

September 17, 2007 L-07-129

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 August 2007 NPDES Discharge Monitoring Report (DMR) for FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station, in accordance with the requirements of the Permit. 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. Attachments to this letter include:

- Attachment 1: Supplemental monitoring data for Outfall 001 (dissolved oxygen).
- Attachment 2: Clamicide report as required by Permit Part C.15.
- Attachment 3: Quarterly stormwater report as required by NPDES Permit Part C.21.

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

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

Sincerely,

Kevin L. Ostrowski Director, Site Operations

Wenn L. Ostrawski

Attachments (3) Enclosures (2)

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

US Environmental Protection Agency

Central File: Keyword- DMR

1 Eas

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

ATTACHMENT 1

Weekly Dissolved Oxygen Monitoring Results at Outfall 001

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

SAMPLE DATE	SAMPLE TIME	VALUE	UNITS
7-30-07	0825	7.34	mg/L
8-6-07	0845	7.51	mg/L
8-13-07	1010	7.35	mg/L
8-21-07	1100	6.77	mg/L
8-27-07	1025	7.32	mg/L

- Attachment 1 END -

Clamicide Report Enclosure for NPDES Permit No. PA0025615 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

ATTACHMENT 2

Clamicide Report

The following summarizes the second 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	7/31/07 - 8/1/07	7/17/07 - 7/18/07	7/24/07 – 7/25/07	8/7/07 - 8/8/07
Chemical Used ¹	1451 pounds ³	1001 pounds ³	834pounds ³	592 pounds ³
Outfall 001 Concentration	<0.1 mg/L	<0.1 mg/L	<0.05 mg/L	< 0.1 mg/L
Outfall 010 Concentration	N/A ⁴	N/A ⁴	<0.05mg/L	<0.1 mg/L
Detox Used ²	3354 pounds	. 1093 pounds	2704 pounds	2850 pounds
Outfall 001 Concentration ³	7.1 mg/L	2.5 mg/L	5.0 mg/L	5.2 mg/L
Outfall 010 Concentration ³	N/A ⁴	N/A ⁴	15.7 mg/L	16.3 mg/L

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

- Attachment 2 END -

ATTACHMENT 3

Permit Part C.21 Iron and Zinc Stormwater Monitoring Results

Sample Date	Sample Time	Outfall	Parameter	Result	Units
8/9/07	1410	Outfall #003,	Zinc	37.4	ug/l
8/9/07	1410	Outfall #003,	Iron	225	ug/l
8/9/07	1410	Outfall #008,	Zinc	51.2	ug/l
8/9/07	1410	Outfall #008,	Iron	571	ug/l
8/9/07	1410	Outfall #011,	Zinc	357	ug/l
8/9/07	1410	Outfall #011,	Iron	194	ug/l

- Attachment 3 END -

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

	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY			
ROM	07	08	01	TO	07	08	31			

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNITS 1&2 COOLG, TOWER BLWDN

External Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAINMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.39	N/A	8.12	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	ARRESTA .	1159 4	N/A	6 + MINIMUM		9). MAXIMUM	pН		Weekly	GRAB':
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
00610 1 0 Effluent Gross	PERMIT REQUIREMENT		••••	N/A		A Req Mon MO AVG	Req Mon	mg/L		≟ ± Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1**	<0.1**	mg/L	0	2 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A		0 Mozavga	O DAILY MX	mg/L		⊆U.When: Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	41.8	58.1	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon (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	0.07	mg/L	0	8 / 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	0.003	0.03	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A		2 AVERAGE.	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	pes (1777)	MO AVG	DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kevin L. Ostrowski, 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 personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 07 09 27 AREA Code NUMBER MO DAY

* Not in wet layup this period. Daily Maximum for DT-1 was 7.1 mg/L. ** Two clamicides this period, 8/1 and 8/8. 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. JPC 9-7-07

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

08

01

FROM

002A

DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY

08 | 31

07

Page 29

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

PARAMETER		QUANTiT	Y OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARANEIER		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. AMO AVG	Req. Mon.	Mgal/d		**************************************	******	N/A		Weekly	ESTIMA

TO

	TYPED OR PRINTED
İ	OPERATIONS
	Kevin L. Ostrowski, DIRECTOR OF SITE
ł	
i	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 personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TÉ	LEPHONE	DATE			
724	682-7773	07	09	27	
AREA Code	NUMBER	YEAR	MO	DAY	

DISCHARGE MONITORING REPORT (DMR)

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:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

003A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

003

External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 07 08 01 07 08

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon:	Req.Mon. DAILY MX					N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kevin L. Ostrowski, DIRECTOR OF SITE **OPERATIONS** TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 07 09 27 **AREA Code** NUMBER YEAR MO DAY

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

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

DISCHARGE MONITORING REPORT (DMR)

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

004A DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 07 08 01 07 08 31 TO

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Data Indicator

PARAMETER	7.4	QUANTI	TY OR LOADING		. (QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.98	N/A	8.31	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	11.17	19.27	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	Mgal/d				N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.092	0.21	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MG:AVG	1/25 NST MAX	mg/L		Weekly	GRAB)
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.024	0.12	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	/ 10		N/A		AVERAGE	MAXIMUM	mg/L	外報	Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS
TYPED OF PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TE	LEPHONE		DATE				
724	682-7773	07	09	27			
AREA Code	NUMBER	YEAR	MO	DAY			

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

No Data Indicator

DMR MAILING ZIP CODE: 150770004

AUX. INTAKE SCREEN BACKWASH

MAJOR

(SUBR05)

External Outfall

	MONITORING PERIOD										
	YEAR	MO	DAY		YEAR	MO	DAY				
FROM	07	08	01	TO	07	08	31				

PARAMETER		QUANTITY OR LOADING		C	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross		Req Mon MO AVG	Req Mon DAILY MX	Mgal/d		H. H.		N/A		::-{Weekly:::	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kevin L. Ostrowski, 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 personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TE	LEPHONE		DATE	
724	682-7773	07	09	27
AREA Code	NUMBER	YEAR	МО	DAY

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

007A DISCHARGE NUMBER

External Outfall

AUX. INTAKE SYSTEM

MAJOR

(SUBR05)

DMR MAILING ZIP CODE: 150770004

No Data Indicator

	MONITORING PERIOD											
	YEAR MO DAY YEAR MO											
ROM	07	08	01	то	07	08	31					

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS].			
рН	SAMPLE MEASUREMENT											
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		6. MINIMUM *		9 MAXIMUM	рН	100	: ™eekly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT											
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon		Mgal/d		100	b.:*****		Marin	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	ma/L		二.Weekly_=	⇒/ GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kevin L. Ostrowski, 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 personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TE	LEPHONE	DATE				
724	682-7773	07	09	27		
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.

