

December 26, 2007  
L-07-523

Department of Environmental Protection  
Bureau of Water Quality Management  
Attention: DMR Clerk  
400 Waterfront Drive  
Pittsburgh, PA 15222

SUBJECT:  
**Beaver Valley Power Station Discharge Monitoring Report (NPDES) Permit No. PA0025615**

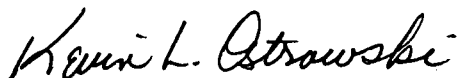
Enclosed is the November 2007 NPDES Discharge Monitoring Report (DMR) for FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station, in accordance with the requirements of the Permit. Attachment 1 to this letter is supplemental monitoring data for Outfall 001 (dissolved oxygen). Attachment 2 to this letter is an explanation of why only one monthly composite was obtained for Outfall 013.

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

IE25  
NRR

Beaver Valley Power Station Units 1 and 2  
L-07-523  
Page 2

Attachment(s):

1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001
2. Explanation of why there was only one composite sample for Outfall 013

Enclosure(s):

- A. Supplemental Laboratory Accreditation Form
- B. Discharge Monitoring Report

cc: Document Control Desk US NRC (*NOTE: No new US NRC commitments are contained in this letter.*)  
US Environmental Protection Agency

**FOR INTERNAL DISTRIBUTION USE ONLY**

**Internal Distribution of Letter L-07-523**

D. J. Salera w\out attachments  
S. F. Brown (A-GO-13)  
D. K. Sullivan w\out attachments  
D. J. Weber (A-GO-18)  
D. C. Bluedorn (BCCZ)  
Environmental File  
Central File: ***Keyword- DMR***

**ATTACHMENT 1**

**Weekly Dissolved Oxygen Monitoring Results at Outfall 001**

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

<b>SAMPLE DATE</b>	<b>SAMPLE TIME</b>	<b>VALUE</b>	<b>UNITS</b>
11/5/07	1015	8.58	mg/L
11/12/07	0955	7.41	mg/L
11/19/07	0920	7.51	mg/L
11/26/07	0845	8.53	mg/L

- Attachment 1 END -

## **ATTACHMENT 2**

### **Limited Opportunities to Obtain Second 24 Hour composite for NPDES Outfall 013**

The Second Set of 24 hour composite samples for copper, cyanide and Chlorobenzene for NPDES outfall 013 was not obtained this month due to limited sampling opportunities. There are two main contributors to this outfall, Internal Outfall 313, water oil separator (WOS) 21, and Internal Outfall 413, WOS 24. The discharge pit to WOS 21 (NPDES internal outfall 313) was emptied and cleaned out on 11-8-07. Flow was not observed to resume at the outfall until approximately on 11-14-07 and weekly samples were obtained on 11-15-07. The discharge pit was then cleaned out again on 11-21-07. Flow did not resume at this outfall and the outfall was isolated on 11-29-07. Flow at Internal Outfall 413 is rain/precipitation dependant.

Since Water Oil Separator 21 is the primary contributor to Outfall 013, the maintenance and subsequent isolation of the oil/water separator did not allow for sufficient discharge for Outfall 013 composite monitoring.

The condition was investigated and documented in the FENOC Problem Identification and Resolution program under Condition Report CR-07-30909.

