



November 26, 2007 L-07-152

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 October 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

Kevin 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

IE25 NUR 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
10-1-07	1000	7.62	mg/L
10-8-07	1230	7.90	mg/L
10-16+07	0910	8.34	mg/L
*	*	*	*
10-29-07	1300	8.90	mg/L

<sup>\*</sup> During the week of October 21, 2007, Outfall 001 was not sampled for Dissolved Oxygen. The condition is investigated and documented under the FENOC Problem Identification and Resolution program under Condition Report CR-07-29501.

- Attachment 1 END -

## MATIONAL POLLUTANT DISCHARGE ELIVINATION STOTEM (INPUES) **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

TO

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

**FACILITY:** 

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

10 01

001A DISCHARGE NUMBER

MO DAY

31

10

YEAR

07

DMR MAILING ZIP CODE: 150770004

MAJOR. (SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Data Indicator

DADAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.66	N/A	8.41	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6. MINIMUM		9 MAXIMUM	pН	100	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:	mg/L		Weekly	
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1**	<0.1**	mg/L	0	1 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	100	0 MO AVG	O* DAILY MX	mg/L		When Dischargings	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30.8	47.3	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Rëg Mon MO AVG	Req Mon DAILY MX					N/A		- Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT		N/A	N/A	N/A	<0.02***	<0.02***	mg/L	0	10 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine free available	SAMPLE	N/A	N/A	N/A	N/A	<0.02***	<0.02***	ma/l	0	CONT	RCRD

N/A

N/A

N/A

N/A

N/A

N/A

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 personne roperly 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 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.

N/A

N/A

N/A

N/A

**MEASUREMENT** 

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

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

< 0.02\*\*\*

AVERAGE

< 0.005 \*\*\*\*\*

< 0.02\*\*\*

MAXIMUM

< 0.005 \*\*\* \*\*

DAILY MX

mq/L

mg/L

ma/L

0

0

TELEPHONE DATE 07 27 724 682-7773 11 AREA Code MO. DAY

CONT

Continuous

1\* / 7\*

Weekly

**RCRD** 

RCORDR

**GRAB** 

GRAB

\* Wet layup concluded on 10/25/07. \*0.1 mg/L is minimum detectable level. \*\* One Clamicide this period, 10/30. COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX. \*\* 0.01 mg/L is minimum detectable level. \*\*\* 0.02 mg/L minimum detectable level. \*\*\*\*0.005 mg/L is minimum detectable level. The BETS DT-1 daily maximum was 15.4 mg/L. JPC 11/20/07 Computer Generated Version of EPA Form 3320-1 (rev. 01/06)

Chlorine, free available

50064 1 0

Hydrazine

81313 1 0

Effluent Gross

Effluent Gross

Page 55

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

002A DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 07 10 01 07 10 31

Page 56

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

PARAMETER	QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FARAMETER		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	THE SECOND CONTRACTOR OF THE PARTY OF THE PARTY.	Reg Mon: DAILY MX	Mgai/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 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 11 27 AREA Code NUMBER YEAR MO DAY

#### INATIONAL FULLUTANT DISURANGE ELIMINATION STOTEM (INFUES) **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

Page 57

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

003A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

003

External Outfall

No Data Indicator

	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY			
FROM	07	10	01	TO	07	10	31			

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	dinary and	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	: N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Reg Mon DAILY MX	Mgal/d	September 1		Andreas Colored States Colored	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,

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

TEI	EPHONE		DATE				
724	682-7773	07	11	27			
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.

Page 58

## **DISCHARGE MONITORING REPORT (DMR)**

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

004A **DISCHARGE NUMBER** 

	MONITORING PERIOD										
	YEAR	MO	DAY		YEAR	MO	DAY				
FROM	07	10	01	TO	07	10	31				

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
(Alvania)		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.63	N/A	6.75	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	5.78	7.71	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	<0.02*	<0.02*	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT: REQUIREMENT			N/A		5 MO AVG 12	1 25 HINST MAX	mg/L		* Weekly :	a GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02*	<0.02*	mġ/L	0	1/7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		2 (2 AVERAGE		mg/L	80 %	Weekly	GRAB.

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TEI	EPHONE		ATE	
724	682-7773	07	11	27
AREA Code	NUMBER	YEAR	МО	DAY

<sup>\* 0.02</sup> mg/L is minimum detectable level. JPC 11/20/07

## DISCHARGE MONITORING REPORT (DMR)

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

**BEAVER VALLEY POWER STATION** 

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

006A DISCHARGE NUMBER

		N	IONITO	RING	PERIOD	)	
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	то	07	10	31

Page 59

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

PARAMETER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	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	*****	**************************************	100	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** 

TEI	EPHONE		DATE	
724	682-7773	07	11	27
AREA Code	NUMBER	YEAR	МО	DAY

# NATIONAL POLLUTANT DISCHARGE ELIMINATION STSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

Page 60

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

ATTN: DONALD J SALERA/MGR ENV & CHEM

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

PAROUIE 100

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

007A

DISCHARGE NUMBER

· (SI

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfall

No Data Indicator

		N	IONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO-	DAY
FROM	07.	10	01	то	07	10	. 31

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
T ATOMIC LET		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.68	N/A	7.49	Hq	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	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	GRAB
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO AVG	Red Mon DAILY MX	Mgal/d			**************************************	N/A			GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02*	<0.02*	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		5 MOFAVG	1/25 INST MAX	mg/L		Weekly	GRAB.
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02*	<0.02*	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		<b></b>	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 person property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons clirectly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations.

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

TE	LEPHONE		DATE				
724	682-7773	07	11	27			
AREA Code	NUMBER	YEAR	MO	DAY			

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

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

\*0.02 mg/L is minimum detectable level. JPC 11/20/07

## NATIONAL PULLUTANT DISCHARGE ELIMINATION STOLEN (INFDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

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

07

FROM

YEAR MO DAY

10

01 TO A800

YEAR MO DAY

10

DISCHARGE NUMBER

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Data

a Indicator	X
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						·				<u> </u>	
PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	100	VALUE §	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
оН	SAMPLE										
pi i	MEASUREMENT	*			<u></u>						<u> </u>
00400 1 0	PERMIT		*****		6	*****	9, 3		4 15 7	:::Twice Per⊮	OBAG!
Effluent Gross	REQUIREMENT				MINIMUM	4	9) EMAXIMUMD	pН		Month 3	GRAD
Solids, total suspended	SAMPLE						-				
Solids, total suspended	MEASUREMENT				[ .			ĺ	i :		·
00530 1 0	PERMIT	5 (V) (S) (S) (S) (S) (S) (S) (S)			de la companya de la	25 5 W308 5 7 7 1	DAILY MX			Twice Per %	COAPI
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L	100	Twice Per In Month	GRAD
Oil & grease	SAMPLE	·			,						
Oil & grease	MEASUREMENT				•				( )		
00556 1 0	PERMIT	******			*****	15 tel	r → x = 20		5 5 75 7	Wice Per	COAD
Effluent Gross	REQUIREMENT			•		MOTAVGLE	20 DAILY MX	mg/L	***	Twice Per	UKAB.
Flow, in conduit or thru treatment plant	SAMPLE	·									
riow, in conduct or thru treatment plant	MEASUREMENT				L	e <b>d</b> ≥e e		l	l		
50050 1 0	PERMIT	Reg Mon	Reg Mon!		*****	* 1-1 <b>*****</b>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N/A	200		CETIVAL.
Effluent Gross	REQUIREMENT	Req Mon MO AVG	DAILYMX	Mgal/d	120 (17 m) W 17 m			IN/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, ncluding the possibility of fine and imprisonment for knowing violations.

