	operly gather and evaluate the information submitted. Based on my inquiry of the person or reons who manage the system, or those persona directly responsible for gathering the ormation, the information submitted is, to the best of my knowledge and belief, true, accurate, d complete. I am aware that there are significant penalties for submitting false information,	Pet ho	724	682-5203	07	06	22
TYPED OR PRINTED	Including the possibility of fine and imprisorment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

Form Approved OMB No. 2040-0004

Page 32

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

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

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

YEAR MO DAY

006A

07

DISCHARGE NUMBER

YEAR MO DAY

31

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

PARAMETER	QUANTI	TY OR LOADING QUAL			QUALITY OR CONC	UALITY OR CONCENTRATION			FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	MGD	N/A	· N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Rege Monse MO/AVG	Req Mon DAILY MX	Mgal/d	780-44	31111	4.) - (N/A			-ESTIMA*

MONITORING PERIOD

05 01 **TO**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	s who manage the system, or those persons directly responsible for gathering the ation, the information submitted is, to the best of my knowledge and belief, true, accurate, mplete. I am sware that there are significant penalties for abunkting false information,	1 1 1	TEL	DATE			
Peter P. Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	let he	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of tine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

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: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM 07

YEAR MO DAY

05 01

007A

DISCHARGE NUMBER

YEAR MO DAY

05 31

07

DMR MAILING ZIP CODE: 150770004

Page 33

MAJOR

(SUBR05)

AUX. INTAKE SYSTEM

External Outfall

No Data Indica

itor	X	
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PARAMETER	and the second	QUANTI	TY OR LOADING		Q	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
На	SAMPLE										
Pi i	MEASUREMENT							<u> </u>			
00400 1 0	PERMIT	******	******		6	*****	9			Weekly	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	pН		· · · · · · · ·	0.00
Flow, in conduit or thru treatment plant	SAMPLE										
riow, in conduit or thru treatment plant	MEASUREMENT			i	1						
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	******	*****			Weekly	GRAB
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	ALCOHOL STATE	Company of the Company				Weekly	SKAD
Chlorine, total residual	SAMPLE										
Chionne, total residual	MEASUREMENT							ł			İ
50060 1 0	PERMIT	*****	*****		*****	.5	1.25			Weekly	GRAB
Effluent Gross	REQUIREMENT		The second second			MO AVG	INST MAX	mg/L		AVGGRIY	GIVA
Oblasias fore evellable	SAMPLE										
Chlorine, free available	MEASUREMENT			1				Ì	l		
50064 1 0	PERMIT	*****	*****		*****	.2.	.5			Weekly	GRAB
Effluent Gross	REQUIREMENT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		l I		AVERAGE	MAXIMUM	mg/L	100	VICENIA	GIVAD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1 1 1 -	TEI	EPHONE	C	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,	het her	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

MONITORING PERIOD

то

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: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

05

01

A800

DISCHARGE NUMBER

YEAR MO DAY

.05 | 31

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Data Indica

itor	X
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Page 34

PARAMETER	35.	QUANTI	TY OR LOADING		G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
На	SAMPLE										
pri	MEASUREMENT										
00400 1 0	PERMIT	******	*****		6	******	9			Twice Per	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	pН		Month	5.65
Calida total avanandad	SAMPLE										
Solids, total suspended	MEASUREMENT		*								
00530 1 0	PERMIT	*****	*****		******	30	100			Twice Per	GRAB
Effluent Gross	REQUIREMENT		***			MO AVG	DAILY MX	mg/L		Month	Great
Oil 9 grosss	SAMPLE										
Oil & grease	MEASUREMENT										
00556 1 0	PERMIT	*****	*****		*****	15	20			Twice Per	GRAB
Effluent Gross	REQUIREMENT	3000				MO AVG	DAILY MX	mg/L		Month -	Orono
Class in and it as they treatment plant	SAMPLE										
Flow, in conduit or thru treatment plant	MEASUREMENT							·			<u> </u>
50050 1 0	PERMIT	Reg. Mon.	Reg Mon.		******	*****	*****	N/A		Monkly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d				I IN/A		Weekly	LOTIVIA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1	TE	LEPHONE	ם	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,	but f. hed_	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