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

REQUIREMENT SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

Effluent Gross

50050 1 0

Flow, in conduit or thru treatment plant

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTÉ 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

008A DISCHARGE NUMBER

	MONITORING PERIOD										
	YEAR	MO	DAY		YEAR	MO	DAY				
FROM	07	08	01	то	07	08	31				

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

N/A

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Data Indicator

√Weekly :

ESTIMA

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT				4 7 KK 65	SEC. 18.	25.7° 19		S. Berne	Twice Per Month	CDAD
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	pН		Month	S S S
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	Silver District Control			###### ###############################	30 · ***	#3143100 · · · ·		300	Twice Per /	CDAR
Effluent Gross	REQUIREMENT	100			PARTIES AND THE	30 MO AVG	DAILY MX:	mg/L	17 W	Month 💎	SACTOR
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0	PERMIT				398 ****	15 MO AVG	10 120 11 120 11 11 11 11 11 11 11 11 11 11 11 11 11		网络种	Twice Per ** Month	GRAB
Effluent Gross	REQUIREMENT					MO AVG-	DAILY MX Se	mg/L		Month	Established

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	DATÉ			
Kevin L. Ostrowski, 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 faise information,	Kern L Strawski	724	682-7773	07	09	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

010A DISCHARGE NUMBER

		M	ONITO	RING	PERIOD	,	
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	08	01	то	07	08	31

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 2 COOLING WATER

External Outfall

No Data Indicator

PARAMETER		QUANTI	QUANTITY OR LOADING QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
AMARIEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		•	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.01	N/A	8.42	ρН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	a planty of the		N/A	MINIMUM		9 MAXIMUM	pН		Weekly	355元·常召纳(1567)
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1*	<0.1*	mg/L	0	2 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		0 € MO AVG	0 INST MAX	mg/L		When Note that is a second of the second of	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.46	5.18	MGD	N/A	N/A	N/A	N/A		1 / 7	MEAS
50050 1 0 14 Effluent Gross	PERMIT REQUIREMENT	Req: Mon! MO AVG	Req. Mon DAILY MX					N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.026	0.11	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT				High	5 MO AVG	1:25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.012	0.06	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
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS
OF ERATIONS
TYPED OF BRINTER

certify under penalty of law that this document and all attachments were prepared under my firection or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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 felse information, including the possibility of fine and imprisonment for knowing violations

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 07 09 27 AREA Code NUMBER YEAR MO DAY

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

The BETS DT-1 daily maximum was 16.3 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)

*One Clamicide this period, 8/8. *0.1 mg/L is minimum detectable level. JPC 9-7-07

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

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

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

011A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Data Indicator

- 1	MONITORING PERIOD								
	YEAR	MO	DAY		YEAR	MO	DAY		
FROM	07	80	01	то	07	08	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		_	
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	Reg Mon *** MO'AVG	e≱ReqaMon #≢DAILYMX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

TE	EPHONE	DATE				
724	682-7773	07	09	27		
AREA Code	NUMBER	YEAR	MO	DAY		

MONITORING PERIOD

TO

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

PA ROUTE 168 LOCATION:

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

08

01.

012A DISCHARGE NUMBER

YEAR MO DAY

08

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Data Indicator

PARAMETER		QUANTITY 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	8.03	N/A	8.79	рН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	3	9 MAXIMUM	рН		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.439	0.865	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		and and an	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	0.283	0.547	mg/L	0	2 / 31	GRAB
01092 1 0 Effluent Gross	- PERMIT REQUIREMENT			N/A		115 / MO AVG	DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d		******		N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	1376	1484	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*********		N/A		Req Mon.	Req Mon	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			TELEPHONE			
Kevin L. Ostrowski, 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 penatices for submitting false information,	Kevin L. Ostrawski	724	682-7773	07	09	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

013A DISCHARGE NUMBER

i		N	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	08	01	TO	07.	08	31

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

OUTFALL 013 External Outfall

No Data Indicator

PARAMETER	QUANTITY OR LOADING					QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAGARETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.58	N/A	7.04	рН	. 0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pН		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01*	<0.01*	mg/L	0	2 / 31	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	******	***************************************	N/A		Reg Mon MO AVG	Req Mon. DAILY MX	mg/L		∭wice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.010	0.011	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	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	Req Mon. DAILY MX	mg/L		Twice Per:	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	Req. Mon.	Mgal/d		******		N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TEI	LEPHONE	[ATE	
724	682-7773	07	09	27
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 9-7-07

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

101A **DISCHARGE NUMBER** DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT Internal Outfall

No Data Indicator

		M	ONITO	RING	PERIOD)	
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	80	01	TO	07	- 08	31

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAVAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		· ·	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.45	N/A	7.94	рН	0	7 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6. MINIMUM		9 - 9 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	10.1	50.4	mg/L	0	1 / 7	2 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	Tig 1		N/A		30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************		N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/L	**	**	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req. Mon/ MO AVG	Req.Mon ZDAILY MX	mg/L			GRAB:
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.011	0.012	MGD	N/A	N/A	N/A	N/A	0	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d				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 Charles	mg/L		.≇ Weekly∜	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	EPHONE	ו	DATE	
Kevin L. Ostrowski, 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,	Keven L. Ostrawski	724	682-7773	07	09	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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 9-7-07

MONITORING PERIOD

TO

Page 40

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

08 01

102A DISCHARGE NUMBER

YEAR MO DAY

07 08 31

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAIMILIER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.54	N/A	7.86	pН	. 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	6.9	8.3	mg/L	0	3 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*******	N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	Ņ/A	<5 <i>*</i>	<5 *	mg/L	0	3 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		(Carana)	N/A		15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	Req Mon DAILY MX	Mgal/d				N/A		Twice Per	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	
Kevin L. Ostrowski, 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,	Kevin L. Ostrowski	724	682-7773	07	09	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

*5 mg/L is minimum detectable level. JPC 9-7-07

, v.,,,,,,,

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

103A

DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 08 01 07 08 31

Page 41

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR L			R LOADING QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAIMILIER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.15	N/A	7.54	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	4*************************************	*****	N/A	- W65 MINIMUM		9. MUMIXAM	ρН		Twice Per Nonth	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4.3	4.5	mg/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A		MO AVG.	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 Effluent Gross	PERMIT REQUIREMENT	Req. Mon (~) MO:AVG	Req. Mon: 🧀	Mgal/d				N/A		Twice Per // Month	ESTIMA

TYPED OR PRINTED
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TE	LEPHONE		ATE	
724	682-7773	07	09	27
AREA Code	NUMBER	YEAR	МО	DAY