- Attachment 2 END -



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

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

<b>Permittee Name:</b> <u>FirstEnergy Nuclear Operating Company</u>										
<b>Address:</b> <u>P.O. Box 4</u>										
<u>Shippingport, PA 15077</u>										
<u>Beaver Valley Power Station</u>										
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day						
PA0025615				2007	11	01	TO	2007	11	30
<b>PARAMETER</b>	<b>ANALYSIS METHOD</b>	<b>LAB NAME</b>				<b>LAB ID NUMBER<sup>2</sup></b>				
Powerline 3627 (Clamtrol)	Photometric Determination	Beaver Valley Power Station				04-2742				
Bentonite Detoxicant (Betz DT-1)	Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645	Beaver Valley Power Station				04-2742				
Total Residual Chlorine	SM 4500-CL G [20 <sup>th</sup> ]	Beaver Valley Power Station				04-2742				
Free Available Chlorine	EPA 330.5	Beaver Valley Power Station				04-2742				
pH	SM 4500-H+ B [20 <sup>th</sup> ]	Beaver Valley Power Station				04-2742				
Temperature	SM 2550 B [20 <sup>th</sup> ]	Beaver Valley Power Station				04-2742				
Flow	NA	Beaver Valley Power Station				04-2742				
Total Suspended Solids	SM 2540 D [20 <sup>th</sup> ]	Beaver Valley Power Station				04-2742				
Hydrazine	ASTM D1385-01	Beaver Valley Power Station				04-2742				
Fecal Coliform <sup>3</sup>	Standard Method 9222D	Beaver Valley Power Station				04-2742				
Oil and Grease	EPA 1664 Rev A	FirstEnergy Corp-Beta Lab				68-01120				
Total Dissolved Solids	SM 2540 C [20 <sup>th</sup> ]	FirstEnergy Corp-Beta Lab				68-01120				

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 possibility of fine and imprisonment for knowing violations.

**Name/Title Principal Executive Officer**

Kevin L. Ostrowski  
Director Site Operations

**Phone:** 724-682-7773

**Date:** 12/21/07

**Signature of Principal Executive Officer or Authorized Agent**

*Kevin L. Ostrowski*

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

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



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
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<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day			
PA0025615				2007	11	01	TO 2007 11 30
<b>PARAMETER</b>	<b>ANALYSIS METHOD</b>	<b>LAB NAME</b>	<b>LAB ID NUMBER<sup>2</sup></b>				
Zinc	EPA 200.7 Rev 4.4	FirstEnergy Corp-Beta Lab	68-01120				
Copper	EPA 200.7 Rev 4.4	FirstEnergy Corp-Beta Lab	68-01120				
Iron	EPA 200.7 Rev 4.4	FirstEnergy Corp-Beta Lab	68-01120				
Chromium	EPA 200.7 Rev 4.4	FirstEnergy Corp-Beta Lab	68-01120				
Ammonia	SM 4500-NH3 D [20 <sup>th</sup> ]	FirstEnergy Corp-Beta Lab	68-01120				
CBOD-5 Day	SM5210 B	Firstechnology, Inc.	68-00434				
Cyanide	SM 4500-CN E [20 <sup>th</sup> ]	Firstechnology, Inc.	68-00434				
Chlorobenzene	EPA 624	Firstechnology, Inc.	68-00434				

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Name/Title Principal Executive Officer

Phone: 724-682-7773

Signature of Principal Executive Officer or  
Authorized Agent

Kevin L. Ostrowski  
Director, Site Operations

Date: 12/21/07

Kevin L. Ostrowski

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 1

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615	001A
PERMIT NUMBER	DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN  
External Outfall

REVISED

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.66	N/A	8.41	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1*	<0.1*	mg/L	0	1* / 7*	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req Mon MO AVG	Req Mon DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1**	<0.1**	mg/L	0	1 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30.8	47.3	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02***	<0.02***	mg/L	0	10 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	5 AVERAGE	125 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02***	<0.02***	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005****	<0.005****	mg/L	0	1* / 7*	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

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 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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. \*\* 0.1 mg/L is minimum detectable level. \*\*\* 0.02 mg/L minimum detectable level. \*\*\*\*0.005 mg/L is minimum detectable level. The BETZ DT-1 daily maximum was 15.4 mg/L. JPC 12/11/07*

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 28

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615	001A
PERMIT NUMBER	DISCHARGE NUMBER

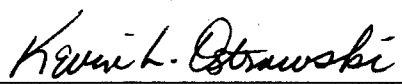
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
UNITS 1&2 COOLG. TOWER BLWDN  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	11	01	TO	07	11	30

