

October 24, 2007 L-07-141

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 September 2007 NPDES Discharge Monitoring Report (DMR) for FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station, in accordance with the requirements of the Permit. Attachment 1 to this letter is supplemental monitoring data for Outfall 001 (dissolved oxygen).

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

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

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

Kain L. Ostrowski

Attachments (1) 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

SE25 NRR 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
8-27-07	1025	7.32	mg/L
9-3-07	0920	7.56	mg/L
9-10-07	1100	7.23	mg/L
9-17-07	0900	7.55	mg/L
9-24-07	0920	7.23	mg/L
10-1-07	1000	7.62	mg/L

- Attachment 1 END --

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM 07 09 01

YEAR MO DAY

001A

DISCHARGE NUMBER

YEAR MO DAY

30

07 | 09

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Data Indicator

PARAMETER		QUANT	ITY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.65	N/A	8.12	рН	. 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	0.1	0.1	mg/L	0	1* / 7*	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	*****	Req. Mon. MO AVG	Req; Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/L	**	** / **	**
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	•••••	Mary Halland	N/A	74.7	60 0 MO AVG	0 DAILY MX	ma/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	40.3	57.2	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	0.01	0.07	mg/L	0	10 / 30	GRAB
50060 1 0 7 Effluent Gross	PERMIT REQUIREMENT	•••••		N/A	1 ************************************	.5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.001	0.02	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		.2 AVERAGE	.5 MAXIMUM	mg/L	2	Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005***	<0.005***	mg/L	0	1* / 7*	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	0 MO AVG	0 DAILY MX	ma/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 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.

AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 24 07 10 AREA Code NUMBER YEAR МО DAY

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

* Wet layup started 09/27/07. ** No clamicides this period.

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

***0.005 ma/L is minimum detectable level. JPC 10/15/07

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: BEAVER VALLEY POWER STATION LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: 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

MONITORING PERIOD MO DAY YEAR YEAR MO DAY FROM 07 09 01 07 09 30

PARAMETER		QUANTI	NTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1 ANAMETER		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. M© AVG	Req. Mon. DAILY MX	Mgal/d	******		••••	N/A		Weekly	ESTIMA

1	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 10 24 AREA Code NUMBER YEAR МО DAY

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 57

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

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

Reg. Mon.

DAILY MX

YEAR MO DAY

003A

DISCHARGE NUMBER

YEAR MO DAY

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

N/A

External Outfall

No Data Indicator

Twice Per

... Month

							L					
	PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
	PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			'=
Flo	ow, in conduit or thru treatment plant	SAMPLE	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST

Mgal/d

09 01 TO

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

TYPED OR PRINTED

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**

TELEPHONE DATE 724 682-7773 07 10 24 AREA Code NUMBER YEAR МО DAY

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

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

MEASUREMENT

PERMIT

REQUIREMENT

Rea Mon

MO AVG

OMB No. 2040-0004

Page 58

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

NAME:

FIRST ENERGY NUCLEAR OPERATING __

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PAROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615

004A

PERMIT NUMBER

DISCHARGE NUMBER

		M	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	09	01	ТО	07	09	30

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.72	N/A	7.95	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	6.94	15.41	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	0.13	0.18	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	0.05	0.10	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
vin L. Ostrowski, DIRECTOR OF SITE
TYPED OR PRINTED

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

Kevenih.	Ostrawski
SIGNATURE OF PRINCIP	AL EXECUTIVE OFFICER OR
AUTHOR	IZED AGENT

1	TEI	EPHONE	DATE					
	724	682-7773	07	10	24			
	AREA Code	NUMBER	YEAR	МО	DAY			

Form Approved OMB No. 2040-0004

Page 59

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

REQUIREMENT

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

Effluent Gross

BEAVER VALLEY POWER STATION

LOCATION: PAROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR

FROM

006A

DISCHARGE NUMBER

YEAR MO DAY

09 30

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

					•						
PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	MGD	N/A	Ņ/A	N/A	N/A	-	1 / 7	EST
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Manifel	*****	******	*****	N/A		Weekly	ESTIMA

MONITORING PERIOD

TO

MO DAY

01

09

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kevin L. Ostrowski, DIRECTOR OF SITE
OPERATIONS
OFERATIONS
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 gethering the information; the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Kevin L. Ostrawski
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR
AUTHORIZED AGENT

TEL	EPHONE		DATE				
724	682-7773	07	10	24			
AREA Code	NUMBER	YEAR	мо	DAY			

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

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

09 01

007A

DISCHARGE NUMBER

YEAR MO DAY

09

30

07

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

AUX. INTAKE SYSTEM External Outfall

No Data Indicato

		,									
PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
FANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE	-									
pri	MEASUREMENT										
00400 1 0	PERMIT	*****	******		6	******	9			VAV. SUIT	GRAB
Effluent Gross	REQUIREMENT	:			6. MINIMUM	*****	MAXIMUM	рH		Weekly	GRAD
Flour in conduit or thru to store at plant	SAMPLE										
Flow, in conduit or thru treatment plant	MEASUREMENT									•	
50050 1 0	PERMIT	Reg. Mon.	Req. Mon.		*****				1855040		
Effluent Gross	REQUIREMENT	MOAVG	DAILY MX	Mgal/d						Weekly	GRAB
Chloring tetal residual	SAMPLE				The state of the s						
Chlorine, total residual	MEASUREMENT	-									
50060 1 0	PERMIT	76 P. T.	*****		******	8 a .5	1.25		FIRE	S. W. Live	GRAB
Effluent Gross	REQUIREMENT				******	MO AVG	INST MAX	mg/L		Weekly	GRAD
Chloring from queilable	SAMPLE										
Chlorine, free available	MEASUREMENT										
50064 1 0	PERMIT	*****	******		******	.2	.5		312 C. C. C.		CANA
Effluent Gross	REQUIREMENT				****** *******************************	AVERAGE	.5. MAXIMUM	mg/L	# F	Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	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,	Kevin L. Ostowski	724	682-7773	07	10
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