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

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

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

111A

DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 07 08 01 TO 07 80

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(Alvanie I Eli		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.04	N/A	7.92	рH	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	1.0	5.0	mg/L	0	. 1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	***************************************		N/A	Transport		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	Reg Mon MO AVG		Mgal/d	A STATE OF THE STA	A SALES		N/A		Weekly	ESTIMA

Kevin L. Ostrowski, DIRE OPERATIONS	CTOR OF SITE	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for pathering the information, the information submitted is, to the best of my knowledge and belief, true, socurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE
TYPED OR PR	INTED		AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 07 09 27 AREA Code NUMBER YEAR MO DAY

^{* 5} mg/L is minimum detectable level. JPC 9-7-07

MONITORING PERIOD

TO

MO DAY

08

01

Page 43

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

JEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR

07

FROM

113A DISCHARGE NUMBER

YEAR MO DAY

08 | 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
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS]		
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	66.00 (***********************************	********		8 M:NIMUM	***************************************	9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******			30 A≟ ≇ MO:AVG S	60 DAILY-MX	mg/L		Twice Per	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross		043 MO:AVG	Req Mon DAILY MX	Mgal/d				N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT				1		<u>.</u>				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					MO AVG	INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT							<u> </u>			
74055 1 1 Effluent Gross	PERMIT REQUIREMENT		*****			→ [%] 200 MO GEOMN		#/100mL		Twice Per	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT					MO AVG	±50 DAILY MX	mg/L		Twice Per Month	FCOMP-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		TEL	EPHONE	ī	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, of those persons directly responsible for gathering the 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,	Kevent. Oslawski	724	682-7773	07	09	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

MONITORING PERIOD

TO

Page 44

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

08

01

203A DISCHARGE NUMBER

YEAR MO DAY

08

31

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAIMILLEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				MINIMUM		9 MAXIMUM	рН		Twice Per	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 .≢≟ MO AVG	5 60 P DAILY MX	mg/L		∰Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT								بر. ب		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	023 MO AVG	Req Mon. DAILY MX	Mgal/d		******				Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT			· .							
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******				14 MO AVG	3.3 INST MAX	mg/L		Twice Per	GRÁB.
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT				*****	200 MO GEOMN		#/100mL		i.≄Twice Per Moπth	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*******				25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I cartify under panalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE		ATE	
Kevin L. Ostrowski, 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 aware that there are significant penalties for submitting false information,	Kevi L. Ostrawski	724	682-7773	07	09	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

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

211A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

211 TURBINE BLDG Internal Outfall

No Data Indicator

	MONITORING PERIOD										
	YEAR	MO	DAY		YEAR	MO	DAY				
FROM	07	08	01	TO	07	- 08	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	6.57	N/A	7.41	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*******		N/A	MINIMUM*		9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3.0	9.0	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	***************************************	N/A		30 MO AVG	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		w. 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	Reg Mon • MO AVG	Reg Mon ≱ DAILY MX	iMgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kevin L. Ostrowski, 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 of 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 felse information, including the possibility of fine and imprisonment for knowing violations,

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TE	LEPHONE	DATE				
724	682-7773	07	09	27		
AREA Code	NUMBER	YEAR	МО	DAY		

^{* 5} mg/L is minimum detectable level. JPC 9-7-07

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

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

08

01

213A

DISCHARGE NUMBER

YEAR MO DAY

08 31

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No Data Indicator

PARAMETER	QUANTITY OR LOADING VALUE VALUE UNITS					QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	a templar a	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				MINIMUMA		WAXIMUM	pН		Twice Per 4 Month	GRĀB
Solids, total suspended	SAMPLE MEASUREMENT							}			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT				7.00	30 MO AVG	DAILY MX	mg/L	24.43	Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					MO AVG	DAILY MX	mg/L		Twice Per Month	GRAB.
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT									_	4128-1
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO MO MO AVG	Reg Mon. (DAILY MX	Mgal/d						Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					MOAVG	MAX 1:25 MINST MAX	mg/L		Twice Per /c 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		
Kevin L. Ostrowski, 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 gethering the information, the information submitted is, to the best of my knowledge and belief, accurate, and complete. I am ewere that there are significant penalties for submitting false information.	I	Ostrawski
	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRIN	CIPAL EXECUTIVE OFFICER
TYPED OR PRINTED		AUTH	ORIZED AGENT

ER OR

TELEPHONE DATE 724 682-7773 07 09 27 AREA Code NUMBER YEAR MO DAY

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

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

MONITORING PERIOD

TO

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

08

01

301A DISCHARGE NUMBER

YEAR MO DAY

-08

31

07

•

(SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

DMR MAILING ZIP CODE: 150770004

Internal Outfall

MAJOR

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	The same of	30 MO AVG	100 DAILY MX	mg/L	e de la constante de la consta	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		0.000	N/A		MO AVG	20 DAILY MX	mg/L	20,00	Twice Per Month V	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		Req! Mon	Req. Mon *** DAILY MX*	Mgai/d				N/A	9.00	Veekiyi	ESTIMA

NAME/IIIL	E PRINCIPAL EXECUTIVE OFFICER
Kevin L. Ostro	owski, DIRECTOR OF SITE
OPERATION:	
	TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TEI	EPHONE		DATE	
724	682-7773	07	09	27
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 9-7-07

Page 48 - .

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

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

YEAR MO DAY

08 01

303A

07

DISCHARGE NUMBER

YEAR MO DAY

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR

internal Outfail

No

Data indicator	X
----------------	---

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	}		
рН	SAMPLE										· · · · · · · · · · · · · · · · · · ·
[F''	MEASUREMENT								<u>[</u>	<u> </u>	
00400 1 0	PERMIT				Fair 6 Las		7 - F · 9		第一条	Weekly	GRAB
Effluent Gross	REQUIREMENT		1944 S. Marie S.		LA MINIMUM		MAXIMUM	pН	100 m	William A	3000
Solids, total suspended	SAMPLE										
Solius, total suspended	MEASUREMENT						L		1		ļ
00530 1 0	PERMIT		*****			- 30 AT	a100		3.	MANAGE TO SERVE	CBAB
Effluent Gross	REQUIREMENT		Secretary Services			MO AVG 🧸 🛠	a100 /⊪≥DAILY MX	mg/L	Sec. 1	Weekly	GRAD.
Oil & grease	SAMPLE										
On & grease	MEASUREMENT						l]		` <u></u> -	1
00556 1 0	PERMIT		To the second		1000	15 - 115 - 115 - 115 - 115 - 115 - 115 - 115 - 115 - 115 - 115 - 115 - 115 - 115 - 115 - 115 - 115 - 115 - 115	20-			A PLANT COURT	GRAB
Effluent Gross	REQUIREMENT		and the same		Programme and the second	TY MO'AVG	AND DAILY MX	mg/L		Weekly	- Grap
Flow, in conduit or thru treatment plant	SAMPLE										
i low, in conduit or tillu treatment plant	MEASUREMENT			Ì			21. 1	<u> </u>	l		
50050 1 0	PERMIT	Req. Mon	Reg. Mon				******	N/A	200	Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG 💸	DAILY MX	Mgal/d				1 10/4		VVCONY	ESTIVIA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TE	LEPHONE		ATE	
724	682-7773	07	09	27
AREA Code	NUMBER	YEAR	MO	DAY