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.95	N/A	8.42	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO:AVG	Req. Mon. DAILY:MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1**	<0.1**	mg/L	0	2 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	0 MO:AVG	0 DAILY:MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	23.2	33.4	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO:AVG	Req. Mon. DAILY:MX	Mgal/d	*****	*****	*****	N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.01	0.04	mg/L	0	5 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.007	0.05	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	0 MO:AVG	0 DAILY:MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	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.	TELEPHONE		DATE		
		724 682-7773		07	12	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) *\* Not in Wet layup this Period. \*\* Two Clamicides this period, 11/7 & 11/13.*  
HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX.  
*\*\* 0.1 mg/L is minimum detectable level. \*\*\* 0.02 mg/L minimum detectable level. The Betz DT-1 (detoxicant) daily maximum was 31.0 mg/L. JPC 12/11/07*

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 29

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

002A
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
INTAKE SCREEN BACKWASH  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD									
YEAR	MO	DAY	TO	YEAR	MO	DAY			
07	11	01		07	11	30			

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	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

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Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

003A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
003  
External Outfall

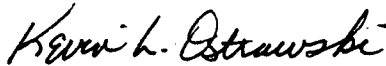
ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	TO	07	11	30

No Data Indicator

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
TYPED OR PRINTED			724	682-7773	07	12	27
			AREA Code	NUMBER	YEAR	MO	DAY

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 31

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
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SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

004A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
UNIT ONE COOLG TOWER OVERFLOW  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	FROM	07	11	30
			TO			

No Data Indicator



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO AVG	Req: Mon DAILY MX	Mgal/d	*****	*****	*****			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

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Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

*Kevin L. Ostrowski*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR  
AUTHORIZED AGENT

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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Page 32

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

006A
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
AUX. INTAKE SCREEN BACKWASH  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD									
YEAR	MO	DAY				YEAR	MO	DAY	
07	11	01	TO			07	11	30	

No Data Indicator

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 33

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

007A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
AUX. INTAKE SYSTEM  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	FROM	07	11	30
			TO			

No Data Indicator



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

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 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

*Kevin L. Ostrowski*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR  
AUTHORIZED AGENT

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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 34

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

008A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
UNIT 1 COOLING TOWER PUMPHOUSE  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	FROM	07	11	30
			TO			

No Data Indicator



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	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	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 35

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

010A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
UNIT 2 COOLING WATER  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
FROM 07	11	01	TO 07	11	30	

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.27	N/A	7.80	pH	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	<0.1*	<0.1*	mg/L	0	1 / 30	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	0 MO AVG	0 INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.81	2.88	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	*****	*****		*****	5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.015	0.06	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

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Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	YEAR MO DAY

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

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

\* One clamicide this period, 11/13. \*0.1 mg/L is minimum detectable level. \*\*0.02 mg/L is minimum detectable level. JPC 12/11/07

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

The BETZ DT-1 (detoxicant) daily maximum was 21.0 mg/L.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 36

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

011A
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
DIESEL GEN & TURBINE DRAINS  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	FROM	07	11	30
			TO			

No Data Indicator ☐

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

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Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 37

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

012A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
BLOWDOWN FROM THE HVAC UNIT  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	11	01	TO	07	11	30

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.33	N/A	8.44	pH	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.096	0.096	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.079	0.083	mg/L	0	2 / 30	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	1238	1328	mg/L	0	2 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB

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Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 38

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

013A  
DISCHARGE NUMBER


**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
OUTFALL 013  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	11	01	TO	07	11	30

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.78	N/A	7.26	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01*	<0.01*	mg/L	0	1*** / 30	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.005	0.005	mg/L	0	1*** / 30	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	05 MO AVG	1 DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005**	<0.005**	mg/L	0	1*** / 30	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.003	0.003	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS				724	682-7773	07 12 27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

\* 0.01 mg/L is minimum detectable level. \*\* 0.005 mg/L is minimum detectable level.