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

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

Form Approved OMB No. 2040-0004

Page 61

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 008A

DISCHARGE NUMBER

		M	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
ROM	07	09	01	TO	07	09	30

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT			1					·		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	:		6 MINIMUM	******	9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				,						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	• • • • • • • • • • • • • • • • • • • •			******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****		1	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req. Mon. DAILY MX	Mgal/d		******	••••	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**

TELEPHONE DATE 724 682-7773 07 10 24 AREA Code NUMBER YEAR МО DAY

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 62

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

09

01

010A

DISCHARGE NUMBER

YEAR MO DAY

09 30

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOLING WATER

External Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING	i	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
1 CIVCIIII III I I III I		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.25	N/A	. 7.92	рН	0	1 / 7	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	6 MINIMUM	******	9 MAXIMUM	рН	7	Weekly	GRAB	
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*	
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	******	0 MO:AVG	0 INST MAX	mg/L		When. Discharging	COMP24	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.24	4.32	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	0.045	0.07	mg/L	0	1 / 7	GRAB	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		****				1.25 1.ST MAX	mg/L		Weekly	GRAB	
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.028	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								
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 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, ncluding the possibility of fine and imprisonment for knowing violations.

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

TELEPHONE DATE 724 682-7773 07 10 24 **AREA Code** NUMBER YEAR МО DAY

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

REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.):

MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX)

*No clamicide this period. JPC 10/15/07

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 63

24

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

09

011A

DISCHARGE NUMBER

YEAR MO DAY

09

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAINABLE		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	Req. Mon. DAILY MX	Mgal/d	******	•••••		N/A		Weekly	ESTIMA

01

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		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,	Kevii L. Ostrawski	724	682-7773	07	10	
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	T

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

012A

DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 07 09 01 TO 07 09 30

Page 64

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE TYPE	
FANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.01	N/A	8.01	pН	0	1 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	•••••	9 MAXIMUM	рН		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A.	0.052	0.058	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			******	Reg 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	0.146	0.166	mg/L	0	2 / 30	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT		••••••• ••••••	N/A		1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	•	1 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	****	******	N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	·N/A	· N/A	N/A	432	480	mg/L	0	2 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT		1000	N/A	e de la companya de l	Req. 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

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 automitted is, to the best of my knowledge and bestef, true, ecourts, and complete. I am aware that there ere significant penalize 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 10 24 AREA Code NUMBER YEAR мо DAY

MONITORING PERIOD

TO

Form Approved
OMB No. 2040-0004

Page 65

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

50050 1 0

Effluent Gross

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615

07

Reg. Mon.

DAILY MX

FROM

YEAR MO DAY

09

01

013A

DISCHARGE NUMBER

YEAR MO DAY

09

30

07

DMR MAILING ZIP CODE:

150770004

MAJOR

(SUBR05)

OUTFALL 013

External Outfall

No Data Indicator

PARAMETER		QUANTI	QUANTITY OR LOADING QUALITY OR			QUALITY OR CONC	ENTRATION	NO. FREQUENCY SAMPLI EX OF ANALYSIS TYPE				
ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
рН	SAMPLE MEASUREMENT	N/A	N/A .	N/A	6.29	N/A	7.27	рН	0	1 / 7	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	•••••	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB	
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01*	<0.01*	mg/L	0	2 / 30	24 HR COMP	
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	••••	· N/A	******	Req. Mon. MO:AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24	
Copper, total (as Cu)	SAMPLE MEASUREMENT	Ņ/A	N/A	N/A	N/A	0.009	0.013	mg/L	0	2 / 30	24 HR COMP	
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	100	N/A			.1 DAILY MX	mg/L		Twice Per- Month	COMP24	
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005**	<0.005**	mg/L	0	2 / 30	24 HR COMP	
34301 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A		Req. Mon. MO AVG	Req. Mon DAILY MX	mg/L		Twice Per Month	COMP24	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.003	0.003	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST	

Mgal/d

NAME/TITLE PRINCI	PAL EXECUTIVE OFFICER						
Kevin L. Ostrowski, I OPERATIONS	DIRECTOR OF SITE						
TYPED	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 roperly gather and evaluate the information submitted. Based on my Inquity of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complets. I am aware that there are algnificant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Reg. Mon.

MÓ AVG

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR
AUTHORIZED AGENT

 TELEPHONE
 DATE

 724
 682-7773
 07
 10
 24

 AREA Code
 NUMBER
 YEAR
 MO
 DAY

Twice Per

ESTIMA

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.

PERMIT

REQUIREMENT

* 0.01 mg/L is minimum detectable level. ** 0.005 mg/L is minimum detectable level. JPC 10/15/07

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PAROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PAROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

07

YEAR MO DAY

09

01

101A

. 07

DISCHARGE NUMBER

09 30

MONITORING PERIOD YEAR MO DAY DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
FAISONETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.90	N/A	7.65	рН	. 0	4 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	••••••	N/A	6 ·. MINIMUM: □	****** *******************************	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	12.0	33	mg/L	0	1 / 7	2 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7		N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP-2
Oil & grea se	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. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.010	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. 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 firection or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the nformation, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, notuding the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TE	LEPHONE		DATE					
724	682-7773	07	10	24				
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. ** No discharge during wet layup period. JPC 10/15/07

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

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

09

01

102A

07

DISCHARGE NUMBER

YEAR MO DAY

.09

30

(SUBR05) 102 INTAKE SCREEN HOUSE

DMR MAILING ZIP CODE: 150770004

Internal Outfail

MAJOR

No Data Indicator

DATE

10

мо

24

DAY

07

YEAR

PARAMETER		QUANTI	QUALITY OR CONCENTRA				ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CONOMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		·	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.36	N/A	7.73	pН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	******	9 MAXIMUM	Нq		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/Ā	6.7	13.3	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		****	N/A		30 ± 30 30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	**************************************	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req. Mon	Mgal/d	200	·····		N/A		Twice Per Month	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.