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

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

Page 49" -

MONITORING PERIOD

TO

01

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

08

313A DISCHARGE NUMBER

YEAR MO DAY

08

07

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE VALUE UNITS	VALUE	VALUE	VALUE	UNITS				
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.58	N/A	6.70	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	8 MINIMOM A		9 MAXIMUM	рH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	21.0	71.1	mg/L	0	1/7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		# 30 MO AVG≕	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. + MO AVG	Req Mon DAILY MX	Mgal/d		******		N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE		DATE	
Kevin L. Ostrowski, 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.	Kein L. Ostrawski	724	682-7773	07	09	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

* 5 mg/L is minimum detectable level. JPC 9-7-07

Page 50 - -

DISCHARGE MONITORING REPORT (DMR)

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

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

401A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Data Indicator

	MONITORING PERIOD										
	YEAR	MO	DAY	_	YEAR	MO	DAY				
FROM	07	80	01	то	07	- 08	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	9.21	N/A	9.85	рН	С	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	6) MINIMUM		Req Mon:	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	74 100 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 ··· ·· ··· ··· ··· ···	PERMIT REQUIREMENT			N/A		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		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		TE	LEPHONE	1	DATE	
Kevin L. Ostrowski, 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,	Keven L. Ostrawski	724	682-7773	07	09	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

*4 mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC 9-7-07

MONITORING PERIOD

TO

Page 51

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 SALERAMGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

80

01

403A DISCHARGE NUMBER

YEAR MO DAY

08

31

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
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT			×							
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******		6 MINIMUM		49 MAXIMUM	pН		Weekly	⊕ GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******			30 MO'AVG	100 DAILYMX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 ≿ MO AVG	⊯*20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT		٠.				w.				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT					Reg. Mon.	Req Mon: DAILY MX	mg/L		*i⊭Weekly	GRAB.
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			·		0 MO AVG	DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT						·				
50050 1 0 Effluent Gross		Req Mon ∉MO AVG	Req Mon & DAILY MX	Mgal/d							& ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		******			5 MO AVG	1 25 INS1 MAX	mg/L		Weekly	GRAB

	I cartify 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
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	7.100 40 700	724
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.): 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

07

YEAR

DATE

09

MO

27

DAY

TELEPHONE

682-7773

NUMBER

Page 52.

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

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

08

01

403A

DISCHARGE NUMBER

YEAR MO DAY

08

31

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 AIMIGHTER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE										
nyurazine	MEASUREMENT										
81313 1 0	PERMIT	74. ****** C.	******		*****	0.0	25 and 10 10 11 11			Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L	至數元的	vveekly	UNAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER									
Kevin L. Ostrowski, 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 personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TEI	LEPHONE		DATE				
724	682-7773	07	09	27			
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

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

413A

DISCHARGE NUMBER

(SUBR05) **BULK FUEL STORAGE DRAIN** Internal Outfall

MAJOR

DMR MAILING ZIP CODE: 150770004

No Data Indicator

		M	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	08	01	то	07	80	31

PARAMETER			TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.23	N/A	7.26	рΗ	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM		9. MAXIMUM	рН		Weakly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	10.5	13.0	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	MET IN	30 Mo AVG	24100 √ DAILY MX≃	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT		N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			.N/A		15. MOAVG	20- DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req Mon DAILY MX	Mgal/d		1000		, N/A		Veekly	ESTIMA ,

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kevin L. Ostrowski, 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 personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, ncluding the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TELEPHONE DATE 724 682-7773 07 09 27 AREA Code NUMBER YEAR MO DAY

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

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

* 5 mg/L is minimum detectable level. JPC 9-7-07

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

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

08 01

501A

DISCHARGE NUMBER

YEAR MO DAY

07

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kevin L. Ostrowski, DIRECTOR OF SITE
OPERATIONS

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 07 09 27 NUMBER **AREA Code** YEAR MO DAY

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

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



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	FirstEne	ergy Nucear Operating Company										
Address:	P.O. Bo	x 4										
3	Shipping	gport, PA 15077										
<u>!</u>	Beaver \	Valley Power Station	 :									
	PERN	MIT NUMBER	MONITORING PERIOD Year/Month/Day									
Address: P.O. Box 4 Shippingport, PA 15077 Beaver Valley Power Station PERMIT NUMBER PA0025615 PARAMETER ANALYSIS METHOD Powerline 3627 (Clamtrol) Photometric Determination Estimated using feed rate an	A0025615	2007	08	01	то	2007	08	31				
PARAMETER		ANALYSIS METHOD		LABNAI	1 E		LÂBII	D NUMBE	R^2			
Powerline 3627 (Cla	mtrol)	Photometric Determination	Beaver	Valley Po	wer Station		C	4-2742				
PARAMETER Powerline 3627 (Clamtrol) Bentonite Detoxicant (Betz DT-1) Total Residual Chlorine Free Available Chlorine pH Temperature Flow		Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645	Beaver	Valley Po	wer Station		04-2742					
Total Residual Chlo	orine	SM 4500-CL G [20 th]	Beaver	Valley Po	wer Station		C	4-2742				
Free Available Chlo	orine-	EPA 330 5	Beaver	Valley Po	wer Station		Ċ	4-2742				
pН		SM 4500-H+ B [20 th]	Beaver	Valley Po	wer Station		C	4-2742				
Temperature		SM 2550 B [20 th]	Beaver	Valley Po	wer Station		C)4-2742				
Flow		NA	Beaver	Valley Po	wer Station		C	4-2742				
Total Suspended S	olids	SM 2540 D [20 th]	Beaver	Valley Po	wer Station	44.	C	4-2742	- -Autorial (1			
Hydrazine		ASTM D1385-01	Beaver	Valley Po	wer Station		c	4-2742				
Fecal Coliform	3	্য Standard Method 9222D	Beaver	Valley Po	wer Station		C	4-2742				
Oil and Grease	·	EPA 1664 Rev A	FirstEn	ergy Corp	-Beta Lab		6	8-01120				
Total Dissolved So	olids	SM 2540 C [20 th]	FirstEn	ergy Corp	-Beta Lab		6	8-01120				

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

Name/Title Principal Executive Officer

Kevin L. Ostrowski

Phone: 724-682-7773

Signature of Principal Executive Officer or

Authorized Agent

Director Site Operations

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

³ Analysis no longer performed.