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

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

MONITORING PERIOD

TO

## **DISCHARGE MONITORING REPORT (DMR)**

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

50064 1 0

Effluent Gross

BEAVER VALLEY POWER STATION

PA ROUTE 168 LOCATION:

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR MO DAY

10

01

010A DISCHARGE NUMBER

YEAR MO DAY

10

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**UNIT 2 COOLING WATER** 

External Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			(	QUALITY OR CONC	ENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			1.
оН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.42	N/A	7.62	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	3 (4 <b></b>		N/A	61 MINIMUM	The state of	9 MAXIMUM	pН		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.10*	<0.10*	mg/L	0	1 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	and the second	0 MOrAVG	INST <sub>I</sub> MAX	mg/L		When: Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.00	3.46	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon.	Reg Mon L.,	Mgal/d		-		N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	- 0	<sub>e</sub> , 1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					MOrAVGIA	1125 INST MAX	mg/L	in the second	Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0:02 **	mg/L	0	1 / 7	GRAB

N/A

l	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 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 07 27 724 682-7773 11 NUMBER **AREA Code** YEAR MO DAY

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

The BETS DT-1 daily maximum was 18.9 mg/L.

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

PERMIT

REQUIREMENT

\* One clamicide this period, 10/30. \*0.10 mg/L is minimum detectable level. \*\*0.02 mg/L is Minimum detectable level. JPC 11/20/07

## INTIDIANE LOCEDINAL DISCUINISE EDIMINATION STOTEM (MEDES)

## **DISCHARGE MONITORING REPORT (DMR)**

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

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

011A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Data Indicator

1	MONITORING PERIOD											
	YEAR	MO	DAY	DAY YE		МО	DAY					
FROM	07	10	01	TO	07	10	31					

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONC	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
PARAMETER	Application of the state of the	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		******	Computer 2	N/A	di i	Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne
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,
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.

the person or bring the true, accurate, a information,

Kaun L. Strawski SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 
 TELEPHONE
 DATE

 724
 682-7773
 07
 11
 27

 AREA Code
 NUMBER
 YEAR
 MO
 DAY

## MATIONAL POLLOTANT DISCHARGE ELIMINATION STSTEM (MPDES) DISCHARGE MONITORING REPORT (DMR)

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

012A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Data Indicator

[	MONITORING PERIOD											
[	YEAR	MO	DAY		YEAR	MO	DAY					
FROM	07	10	01	TO	07	10	31					

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1 Alvallia Laix		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.17	N/A	8.84	рН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	#67c MINIMUM	******	9 MAXIMUM	рH		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.297	0.344	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT		A Pagasas			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	0.512	0.789	mg/L	0	2 / 31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	Caracti (Million)	*****	N/A		1.5. MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	•	1 / 31	EST
50050 1 0 Effluent Gross		Reg. Mon. MO AVG	Req. Mon.	Mgal/d				N/A		Once Per 🦠	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4844	5420	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req. Mon. 告 MO AVG	Reg Mon DAILY MX	mg/L		Twice Per Month	GRAB

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

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

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

TEI	LEPHONE		DATE				
724			11	27			
AREA Code	NUMBER	YEAR	МО	DAY			

## NATIONAL POLLUTANT DISCHARGE ELIMINATION STOTEM (INFDES) **DISCHARGE MONITORING REPORT (DMR)**

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM -

PA0025615 PERMIT NUMBER

013A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

OUTFALL 013 External Outfall

No Data Indicator

	MONITORING PERIOD											
	YEAR	MO	DAY		YEAR	MO	DAY					
ROM	07	10	01	то	07	10	31					

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ACCINETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			}
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.73	N/A	7.75	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	-6 MINIMUM	•	9 MAXIMUM	рH		Weekly	(GRAB)
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01*	<0.01*	mg/L	0	2 / 31	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	*****	Req. Mon. MO-AVG	Req Mon. DAILYMX	mg/L		Twice Per Month	
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.010	0.012	mg/L	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT		**************************************	N/A		05 MO AVG	DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	··· N/A	<0.005**	<0.005**	mg/L	0	2 / 31	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req. Mon 2 MO AVG	Req: Mon in DAILY MX			Twice Per	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.003	0.003	MGD	N/A	N/A	. N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. Mo AVG	Reg Mon DAILY MX	Mgal/d	<b>11</b>	***************************************		N/A		Twice Per ** Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE	C	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE 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 submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am eware that there are significant penalties for submitting false information,	Kevin L. Ostrawski	724	682-7773	07	11	27
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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 11/20/07

## INATIONAL POLEOTAINT DISCHARGE ELIMINATION STSTEM (INPUES) **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

TO

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

10

01

101A DISCHARGE NUMBER

YEAR MO DAY

10

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
AUSTER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		,	
pH ·	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	6.¢ MINIMUM		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	7	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	and the second		N/A		Reg Mon MO(AVG	Req Mon.	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		Mar N.		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		Reg: Mon: MO'AVG	Req Mon &	mg/L		Weekly	_ GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	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 penalities for submitting talse information,	Karn L. Ostowski	724	682-7773	07	11	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. SAMPLES SHALL BE TAKEN AT THE DISCHARGE FROM THE CHEMICAL WASTE SUMP PRIOR TO MIXING WITH ANY OTHER WATER. \*5 mg/L is minimum detectable level. \*\* No discharge during wet layup period. JPC 11/20/07

## NATIONAL PULLUTANT DISCHARGE ELIMINATION STSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

102A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Data Indicator

MONITORING PERIOD										
EAR	MO	DAY		YEAR	MO	DAY				
07	10	01	то	07	10	31				
			,							
	EAR 07									

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ACCHIECTER	4.5	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.52	N/A	7.82	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	62 MINIMUM	***************************************	9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	23.3	42.0	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO'AVG	201 DAILY MX	mg/L		Twice Per a	- GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A 🚜	. N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon: MO AVG	Reg Mon DAILY MX	Mgal/d		at in the second	***************************************	N/A		Twice Per Month	ESTIMA

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TE	LEPHONE	DATE				
724	682-7773	07	11	27		
AREA Code	NUMBER	YEAR	MO	DAY		

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

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

\*5 mg/L is minimum detectable level. JPC 11/20/07

#### INATIONAL FULLUTANT DISCHARGE ELIMINATION STOTEM (INFUES) **DISCHARGE MONITORING REPORT (DMR)**

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	10	01	TO	07	10	31			

PARAMETER	12.3	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	a de la companya de	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.48	N/A	7.47	pН	0	4 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	figure	N/A	6 4 MINIMUM		9. MAXIMUM	рH		Twice Per Month	GRAB.
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4*	<4*	mg/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	9100 DAILY MX	mg/L		Twice Per 2 Month.	rCOMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A		2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req*Mon: MO:AVG	Req Mon DAILY MX	Mgal/d	**************************************		P(#)	N/A		Twice Per 2 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, 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	11	27			
AREA Code	NUMBER	YEAR	МО	DAY			

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

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

\*4 mg/L is minimum detectable level. JPC 11/20/07

## NATIONAL PULLUTANT DISCHARGE ELIMINATION STSTEM (NEDES) **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

Page 69

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR MO DAY

10

01

111A

MONITORING PERIOD

TO

DISCHARGE NUMBER

07

YEAR MO DAY

10

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO.			
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			<u> </u>	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.2	·N/A	8.00	рН	0.	1 / 7	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	-6. MINIMUM.		9 MAXIMUM	рН		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3.7	7.7	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		****	10 A	N/A		Weekly	ESTIMA	