Form Approved
OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

ATTN: DONALD J SALERA/MGR ENV & CHEM

SHIPPINGPORT, PA 150770004

PA0025615

010A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOLING WATER

External Outfall

No Data Indicator

		M	ONITO	RING	PERIOD)	
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	то	07	05	31

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.85	N/A	7.50	рΗ	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	parter (Care line to the La Office)	essene.	N/A	6 MINIMUM	CTERROR	9 MAXIMUM:	рН	4	Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1*	<0.1*	mg/L	0	3 / 31	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	5.33	6.62	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	Mgai/d		44334	*******	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.024	0.08	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	4 4 4	******		•	.5 MO AVG	1:25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.014	0.07	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		***************************************	N/A	: :	.2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1.00	TEI	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,	Pet P. Aid_	724	682-5203	07	06	22
	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	AREA Code	NUMBER	YEAR	МО	DAY
TYPED OR PRINTED		AUTHORIZED AGENT	AILEROOO	NOMBER	120		

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

The BETS DT-1 daily maximum was 31.4 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)

Three Clamicides this period on 5/1, 5/8 & 5/15. 0.1 mg/L is minimum detectable level. JPC 6-12-07

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

Form Approved OMB No. 2040-0004

Page 36

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

PA ROUTE 168

ATTN: DONALD J SALERA/MGR ENV & CHEM

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

PA0025615 PERMIT NUMBER

011A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Data Indicator

		M	ONITO	RING	PERIOD)	
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

PARAMETER	QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
INMIETER		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	Special Control	*****	******	N/A	100 100 100 100 100 100 100 100 100 100	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	0 0 0	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, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Pot P. hou	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 37

GRAB

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

Effluent Gross

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM 07

YEAR MO DAY

05 01

012A

DISCHARGE NUMBER

YEAR MO DAY

05

31

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Data Indicator

PARAMETER	A 1988 A 15 T	QUANTITY OR LOADING			•	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS]	•	
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.56	N/A	7.56	рН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 +-	*****	9 MAXIMUM	рН		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.061	0.062	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. MO AVG	Reg. Mon. DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.105	0.109	mg/L	0	2 / 31	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 / 31	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	534	552	mg/L	0	2 / 31	GRAB
70295 1 0	PERMIT	*****	*****	N/A	*****	Req. Mon.	Req. Mon.			Twice Per	GRAB

N/A

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1 1 0	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,	It! ha	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

REQUIREMENT

MONITORING PERIOD

OT

Form Approved OMB No. 2040-0004

Page 38

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: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

05 01

013A

DISCHARGE NUMBER

YEAR MO DAY

05

07

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

OUTFALL 013

External Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CON	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.88	N/A	7.41	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	PARTE .	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	1889- 1		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01*	<0.01*	mg/L	0	2 / 31	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	Req. Mon. MO AVG	Reg Mon DAILY MX			Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.008	0.010	mg/L	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	05 MO AVG	DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005**	<0.005**	mg/L	0	2 / 31	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX			Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.003	0.003	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon. MO AVG	Reg Mon. DAILY MX	Mgal/d		WI K	Section 1	N/A		Twice Per Month	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1 1 1-	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,	lett hed_	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

* 0.01 mg/L is minimum detectable level. ** 0.005 mg/L is minimum detectable level. JPC 6-12-07

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: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

ATTN: DONALD J SALERA/MGR ENV & CHEM

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER 101A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

0770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Data Indicator

		M	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	то	07	05	31

PARAMETER		QUANTI	TY OR LOADING		· ·	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1400 1 0 Ifluent Gross Ilidis, total suspended 1530 1 0 Ifluent Gross Ilidis & grease 1556 1 0 Ifluent Gross Itrogen, ammonia total (as N) 1610 1 0 Ifluent Gross Dow, in conduit or thru treatment plant 1550 1 0 Ifluent Gross		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.14	N/A	8.46	pН	0	6 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Annels of the	N/A	6 MINIMUM	******* ******************************	9 MAXIMUM	рН		Weekly	GRABI
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.6	6.4	mg/L	0	6 / 31	2 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	A4444	N/A	Atters	30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	6 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/L	**	**	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	1.0	******	N/A	*****	Req. Mon: ∌-MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.009	0.011	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		DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/L	**	**	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	******	Req. Mon: MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1 1 2 -	TEI	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,	let her	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. SAMPLES SHALL BE TAKEN AT THE DISCHARGE FROM THE CHEMICAL WASTE SUMP PRIOR TO MIXING WITH ANY OTHER WATER. *5 mg/L is minimum detectable level. ** Not in wet layup this period. JPC 6-12-07