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

 $T_{ij} = 0$

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	FirstEnergy	Nucear Operating Company													
Address: P.O. Shp	P.O. Box 4														
	Shppingport	PA 15077													
	Beaver Valle	y Power Station													
	PERMIT NUMBER				MONITORING PERIOD Year/Month/Day										
,	PA002	5615	2007	80	01	то	2007	08	31						
PARAME	rer 💮	ANALYSIS METHOD 经		LAB NAM	ie 👯 👯		LAB I	NUMBE	R ²						
Zinc		EPA 200.7 Rev 4.4	FirstEr	ergy Corp	-Beta Lab		6	8-01120	,						
Coppe	r	EPA 200.7 Rev 4 4	FirstEr	ergy Corp	Beta Lab		6	8-01120							
Iron		EPA 200.7 Rev 4.4	FirstEr	ergy Corp	Beta Lab		6	8-01120							
.Chromiu	ım	EPA 200.7 Rev 4 4	FirstEr	iergy Corp	Beta Lab		6	8-01120	·						
Ammon	ia	SM 4500-NH3 D [20 th]	FirstEr	ergy Corp	-Beta Lab		6	8-01120							
- CBOD-5	Day	SM5210 B	Fin	stechnolog	y, Inc.		-6	8-00434							
Cyanid	e	SM 4500-CN E [20 th]	Fire	stechnolog	y, Inc.		6	8-00434							
Chloroben	zene	EPA 624	Fire	stechnolog	y, Inc.		. 6	8-00434							
								<u> </u>							

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

Kevin L. Ostrowski Director, Site Operations Date: 9/21/07

Authorized Agent Keven L. Ostrawski

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

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

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

GRAB

RCRD

RCORDR

*GRAB

CONT

Continuous

Weekly

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

50060 1 0

50064 1 0

Hydrazine

81313 1 0

Effluent Gross

Effluent Gross

Effluent Gross

Chlorine, free available

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

08

01

001A DISCHARGE NUMBER

YEAR MO DAY

08

31

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

1.25 9MAXIMUM

0.03

2777 5 AVERAGE MAXIMUM

0 0 MO AVG DAILY MX

mg/L

mg/L

mg/L

mg/L

0

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.39	N/A	8.12	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	6 MINIMUM		9 MAXIMUM	рН		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req Mon*() MO AVG	Req Mon.	mg/L	10. ii	Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1**	<0.1**	mg/L	0	2 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		0;≝ MO:AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	41.8	58.1	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	0.07	mg/L	0	8 / 31	GRAB

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

0.003

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	EPHONE		ATE	
Kevin L. Ostrowski, 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,	Kevin L. Ostrawski	7 <u>2</u> 4	682-7773	07	09	27
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

* Not in wet layup this period. Daily Maximum for DT-1 was 7.1 mg/L. ** Two clamicides this period, 8/1 and 8/8. 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. JPC 9-7-07

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

N/A

N/A

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

002A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

l.	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY			
FROM[07	80	01	то	07	08	31			

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Monr MO AVG	Req Mon Son DAILY MX	Mgal/d				N/A		Weekly	ESTIMA -

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TE	LEPHONE	<u> </u>	DATE				
724	682-7773	07	09	27			
AREA Code	NUMBER	YEAR	МО	DAY			

DISCHARGE MONITORING REPORT (DMR)

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

003A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

003

External Outfall

No Data Indicator

	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY			
FROM	07	80	01	TO	07	- 08	. 31			

PARAMETER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAIGHETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO MO AVG	" "La Bert " march to the per attende et al C. T.					N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TE	LEPHONE	PHONE DATE		
724	682-7773	07	09	27
AREA Code	NUMBER	YEAR	MO	DAY

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

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

7.5

27

DAY

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

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

08

01

004A DISCHARGE NUMBER

YEAR MO DAY

08 | 31

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAINAIL PER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.98	N/A	8.31	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6. MINIMUM	*****	9 MAXIMUM	pН		, Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	11.17	19.27	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	Mgal/d			*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.092	0.21	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A _,	N/A	N/A	0.024	0.12	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		TEI	LEPHONE	[DATE
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting talse information,	Kevir L. Ostrowski	724	682-7773	07	09
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

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

		MONITORING PERIOD										
	YEAR	MO	DAY		YEAR	MO	DAY					
FROM	07	08	01	TO	07	08	31					

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	1.00	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		Req Mon :: MO AVG				1.34 (1.74.444) 2.14 (1.74.44)		N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kevin L. Ostrowski, DIRECTOR OF SITE
OPERATIONS
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TEI	EPHONE	1	DATE				
724	682-7773	07	09	27			
AREA Code	NUMBER	YEAR	МО	DAY			

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

007A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfall

No Data Indicator

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 07 08 01 TO 07 08

PARAMETER		QUANTITY OR LOADING QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
PARAMETER	A.	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		'	
pH	SAMPLE										
h, i	MEASUREMENT				<u> </u>						
00400 1 0	PERMIT	**************************************	******		6-		55.24 - 4 9 - 36			Washing	GRAB
Effluent Gross	REQUIREMENT				6 MINIMUM		MAXIMUM	pН		- Weekly	SIND
Class in conduit as they tractment plant	SAMPLE				· · · · · · · · · · · · · · · · · · ·						
Flow, in conduit or thru treatment plant	MEASUREMENT										
50050 1 0	PERMIT	Red Mon	Req. Mon.		* Tan *****		*****			Weekly	CDAD
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d			10 PM]		360 C	
Obligation And Alexandrian	SAMPLE										
Chlorine, total residual	MEASUREMENT										
50060 1 0	PERMIT		******			5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	் 2 5 . 1.25		977. VO	THE REAL PROPERTY.	COVO
Effluent Gross	REQUIREMENT					5, MO AVG	INST MAX	mg/L	7 T	- Weekly -	II. GRAD
Chlorine free evallable	SAMPLE										
Chlorine, free available	MEASUREMENT		'					1			
50064 1 0	PERMIT					2 AVERAGE	* #***********************************			Weekly	CDAD
Effluent Gross	REQUIREMENT					- AVERAGE	MAXIMUM -	mg/L	200	VVCCKIY	I GRAD