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

TYPED OR PRINTED

cartify under penalty of law that this document and all attachments were prepared under my firection or supervision in accordance with a system designed to assure that qualified personne roperly 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** 

TEI	EPHONE		DATE	
724	682-7773	07	11	27
AREA Code	NUMBER	YEAR	МО	DAY

<sup>\* 5</sup> mg/L is minimum detectable level. JPC 11/20/07

## DISCHARGE MONITORING REPORT (DMR)

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

Page 70

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

113A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

**UNIT 2 SEWAGE TMT PLANT** 

Internal Outfall

No Data Indicator

MONITORING PERIOD YEAR   MO   DAY   YEAR   MO   DAY									
O DAY		YEAR	MO	DAY					
0 01	то [	07	10	31					

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	<b></b> 963630	:		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	043 MOIAVG	Req Mon DAILY MX	Mgal/d				N/A	and the same	Weekly	≬MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	Ţ									
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					14 MOAVG	3:3 INST MAX	mg/L		<ul><li>Twice Per // Month</li></ul>	₩ 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	2.75	Twice Per	COMP-8

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

724 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Co **AUTHORIZED AGENT** 

TEI	LEPHONE		ATE	
	682-7773	07	11	27
ode	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.

## MATIONAL PULLUTANT DISUMANGE ELIMINATION STOTEM (NEDES) **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

TO

rorm 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: LOCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

10 01

203A DISCHARGE NUMBER

MO DAY

10 31

YEAR

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	All Commences	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	( <del>11111)</del>	eres sales		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		Mgal/d	**************************************	5 (4) (4) (2) (4)				Weekly	MEASRD.
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1					3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	2.4(c3			epin Alian	MO GEOMN	Paris de la companya	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT				4.2	25 MO AVG 1.15	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	LEPHONE	1	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 bast of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Keven't Estrawski	. 724	682-7773	07	11	27
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

## NATIONAL PULLUTANT DISCHARGE ELIVINATION STOTEW (NEDES) DISCHARGE MONITORING REPORT (DMR)

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

211A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

No Data Indicator

MAJOR (SUBR05)

211 TURBINE BLDG Internal Outfall

	MONITORING PERIOD											
	YEAR	MO	DAY		YEAR	MO	DAY					
ROM	07	10	01	TO	07	10	31					

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.51	N/A	7.05	pΗ	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	1.9	5.1	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A		30 MO <sup>r</sup> AVG	DAILY MX#	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	, N/A	N/A	<5 <b>*</b>	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	**************************************	15 MOIAVGu :=	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	Reg Mon. DAILY MX	Mgal/d				N/A		Weekly	FESTIMA -

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	
OPERATIONS	properly gether and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gethering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kavil. Ostrowski	724	682-7773	07	11	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

<sup>\* 5</sup> mg/L is minimum detectable level. JPC 11/20/07

## INATIONAL POLLUTAINE DISCHARGE CLIMINATION STOTEM (INFDES)

## DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

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

10

01

213A

DISCHARGE NUMBER

YEAR MO DAY

10 31

07

No Data Indicator

DMR MAILING ZIP CODE: 150770004

**UNIT 2 COOL TOWER PUMPHOUSE** 

MAJOR

(SUBR05)

Internal Outfall

rorm Approved

OMB No. 2040-0004

PARAMETER	Sile prints	QUANTITY OR LOADING				QUALITY OR CONC	ENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE.	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT						·				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		6 MINIMUM		9 MAXIMUM	рН	3,4	Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT							<b>P</b>	Electronic and the		,
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT		3333								
00556 1 0 Effluent Gross	PERMIT REQUIREMENT				*****	MOYAVG	20 DAILY MX	mg/L	7.	Twice Per Month	GRAB .
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				-		4		222222	3.50	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req:Mon MO AVG	Reg. Mon.	Mgal/d	******		3 <b>4</b> 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT				******	MO AVG	1.25 INST:MAX	mg/L		Twice Per-	4 GRAB

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

TEL	EPHONE		DATE	
724	682-7773	07	11	27
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.

# DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

Page 74

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

NAME: ADDRESS:

FACILITY:

FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

LOCATION: PA ROUT

PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615

YEAR MO DAY

10 01

301A DISCHARGE NUMBER

YEAR MO DAY

-07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**UNIT 2 AUX BOILER BLOWDOWN** 

Internal Outfall

No Data Indicator

PARAMETER	Page 1	QUANTITY OR LOADING			C	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	September 1	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 31	GRAB
00530 <u>1</u> 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A		MO AVG	100" DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	• <b>••••</b>	N/A		15 MO AVG	20 DAILY MX	mg/L		s Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross		Req Mon Mo AVG	Req. Mon DAILY MX			44.		N/A		Weekly	ESTIMA

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

I certify under penetty 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 knowling violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TE	LEPHONE		ATE	
724	07	11	27	
AREA Code	NUMBER	YEAR	MO	DAY

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

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

\*4 mg/L is minimum detectable level. \*\* 5 mg/L is minimum detectable level. JPC 11/20/07

## MATIONAL PULLUTANT DISCHARGE ELIMINATION STOTEM (MEDES) **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

TO

Page 75

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

ATTN: DONALD J SALERA/MGR ENV & CHEM

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

10 01 303A

DISCHARGE NUMBER

YEAR MO DAY

10 31

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**UNIT 1 OIL WATER SEPARATOR** 

Internal Outfall

No

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

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				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	рH		_Weekly ::	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		+ (1-862) 13			30 MO AVG	100 DAILY MX **	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0	PERMIT REQUIREMENT		TO COMPANY	भी शहर है।	and the same	Mo AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			2							
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req-Mon MO AVG	Reg. Mon 144 DAILY MX	Mgal/d		**************************************	1400	N/A		Weekly	ĖSTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER direction in ecoordance with a system designed to assure that quelified person		161	LEPHONE		DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE  OPERATIONS  property gather and evaluate the information submitted. Based on my inquiry of the 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, accur and complete. I am eware that there are significant penalties for submitting false information	. Keven L. Estrawski	724	682-7773	07	11	27
including the possibility of fine and imprisonment for knowing violations.  TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

## INTHUMAL POLEDIANT DISCHARGE ELIMINATION STSTEM (NEDES) **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

TO

07

01

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

YEAR MO DAY

10

313A DISCHARGE NUMBER

YEAR MO DAY

10

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			C	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.73	· N/A	7.75	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	8 MINIMUM		9 MUMIXAM s	pΗ		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	. N/A	12.6	16.2	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1°0 Effluent Gross	PERMIT REQUIREMENT			N/A		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 7	PERMIT	Req: Mon.	™ Req. Mon		****		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	N/A		Weekly	ESTIMA

ł	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS
I	TYPEN OF PRINTER

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

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

TEI	LEPHONE		ATE	
724	682-7773	07	11	27
AREA Code	NUMBER	YEAR	MO	DAY

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

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

REQUIREMENT

\* 5 mg/L is minimum detectable level. JPC 11/20/07

## NATIONAL POLLUTANT DISCHARGE ELIMINATION STOTEM (NEDES) **DISCHARGE MONITORING REPORT (DMR)**

Furin 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

BEAVER VALLEY POWER STATION

FACILITY: LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 401A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Data Indicator

[		N	IONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	10	31

PARAMETER		QUANTITY OR LOADING QUALITY OR CONCENTRATION							NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I AWARE LETT		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.89	N/A	8.92	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*****	N/A	6.4 MINIMUM	Constitution of the consti	Reg Mon MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	·N/A	22.25	44.5	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	*****	30 Mo:AVG	100 DAILY MX	mg/L		Twice:Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Twice Per	GRAB.
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	,N/A	N/A	N/A	_	1 / 7	EST
50050 1 0 Effluent Gross		Req Mon M⊙ AVG	Req: Mon: DAILY MX	Mgal/d		2.5		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, ncluding the possibility of fine and imprisonment for knowing violations.