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

\*\*\* Due to limited sampling opportunities only one composite was obtained for the month. See attachment two for a description of this event. JPC 12/11/07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 39

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

101A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
101 CHEMICAL WASTE TREATMENT  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	FROM	07	11	30
			TO			

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.13	N/A	8.42	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	24.5	73	mg/L	0	1 / 7	2 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP 2
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/L	**	**	**
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req Mon MO AVG	Req Mon DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.008	0.010	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	**	**	**
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 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724 682-7773		07	12	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. SAMPLES SHALL BE TAKEN AT THE DISCHARGE FROM THE CHEMICAL WASTE SUMP PRIOR TO MIXING WITH ANY OTHER WATER. \*5 mg/L is minimum detectable level. \*\* Not in wet layup this period. JPC 12/11/07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 40

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

102A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
102 INTAKE SCREEN HOUSE  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	TO	07	11	30

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.38	N/A	7.85	pH	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	5.7	7.0	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

\*5 mg/L is minimum detectable level. JPC 12/11/07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 41

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

103A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
SLUDGE SETTLING BASIN  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD							
YEAR			MO			DAY	
FROM	07	11	01	TO	07	11	30

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.34	N/A	7.94	pH	0	3 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4.5	4.9	mg/L	0	2 / 30	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 42

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

111A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
111 DIESEL GENERATOR BLDG  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	TO	07	11	30

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.87	N/A	8.03	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO/AVG	100 DAILY/MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO/AVG	20 DAILY/MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO/AVG	Req Mon DAILY/MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

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

\*4 mg/L is minimum detectable level. \*\* 5 mg/L is minimum detectable level. JPC 12/11/07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 43

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

113A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
UNIT 2 SEWAGE TMT PLANT  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	FROM	07	11	30
			TO			

No Data Indicator



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	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	PERMIT REQUIREMENT	043 MO:AVG	Reg Mon DAILY:MX	Mgal/d	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.4 MO:AVG	3.3 INST:MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	200 MO:GEOMN	*****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	25 MO:AVG	50 DAILY:MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			724 682-7773	07 12 27	AREA Code	NUMBER	YEAR
TYPED OR PRINTED							

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 POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 44

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

203A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
MAIN SEWAGE TMT PLANT  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	TO	07	11	30

No Data Indicator



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH.	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	PERMIT REQUIREMENT	023 MO-AVG	Req. Mon DAILY-MX	Mgal/d	*****	*****	*****			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.4 MO-AVG	3.3 INST-MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	200 MO-GEOMN	*****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	25 MO-AVG	50 DAILY-MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

*Kevin L. Ostrowski*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR  
AUTHORIZED AGENT

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 POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 45

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

211A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
211 TURBINE BLDG  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	FROM	07	11	30
			TO			

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.78	N/A	7.93	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	5.1	16.0	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO/AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO/AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO/AVG	Req. Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
\* 5 mg/L is minimum detectable level. JPC 12/11/07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 46

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

213A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
UNIT 2 COOL TOWER PUMPHOUSE  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	FROM	07	11	30
			TO			

No Data Indicator



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	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	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	5 MO AVG	125 INST MAX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	YEAR MO DAY

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

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM 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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 47

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

301A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
UNIT 2 AUX BOILER BLOWDOWN  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	FROM	07	11	30
			TO			

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4.3	13	mg/L	0	3 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	3 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

*Kevin L. Ostrowski*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR  
AUTHORIZED AGENT

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.