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS
į	TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TEI	LEPHONE	DATE					
724	682-7773	07	09	27			
AREA Code	NUMBER	YEAR	MO	DAY			

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

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

TO

Page 34

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

FROM 07

YEAR MO DAY

08

01

008A

DISCHARGE NUMBER

YEAR MO DAY

08

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

o Data Indicator	X
------------------	---

PARAMETER	100	QUANTITY OR LOADING VALUE VALUE UNITS		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER				UNITS VALUE		VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6. MINIMUM			pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 + 3 MO AVG	DAILY MX	mg/L		Twice Per :: Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT				*****	15 MO AVG	= j _a 20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				ta e					•	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon: MO AVG	Reg Mon DAILY MX	Mgai/d	projektiva se			N/A	333	/ ∜Weekly }	EŜTIMA

I	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS
	TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TEI	EPHONE		DATE					
724	682-7773	07	09	27				
AREA Code	NUMBER	YEAR	МО	DAY				

MO DAY

08 01

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

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR

FROM 07

010A DISCHARGE NUMBER

YEAR MO DAY

08 31

07

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 2 COOLING WATER

External Outfall

No Data Indicator

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.01	N/A	8.42	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 S MINIMUM 3		9 MAXIMUM#	pН		Weekly	ĞŘAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1*	<0.1*	mg/L	0	2 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A		MO AVG	0. INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.46	5.18	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 -4. Effluent Gross	PERMIT REQUIREMENT	Req Mon		Mgal/d	1407 346			N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.026	0.11 .	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5 MO AVG	1-25 INST MAX	mg/L		i Weekly	GRÂB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.012	0.06	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	***	2 AVERAGE	5 MAXIMUM	ma/L	4	Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kevin L. Ostrowski, 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 personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TELEPHONE DATE 07 724 682-7773 09 27 **AREA Code** NUMBER YEAR MO DAY The BETS DT-1 daily maximum was 16.3 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)

*One Clamicide this period, 8/8. *0.1 mg/L is minimum detectable level. JPC 9-7-07

Page 36

ESTIMA

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

50050 1 0

Effluent Gross

BEAVER VALLEY POWER STATION

PERMIT

REQUIREMENT

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

Req. Mon.

FROM 07

Req Mon :

MO AVG

YEAR MO DAY

08 01

011A DISCHARGE NUMBER

YEAR MO DAY

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

N/A

DIESEL GEN & TURBINE DRAINS

External Outfall

No Data Indicator

≅Weeklv

						····					———
DADAMETER		QUANTI	TY 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	0.004	0.004	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST

07

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

1	TEI	LEPHONE		DATE					
	724	682-7773	07	09	27				
Ì	AREA Code	NUMBER	YEAR	MO	DAY				

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004 BEAVER VALLEY POWER STATION

FACILITY: LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: 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

<u>-</u> -	YEAR	МО	DAY		YEAR	MO	DAY
FROM	07	_08	01	TO	07	08	31
_							

QUANTITY OR LOADING QUALITY PARAMETER				QUALITY OR CONC	ENTRATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
I GIVARETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.03	N/A	8.79	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM X		9 MAXIMUM	pН		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.439	0.865	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT		en de rij			Req Mon. Mon. 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	0.283	0.547	mg/L	0	2 / 31	GRAB
01092 1 0 Effluent Gross	- PERMIT REQUIREMENT		10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	N/A		1.5 MO AVG	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! Add MO.AVG	Req Mon DAILY MX (Mgal/d				N/A		* Once Per *	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	1376	1484	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Reg Mon. Mo/AVG	Req Mon DAILY MX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TEI	EPHONE		DATE						
724	682-7773	07	09	27					
AREA Code	NUMBER	YEAR	МО	DAY					

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT

ATTN: DONALD J SALERA/MGF

PA0025615
PERMIT NUMBER

013A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05) **OUTFALL 013**

External Outfall

No Data Indicator

RT, PA 150770004			N	IONITO	RING	PERIOD			
•		YEAR	MO	DAY		YEAR	MO	DAY	
GR ENV & CHEM	FROM	07	08	01	TO	07	08	31	
Controller and strategical and the first									_

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I AMARIETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.58	N/A	7.04	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	i 6 MNMUM: 2	To the state of th	9 MAXIMUM	pН	(32)2	Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01*	<0.01*	mg/L	0	2 / 31	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A		* Req Mon MO AVG	Req. Mon.	mg/L	445	Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.010	0.011	mg/L	0	2 / 31	24 HR COMP
01042 1 0 · · · · · Effluent Gross	PERMIT REQUIREMENT	**************************************		N/A		05 MO AVG	1 DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005**	<0.005**	mg/L	0	2 / 31	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Reg. Mon MO AVG	Req Mon	mg/L	G ES.	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	Mgai/d		Afra.		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		TE	LEPHONE		DATE	
Kevin L. Ostrowski, 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,	Keun L. Petrawski	724	682-7773	07	09	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

* 0.01 mg/L is minimum detectable level. ** 0.005 mg/L is minimum detectable level. JPC 9-7-07

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

101A

DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY 01 07 08 07 08 31 TO

DMR MAILING ZIP CODE: 150770004

MAJOR (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
CAMELER	W 1. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.45	N/A	7.94	pН	0	7 / 31	GRAB
00400 1 0	PERMIT	40 C 14 C		N/A	7 76V VF		*			Weekly	GRAB
Effluent Gross				1071	MINIMUM		MAXIMUM	pН			The fact, and the fact that the
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	10.1	50.4	mg/L	0	1 / 7	2 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	******	30: MO AVG: +	100 DAILY MX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A			. 20	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	PERMIT	A CONTRACTOR OF THE STREET		N/A		Req: Montages	Reg Mon			250000	GRAB,
Effluent Gross	REQUIREMENT	gar saide sa		1977		MO AVG	L. DAILY MX	mg/L		Weekly	SPAD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.011	0.012	MGD	N/A	N/A	N/A	N/A	0	DAILY	CONT
50050 1 0	PERMIT	Req Mon	Req Mon A					N/A		V DAILY	CONTIN
Effluent Gross		MG'AVG#	DAILYMX 1	Mgal/d				1 17/	学が経過		95 Carter (1995)
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/L	**	**	GRAB
81313 1 0	PERMIT		*******	N/A	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Req. Mon.	Reg Mon		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Weekly	CDAR
Effluent Gross	REQUIREMENT			137/4	在30苯二唑%	MO AVG	DAILY MX			VVCORIY	GRAB.