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

TEL	EPHONE	] [	ATE	
724	682-7773	07	11	27
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.

\* 5 mg/L is minimum detectable level. JPC 11/20/07

## NATIONAL PULLUTANT DISCHARGE CLIMINATION STSTEM (NEDLO) DISCHARGE MONITORING REPORT (DMR)

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

403A DISCHARGE NUMBER

. 1		M	IONITO	RING	PERIOD	)	-
	YEAR	MO	DAY		YEAR	MO	DAY
ROM	07	10	01	то	07	10	31

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indicator

PARAMETER		QUANTI'	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1 CHAINETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		in the second se		6 MINIMUM	*******	12 9" MAXIMUM	рН	30	Weekly	GRAB :
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		Account leadings		4	30:e <sup>c</sup> MO AVG	100 DAILY MX	mg/L	4	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				griff particular					ار ميدو ۾ اور دور	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT					Req Mon MO/AVG	Req Mon.	mg/L	A Alam	Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT				**************************************	0 MO AVG	0 # DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	·									
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d		*****	•••••			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5 MO AVG	11.25 INST-MAX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	It certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	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, scourate, and complete. I am aware that there are significant penalties for submitting false information,	Kevin L. Estrawski	724	682-7773	07	11	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

MG/L. (THE LIMIT IS 35

#### INATIONAL FULLUTANT DISURANCE CLIMINATION STOTEM (NEDES) DISCHARGE MONITORING REPORT (DMR)

rorm Approved OMB No. 2040-0004

Page

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

PA ROUTE 168 LOCATION:

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR MO DAY

10

01

403Á DISCHARGE NUMBER

YEAR MO DAY

10

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indica

tor	X	
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PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
T AT VALUE OF THE STATE OF THE	4 4 4	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		******	0 "MO'AVG	DAILY MX	mg/L		Weekly	ĞRAB

MONITORING PERIOD

TO

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	11	27
AREA Code	NUMBER	YEAR	МО	DAY

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

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

MG/L. (THE LIMIT IS 35

## NATIONAL PULLUTANT DISCHARGE ELIMINATION STOLEM (NEDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

CUITE MUDICIPARU 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:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR MO DAY

10

01

413A DISCHARGE NUMBER

YEAR MO DAY

10 | 31

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**BULK FUEL STORAGE DRAIN** 

Internal Outfall

No Data Indicator

				,			· · · · · · · · · · · · · · · · · · ·					
PARAMETER		QUANTITY OR LOADING				QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	]			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.27	N/A	7.29	рН	0	1 / 7	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	, Булога <b>хээээ</b> г		N/A	6 MINIMUM		S MAXIMUM:	ρН		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	10.4	11.2	mg/L	0	1 / 7	GRAB	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		77.7	N/A	*****	30 AC MO/AVG	100 DAILY MX	mg/L		Weekly	- GRAB	
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 <b>*</b>	mg/L	0	1 / 7	GRAB	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	*****	15 MOAVG	20 DAILY MX	mg/L		Weekly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon 4* MO AVG		Mgal/d			******	N/A	7	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** 

TEL	EPHONE		DATE				
724	682-7773	07	11	27			
AREA Code	NUMBER	YEAR	МО	DAY			

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

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

\* 5 ma/L is minimum detectable level. JPC 11/20/07

## NATIONAL PULLUTANT DISCHARGE ELIMINATION STOLEM (NEDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

YEAR MO DAY

10 01 501A

YEAR MO DAY 10 31

07

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			•	*****	80 i PMO'AVG.	100 DAILY/MX	mg/L	4.14	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			1			Weekly	ESTIMA

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	
	Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Weven L. Ostrac
• }	OI EIGHIORO	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE
ļ	TYPED OR PRINTED	· ·	AUTHORIZED AGENT

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.

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

DATE 27

682-7773 07 11

**AREA Code** NUMBER YEAR MO

TELEPHONE

724

DAY



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

# SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

FirstEnergy	Nucear Operating Company	·		•					
P.O. Box 4		<del></del>							
Shppingport	PA 15077		<del></del>						
Beaver Valle	y Power Station	·							
PERMIT N	IUMBER							,	
PA002	5615	2007	10	. 01	то	2007	10	31	
		<u> </u>				•,			
R	ANALYSIS METHOD		LAB NAM	E 📜		LABII	NUMBE	R <sup>2</sup> 10 ± 5	
	EPA 200.7 Rev 4.4	FirstEr	nergy Corp-	Beta Lab		68	3-01120		
	EPA 200.7 Rev 4.4	FirstEr	nergy/Corp	Beta Lab		- 68	3 <b>-</b> 01120		
	EPA 200.7 Rev 4.4	FirstEr	nergy Corp-	Beta Lab		68-01120			
i.	EPA 200 7 Rev 4.4	FirstEr	nergy Corp	Beta Lab		68	3-01120 s		
	SM 4500-NH3 D [20 <sup>th</sup> ]	FirstEr	ergy Corp-	Beta Lab		68	3-01120		
ay	SM5210 B	%Fir	stechnology	y, Inc.		68	3-00434		
	SM 4500-CN E [20 <sup>th</sup> ]	Fire	stechnolog	y, Inc.		68	3-00434		
ene	EPA 624	Fin	stechnolog	y, Inc.		68	3-00434		
	~								
<u> </u>	<u>an tha church fhair suigh tha bha a church dàtha bailt</u>	n posku i in on intervenigi N				A Marie Congression of the Congr	era con eller ett en en tra anticipale.	o y magaethne e 2000 e 1244 û eur <sub>e</sub> ge	
	P.O. Box 4 Shppingport, Beaver Valle PERMIT N PA002	Shppingport, PA 15077  Beaver Valley Power Station  PERMIT NUMBER  PA0025615  ER ANALYSIS METHOD  EPA 200.7 Rev 4.4  EPA 200.7 Rev 4.4  EPA 200.7 Rev 4.4  SEPA 200.7 Rev 4.4  SEPA 200.7 Rev 4.4  SM 4500-NH3 D [20 <sup>th</sup> ]  SM 4500-CN E [20 <sup>th</sup> ]	P.O. Box 4  Shppingport, PA 15077  Beaver Valley Power Station  PERMIT NUMBER  PA0025615  2007  ER  EPA 200.7 Rev 4.4  FirstEr  EPA 200.7 Rev 4.4  FirstEr  SM 4500-NH3 D [20 <sup>th</sup> ]  FirstEr  SM 4500-CN E [20 <sup>th</sup> ]  First	P.O. Box 4  Shppingport, PA 15077  Beaver Valley Power Station  PERMIT NUMBER  PA0025615  2007  10  ER  ANALYSIS METHOD  EPA 200.7 Rev 4.4  FirstEnergy Corp-  EPA 200.7 Rev 4.4  FirstEnergy Corp-  EPA 200.7 Rev 4.4  FirstEnergy Corp-  SM 4500-NH3 D [20 <sup>th</sup> ]  FirstEnergy Corp-  SM 4500-CN E [20 <sup>th</sup> ]  Firstechnology	P.O. Box 4  Shppingport, PA 15077  Beaver Valley Power Station  PERMIT NUMBER  PA0025615  2007  10  01  ER  ANALYSIS METHOD  EPA 200.7 Rev 4.4  FirstEnergy Corp-Beta Lab  SM 4500-NH3 D [20th]  FirstEnergy Corp-Beta Lab  SM 4500-CN E [20th]  Firstechnology, Inc.	P.O. Box 4  Shppingport, PA 15077  Beaver Valley Power Station  PERMIT NUMBER  PA0025615  2007  10  01  TO  R  EPA 200.7 Rev 4.4  EPA 200.7 Rev 4.4  FirstEnergy Corp-Beta Lab  EPA 200.7 Rev 4.4  FirstEnergy Corp-Beta Lab  EPA 200.7 Rev 4.4  FirstEnergy Corp-Beta Lab  SM 4500-NH3 D [20 <sup>th</sup> ]  FirstEnergy Corp-Beta Lab  SM 4500-CN E [20 <sup>th</sup> ]  Firstechnology, Inc.	P.O. Box 4  Shppingport, PA 15077  Beaver Valley Power Station  PERMIT NUMBER  PA0025615  2007  10  01  TO  2007  EPA 200.7 Rev 4.4  FirstEnergy Corp-Beta Lab  EPA 200.7 Rev 4.4  FirstEnergy Corp-Beta Lab  EPA 200.7 Rev 4.4  FirstEnergy Corp-Beta Lab  SM 4500-NH3 D [20 <sup>th</sup> ]  FirstEnergy Corp-Beta Lab  SM 4500-CN E [20 <sup>th</sup> ]  Firstechnology, Inc.  68	P.O. Box 4  Shppingport, PA 15077  Beaver Valley Power Station  PERMIT NUMBER  PA0025615  2007  10  01  TO  2007  10  10  10  EPA 200.7 Rev 4.4  FirstEnergy Corp-Beta Lab  SM 4500-NH3 D [20 <sup>th</sup> ]  FirstEnergy Corp-Beta Lab  68-01120  SM 4500-CN E [20 <sup>th</sup> ]  FirstEchnology, Inc.  68-00434	