TELEPHONE 724 682-7773 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AREA Code** NUMBER AUTHORIZED AGENT

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 10/15/07

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

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Form Approved OMB No. 2040-0004

Page 68

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

103A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

DATE

10

МО

24

07

YEAR

MAJOR

(SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Data Indicator

- [MONITORING PERIOD									
[YEAR	MO	DAY		YEAR	MO	DAY			
FROM	07	09	01	TO	07	09	30			

PARAMETER		QUANTI	NTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE TYPE
CONCINE		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.73	N/A	7,37	pН	0	3 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM =	******	9 MAXIMUM	рH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4.3	8.6	mg/L	0	2 / 30	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		***	N/A		MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req: Mon. DAILY MX	Mgal/d	 			N/A		Twice Per Month	ESTIMA

Kevin L. Ostrowski, DIRECTOR OF SITE IOPERATIONS	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 personn 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,
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.

	TELEPHONE					
Kernih Ostrowski	724	682-7773				
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER				

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.

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 69

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

REQUIREMENT

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

Effluent Gross

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR MO DAY

09

01

07

FROM

111A

DISCHARGE NUMBER

YEAR MO DAY

09

30

07

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
	54.1	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			1
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.66	N/A	8.25	рH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	•••••	N/A	6 MINIMUM	*****	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.4	5.4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	h i ******	*****	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	PERMIT	Req: Mon.	Reg: Mon:		******	1200340		A I / A	KANATA CKAD		ALTECTION OF THE

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

TEI	_EPHONE	[DATE				
724	682-7773	07	10	24			
AREA Code	NUMBER	YEAR	МО	DAY			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * 5 mg/L is minimum detectable level. JPC 10/15/07

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 70

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

FROM 07

YEAR MO DAY

09

01

113A

DISCHARGE NUMBER

YEAR MO DAY

09

30

07

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

UNIT 2 SEWAGE TMT PLANT Internal Outfall

No Data Indicato

r	X	

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Constitue tests		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	•••••	*****		6 + MINIMUM	•••••	9 MAXIMUM	рΗ		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT							•			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	••••	•••••		******	30 MO:AVG	60 S	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.043 MO AVG	Req. Mon DAILY MX	Mgal/d	Trick Spirit III			N/A		⊮Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		••••		**************************************	1,4 MO AVG	3.3 INST MAX	mg/L	745.01 345.443	Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT				·						
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	****	*****		******	200 MO GEOMN		#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT	*****	******		******	25 MO AVG	50 DAILY MX*	ma/L		Twice Per	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		TEI	LEPHONE	ī	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,	Karih Ostrowski	724	682-7773	07	10	24
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 71

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

09

01

203A

DISCHARGE NUMBER

YEAR MO DAY

09

30

07

(SUBR05) MAIN SEWAGE TMT PLANT Internal Outfall

MAJOR

DMR MAILING ZIP CODE: 150770004

No Data Indicato

DADAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX		SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		6 MINIMUM	****	9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			10 m 15	30 MO AVG	60 DAILY MX	mg/L		Twice Per	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
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	*****	•		****	1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT				*****	200 MO GEOMN		#/100mL		Twice Per Month	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 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	EPHONE		ATE	<u>.,</u>
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 le, to the best of my knowledge and belief, true, socurate, and complete, I am aware that there are significant penalties for submitting false information,	Kevich. Ostrawski	724	682-7773	07	10	24
	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY

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

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

MONITORING PERIOD

Form Approved
OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004.

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

211A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

NO.

SAMPLE

Page 72

MAJOR

(SUBR05)

211 TURBINE BLDG Internal Outfall

No Data Indicator

FREQUENCY

ATTN: DONALD J SALERA/MGR E	FR	YEAR MC OM 07 09		YEAR MO 07 09	DAY 30		
PARAMETER		QUANTI	ITY OR LOADING	3	. (QUALITY OR CONC	ENTRATION
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
.11	SAMPLE	144		N1/A	0.47	21/4	7.50

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				EX	OF ANALYSIS	TYPE	
FANOMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.17	N/A	7.53	рН	0	1 / 7	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM		9 MAXIMUM3	pН		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	1.2	4.9	mg/L	0	1 / 7	GRAB	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	Today Ton	*****	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. Man. DAILY MX	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 inquity of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Keven L. Cottawsbr

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

TEI	LEPHONE		ATE	
724	682-7773	07	10	24
AREA Code	NUMBER	YEAR	мо	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * 5 mg/L is minimum detectable level. JPC10/15/07

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 73

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

07

FROM

213A

PERMIT NUMBER

01

YEAR MO DAY

09

MO DAY

09 30

DISCHARGE NUMBER

YEAR

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No D

ata	Indicator	X

DARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					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	рH	200	Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 · Effluent Gross	PERMIT REQUIREMENT	••••			******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		••••		*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	· · · · · · · · · · · · · · · · · · ·									
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****		1	Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	••••		•••••	.5 MO AVG	inst max	mg/L		Twice Per Month	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 ersons who manage the system, or those persons directly responsible for gathering the nformation, the information aubmitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, ncluding the possibility of fine and Imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TEI	EPHONE			
724	682-7773	07	10	24
AREA Code	NUMBER	YEAR	мо	DAY

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

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

Form Approved OMB No. 2040-0004

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 301A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

No Data Indicator

		MONITORING PERIOD										
	YEAR	MO	DAY		YEAR	MO	DAY					
FROM	07	09	01	TO	07	09	30					

PARAMETER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS)	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 30	GRAB	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		****	N/A	******	30 e a	DAILY MX	mg/L		i: ⊰Twice Per Month	GRAB	
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 30	GRAB	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	••••	N/A		15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	ı	1, / 7	EST	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	3.73	******		N/A		Weekly	ESTIMA	

Kevin L. Ostrowski, DIRECTOR OF SITE or operation of the person of persons who manage the system, or those persons directly responsible for gathering the information, the information, the information, the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am ewere that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. VEAL ABEA Code NUMBER VEAL NUMBER VEAL	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	It certify under penalty of law that this document and all attechments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel.	•	TEI	EPHONE		ATE	
ADEA CANA MIMOED VEAD MA DAV	THOMISE CONTONING DIVINED TO THE	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,	Keven't Ostrawski	724	682-7773	07	10	24
TYPED OR PRINTED AUTHORIZED AGENT			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY

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

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

*4 mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC 10/15/07

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

Page 74

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

Effluent Gross

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

09 01

303A

DISCHARGE NUMBER

YEAR MO

09

07

DAY

30

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

No Da

ata	Indicator		<u>></u>	<u> </u>
-----	-----------	--	-------------	----------

ESTIMA

Weekly

DADAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	:	.	
эн	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		6 MINIMUM	*****	9 MAXIMUM	. рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	 	******		*****		100 DAILY MX	mg/L		Weekly	GRAB
Dil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	1 1 *****	*****		*****	15 MO AVG	20 DAILY.MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	Reg. Mon.	Req. Mon.		******			Ν/Δ	15.48-575	Weekly	FSTIMA

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

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

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

TELEPHONE DATE 724 682-7773 07 10 24 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.