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

102A DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY 07 05 01 07 FROM

TO

Page 40

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Data Indicator

PARAMETER	4.0	QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	· N/A	N/A	7.49	N/A	7.82	рН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	Anton Anton	******	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Twice Per Month	GRÁB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	8.1	10.7	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	areas)	30 MO AVG	100 DAILY MX			Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO AVG	Req. Mon. DAILY:MX	Mgal/d	******	******	******	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my	1 1 1	TE	DATE			
Peter P. Sena, DIRECTOR OF SITE persons who manage the system, or the information, the information submitted	—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 exert that there are significant penalties for submitting false information,	let has	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY

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

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

*5 mg/L is minimum detectable level. JPC 6-12-07

Form Approved OMB No. 2040-0004

Page 41

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

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

PA ROUTE 168

ATTN: DONALD J SALERA/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

		M	ONITO	RING	PERIOD) .	
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	ТО	07	05	31

PARAMETER	4.4	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I AIGHELEIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.99	N/A	7.15	рН	0	3 / 31	GRAB
00400 1 0	PERMIT	******	*****	N/A	6	******	9		, F	Twice Per	0040
Effluent Gross	REQUIREMENT			N/A	6. MINIMUM		MAXIMUM	рH		- Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	13.6	17.4	mg/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	30 MO ^x 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 / 31	EST
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		******	*****	*****	N/A		Twice Per	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d				IN/A	1000	Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	It certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	0 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 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,	1000	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

Form Approved OMB No. 2040-0004

Page 42

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

ATTN: DONALD J SALERA/MGR ENV & CHEM

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER 111A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Data Indicator

	MONITORING PERIOD												
	YEAR MO DAY YEAR MO DAY												
FROM	07	05	01	TO	07	05	31						

PARAMETER	man en al c	QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I ANAING I WIN	Section 6	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.47	N/A	7.81	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	200000	*****	N/A	6 MINIMUM	*****	9 = MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	8.8	10.8	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	errant -	*****	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	******	******	******	ΝΊΑ		Weekly	ESTIMA

1	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	Peter P. Sena, DIRECTOR OF SITE OPERATIONS
	TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 07 22 724 682-5203 06 **AREA Code** NUMBER

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

* 5 mg/L is minimum detectable level. JPC 6-12-07

MONITORING PERIOD

05 01 TO

Form Approved OMB No. 2040-0004

Page 43

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: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM 07

YEAR MO DAY

113A

DISCHARGE NUMBER

YEAR MO DAY

05

25

MO AVG

50

DAILY MX

07

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

No Data Indicator

Twice Per

COMP-8

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	erore.	*****		8 MINIMUM		9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		*****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.043 MO AVG	Req. Mon DAILY MX	Mgal/d	******	******	41444	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										·
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	•		*****	1.4 MO:AVG	3.8 INST MAX	mg/L	100	Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****		******	200 MO GEOMN	######################################	#/100mL		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	1 1 1	TEL	DATE			
Peter P. Sena, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	fit f. her	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

BOD, carbonaceous, 05 day 20 C

80082 1 0

Effluent Gross

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: DONALD J SALERA/MGR ENV & CHEM

SHIPPINGPORT, PA 150770004

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	05	01	то	07	05	31	l '

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.38	N/A	7.85	pН	0	3 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	143	*****	N/A	.6 MINIMÚM		9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	14.7	20.0	mg/L	0	3 / 31	8 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	Addition of the second	*****	N/A	*****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0077	0.0115	MGD	N/A	N/A	N/A	N/A	-	7 / 31	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.023 MO AVG	Req. Mon: DAILY MX	Mgai/d	******	product of the second	******	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.67	1.1	mg/L	0	9 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	4	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 / 31	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	200 MO GEOMN	*****	#/100mL	t pro-	Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	10.5	15.0	mg/L	0	2 / 31	8 HR COMP
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	etrops.	*****	N/A	44444	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	0 0 0	TEL	DATE			
Peter P. Sena, DIRECTOR OF SITE OPERATIONS	direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Vol P. Tues	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all at	tachments here)	** Discharge no longer occurred after 5-22-	-07.				