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: 724-682-777

Signature of Principal Executive Officer or

**Authorized Agent** 

Kevin L. Ostrowski Director, Site Operations,

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

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



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

# SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name:	<u>FirstEne</u>	rgy Nucear Operating Company		<del></del>						
Address:	P.O. Box	×4								
	Shipping	port, PA 15077								
	Beaver \	Valley Power Station								
	PERM	IIT NUMBER			MONITO Year/	RING F Month/				
	PA	A0025615	2007	10	01	то	2007	10	31	
						asa Inggar				
PARAMETER	ξ	ANALYSIS METHOD		LAB NAN	IE.		LABII	NUMBE	$R^2$	
Powerline 3627 (Cl	amtrol)	Photometric Determination	Beaver '	Valley Pov	ver Station		0	4-2742		
Bentonite Detoxi ≟ (Betz₁DT₌1)	cant	Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645)	Beaver	Valley Po	wer Station		0	4-2742	ad Ly 4	
Total Residual Ch	lorine	SM 4500-CL G [20 <sup>th</sup> ]	Beaver Valley Power Station				04-2742			
Free Available Ch	lorine	EPA 330 5	Beaver	Valley Pov	ver Station		. 0	4-2742		
pН		SM 4500-H+ B [20 <sup>th</sup> ]	Beaver '	Valley Pov	ver Station		0	4-2742		
Temperature		SM 2550 B [20 <sup>th</sup> ]	Beaver '	Valley Pov	ver Station		0	4-2742		
Flow		NA	Beaver '	Valley Pov	ver Station		0	4-2742		
Total Suspended (	Solids	SM 2540 D [20 <sup>th</sup> ]	Beaver \	Valley Pov	ver Station		0	4-2742		
Hydrazine		ASTM D1385-01	Beaver '	Valley Pov	ver Station		0	4-2742		
Fecal Coliforn	3 1	Standard Method 9222D	Beaver	Valley Pov	ver Station			4-2742	i Estar	
Oil and Greas	е	EPA 1664 Rev A	FirstEn	ergy Corp	-Beta Lab		68	3-01120		
Total Dissolved S	ólids	SM 2540 Č [20 <sup>th</sup> ]	FirstEn	ergy Corp	Beta Lab		- 68	3-01120		

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

Name/Title Principal Executive Officer

Kevin L. Ostrowski **Director Site Operations**  Phone: 724-682-7773

Signature of Principal Executive Officer or

**Authorized Agent** 

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.

<sup>3</sup> Analysis no longer performed.

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

#### MATIONAL POLLOTANT DISCHARGE ELIMINATION STSTEM INPUEST DISCHARGE MONITORING REPORT (DMR)

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

Г	PA0025615	_
1	FRMIT NUMBE	ã

	001A	
DISCHA	RGE	NUMBER

		M	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	10	31

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
AVAMETER	er i projektije.	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.66	N/A	8.41	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	6 MINIMUM	******	9 MAXIMUM	ρН		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: 44 MO AVG	Req Mon DAILY MX	mg/L		Weekly	GRAB.
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1**	<0.1**	mg/L	. 0	1 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT			N/A		0 MO AVG	0 P DAILY MX	mg/L			COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30.8	47.3	MGD	IN/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			( lau :::::	N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02***	<0.02***	mg/L	0	10 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		STORY CONTRACTOR STORY	1.25 MAXIMUM	mg/L		Weekly	, GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02***	<0.02***	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	e-thre	•••••	N/A		2 AVERAGE	.5 MAXIMUM	mg/L	ioli ja e Takki	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			DAILY MX	mg/L	25,42	.×⊮Weekly ***	GRAB

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

TYPED OR PRINTED

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

ı	TEI	LEPHONE		ATE			
	724	682-7773	07 11 27				
	AREA Code	NUMBER	YEAR	MO	DAY		

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

\* Wet layup concluded on 10/25/07. \*0.1 mg/L is minimum detectable level. \*\* One Clamicide this period, 10/30. 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.

\*\* 0.01 mg/L is minimum detectable level. \*\*\* 0.02 mg/L minimum detectable level. \*\*\*\*0.005 mg/L is minimum detectable level. The BETS DT-1 daily maximum was 15.4 mg/L. JPC 11/20/07

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

Page 55

Page 56

## DISCHARGE MONITORING REPORT (DMR)

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

002A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

	MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY	
FROM	07	10	01	TO	07	10	31	

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	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 PRINCIPA	AL EXECUTIVE OFFICER
Kevin L. Ostrowski, D OPERATIONS	IRECTOR OF SITE
TYPED O	R 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 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 07 27 724 682-7773 11 DAY AREA Code NUMBER YEAR MO

## MATIONAL POLLOTANT DISCHARGE ELIMINATION STREET (INCUES) **DISCHARGE MONITORING REPORT (DMR)**

bevorage more OMB No. 2040-0004

Page 57

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

ATTN: DONALD J SALERA/MGR ENV & CHEM

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

003A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

003

(SUBR05)

External Outfall

No Data Indicator

		N	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	10	31

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. ≉MO AVG	Req Mon. DAILY MX	Mgal/d	in the	10 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	**	N/A	Surjus S	: Twice Per Month	ESTIMA

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

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am 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 27 11 AREA Code NUMBER YEAR MO DAY