REQUIREMENT

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168 SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

09

01

313A

DISCHARGE NUMBER

YEAR MO DAY

09

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Data Indicator

									NO.	FREQUENCY	
		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	6.46	N/A	6.92	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	<4 *	<4 *	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	***** 0.000 mm 1	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	<u> </u>	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	7.			N/A		Weekly	ESTIMA

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**

DATE **TELEPHONE** 07 24 724 682-7773 10 МО AREA Code NUMBER YEAR 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.

* 4 mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC 10/15/07

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

PA ROUTE 168 LOCATION:

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	МО	DAY		
FROM	07	09	01	TO	07_	09	30		
•									

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.58	N/A	8.99	рН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	N/A	6 H MINIMUM	*****	Req. Mon. MAXIMUM	рН		Twice Per Month	GRAB*
Solids, total suspended	SAMPLE MEASUREMENT	· N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	. 0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	•	. <u>.</u>	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	•	N/A	******	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	•	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	•••••	••••	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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 aubmitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 07 10 24 AREA Code NUMBER YEAR MO DAY

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

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

*4 mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC 10/15/07

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

403A DISCHARGE NUMBER

No Data Indicator

DMR MAILING ZIP CODE: 150770004

CONDENSATE BLOWDOWN & RIVR WAT

MAJOR

(SUBR05)

Internal Outfall

MONITORING PERIOD YEAR MO DAY YEAR MO DAY 09 01 07 09 FROM 07 TO 30

PARAMETER		QUANTI'	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рΗ	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	*****	*****		6		9	-11		Weekly	GRAB
Effluent Gross Solids, total suspended	REQUIREMENT SAMPLE				MINIMUM		MAXIMUM	pН			
00530 1 0	MEASUREMENT PERMIT	•••••	*****		*****	30 - 30	100	ļ	a creeks take		STEEPSONGWISH
Effluent Gross	REQUIREMENT	36000 CONTROL SERVICE	No. 19 E		a egypter		DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT						,				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MO AVG	20 DAILY:MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******			*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******			9,000	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050-1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*******		1215-1			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT			,riguira		- annugger	Accompany Sandana I com a consideration of const				The second secon
50060 1 0 Effluent Gross	PERMIT		****		******	.5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	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 penaltiles for submitting false information,	Kevinh Ostrawski	724	682-7773	07	10	24
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

MG/L. (THE LIMIT IS 35

Form Approved OMB No. 2040-0004

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

09

01

403A

YEAR MO DAY

09

07

DISCHARGE NUMBER

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
FANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE										
Hydrazine	MEASUREMENT							Ĺ			
81313 1 0	PERMIT	*****	******		*****	0	0.0]	0.95500	Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILÝMX	mg/L		IX. PAVEERIY	SKAD.

MONITORING PERIOD

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

firection or supervision in accordance with a system designed to assure that qualified personne roperly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for dathering the nformation, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information. ncluding the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 07 10 24 AREA Code NUMBER YEAR МО DAY

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

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

MG/L. (THE LIMIT IS 35

Form Approved OMB No. 2040-0004

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

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

BULK FUEL STORAGE DRAIN

Internal Outfall

No Data Indicator

	MONITORING PERIOD									
ĺ	YEAR	MO	DAY		YEAR	MO	DAY			
FROM	07	09	01	·TO	07	09	30			

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	6.35	N/A	6.87	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		· N/A	∮ 6 MINIMUM		9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	6.8	15.0	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	******	30 MO AVG	100 * DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1/7.	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<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	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	••••	N/A		Weekly	ESTIMA

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

t 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, ncluding the possibility of fine and imprisonment for knowing violations.

724 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER **AUTHORIZED AGENT**

TELEPHONE DATE 682-7773 07 10 24 YEAR МО DAY

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

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

* 5 mg/L is minimum detectable level. JPC 10/15/07

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER 501A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

internal Outfall

No D

Data	Indicator	X	,
------	-----------	---	---

	MONITORING PERIOD										
	YEAR	МО	DAY		YEAR	MO	DAY				
FROM	07	09	01	TO	07	09	30				

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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.

724 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 682-7773 07 10 24 AREA Code NUMBER YEAR МО DAY

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

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



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	<u>FirstEne</u>	rgy Nucear Operating Company										
Address:	P.O. Box	(4										
	Shipping	port, PA 15077										
	Beaver \	Valley Power Station										
	PERM	IIT NUMBER	MONITORING PERIOD Year/Month/Day									
	PA	A0025615	2007	09	01	то	2007	09	30			
	e anno di menul			2000	2004;40;62;54;63;57;4	Se sance						
PARAMETER	₹ -	ANALYSIS METHOD		LAB NAM	Even		LABII	D.NUMBE	R ² ,			
Powerline 3627 (Cl	amtrol)	Photometric Determination	Beaver	Valley Pow	er Station		0	4-2742				
Bentonite Detoxi (Betz DT-1)	cant	Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645	Beaver	Valley Pov	ver Station		04-2742					
Total Residual Ch	lorine	SM 4500-CL G [20 th]	Beaver	Valley Pow	er Station		0	4-2742				
Free Available Ch	lorine :	EPA 330.5 2 4 4 16	Beaver Valley Power Station				1. 1. San (04-2742) San Finds					
рН		SM 4500-H+ B [20 th]	Beaver	Valley Pow	er Station		04-2742					
Temperature)	SM 2550 B [20 th];	Beaver Valley Power Station				0	4-2742				
Flow		NA	Beaver	Valley Pow	ver Station			4-2742	and the latest the same			
Total Suspended	Solids	SM2540 D [20 th]	Beaver	Valley Pow	ver Station			4-2742				
Hydrazine		Beaver	Valley Pow	ver Station		0	4-2742					
Fecal Coliforn	n ³	Standard Method 9222D	Beaver	Valley Pow	ver:Station		0	4-2742				
Oil and Greas	se	EPA 1664 Rev A	FirstEr	nergy Corp-	Beta Lab		68	8-01120				
Total Dissolved S	Solids	SM 2540 C [20 th].	FirstEr	nergy Corp-	Beta Lab		्रें कि 6 8	8-01120				

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

Name/Title Principal Executive Officer

Phone: 724-682-7773

Signature of Principal Executive Officer or

Authorized Agent

Kevin L. Ostrowski **Director Site Operations**

³ Analysis no longer performed.