\* 5 mg/L is minimum detectable level. JPC 12/11/07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 48

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

303A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
UNIT 1 OIL WATER SEPARATOR  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	TO	07	11	30

No Data Indicator



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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 49

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

313A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
313 TURBINE BLDG DRAIN  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	FROM	07	11	30 TO

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.78	N/A	7.12	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	8.0	9.8	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		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 12/11/07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 50

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

401A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
CHEM.FEED AREA OF AUX BOILERS  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	FROM	07	11	30
			TO			

No Data Indicator



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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

*Kevin L. Ostrowski*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SAMPLES SHALL BE TAKEN AT CHEMICAL FEED AREA DRAINS PRIOR TO MIXING WITH ANY OTHER WATER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 51

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

403A  
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR  
(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	FROM	07	11	30

No Data Indicator



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. 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		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 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

*Kevin L. Ostrowski*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR  
AUTHORIZED AGENT

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 SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 52

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

403A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
CONDENSATE BLOWDOWN & RIVR WAT  
Internal Outfall

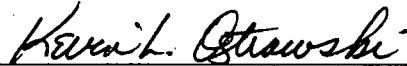
ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	FROM	07	11	30
			TO			

No Data Indicator



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0	PERMIT REQUIREMENT	*****	*****		*****	0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB
Effluent Gross											

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 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		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS			724 682-7773	07	12	27	
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

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

Form Approved  
OMB No. 2040-0004

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

Page 53

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

413A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)

BULK FUEL STORAGE DRAIN  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	FROM	07	11	30
			TO			

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.03	N/A	7.47	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	19.6	32.0	mg/L	0	4 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO AVG	Req: Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

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

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

\* 5 mg/L is minimum detectable level. JPC 12/11/07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 54

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

501A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
UNIT 1 GENRTR BLWDWN FILT BW  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	TO	07	11	30

No Data Indicator



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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

*Kevin L. Ostrowski*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR  
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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved /  
OMB No. 2040-0004

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

Page 1

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615	001A
PERMIT NUMBER	DISCHARGE NUMBER

REVISED

**DMR MAILING ZIP CODE:** 150770004  
**MAJOR**  
(SUBR05)  
**UNITS 1&2 COOLG. TOWER BLWDN**  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.66	N/A	8.41	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1*	<0.1*	mg/L	0	1* / 7*	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req Mon MO AVG	Req Mon DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1**	<0.1**	mg/L	0	1 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30.8	47.3	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02***	<0.02***	mg/L	0	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 MEASUREMENT	N/A	N/A	N/A	N/A	<0.02***	<0.02***	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005****	<0.005****	mg/L	0	1* / 7*	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

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 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724 682-7773		07	12	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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. \*\* 0.1 mg/L is minimum detectable level. \*\*\* 0.02 mg/L minimum detectable level. \*\*\*\*0.005 mg/L is minimum detectable level. The BETZ DT-1 daily maximum was 15.4 mg/L. JPC 12/11/07*

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 28

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615	001A
PERMIT NUMBER	DISCHARGE NUMBER


**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
UNITS 1&2 COOLG. TOWER BLWDN  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	FROM	07	11	30

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.95	N/A	8.42	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1**	<0.1**	mg/L	0	2 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	23.2	33.4	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.01	0.04	mg/L	0	5 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.007	0.05	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS				724	682-7773	07 12 27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

*\* Not in Wet layup this Period. \*\* Two Clamcides this period, 11/7 & 11/13.*

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

**\*\* 0.1 mg/L is minimum detectable level. \*\*\* 0.02 mg/L minimum detectable level. The Betz DT-1 (detoxicant) daily maximum was 31.0 mg/L. JPC 12/11/07**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 29

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

002A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
INTAKE SCREEN BACKWASH  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	FROM	07	11	30

No Data Indicator

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 30

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

003A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
003  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	FROM	07	11	30

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

*Kevin L. Ostrowski*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR  
AUTHORIZED AGENT

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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 31

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

004A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
UNIT ONE COOLG TOWER OVERFLOW  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	TO	07	11	30

No Data Indicator



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	2 AVERAGE	5 MAXIMUM	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 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.		TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS			724	682-7773	07	12	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 32

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

006A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
AUX. INTAKE SCREEN BACKWASH  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