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

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

Page 58

## DISCHARGE MONITORING REPORT (DMR)

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

004A DISCHARGE NUMBER

UNIT ONE COOLG TOWER OVERFLOW

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

External Outfall

No Data Indicator

		141	CHILL	KING	PERIOD		
Y	EAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	10	31

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Alvanereix		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.63	N/A	6.75	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	20 (1900) ******* Barrier   1900   19	**************************************	N/A	6 MINIMUM	*******	9 MUMIXAM	рН		Weekly	GRAB :
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.78	7.71	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO AVG	Reg. Mon. DAILY MX	Mgal/d		*****		N/A		.Vveekiy s	MEASRD.
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02*	<0.02*	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT: REQUIREMENT		*****	N/A		5 MO:AVG	1-25 INSTEMAX	mg/L		Weekly	, grab
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ra,ca <b>&lt;0.02*</b>	<0.02*	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************		N/A	***************************************	2 AVERAGE	MAXIMUM	mg/L		. Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE		DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penatiles for submitting false information,	Kevin L. Otrawski	724	682-7773	07	11	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

<sup>\* 0.02</sup> mg/L is minimum detectable level. JPC 11/20/07

Page 59

DISCHARGE MONITORING REPORT (DMR)

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

BEAVER VALLEY POWER STATION

FACILITY: LOCATION: SHIPPINGPORT, PA 150770004

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

DATE

11

MO

27

DAY

07

YEAR

	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MQ	DAY			
FROM	07	10	01	TO	07	10	31			

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE TYPE
FAINABLILIN		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		Reg. Mon. DAILY MX	Mgal/d				N/A			ESTIMA

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

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, naluding the possibility of fine and imprisonment for knowing violations.

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

#### NATIONAL PULLUTANT DISCHARGE ELIMINATION STOTEM (NPDES) **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

Page 60

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

007A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfall

No Data Indicator

	MONITORING PERIOD											
Y	EAR	MO	DAY		YEAR	MO	DAY					
FROM	07.	10	01	TO	07	10	31					

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
AMMETER	medical to	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.68	N/A	7.49	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	5.6 MINIMUM		9 MAXIMUM	рН		Weekly	GRÃB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	GRAB
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO AVG	Req Mon DAILY MX	Mgal/d				N/A	2944	Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02*	<0.02*	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		en ing ing ing ing ing	N/A	*****	y>150 M⊙AVG	1/25 INST MAX	mg/L		.Weekly/	GRAB:
Chlorine, free available	SAMPLE MEASUREMENT	N/A	. N/A	N/A	N/A	<0.02*	<0.02*	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		•	N/A		.2 AVERAGE	MAXIMUM	mg/L		Weekly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	,	TEL	EPHONE		DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gether and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons 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,	Kavan L. Ostrawski	724	682-7773	07	11	27
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EVEL ANATION OF ANY MOUNT PROVIDED ASSESSMENT							

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. \*0.02 mg/L is minimum detectable level. JPC 11/20/07

#### NATIONAL PULLUTANT DISCHARGE ELIMINATION STSTEM (INFDES) DISCHARGE MONITORING REPORT (DMR)

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

A800 DISCHARGE NUMBER

		N	ONITO	RING	PERIOD	)	
	YEAR	MO	DAY		YEAR	MO	DAY
ROM	07	10	01	то	07	10	31

DMR MAILING ZIP CODE: 150770004 **MAJOR** 

(SUBR05)

**UNIT 1 COOLING TOWER PUMPHOUSE** 

External Outfall

No

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

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION					SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
рН	SAMPLE MEASUREMENT		,									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******			⇒ 346 MINIMUM		9 MAXIMUM	рΗ		Twice Per Month	GRAB.	
Solids, total suspended	SAMPLE MEASUREMENT											
00530 1 0 Effluent Gross	PERMIT REQUIREMENT				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	MO'AVG	100 MAILY MX	mg/L		Twice Rer Month	™ GRAB	
Oil & grease	SAMPLE MEASUREMENT											
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MOIAVG	DAILEY MX	mg/L		Twice Per Month	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	٠,				-11/						
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Reqt 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 firection or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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

TELI	PHONE		ATE	
724	682-7773	07	11	27
AREA Code	NUMBER	YEAR	МО	DAY

# **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

TO

MO DAY

01

10

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

Effluent Gross

Effluent Gross

50064 1 0

Chlorine, free available

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR

FROM

010A DISCHARGE NUMBER

YEAR MO DAY

10

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

mg/L

mg/L

0

< 0.02 \*\*

**UNIT 2 COOLING WATER** 

External Outfall

No Data Indicator

Weekly

1 / 7

**GRAB** 

PARAMETER		QUANTI	TY OR LOADING	R LOADING QUALITY OR C			ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	And Table	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.42	N/A	7.62	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	******	N/A	#6 MINIMUM		9 MAXIMUM	pH .		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.10*	<0.10*	mg/L	0	1 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	rentera 📆	0 M©/AVG	0 INST⊧MAX	mg/L		<ul><li>When Discharging</li></ul>	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.00	3.46	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	ns N/A	<0.02 **	<0.02 **	mg/L	0	1 / 7	GRAB
50060 1 0	PERMIT	5 P. A			2.4.0.	5.5.2 L	-% (1125 A) 17			The Machine	CDAD

N/A

N/A

N/A

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I cartify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE	C	ATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Keverih. Ostrawski	724	682-7773	07	11	27
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

The BETS DT-1 daily maximum was 18.9 mg/L.

< 0.02 \*\*

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)

REQUIREMENT

SAMPLE

**MEASUREMENT** 

PERMIT

REQUIREMENT

\* One clamicide this period, 10/30. \*0.10 mg/L is minimum detectable level. \*\*0.02 mg/L is Minimum detectable level. JPC 11/20/07

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

Page 63

## DISCHARGE MONITORING REPORT (DMR)

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

**FACILITY:** 

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

011A DISCHARGE NUMBER

YEAR MO DAY

10

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
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.004	0.004	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	a; ⊋≀Req :Mort → MO-AVG	Reqs Mon DAILY MX	Mgal/d	****			N/A	300	Weekly	ESTIMA

MONITORING PERIOD

MO DAY

01

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

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

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

TE	LEPHONE		ATE	
724	682-7773	07	11	27
AREA Code	NUMBER	YEAR	MO	DAY

# DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

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

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615

**FROM** 

YEAR MO DAY

10

01

012A
DISCHARGE NUMBER

YEAR MO DAY

10 | 31

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Data Indicator

PARAMETER	e de la companya de l	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	8.17	N/A	8.84	рН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		****		MINIMUM		9 MAXIMUM	pН		نتي Once Per کا Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	· N/A	0.297	0.344	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT					Req Mon : : MO AVG	Reg Mon DAILY MX	mg/L		Twice Per: Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	· N/A	0.512	0.789	mg/L	0	2 / 31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	DAILY MX	mg/L		Twice Per Month	GRAB:
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 31	EST
50050 1 0 Effluent Gross		Reg Mon A MO/AVG		Mgal/d	******			N/A		Once Per -	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	. N/A	N/A	N/A	4844	5420	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	•		N/A	******	Req Mon. MO AVG	Req Mont	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 lew that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

KEULI L. OSTIALUS BI SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TE	LEPHONE		ATE	
724	682-7773	07	11	27
AREA Code	NUMBER	YEAR	МО	DAY

# NATIONAL POLLUTANT DISCHARGE ELIMINATION STSTEM (INFDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

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

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

10

01

013A DISCHARGE NUMBER

YEAR MO DAY

07

10 31

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05) OUTFALL 013 External Outfall