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE	Γ	DATE	
Kevin L. Ostrowski, 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,	Keven L. Ostrawski	724	682-7773	07	09	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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 9-7-07

TO

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

07

FROM

YEAR MO DAY

08

01

102A

YEAR MO DAY

08

07

DISCHARGE NUMBER

(SUBR05)

MAJOR

102 INTAKE SCREEN HOUSE

DMR MAILING ZIP CODE: 150770004

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
1 AIGHE LEIG		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.54	N/A	7.86	pН	. 0	3 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	66 € MINIMUM		9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	6.9	8.3	mg/L	0	3 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO:AVG	100 DAILY MX	mg/L		Twice Per	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	3 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A		15 MO AVG	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.					N/A			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	
Kevin L. Ostrowski, 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 talte information,	Kevin L. Ostrowski	724	682-7773	07	09	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

*5 mg/L is minimum detectable level. JPC 9-7-07

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 15077

ATTN: DONALD J SALERA/MGR ENV & CH

PA0025615 PERMIT NUMBER

103A

DISCHARGE NUMBER

MAJOR

DMR MAILING ZIP CODE: 150770004

(SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Data Indicator

70004	[M	ONITO	RING	PERIOD)	
	[YEAR	OM	DAY		YEAR	MO	DAY
HEM	FROM[07	08	01	TO	07	08	31

PARAMETER	O to Committee	QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	צדואט			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7,15	N/A	7.54	pН	0	2 / 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	4.3	4.5	mg/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 Mo AVG	100 DAILY MX	mg/L		Twice Per	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross		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		TEI	LEPHONE	C	DATE	
Kevin L. Ostrowski, 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 felse information,	Kern't Ostrawski	724	682-7773	07	09	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	MO	I

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.

Page 42

Hitter To The Golden

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

08

01

111A DISCHARGE NUMBER

YEAR MO DAY

08

07

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1		
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.04	N/A	7.92	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMOM		9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	1.0	5.0	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A		30 MO AVG	100 DAILY MX	mg/L		2 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 S-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	Reg Mon Mon Mon Mo AVG : 15	Reg Mön DAILYMX	Mgal/d	450 Sec.		**************************************	N/A		.⊭"Weekly⊹	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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 info including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TE	LEPHONE	l l	DATE					
724	682-7773	07	07 09					
AREA Code	NUMBER	YEAR	МО	DAY				

^{* 5} mg/L is minimum detectable level. JPC 9-7-07

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

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

08

01

113A DISCHARGE NUMBER

YEAR MO DAY

07 08 31

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

No Data

a Indicator	X
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3

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
AMMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		######		6 MINIMUM	**************************************	9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	2 2 60 DAILY MX	mg/L		Twice Per ⊬ - Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross		043 MO AVG	Req. Mon DAILY:MX	Mgal/d				N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT				1						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		2 (m. 1944)			14 MO AVG	3.3 INST MAX	mg/L		Twice Per 3 Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT					MO GEOMN		#/100mL		wice Per Month	EGRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	******			7 77	25 MO AVG 3 MO	# 50 DAILY MX	mg/L		Twice Per 3	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		TEL	EPHONE		DATE	
Kevin L. Ostrowski, 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 clirectly 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.	KEWELL. OSLAWSKE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	07	09	27
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

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

203A DISCHARGE NUMBER

		MONITORING PERIOD											
	YEAR	MO	DAY		YEAR.	MO	DAY						
FROM	07	08	01	TO	07	80	31						

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAINAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT				6 MINIMUM		9		国际 创作安	√Twice Per Month	COAD
Effluent Gross	REQUIREMENT	477.5344.5276			MINIMUM		MAXIMUM	pН		Month	GRAB.
Solids, total suspended	SAMPLE MEASUREMENT		:								
00530 1 0	PERMIT	******				2 - 3 - 30 - 23 - 5 · .	4347 60 N S		100 Sec. 1955.	. Wice Per ⊴	COMP-8
Effluent Gross	REQUIREMENT			·		MO AVG	DAILY MX	mg/L		Month	CUMP-6
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT								J		
50050 1 0	PERMIT	ا کیا ۔ 023ء کیا	, Reg. Mon ∰							Weekly	MEASRD
Effluent Gross		MO AVG	DAILY:MX	Mgal/d			APART S	<u></u>	品。		Service States
Chlorine, total residual	SAMPLE MEASUREMENT								# 4 4 4 4 4 4 4 4		
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					14 MO'AVG	3.3 : INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT					200 GEOMN		#/100mL		Wice Per Months	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0	PERMIT	**************************************			10 Carrier	25	50.		建精炼效	- Twice Per	\$2.455\$64.55.14
Effluent Gross	REQUIREMENT	******				MO AVG	DAILY MX	mg/L		- Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document a direction or supervision in accordance with a sys
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information sub persons who manage the system, or those perso information, the information submitted is, to the I and complete. I am aware that there are signific
TYPED OR PRINTED	including the possibility of fine and imprisonment

and all attachments were prepared under my ystem designed to assure that qualified personnel ubmitted. Based on my inquiry of the person or sons directly responsible for gathering the best of my knowledge and belief, true, accurate ficant penalties for submitting false information, ent for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TEL	EPHONE	DATE						
724	682-7773	07	09	27				
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.

Page 45

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

08

01

211A DISCHARGE NUMBER

YEAR MO DAY

08

31

Õ7

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

211 TURBINE BLDG Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.57	N/A	7.41	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM		9 MAXIMUM	pН		://Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3.0	9.0	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	DAILY MX	mg/L		Weekiy	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 MXC *A	mg/L		VVeekly	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 2 3	Req Mon.	Mgal/d				N/A		Vveekly, k	estima.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER								
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS								
TYPED OR PRINTED								

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TELEPHONE DATE 724 682-7773 09 27 07 AREA Code NUMBER YEAR MO DAY

^{* 5} mg/L is minimum detectable level. JPC 9-7-07

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

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

08 01

213A DISCHARGE NUMBER

YEAR MO DAY

08 | 31

07.

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No D

Data Ir	dicator		K
---------	---------	--	---

DAGAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******			6 MINIMUM		9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		7.4	30	DAILY MX	mg/L		Twice Per Month	GRAB.
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		4.0		T BURES	15 MO AVG	A DAILY MX	mg/L	1.3	Twice Peril*	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										par i
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Requilion MO AVG	Req. Mon. DAILY MX	Mgal/d						Weekly	* ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT						L.				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		******		**************************************	MO AVG	1.25 INST MAX	mg/L	10 166 11 166	Twice Per 4 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		TEL	DATE			
OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who menage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am eware that there are significant penalties for submitting false information.	Keven L. Ostrawski	724	682-7773	07	09	27
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

SAMPLES SHALL BE TAKEN AT 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.