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

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



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	FirstEnergy	Nucear Operating Company						•				
Address:	P.O. Box 4											
	Shppingport	, PA 15077							,			
	Beaver Valle	ey Power Station		•								
	PERMIT N	NUMBER	MONITORING PERIOD Year/Month/Day									
	PA002	5615	2007	09	01	то	2007	09	30			
PARAMET	TER	ANALYSIS METHOD ()		LAB NAN	E .		LABII	O'NUMBE	R ²			
Zinc		EPA 200.7 Rev 4.4	FirstEr	ergy Corp-	Beta Lab		68	8-01120				
- Copper		EPA 200.7 Revi4.4	FirstEr	ergy Corp	Beta Lab		68-01120					
Iron		EPA 200.7 Rev 4.4	1 .	ergy Corp-			68	3-01120				
Chromiu	m,	EPA 200 7/Rev 4 4	FirstEr	ergy.Corp	Beta Lab		168 <u>-</u> 01120					
Ammoni	а	SM 4500-NH3 D [20 th]	FirstEnergy Corp-Beta Lab				68-01120					
CBOD-5 [Day	SM5210 B	Fin	stechnolog	y, Inc.		6	8-00434				
Cyanide	.	SM 4500-CN E [20 th]	Firs	stechnolog	y, Inc.		68	8-00434				
Chlorobenz	ene	EPA 624	Fire	stechnolog	y, Inc.		6	8-00434				
ermen ber i jakons vor (1984 bl.) bil för til 1900 till er til det statte det 1901 till gendere till för	manuser Palest out to take (CESTAR)	r mangangan magan ngan nganggan kasalan akalan da mangan menggan panggan panggan kasalan da banggan banggan ban Tanggan panggan magan nganggan nganggan panggan panggan panggan panggan panggan panggan panggan banggan bangga	Table of the same and a second	MARKET AND THE P. THOMPSON AND THE P. C.	The state of the s	SOURCE TO THE A SUPE		- New Johnson St. Burney St. D.	A NAME OF TAXABLE PARTY.			

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

Signature of Principal Executive Officer or

Authorized Agent

Kevin L. Ostrowski Director, Site Operations

Date: /0/24/07

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

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

001A DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY 07 09 FROM 01 TO 07 -09 30

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAILAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.65	N/A	8.12	рН	. 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	0.1	0.1	mg/L	0	1* / 7*	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/L	**	** / **	**
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******	••••	N/A		0 MO AVG	DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	40.3	57.2	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	0.01	0.07	mg/L	0	10 / 30	GRAB
50060 1 0 / Effluent Gross		****** Telagonia	***	N/A		.5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.001	0.02	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		.2 AVERAGE	.5. MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005***	<0.005***	mg/L	0	1* / 7*	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	*******	0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

	TYPEN OF PRINTED	including the possibility of fine and imprisonment for knowing violations.
- 1	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 penalities for submitting false information,
- (direction or supervision in accordance with a system designed to assure that qualified personnel

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

TELEPHONE DATE 724 682-7773 07 10 24 AREA Code NUMBER MO DAY

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

* Wet layup started 09/27/07. ** No clamicides this period.

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP, REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX. ***0.005 ma/L is minimum detectable level. JPC 10/15/07

I certify under penalty of law that this document and all attachments were prepared under my

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Page 55

Form Approved
OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615

002A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

Page 56

MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

	MONITORING PERIOD										
	YEAR	MO	DAY		YEAR	MO	DAY				
FROM	07	09	01	TO	07	09	30				

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	0.046	MGD	N/A	N/A	N/A	. N/A	· -	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	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 AREA CO

 TELEPHONE
 DATE

 724
 682-7773
 07
 10
 24

 AREA Code
 NUMBER
 YEAR
 MO
 DAY

Form Approved
OMB No. 2040-0004

Page 57

ESTIMA

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

Effluent Gross

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615

07

FROM

MO AVG

003A

DISCHARGE NUMBER

YEAR MO DAY

09

30

07

DMR MAILING ZIP CODE:

150770004

MAJOR

(SUBR05)

003

External Outfall

No Data Indicator

PARAMETER		QUANT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
FANOREIEN	e de la ciolada.	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 / 30	EST
50050 1 0	PERMIT	, Req. Mon.	Req. Mon.		*****	*****		NI/A		Twice Per	ECTIMA

MONITORING PERIOD

MO DAY

01

09

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR
AUTHORIZED AGENT

 TELEPHONE
 DATE

 724
 682-7773
 07
 10
 24

 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.

REQUIREMENT

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

09 01

FROM

004A

DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY

07 . 09

30

DMR MAILING ZIP CODE: 150770004

Page 58

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfail

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I ANOME LETS		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.72	N/A	7.95	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.94	15.41	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	0.13	0.18	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	0.05	0.10	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
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 10 24 **AREA Code** NUMBER YEAR мо DAY

Form Approved OMB No. 2040-0004

Page 59

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	МО	DAY						
ROM	07	. 09	01	TO	07	09	30						

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I CINCIPLE INTO		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	MGD	N/A	N/A	N/A	N/A	•	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	-1	*****	*****	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**

TELEPHONE DATE 724 682-7773 07 24 10 AREA Code NUMBER YEAR МО DAY

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PAROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PAROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 007A

DISCHARGE NUMBER

DMR MAILING ZIP CODE:

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfall

No Data Indicator

150770004

		MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY				
FROM	07	09	01	TO.	07	09	30				

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
I AISAIII INI		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		•	
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		6. MINIMUM	**************************************	9 MAXIMUM	рН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d						Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		••••			.5 MÖ AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			******	.2 AVERAGE	5 MAXIMUM	mg/L		³ 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 personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the nformation, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, Including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TEI	EPHONE		ATE	
724	682-7773	07	10	24
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.