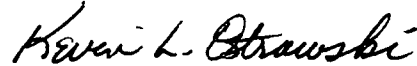
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	11	01	07	11	30

FROM

TO

No Data Indicator

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS			724	682-7773	07	12	27
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 33

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
**PERMIT NUMBER**

007A  
**DISCHARGE NUMBER**

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
AUX. INTAKE SYSTEM  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	11	01	TO	07	11	30

No Data Indicator **X**

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

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Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 34

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

008A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
UNIT 1 COOLING TOWER PUMPHOUSE  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	TO	07	11	30

No Data Indicator



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	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	100 DAILY/MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY/MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY/MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 35

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

010A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
UNIT 2 COOLING WATER  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	FROM	07	11	30
			TO			

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.27	N/A	7.80	pH	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	<0.1*	<0.1*	mg/L	0	1 / 30	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	0 MO AVG	0 INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.81	2.88	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 MAX	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	*****	*****		*****	5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.015	0.06	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

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

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

\* One clamicide this period, 11/13. \*0.1 mg/L is minimum detectable level. \*\*0.02 mg/L is minimum detectable level. JPC 12/11/07

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

The BETZ DT-1 (detoxicant) daily maximum was 21.0 mg/L.

*Kevin L. Ostrowski*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 36

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

011A
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
DIESEL GEN & TURBINE DRAINS  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	FROM	07	11	30
			TO			

No Data Indicator ☐

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

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Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	YEAR	MO

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 37

NAME: FIRST ENERGY NUCLEAR OPERATING  
ADDRESS: PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
FACILITY: BEAVER VALLEY POWER STATION  
LOCATION: PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

012A  
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004  
MAJOR  
(SUBR05)  
BLOWDOWN FROM THE HVAC UNIT  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
07	11	01	FROM	07	11	30	TO

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.33	N/A	8.44	pH	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.096	0.096	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req Mon MO AVG	Req Mon DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.079	0.083	mg/L	0	2 / 30	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	1238	1328	mg/L	0	2 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req Mon MO AVG	Req Mon DAILY MX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 38

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

013A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
OUTFALL 013  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	FROM	07	11	30
			TO			

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.78	N/A	7.26	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01*	<0.01*	mg/L	0	1*** / 30	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req Mon MO AVG	Req Mon DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.005	0.005	mg/L	0	1*** / 30	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	05 MO AVG	1 DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005**	<0.005**	mg/L	0	1*** / 30	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req Mon MO AVG	Req Mon DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.003	0.003	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

\* 0.01 mg/L is minimum detectable level. \*\* 0.005 mg/L is minimum detectable level.

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

\*\*\* Due to limited sampling opportunities only one composite was obtained for the month. See attachment two for a description of this event. JPC 12/11/07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 39

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

101A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
101 CHEMICAL WASTE TREATMENT  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	FROM	07	11	30
			TO			

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.13	N/A	8.42	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	24.5	73	mg/L	0	1 / 7	2 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/L	**	**	**
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req: Mon MO AVG	Req: Mon DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.008	0.010	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	**	**	**
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 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. SAMPLES SHALL BE TAKEN AT THE DISCHARGE FROM THE CHEMICAL WASTE SUMP PRIOR TO MIXING WITH ANY OTHER WATER. \*5 mg/L is minimum detectable level. \*\* Not in wet layup this period. JPC 12/11/07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 40

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615	102A
PERMIT NUMBER	DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
102 INTAKE SCREEN HOUSE  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	TO	07	11	30

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.38	N/A	7.85	pH	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	5.7	7.0	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		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 12/11/07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 41

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

103A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
SLUDGE SETTLING BASIN  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	TO	07	11	30

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.34	N/A	7.94	pH	0	3 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4.5	4.9	mg/L	0	2 / 30	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

*Kevin L. Ostrowski*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SAMPLES SHALL BE TAKEN AT THE OVERFLOW FROM THE BASIN PRIOR TO MIXING WITH ANY OTHER WATER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 42