No Data Indicator

DATE

11

MO

27

DAY

07

YEAR

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX		
1 CIVING 1617		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.73	N/A	7.75	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	•	•	N/A	6 MINIMUM	******	9 MAXIMUM	рH	. The second	Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01*	<0.01*	mg/L	0	2 / 31	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req Mon MO AVG	Req Mon DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.010	0.012	mg/L	0 -	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A ···		05id MO:AVG	DAILY MX	mg/L		Twice Per-	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	// N/A	<0.005**	<0.005**	mg/L	0	2 / 31	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT		•	N/A		Req. Mon. MO AVG	Req Mon DAILY MX	mg/L		Twice Peru Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.003	0.003	MGD	N/A	N/A	N/A	N/A	_	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon: MQ AVG	Red Mon DAILY MX	Mgal/d				N/A		Twice Per Month	ESTIMA

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA Code NUMBER

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 11/20/07

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

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

101A DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

101 CHEMICAL WASTE TREATMENT

MAJOR

(SUBR05)

Internal Outfall

No Data Indicator

[		N	ONITO	RING	PERIOD		
1	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	_ 01	TO	07	10	31

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FARAILLER		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	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	44	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	PERMIT REQUIREMENT	*****	******	N/A		15 MO AVG	20 DAILY MX	mg/L		Weekiy	GRÄB
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		Reg 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   I certify under penalty of law that this document and all attachments were prep direction or supervision in accordance with a system designed to assure that q		TEI	LEPHONE	[	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE  OPERATIONS  properly gather and evaluate the information submitted. Besed on my inquiry or persons who manage the system, or those persons directly responsible for gath information, the information submitted is, to the best of my knowledge and believed and complete. I am aware that there are significant penalties for submitting fall	person or githe we, accurate, Kevin L. Ostrawsbi	724	682-7773	07	11	27
including the possibility of fine and imprisonment for knowing violations.  TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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 11/20/07

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

#### NATIONAL PULLUTANT DISCHARGE ELIMINATION STSTEM (INPUES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

MO DAY

01

10

Page 67

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR

FROM

102A DISCHARGE NUMBER

YEAR MO DAY

07

102 INTAKE SCREEN HOUSE Internal Outfall

MAJOR

(SUBR05)

DMR MAILING ZIP CODE: 150770004

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
·		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.52	N/A	7.82	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	100	N/A	6		9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	23.3	42.0	mg/L	0.	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		= 30 Mo AVG	100 DAILY MX	mg/L		Twice Per Month.	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 <b>*</b>	<5 *	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A 🚎 .	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MOAVG	Reg Mon DAILY MX	Mgal/d		****		N/A		Twice:Per Month	ESTIMA

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

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

**TELEPHONE** DATE 724 682-7773 07 27 11 AREA Code NUMBER YEAR MO DAY

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

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

\*5 mg/L is minimum detectable level. JPC 11/20/07

#### INATIONAL FULLUTANT DISUNANGE ELIMINATION STSTEM (INFUES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

rorm 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

07

YEAR MO DAY

10

01

103A DISCHARGE NUMBER

YEAR MO DAY

10

07

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			C	QUALITY OR CONCENTRATION					SAMPLE TYPE
	10000	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH .	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.48	N/A	7.47	рН	0	4 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM ##	рН		Twice Per 12 Month	for the area of the property of
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4*	<4*	mg/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO'AVG	100 DAILYMX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	• •	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon: # MO AVG *		Mgal/d			*****	N/A		●Twice Period 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, including the possibility of fine and imprisonment for knowing violations.

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

DATE **TELEPHONE** 07 27 724 682-7773 11 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.

\*4 mg/L is minimum detectable level. JPC 11/20/07

#### NATIONAL PULLUTANT DISCHARGE ELIMINATION STOTEM (INPUES) **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

Page 69

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

10

01

111A DISCHARGE NUMBER

YEAR MO DAY

10

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			(	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
T AIVAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.2	N/A	8.00	рH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************		N/A	6 MINIMUM		9 ± ± WUMIXAM	pН		Weeklya	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3.7	7.7	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	Alle Annual State of the State	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	140	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	Reg Mon. DAILY MX	Mgal/d	100		Tiple ************************************	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** 

TEL	EPHONE		ATE	
724	682-7773	07	11	27
AREA Code	NUMBER	YEAR	MO	DAY

<sup>\* 5</sup> mg/L is minimum detectable level. JPC 11/20/07

Page 70

# DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: 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

10

01

113A DISCHARGE NUMBER

YEAR MO DAY

10

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**UNIT 2 SEWAGE TMT PLANT** 

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
FANABLICK		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT								,		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 4	in i	9	рН		Twice Per	GRAB
Solids, total suspended	SAMPLE				Second Minime (March		SESSION XINOUNDERS	P⊓	14 DESCRIPTION CO	SECULIO IN TANK	1000
00530 1 0	PERMIT					30 m MO/AVG	60 0		a, a	Twice Per Month	COMP-8
Effluent Gross Flow, in conduit or thru treatment plant	SAMPLE					MO/AVG	DAILYMX	mg/L	*1***	Month	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	043 MOIAVG	Reg. Mon	Mgal/d	*******			N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT		areas Carles and Market	Mgana		100000000000000000000000000000000000000			CAN STREET, ST		200,000,000,000,00
50060 1 0 Effluent Gross						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	<b>2</b>			*****	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

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

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

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

TE	LEPHONE	DATE					
724	682-7773	07	11	27			
AREA Code	NUMBER	YEAR	МО	DAY			

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

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

Page 71

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

203A DISCHARGE NUMBER

		M	IONITO	RING	PERIOD	)	
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	10	31

DMR MAILING ZIP CODE: 150770004

**MAJOR** 

(SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

No Data Indicato

PARAMETER	7.707 2012	QUANTI	TY OR LOADING	OR LOADING QUALITY OR CONCENTRATION				NO. EX			
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM:	. pH		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	REQUIREMENT	MO-AVG	Req Mon DAILY MX	Mgal/d	e de la como de la com					Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT				:						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	galacia Transpir				.1.4 MO AVG	3.3 INST-MAX	mg/L		Twice Per h	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	DAILY MX	mg/L		Twice Per	COMP-8

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	LEPHONE	DATE					
. 724	682-7773	07	11	27			
AREA Code	NUMBER	YEAR	МО	DAY			

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

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

#### NATIONAL PULLUTANT DISCHARGE ELIVINATION STOTEN (INFDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

1 Unit 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

FROM

YEAR MO DAY

10

01

211A DISCHARGE NUMBER

YEAR MO DAY

10

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

211 TURBINE BLDG Internal Outfall

No Data Indicator

PARAMETER		QUANTI	QUANTITY OR LOADING QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FARAMETER	in the same of the	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.51	N/A	7.05	pΗ	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	******	9 EMAXIMUM	pΗ		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	1.9	5.1	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	•••••	*****	N/A	Acceptable of the second	30 □ - MO AVG	≠ ≥100 E 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		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

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

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

	TE	LEPHONE		ATE	
	724	682-7773	07	11	27
4	AREA Code	NUMBER	YEAR	MO	DAY

<sup>\* 5</sup> mg/L is minimum detectable level. JPC 11/20/07

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

213A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No Data Indicator

		M	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	10	31

PARAMETER		QUANTI	TY OR LOADING	,	C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
( AIVIREIEIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT			-							
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		419 MAXIMUM	pН		Twice Per. Month	GRAB.
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT				######################################	30 MO AVG	100 DAILY MX	mg/L		Twice:Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	er durch and a second a second and a second			******	MOYAVG	20 DAILY MX	mg/L		Twice Per :: Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT						7.7				
50050 1 0 Effluent Gross		Req Mon 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 .