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168 SHIPPINGPORT, PA 150770004

FACILITY:

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

09

01

A800

DISCHARGE NUMBER

YEAR MO DAY

09

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

TELEPHONE

No Data Indica

DATE

10

MO

24

DAY

07

YEAR

ator	X	
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Page 61

PARAMETER		QUANTITY OR LOADING		NG		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	. VALUE	VALUE	UNITS			
рН	SAMPLE								· · · · · · · · · · · · · · · · · · ·		
<u>'</u>	MEASUREMENT							<u> </u>	ļ		<u> </u>
00400 1 0	PERMIT		******		6 -		9		INVESTIGATION OF THE PARTY OF T	Twice Per	GRAB
Effluent Gross	REQUIREMENT				6 MINIMUM		MAXIMUM	pH	LOW NO	Month -	
Solids, total suspended	SAMPLE										
Conds, total suspended	MEASUREMENT					·					
00530 1 0	PERMIT	*****	*****		******	30	100		MARKY	Twice Per	COAR
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Month	GRAB
Oil & grease	SAMPLE										
On a grease	MEASUREMENT										
00556 1 0	PERMIT	*****	*****		*****	15, 32 7 8	20		10 ant	a⊸Twice Per	CDAR
Effluent Gross	REQUIREMENT					MO AVG	20 DAILY MX	mg/L		Month	GRAB
Flow, in conduit or thru treatment plant-	SAMPLE								-		
riow, in conduit or thru treatment plant.	MEASUREMENT							'		<u> </u>	l
50050 1 0	PERMIT	Reg: Mon:	Req. Mon.		*****	54'5 'P2'***********************************		NI/A	123,201515F	W-Alti	ZESTIMA
Effluent Gross	REQUIREMENT	→ MO AVG	DAILY MX	Mgal/d		All of All House		N/A		Weekly	LESTIMA

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.

Kevinh Ostrawski	724	682-7773
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

PA0025615 PERMIT NUMBER

010A

DISCHARGE NUMBER

DMR MAILING ZIP CODE:

150770004

MAJOR

(SUBR05)

UNIT 2 COOLING WATER

External Outfall

No Data Indicator

SHIPPINGPORT, I	PA 150770004	FROM 07 09 01 TO 07 09 30				
ATTN: DONALD J SALERA/MGR E	NV & CHEM	FR		_		30
PARAMETER		QUANT	TTY OR LOADING			QUALITY OR
FANOMETER		VALUE	VALUE	LINITS	VALUE	VALU

PARAMETER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I OROMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.25	N/A	7.92	рH	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	7 P	. Y	N/A	6 MINIMUM	•••••	9 MAXIMUM	рН		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	•••••	*****	N/A	******	0 MO AVG	0 INST MAX	mg/L		When Discharging	:CØMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.24	4.32	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. 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	0.045	0.07	mg/L	Ó	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					.5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.028	0.06	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		••••	N/A		.2 AVERAGE	5	mg/L		Weekly	GRAB

NAME/T	TILE PRINCIPAL EXECUTIVE OFFICER
Kevin L. Os OPERATIO	strowski, DIRECTOR OF SITE
	TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my rection or supervision in accordance with a system designed to assure that qualified personnel roperly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for 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 24 10 AREA Code NUMBER YEAR МО DAY

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

REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.):

MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX)

*No clamicide this period. JPC 10/15/07

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

Form Approved OMB No. 2040-0004

Page 63

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

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

	MONITORING PERIOD										
	YEAR	MO	DAY		YEAR	MO	DAY				
FROM	07	09	01	то	07	09	30				

PARAMETER		QUANTI	TY OR LOADING	QUALITY OR CONCENTRATION			ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FANAWETEN	70	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	:		
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.004	0.004	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	4			N/A		Weekly	ESTIMA

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

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Kevin L. Ostrawski	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	
AUTHORIZED AGENT	

TEI	_EPHONE		ATE	
724	682-7773	07	10	24
AREA Code	NUMBER	YEAR	мо	DAY

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

Form Approved OMB No. 2040-0004

Page 64

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

012A

DISCHARGE NUMBER

External Outfall

DMR MAILING ZIP CODE: 150770004

BLOWDOWN FROM THE HVAC UNIT

MAJOR

(SUBR05)

No Data Indicator

		М	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	МО	DAY
FROM	07	09	01	то	07	09	30

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
IANOMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		į	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.01	N/A	8.01	рН	0	1 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM.	••••	9 MAXIMUM	pН		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A.	0.052	0.058	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT		•••••			Req. Mon: MO AVG	Req Mon. DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.146	0.166	mg/L	0	2 / 30	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT		•••••	N/A	******	1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	•	1 / 30	EST '
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. Mo AVG	Req. Mon. DAILY MX	Mgal/d				N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	432	480	mg/L	0	2 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req. 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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TEI	EPHONE][DATE	
724	682-7773	07	10	24
AREA Code	NUMBER	YEAR	МО	DAY

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 013A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

OUTFALL 013 External Outfall

No Data Indicator

[M	ONITO	RING	PERIOD		
[YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	09	01	TO	07	09	30

PARAMETER		QUANTI	TY OR LOADING		. (QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAWETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A .	N/A	6.29	N/A	7.27	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*	N/A	6 MINIMUM	*****	9 MAXIMUM	рН		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01*	<0.01*	mg/L	0	2 / 30	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	Control of Control	*****	N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.009	0.013	mg/L	0	2 / 30	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	***	05 MO AVG	.1 DAILY MX	mg/L		Twice Per	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005**	<0.005**	mg/L	0	2 / 30	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT		••••	N/A		Req. Mon. MO AVG	Req. Man DAILY MX	mg/L	d	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 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req.Mon	Req. Mon. DAILY MX	Mgal/d	3	•••••	*****	N/A		Twice Per Month	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 firection or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the nformation, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, ncluding the possibility of fine and imprisonment for knowing violations.