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: F

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615
PERMIT NUMBER

08

01

TO

FROM 07

301A DISCHARGE NUMBER

08 31

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY

07

Page 47

DMR MAILING ZIP CODE: 150770004

D

MAJOR (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 31	GRAB	
00530 1 0	PERMIT	*****	******	N/A	A PART OF THE	4.5. 30°	-i		新疆为	Twice Per	* COAO	
Effluent Gross	REQUIREMENT			IVA		30† MO AVG	DAILY MX	mg/L	新发光		://GRAB	
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 31	GRAB	
00556 1 0	PERMIT		******	N/A		15 MO AVG	120			Twice Per Month	CPAR	
Effluent Gross	REQUIREMENT		A STATE	19/24	A Company	MO AVG	DAILYMX	mg/L	C. Walls	Month.	377	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST	
50050 1 0	PERMIT	Req Mon MO AVG	Req. Mon.		1000			N/A		A Weekly	S ESTIMA*	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	A	3.00 (A) (A) (A) (A)	(3.490) - 10 (1.40)	,,,,,	多数的数			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	ify under penalty of law that this document and ell attachments were prepared under my tion or supervision in accordance with a system designed to assure that qualified personnel stry gather and evaluate the Information submitted. Based on my inquiry of the person or one who manage the system, or those persons directly responsible for gathering the manifor, the information submitted is to the head of my knowledge and failing the securities.		TEI	LEPHONE		ATE	
OBERATIONS	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,	Karnih. Ostrawski	724	682-7773	07	09	27
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

*4 mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC 9-7-07

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

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

08 01

303A DISCHARGE NUMBER

YEAR MO DAY

08

31

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross			******		6.4:		9 MAXIMIM	рH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT					The state of the s	4552	<u> </u>	# One Age of Addition	The state of the s	2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
00530 1 0 Effluent Gross						30 MO AVG	DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MO AVG	ZA DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT						# J.			***	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon	Req Mon	Mgal/d	n Barris de La Compani			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	ſ	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	property gether and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kewich. Ostrowski	724	682-7773	07	09	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

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

313A DISCHARGE NUMBER

MAJOR (SUBR05) 313 TURBINE BLDG DRAIN Internal Outfall

DMR MAILING ZIP CODE: 150770004

No Data Indicator

	MONITORING PERIOD										
	YEAR	MO	DAY		YEAR	MO	DAY				
FROM	07	08	01	TO	07	08	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	6.58	N/A	6.70	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	6 MINIMUM		- PE	рН	100 E 20	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	21.0	71.1	mg/L	0	1/7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		4*****	N/A		30 MO AVG	## 100 **** DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT		N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		5 MO AVG	DAILYMX	mg/L		4Weekly	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 AVG	Req. Mon.	Mgal/d				N/A		Weekly	: ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TEI	LEPHONE		DATE					
724	682-7773	07	09	27				
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 9-7-07

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

Page 49

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									
PE	RMIT	NUMBER								

40 DISCHARG

)1A	
E NUMBER	

(SUBR05) CHEM.FEED AREA OF AUX BOILERS Internal Outfall

MAJOR

DMR MAILING ZIP CODE: 150770004

No Data Indicator

	MONITORING PERIOD										
	YEAR	MO	DAY		YEAR	MO	DAY				
FROM	07	08	01	TO	07	08	31				

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMETER	Logical Control	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	9.21	N/A	9.85	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	4 1 1	N/A	MINIMUM:		Req: Mon. MAXIMUM	pН		™ Twice Per a: Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A		- 30 - MO.AVG	100 DAILY MX	mg/L	757	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		MO AVG	20 ALY MX	mg/L		Twice Per Months	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		Req Mon MO:AVG	Req: Mon.	Mgai/d			100	N/A		*#aWeekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE	T T	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, socurate, and complete. I am aware that there are significant penatries for submitting false information,	Kevent Ostrawshi	724	682-7773	Q7	09	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

*4 mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC 9-7-07

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

Page 50

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

403A

	5			
DIGG	1145	- AF	A 184	DEC.
I DISC	HAR	UE	MOM	BEK

		MONITORING PERIOD													
	YEAR	MO	DAY		YEAR	MO	DAY								
ROM	07	08	01	TO	07	08	31								

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		0	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*******		e! Minimum	Attitus on 1000	9 MAXIMUM	pΗ		Weekly	- GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****			30 ** MO'AVG	100	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MO AVG	DAILY MX	mg/L		. Weekly	GRAB /
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT		24								
00610 1 0 Effluent Gross	PERMIT REQUIREMENT					Req Mon MO:AVG	Reg Mon DAILY MX	mg/L	3 /40 /2	Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT					MO AVG	DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mcn. DAILY MX	Mgal/d						. Weekly	∉,ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******			*****		1.25 INST MAX	ma/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		TE	LEPHONE		DATE	
Kevin L. Ostrowski, 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,	Keiri L. Ostrawski	724	682-7773	07	09	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

TO

Page 52

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

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

07

FROM

YEAR MO DAY

08

403A

07

PERMIT NUMBER

01

DISCHARGE NUMBER

YEAR MO DAY

08

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT					0. MO AVG	DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kevin L. Ostrowski, DIRECTOR OF SITE **OPERATIONS**

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TELEPHONE DATE 724 27 09 682-7773 07 **AREA Code** NUMBER YEAR MO DAY

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

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

MG/L. (THE LIMIT IS 35

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

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 413A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BULK FUEL STORAGE DRAIN

Internal Outfall

No Data Indicator

		MONITORING PERIOD													
	YEAR	YEAR	MO	DAY											
FROM	07	08	01	TO	07	80	31								

PARAMETER	parest mercianist	QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARMITEER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.23	N/A	7.26	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM *		9 MAXIMUM	pН		Weekly) GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	10.5	13.0	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		***************************************	N/A		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	<0.001	<0.001	MGD	·N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO'AVG	Req. Mon DAILY MX	Mgal/d				N/A		Weeklyruk	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kevin L. Ostrowski, 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 personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and impresonment for knowing violations

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TE	LEPHONE		ATE	
724	682-7773	07	09	27
AREA Code	NUMBER	YEAR	MO	DAY

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

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

* 5 mg/L is minimum detectable level. JPC 9-7-07

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

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

08 01

501A DISCHARGE NUMBER

YEAR MO DAY

80

07

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No

Data Indicator	X
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PARAMETER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS]	·	
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		**************************************			30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon	Req Mon 7	Mgai/d						eWeekly /	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER					
Kevin L. Ostrowski, 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 personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
724	682-7773	07	09	27
AREA Code	NUMBER	YEAR	MO	DAY

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

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