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

111A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
111 DIESEL GENERATOR BLDG  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	TO	07	11	30

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.87	N/A	8.03	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO/AVG	100 DAILY/MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO/AVG	20 DAILY/MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO/AVG	Req Mon DAILY/MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

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

\*4 mg/L is minimum detectable level. \*\* 5 mg/L is minimum detectable level. JPC 12/11/07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 43

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

113A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
UNIT 2 SEWAGE TMT PLANT  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	FROM	07	11	30
			TO			

No Data Indicator



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	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	PERMIT REQUIREMENT	043 MO:AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.4 MO:AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	200 MO:GEOMN	*****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	25 MO:AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

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 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED	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 POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 44

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

203A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
MAIN SEWAGE TMT PLANT  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	TO	07	11	30

No Data Indicator



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	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	PERMIT REQUIREMENT	023 MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	14 MO AVG	33 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	200 MO GEOMN	*****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		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 POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 45

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615	211A
PERMIT NUMBER	DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
211 TURBINE BLDG  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	TO	07	11	30

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.78	N/A	7.93	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	5.1	16.0	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
\* 5 mg/L is minimum detectable level. JPC 12/11/07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 46

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

213A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
UNIT 2 COOL TOWER PUMPHOUSE  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	FROM	07	11	30 TO

No Data Indicator



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	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	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon DAILY MX	Mgal/d	*****	*****	*****			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	.5 MO AVG	1.25 INST MAX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM 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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 47

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

301A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
UNIT 2 AUX BOILER BLOWDOWN  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
07	11	01	TO	07	11	30

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4.3	13	mg/L	0	3 / 30	GRAB
00530 1 0	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Effluent Gross											
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	3 / 30	GRAB
00556 1 0	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Effluent Gross											
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA
Effluent Gross											

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 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

\* 5 mg/L is minimum detectable level. JPC 12/11/07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 48

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

303A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
UNIT 1 OIL WATER SEPARATOR  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	TO	07	11	30

No Data Indicator



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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	YEAR MO DAY

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 49

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

313A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
313 TURBINE BLDG DRAIN  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
FROM 07	11	01	TO	07	11	30

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.78	N/A	7.12	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	8.0	9.8	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO:AVG	100 DAILY:MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO:AVG	20 DAILY:MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO:AVG	Req: Mon DAILY:MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

\* 5 mg/L is minimum detectable level. JPC 12/11/07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 50

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615	401A
PERMIT NUMBER	DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
CHEM.FEED AREA OF AUX BOILERS  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	TO	07	11	30

No Data Indicator



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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 51

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

403A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
CONDENSATE BLOWDOWN & RIVR WAT  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	TO	07	11	30

No Data Indicator



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO:AVG	100 DAILY:MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO:AVG	20 DAILY:MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req: Mon MO:AVG	Req: Mon DAILY:MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0 MO:AVG	30 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	1.25 INST:MAX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

Form Approved  
OMB No. 2040-0004

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

Page 52

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615	403A
PERMIT NUMBER	DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
CONDENSATE BLOWDOWN & RIVR WAT  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD							
FROM			TO				
YEAR	MO	DAY	YEAR	MO	DAY		
07	11	01	07	11	30		

No Data Indicator ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT										
81313 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE			
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	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 SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

Page 53

**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

413A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
BULK FUEL STORAGE DRAIN  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	TO	07	11	30

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.03	N/A	7.47	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	19.6	32.0	mg/L	0	4 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO:AVG	100 DAILY:MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO:AVG	20 DAILY:MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO:AVG	Req: Mon DAILY:MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

\* 5 mg/L is minimum detectable level. JPC 12/11/07

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

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**NAME:** FIRST ENERGY NUCLEAR OPERATING  
**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

501A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
UNIT 1 GENRTR BLWDWN FILT BW  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	TO	07	11	30

No Data Indicator



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

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 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.	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	07	12	27
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

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

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