AUTHORIZED AGENT

ŢEL	EPHONE	1	ATE	
724	682-7773	07	10	24
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 10/15/07

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 101A

DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 07 09 01 TO 07 09 30

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.90	N/A	7.65	pН	0	4 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A		*****	9 MAXIMUM*	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	12.0	33	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	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/L	**	**	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	*****	Req. Mon. MO AVG	Req.Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.010	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	e e	DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/L	**	**	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT		***	N/A	**************************************	Req. Mon. MO AVG	Req: Mon. DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	F
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIC

IGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 07 10 682-7773 24 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. ** No discharge during wet layup period. JPC 10/15/07

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

Effluent Gross

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR

07

FROM

MO DAY

01

09

102A

YEAR MO DAY

09 30

07

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.36	N/A	7.73	рН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	•••••	9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	6.7	13.3	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A			Secretary and the secretary an	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	******	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon.	Req. Mon.	Moal/d				N/A		Twice Per.	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**

TEL	EPHONE	[ATE	
724	682-7773	07	10	24
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 10/15/07

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

Form Approved OMB No. 2040-0004

Page 68

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

103A DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Data Indicator

		MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY				
FROM	07	09	01	TO	07	09	30				

PARAMETER		QUANTI	TTY OR LOADING QUALITY OR CONCENTRATION			ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
I OROMA I WIT		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	צדואט		ĺ	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.73	N/A	7.37	рΗ	0	3 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	******	N/A	6 MINIMÚM	*****	9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4.3	8.6	mg/L	0	2 / 30	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****		N/A	4. 4. 3.1	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A		2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d		*****	*****	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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 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**

TELEPHONE DATE 724 682-7773 07 10 24 AREA Code NUMBER YEAR MO DAY

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA.ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

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

09 01 111A

DISCHARGE NUMBER

YEAR MO DAY

09 30

07

DMR MAILING ZIP CODE: 150770004

Page 69

MAJOR

(SUBR05) 111 DIESEL GENERATOR BLDG

Internal Outfall

No Data Indicator

DATE

10

MO

24

DAY

07

YEAR

PARAMETER	Tree to the second seco	QUANTITY 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	7.66	N/A	8.25	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	*****	9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.4	5.4	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	Mgai/d		••••		N/A		Weekly	ESTIMA

NAME/	TITLE PRINCIPAL EXECUTIVE OFFICER
Kovin I O	strowski, DIRECTOR OF SITE
Kevill L. O	SHOWSKI, DIRECTOR OF SHE
OPERATION	ONS
	TYPES OF PRINTER

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.

_	TEL	EPHONE
Kevin h. Ostrowski	724	682-7773
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR		
AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * 5 mg/L is minimum detectable level. JPC 10/15/07

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 70

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

. ADDRESS:

PA ROUTE 168

FACILITY:

SHIPPINGPORT, PA 150770004 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

09 01

113A

DISCHARGE NUMBER

YEAR MO DAY

09

30

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

No Data Indi

cator	X

DAGAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. FREQUENCY EX OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	2		6 ÷ MINIMUM	*****	9° MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				, , , , , , , , , , , , , , , , , , , ,						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		ber 1	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.043 MO AVG	Req. Mon DAILY MX	Mgal/d		*****		N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		******	1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT				*****	200 MO GEOMN		#/100mL		Twice Per Month	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

	certify under penalty of law that this document and all attachments were prepared under my		TEI	LEPHONE	ר	ATE	
	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. J am aware that there are significant penalties for submitting false information,	Kerih Ostrowski	724	682-7773	07	10	24
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

Form Approved OMB No. 2040-0004

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

		M	ONITO	RING	PERIOD) .	
	YEAR	MO	DAY		YEAR	МО	DAY
ROM	07	09	01	TO	07	09	30

Page 71

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

No Data Indicato

DAGAMETER		QUANTI	TY OR LOADING		G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
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	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT					,					
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.023 MO AVG	Req. Mon. DAILY MX	Mgal/d						Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		*****				3.3 INST MAX	mg/L		Twice Per Month	*GRAB
Coliform, fecal general	SAMPLE MEASUREMENT						·				
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*******			200 MO GEOMN				Twice Per Month	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 certify under penalty of law that this document and all attachments were prepared under my	_	TE	EPHONE		DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	- direction or supervision in accordance with a system designed to assure that qualified personnet properly gather and evaluate the Information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, securate, and complete, I am aware that there are significant penalties for submitting false information.	Kevinh. Ostrawski	724	682-7773	07	10	24
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

Form Approved OMB No. 2040-0004

Page 72

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168 SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

09

01

TO

FROM

211A

09

30

DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

211 TURBINE BLDG Internal Outfall

No Data Indicator

PARAMETER		QUANTI	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	6.17	N/A	7.53	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	1.2	4.9	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
Kovin I Ostrovski DIRECTOR OF SITE
Kevin L. Ostrowski, DIRECTOR OF SITE
OPERATIONS
TYPEN OF PRINTER

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 aubmitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am 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 10 24 AREA Code NUMBER YEAR МО DAY

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

^{* 5} mg/L is minimum detectable level. JPC10/15/07

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 73

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

09

01

213A

YEAR MO DAY

09

30

.07

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No Data India

cator	X

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	****	9 MAXIMUM	рН		Twice Per Month	GRAB .
Solids, total suspended	SAMPLE MEASUREMENT								,		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****** *******************************		7.7	30 MO AVG	DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		**************************************	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Man. MO AVG	Reg. Mon DAILY MX	Mgal/d	******	*****				Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	•••••		******	.5 MO AVG	1.25 INST MAX	mg/L		Twice Per Month	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 tirection or supervision in accordance with a system designed to assure that qualified personnel roparly 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 07 10 24 AREA Code NUMBER МО YEAR DAY

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

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

Form Approved
OMB No. 2040-0004

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 301A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

No Data Indicator

	MONITORING PERIOD												
	YEAR	MO	DAY		YEAR	MO	DAY						
FROM	07	09	·01_	TO	07	09	30						

PARAMETER		QUANTI	TY 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	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		.	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	•	•	N/A	******	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1, / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	2.00	***	;	N/A		Weekly	ESTIMA

	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 essure that qualified personnel	,	TEI	DATE			
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquity 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 ewere that there are significant penalties for submitting false information,	Kerrit Ostrawski	724	682-7773	07	10	24
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY

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

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

*4 mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC 10/15/07

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

MONITORING PERIOD

09 01 **TO** 07 09 30

Form Approved OMB No. 2040-0004

Page 75

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

SAMPLE

MEASUREMENT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

PERMIT

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

Effluent Gross

Effluent Gross

Flow, in conduit or thru treatment plant

Oil & grease

00556 1 0

50050 1 0

BEAVER VALLEY POWER STATION

PA ROUTE 168

ATTN: DONALD J SALERA/MGR ENV & CHEM

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

Req. Mon.