properly gather and evaluate the information submitted. Based on my inquiry of the person or	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE		DATE	
ADEA Code   NUMBER   VEAC   MA   DAY	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,	Kevin't Estrauski	724	682-7773	07	11	27
		including the possibility of fine and imprisonment for knowing violations.		AREA Code	NUMBER	YEAR	MO	DAY

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

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

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

# MATIONAL FOLEUTAIN DISCHANGE ELIMINATION STSTEMINATULS

# **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

OMB No. 2040-0004 Page 74

FULL APPLOYED

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

YEAR MO DAY

301A DISCHARGE NUMBER

YEAR MO DAY

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

No Data Indicator

FK	OM 07 1 10	<u> </u>	0 [ 0/ ] 10	31,					<u> </u>
QUANT	ITY OR LOADING	<del>- · · · · · · · · · · · · · · · · · · ·</del>	0	QUALITY OR CONC	ENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
/ALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
N/A	N/A	N/A	N/A	<4 *	<4 <sup>·</sup> *	mg/L	0	2 / 31	GRAB
***** ********************************		N/A		30 	100 DAILY MX	mg/L		Twice Per Month	GRAB

PARAMETER		QUANTI	IY OR LOADING		<u> </u>	QUALITY OR CONC		EX	OF ANALYSIS	TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 See DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	en e		N/A		167 MO AVG	DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg: Mon MO AVG		Mgal/d	**************************************			N/A	(4.1 m)	Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE		ATE		
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Keven't. Ostrawski	724	682-7773	07	11	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

SAMPLES SHALL BE TAKEN AT THE DISCHARGE OF 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 11/20/07

#### INATIONAL PULLUTANT DISURANGE ELIVINATION STOTEW (INFUES) DISCHARGE MONITORING REPORT (DMR)

Page 75

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

303A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

	N	ONITO	RING	PERIOD		
YEAR	MO	DAY		YEAR	MO	DAY
07	10	01	то	07	10	31
				ا ا		

PARAMETER	particular and speci-	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				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	100	Weekly	, GRAB
Solids, total suspended	SAMPLE MEASUREMENT							F			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****				30 MO AVG	= 100 DAILY MX	mg/L		ਿਸ਼ Weekly	GRAB:
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross				AF ATEL		15 MO:AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			χ (No. ).							
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req Mon (a) DAILY MX	Mgal/d				N/A		Weekly	EŜTIMA

properly gather and evaluate the information submitted. Based on my Inquiry of the person or	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I cartify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	DATE			
ABCA CALA MILLEDER LACAL MALE	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 felse information,	Kern L. Cotrawski	724	682-7773	07	11	27
		Including the possibility of fine and imprisonment for knowing violations.		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.

#### INATIONAL FULLUTARY DISCHARGE ELIMINATION STSTEM (INFDES) **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

TO

rorm Approved OMB No. 2040-0004

Page 76

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

10

01

313A DISCHARGE NUMBER

YEAR MO DAY

10

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Data Indicator

PARAMETER		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	6.73	· N/A	7.75	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	******	9 MAXIMUM	рН	Service Control	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	12.6	16.2	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	86	30 MOAVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 <b>*</b>	mg/L	0	1 / 7	GRAB
00556 <sup>-1-0</sup> Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	15) MORAVG <sub>15</sub>	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 TERRITORIAN	PERMIT REQUIREMENT	Req Mon ** MO AVG					****	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 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	LEPHONE		DATE	
724 682-7773  AREA Code NUMBER	682-7773	07	11	27
AREA Code	NUMBER	YEAR	MO	DAY

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

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

\* 5 mg/L is minimum detectable level. JPC 11/20/07

#### NATIONAL PULLUTANT DISCHARGE ELIMINATION STOLEN (INFDES) **DISCHARGE MONITORING REPORT (DMR)**

FULLIS APPLOYED OMB No. 2040-0004

Page 77

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

401A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Data Indicator

I		N	IONITO	RING	PERIOD		
1	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	10	31
			1				

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
( Alvanie i en		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.89	N/A	8.92	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		<b></b>	N/A	63 MINIMUM		Reg Mon 1 MAXIMUM2	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	22.25	44.5	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100" A DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 <b>*</b>	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	第20 MDAILY MX+	mg/L		Twice Per 7	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	.بويا EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	Req:Mon: DAILY MX	Mgal/d				N/A		: Weekly	JESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE		DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or parsons 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 penakies for submitting false information,	Kevirh Ostrowski	724	682-7773	07	11	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

\* 5 mg/L is minimum detectable level. JPC 11/20/07

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

403A DISCHARGE NUMBER

. 1		N	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	10	31

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indicator

PARAMETER	343	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAIMMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
На	SAMPLE MEASUREMENT	·									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM	*****	9. MAXIMUM	На		Weekiÿ,	GRABI.
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO/AVG	100 2 1 DAILY MX	mg/L		Weeklyi⊪	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		*****				20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT				and and a					اد جوائي. د ا	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT					Reg Mon	Reg Mon	mg/L		Weekly	:GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT					0 MO AVG	DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon	Reg Mon DAILY MX	Mgal/d		******				Weekly	(ESTIMA)
Chlorine, total residual	SAMPLE MEASUREMENT			-							
50060 1 0 Effluent Gross	PERMIT REQUIREMENT				#***** *******************************	5 MO AVG	11.25 INST MAX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE		DATE	
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. Estrawski	724	682-7773	07	11	27
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

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

# 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

		M	IONITO	RING	PERIOD	)	
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	10	31

Page 79

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUANTITY OR LOADING QUALITY OR CONCENTRAT				FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			******	0 MOAVG	DAILY MX	mg/L	i de la companya de La companya de la companya de 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 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 27 724 682-7773 07 11 AREA Code NUMBER DAY YEAR MO

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP, REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

#### NATIONAL POLLUTANT DISCHARGE ELIMINATION STOTEM (INFDES) **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

PULLI APPLUVES 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:

50050 1 0

Effluent Gross

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR MO DAY

10 01

413A DISCHARGE NUMBER

YEAR MO DAY

10

07

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

**BULK FUEL STORAGE DRAIN** 

Internal Outfall

No Data Indicator

PARAMETER	100	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	7.27	N/A	7.29	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	Access in the second se	9 MAXIMUM:	рН		Weekiy	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	10.4	11.2	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

Mgal/d

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

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

TEI	LEPHONE		ATE	
724	682-7773	07	11	27
AREA Code	NUMBER	YEAR	MO	DAY

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

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

PERMIT

REQUIREMENT

\* 5 mg/L is minimum detectable level. JPC 11/20/07

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

#### NATIONAL POLLUTANT DISCHARGE ELIMINATION STOTEM (INFDES) **DISCHARGE MONITORING REPORT (DMR)**

FULLIL ADDITUVES 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

501A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

MONITORING PERIOD						
YEAR		DAY	1	YEAR	MO	DAY
07	10	01	то	07	10	31

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
AMARIEN	40-17	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	*****	4 d (******		*****	44-80	100 a DAILY MX,		21 Sept. 100	Weekly	GRAB *
Effluent Gross					200	MO AVG	DAILY MX	mg/L	Jahren Leit.		CONTRACTOR OF THE
Flow, in conduit or thru treatment plant	SAMPLE										
	MEASUREMENT		·							<u> </u>	
50050 1 0	PERMIT	Reg Mon			*****	10 To 10	1 <b>44414</b>			Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgai/d	and the second					*veekly	COLINA

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	DATE			
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 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.	Keven'h. Ostrawski	724	682-7773	07	11	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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