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 6-12-07

Form Approved OMB No. 2040-0004

Page 45

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

ATTN: DONALD J SALERA/MGR ENV & CHEM

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

211A **DISCHARGE NUMBER** DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

211 TURBINE BLDG Internal Outfall

No Data Indicator

		М	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01_	то	07	05	31

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.40	N/A	7.19	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	STORY.	PARTY	N/A	04444	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	Access	estate.	*****	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	\sim	TE				
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.	let Plus	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

^{*4} mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC 6-12-07

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 46

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

MEASUREMENT

PERMIT

REQUIREMENT

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

Chlorine, total residual

50060 1 0

Effluent Gross

PA ROUTE 168

ATTN: DONALD J SALERA/MGR ENV & CHEM

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

05

01

213A DISCHARGE NUMBER

YEAR MO DAY

05

31

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

1:25

INST MAX

Twice Per

GRAB

lo	Data	Indicator	X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		,	
Н	SAMPLE							 			
и	MEASUREMENT			1		•			•		•
00400 1 0	PERMIT	*****	*****		- 6	*****	9			Twice Per	COAD
Effluent Gross	REQUIREMENT		100		MINIMUM		9 MAXIMUM	рН		Twice Per Month	GRAD
Solids, total suspended	SAMPLE										
Solius, total suspended	MEASUREMENT			1]			
00530 1 0	PERMIT	*****	*****		*****	30	100			Twice Per	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Month	GRAB
Oil P areas	SAMPLE										
Oil & grease	MEASUREMENT			·							
00556 1 0	PERMIT	*****	*****		******	15	20			Twice Per	45.5
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Month	GRAB
	SAMPLE										
Flow, in conduit or thru treatment plant	MEASUREMENT			1							
50050 1 0	PERMIT	Req. Mon.	Reg Mon:		edutres	*****	******				ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d			4-	'.A.r		Weekly	ESTIMA
Chlorine, total recidual	SAMPLE										

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	DATE			
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, frue, accurate, and complete. I am eware that there are significant penalties for submitting false information,	let I ha	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

Form Approved OMB No. 2040-0004

Page 47

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: DONALD J SALERA/MGR ENV & CHEM

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER 301A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

No Data Indicator

		M	ONITO	RING	PERIOD)		ĺ
	YEAR	MO	DAY		YEAR	MO	DAY	١.
FROM	07	05	01	TO	07	05	31	ľ

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I AMARIETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		,	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	· N/A	N/A	_	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*Req. Mon M⊙AVG	Req. Mon.	Mgal/d	600.00	errore Services	******	N/A		Weekly	S 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		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,	let P. Star	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

SAMPLES SHALL BE TAKEN AT 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 6-12-07

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 48

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: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

05

01

303A

DISCHARGE NUMBER

YEAR MO DAY

05

31

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		q	UALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1 AIVANIE I EIX	3.4	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6 MUMIMUM	*****	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	Account (1) Open	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	ences Andreas	******		******	15 MO AVG	20 DAILY MX	mg/L	52.463	Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1									
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Reg. Mon. DAILY MX	Mgal/d	******	*****	******	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE		ATE	
Peter P. Sena, DIRECTOR OF SITE OPERATIONS	properly gether and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gethering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am evare that there are significant penalties for submitting false information,	70 / 70	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

05

01

313A DISCHARGE NUMBER

YEAR MO DAY

05

07

313 TURBINE BLDG DRAIN

DMR MAILING ZIP CODE: 150770004

Internal Outfall

MAJOR

(SUBR05)

No Data Indicator

PARAMETER	340	QUANTI	TY OR LOADING		· ·	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FANAMETER	Section 1	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	· N/A	N/A	6.88	N/A	7.41	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	Extery	errera Element	N/A	6 MINIMUM	EXTENS	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	8.3	. 18.4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******* Total	N/A	1	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	O	6 / 31	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	******	States	******	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	0 1 1	TEI	LEPHONE	C	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,	Kell doe	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