DAILY MX

FROM

YEAR MO DAY

303A

DISCHARGE NUMBER

YEAR MO DAY

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

20

mg/L

N/A

DAILY MX

4 . 15 salut

MO AVG

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

No Data Inc

Weekly

Weekly

GRAB

ESTIMA

					<u></u>			<u> </u>			
PARAMÉTER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			1.72
рН	SAMPLE										
lb.,	MEASUREMENT								Í	<u> </u>	
00400 1 0	PERMIT	******	******		6.,	*****	9 .		40 July 17	Weekly	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	pН		vveekiy	GUAD
Colida total avanandod	SAMPLE										1
Solids, total suspended MEASUREMENT	MEASUREMENT			ţ	1	<u>{</u> .	l i]	
00530 1 0	PERMIT	*****	*****		******	30	100		1724 W. W.	100 m	GRAB
Effluent Gross	REQUIREMENT					MOAVG	DAILYMX	mg/L		Weekly	GRAB

		·					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to essure that qualified personnel		TE	LEPHONE		ATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	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 ewere that there are significent penalties for submitting false information,	Karni L. Etrawski	724	682-7773	07	10	24
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY

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

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

Req. Man.

MO'AVG

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 313A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Data Indicator

	MONITORING PERIOD												
	YEAR	MO	DAY		YEAR	MO	DAY						
FROM	07	09	01	TO	07	09	30						

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAIGNETER	13. 13.12	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.46	N/A	6.92	рΗ	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	6 MINIMUM	***** ********************************	9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	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										
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 algorificant 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	724 682-7773		10	24			
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.

* 4 mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC 10/15/07

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

Effluent Gross

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

09

01

401A

DISCHARGE NUMBER

YEAR MO DAY

09

30

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Data Indicator

•											
PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS]		
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.58	N/A	8.99	рН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	6 MINIMUM	*****	Reg. Mon: MAXIMUM	pН	**************************************	Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	•••••	*****	N/A	******	30 MO AVG	100 DAILY MX	mg/L		.Twice Per 	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	e e e e e	N/A	1	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	· N/A	N/A	N/A	•	1 / 7	EST
50050 1 0	PERMIT	Req. Mon.	⇒Req. Mon.₅		*****	*****	7.4.5.7.4.5.7	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	tions who manage the system, or those persons directly responsible for gathering the mation, the information submitted is, to the best of my knowledge and belief, true, accurate, complete. I am aware that there are significant penalties for submitting false information.		TEI	EPHONE		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. Lem ewere that there are significant penalties for submitting false information.	Kevin L. Ostrawski	724	682-7773	07	10	24
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 10/15/07

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 78

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

09 01

403A

DISCHARGE NUMBER

YEAR MO DAY

09 30

07

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data I

ndicator	X

		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	f	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		· · · · · · · · · · · · · · · · · · ·								
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	******		******	30 MO AVG	100 DAILY MX	mg/L		Waekiy	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	••••			4*****	15 MO AVG	20° DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT				******	Reg. Mon. MO AVG	Reg. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT									{	
04251 1 0 Effluent Gross	PERMIT REQUIREMENT		general de la F		******	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT		Reg. Mon. DAILY MX	Mgal/d	400000	*****	••••			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT		·		·						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		•••••	MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my		TEL	EPHONE	t	ATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	- direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittate. 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 algorificant penaties for submitting false information,	Kevin L Ostrawski	724	682-7773	07	10	24
	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY

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

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

MG/L. (THE LIMIT IS 35

Form Approved OMB No. 2040-0004

Page 79

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PAROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

07

403A

DISCHARGE NUMBER

YEAR MO DAY

30

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Da

ta	Indicator	X
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PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
1 ODOME LEIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE										_
Inyurazine	MEASUREMENT										
81313 1 0	PERMIT	*****	*****		*****	0	0			Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		VVGGKIY	- GIVO

MONITORING PERIOD

MO DAY

01

09

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
L DIDECTOR OF CITE
Kevin L. Ostrowski, DIRECTOR OF SITE
OPERATIONS
TYPED OF 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 24 10 **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

Form Approved
OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168 SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615
PERMIT NUMBER

413A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

Page 80

MAJOR

(SUBR05)

BULK FUEL STORAGE DRAIN

Internal Outfall

No Data Indicator

		M	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	09	01	TO	07	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FARAMETER	ille British (1994)	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.35	N/A	6.87	рĦ	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	6.8	15.0	mg/L	0	1 / 7	GRAB	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB	
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1/7.	GRAB	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	••••	•	N/A	•	15 MO:AVG	20 DAILY MX	mg/L		Weekly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	. N/A	N/A	-	1 / 7	EST	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req! Mon MO AVG	Reg. Mon.	Mgai/d			*	N/A		Weekly	ESTIMA	

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	Kevin L. Ostrowski, DIRECTOR OF SITE
į	OPERATIONS
ı	TYPED OF 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 essure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am ewers 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
 10
 24

 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 10/15/07

Form Approved OMB No. 2040-0004

Page 81

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

09 01 TO

501A

DISCHARGE NUMBER

YEAR MO DAY

09

07

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Dat

ta Indicator	L	7	X		
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
- ANAMETER		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. MO AVG	Req. Mon. DAILY MX	Mgal/d	******		*****			Weekly	ESTIMA

MONITORING PERIOD

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 ersons 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**

TELEPHONE DATE 724 682-7773 07 10 24 AREA Code NUMBER YEAR МО

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.