* 5 mg/L is minimum detectable level. JPC 6-12-07

MONITORING PERIOD

05 01 TO

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM 07

YEAR MO DAY

401A

DISCHARGE NUMBER

YEAR MO DAY

07 05 31

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Data Indicator

PARAMETER	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	QUANTI	TY OR LOADING		ď	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	8.49	N/A	8.72	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	******	N/A	8 MINIMUM	•	Req. Mon. MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	· N/A	N/A	2.3	4.6	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	***	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	ereces The second	*****	N/A	*****	15 MO AVG	20 Jan 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		*******		Ņ/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my		TEI	LEPHONE		ATE	
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. Seaded on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am sware that there are significant penalties for submitting false information,	let hou	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

* 5 mg/L is minimum detectable level. JPC 6-12-07

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

Form Approved OMB No. 2040-0004

Page 51

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

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

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

403A DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 07 05 01 TO 07 05 31

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS)
рН	SAMPLE MEASUREMENT								*		
00400 1 0	PERMIT	******	*****		6	411000	9				
Effluent Gross	REQUIREMENT		1.7		MINIMUM		MAXIMUM	На		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	*****	*****		******	30	100				GRAB
Effluent Gross	REQUIREMENT	94.0				MO AVG	DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT				·						
00556 1 0	PERMIT	*****	*****		******	15	20			Weekly	GRAB
Effluent Gross	REQUIREMENT				******	MO AVG	DAILY MX	mg/L		VVEEKIY	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT									•	
00610 1 0	PERMIT	******	Access			Req Mon.	Req: Mon:			Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Meenly	Ole D
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0	PERMIT	*****	*****			0	Sec. 0			When	COMPON
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		When Discharging	COMF.24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	******	*****			Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d						VVCENIY	LOTHVIA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0	PERMIT	*****	******		*****	.5	1.25			Wookly	GRAB
Effluent Gross	REQUIREMENT					MÔ AVG	INST MAX	mg/L		Weekly	GRAD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel) ,	TEI	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,	1/2	thater_	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNA	URE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY

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

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

MG/L. (THE LIMIT IS 35

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 52

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM 07

YEAR MO DAY

05 01

403A

DISCHARGE NUMBER

YEAR MO DAY

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I MIMIE I EIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE										
riyurazıne	MEASUREMENT										
81313 1 0	PERMIT	*****	******		Treas	- 0	. 0			Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		**************************************	5750

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE	נ	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,	let ha	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

MG/L. (THE LIMIT IS 35

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

MONITORING PERIOD

01 TO

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

05

413A DISCHARGE NUMBER

YEAR MO DAY

05 31

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BULK FUEL STORAGE DRAIN

Internal Outfall

No Data Indicator

Page 53

DADAMETED	200	QUANTI	TY OR LOADING		C	UALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
oH .	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	******	*****		16	en en en	9			Weekly	GRAR
Effluent Gross	REQUIREMENT				6. MINIMUM		MAXIMUM	pН		vacciny	GRĀB
Solids, total suspended	SAMPLE MEASUREMENT					,					
00530 1 0	PERMIT	*****	*****		*****	30	100			Weakly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L			0.00
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0	PERMIT	*****	*****		*****	15	20 -			Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		, rroom,	0.0
Flow, in conduit or thru treatment plant	SAMPLE									1	}
-low, in conduit of this treatment plant	MEASUREMENT						<u> </u>				
50050 1 0		Reg. Mon.			*****	******	******			Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d				1			

	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 1 -	TE	LEPHONE		ATE	
Peter P. Sena. DIRECTOR OF SITE	creation or supervision in accordance with a system designed to assure that qualitative person or 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 exerce that there are significant penalties for submitting false information,	fell her	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY

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

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

Form Approved OMB No. 2040-0004

Page 54

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

PA0025615 PERMIT NUMBER

501A DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Data Indicator

SHIPPINGPORT, PA 150770004		MONITORING PERIOD						
		YEAR	МО	DAY		YEAR	MO	DAY
ATTN: DONALD J SALERA/MGR ENV & CHEM	FROM	07	05	01	TO	07	05	31

PARAMETER		QUANTITY OR LOADING QUALITY OR COM			QUALITY OR CONC	ENTRATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
CANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	Parties.	******		******	30 MO AVG	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	Reg Mon DAILY MX	Mgal/d	******	******	**************************************			Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1 1	TEI	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 ewere that there are significant penalties for submitting false information,	let to how	724	682-5203	07	06	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY

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

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