



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:

<u>Beaver Valley Power Station Discharge Monitoring Report (NPDES) Permit No. PA0025615</u>

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

Keni L. Ostrowski

IEZ:

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 is 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

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-07-523 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

ATTACHMENT 1

Weekly Dissolved Oxygen Monitoring Results at Outfall 001

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

| SAMPLE DATE | SAMPLE TIME | VALUE | UNITS |
|-------------|-------------|-------|-------|
| 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 -

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-07-523 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

ATTACHMENT 2

<u>Limited Opportunities to Obtain Second 24 Hour composite for NPDES Outfall 013</u>

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 FORM¹

| Permittee Name: | FirstEne | ergy Nucear Operating Company | | | | | | | |
|---------------------------------|--------------------|---|-----------------|-------------|-----------------|------------------|-----------------------------|-------------------------------|-----------------|
| Address: | P.O. Bo | x 4 aport, PA 15077 | | | | | | | |
| | | Valley Power Station | | | | | | | |
| | Deaver | valley i ower otation | | | | | | , | |
| | PERM | MIT NUMBER | | | MONITO Year/ | RING F Month/ | | - | |
| | PA | A0025615 | 2007 | 11 | 01 | то | 2007 | 11 | 30 |
| | Si faran 10 makasa | | An and the same | | Market Charles | ower werstig | overence of the contract of | a volume communication of the | ist skalitation |
| PARAMETEI | ₹ , | ANALYSIS METHOD | | LAB NAN | IE . | | - LAB I | D NUMBE | R ² |
| Powerline 3627 (CI | Beaver | Valley Pov | ver Station | | 04-2742 | | | | |
| Bentonite Detoxi (Betz DT-1) | | Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645 | Beaver | Valley Pov | ver Station | | | 4-2742 | |
| Total Residual Ch | lorine | SM 4500-CL G [20 th] | Beaver | Valley Pov | ver Station | | 0 | 4-2742 | |
| Free Available Ch | lorine | EPA 330.5 | - Beaver | Valley,Pov | ver Station | | - , , , 0 | 4-2742 | |
| рН | · | SM 4500-H+ B [20 th] | Beaver | Valley Pov | ver Station | | 0 |)4-2742 | |
| Temperature |) } | SM 2550 B [20 th] | Beaver | Valley Pov | ver Station | | Ō | 4-2742 | |
| Flow | | NA . | Beaver | Valley Pov | ver Station | | 0 | 4-2742 | |
| Total Suspended | Solids | SM 2540 D [20 th] | Beaver | Valley Pov | ver Station | | 0 |)4-2742 💸 | |
| Hydrazine ASTM D1385-01 | | Beaver | Valley Pov | ver Station | | . 0 |)4-2742 | | |
| Fecal Coliforn | n ³ . | Standard Method 9222D | Beaver | Valley Pow | ver Station | | 0 | 4-2742 | Ž. |
| Oil and Greas | e | EPA 1664 Rev A | FirstEn | ergy Corp- | Beta Lab | | 68 | 8-01120 | |
| Total Dissolved S | Solids | SM 2540 C [20 th] | FirstEn | ergy Corp | Beta Lab | | - 68 | 8-01120 | |

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

Name/Title Principal Executive Officer

Kevin L. Ostrowski Director Site Operations Phone: <u>724-682-7773</u>

Date: 12/21/07

Signature of Principal Executive Officer or Authorized Agent

1 Ar I

³ Analysis no longer performed.

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

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



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

| Permittee Name: | FirstEnergy | Nucear Operating Company | | | | | | , | |
|-----------------|--------------|-----------------------------------|---------------------------------------|-------------|---|------------------|-------|---------|----------------|
| Address: | P.O. Box 4 | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | Shppingport, | PA 15077 | | | | | | | |
| | Beaver Valle | y Power Station | | | | | • | | |
| | PERMIT N | IUMBER | | | MONITO Year/ | RING F Month/ | | | |
| | PA002 | 5615 | 2007 | 11 | 01 | то | 2007 | 11 | 30 |
| | | | | | 7/71.2.5.0000000000000000000000000000000000 | and the state | | | |
| PARAMET | ER . | ANALYSIS METHOD | | LAB NAM | E | | LAB I | DNUMBE | R ² |
| Zinc | | EPA 200.7 Rev 4.4 | FirstEr | ergy Corp- | Beta Lab | | 6 | 8-01120 | |
| Copper | | EPA 200.7 Rev 4.4 | FirstEr | ergy Corp- | Beta Lab | | 6 | 8-01120 | |
| Iron | | EPA 200.7 Rev 4.4 | FirstEr | ergy Corp- | Beta Lab | | 6 | 8-01120 | |
| Chromiur | n | EPA 200.7 Rev 4.4 | FirstEr | ergy Corp- | Beta Lab | | 6 | 8-01120 | |
| Ammonia | а | SM 4500-NH3 D [20 th] | FirstEr | ergy Corp- | Beta Lab | | 6 | 8-01120 | |
| CBOD-5 D | ay | SM5210 B | Firs | stechnology | ı, Inc. | | 6 | 8-00434 | |
| Cyanide | | SM 4500-CN E [20 th] | Firs | stechnology | , Inc. | | 6 | 8-00434 | |
| Chlorobenz | ene | EPA 624 | Firs | stechnology | /, Inc. | | 6 | 8-00434 | |
| | | • | | | | | • | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

Name/Title Principal Executive Officer

Phone: 724-682-7773

Signature of Principal Executive Officer or

Authorized Agent

Kevin L. Ostrowski Director, Site Operations Date: 12/21/07

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

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

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

001A DISCHARGE NUMBER

REVISED

| | | M | ONITO | RING | PERIOD | | | | | | |
|------|-------------------------|----|-------|------|--------|----|----|--|--|--|--|
| ĺ | YEAR MO DAY YEAR MO DAY | | | | | | | | | | |
| FROM | 07. | 10 | 01 | то | 07 | 10 | 31 | | | | |

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Data Indicator

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | , | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---------|--|--------|--------|---------------------|-------------------|-------|-----------|--------------------------|----------------|
| | 40.12 | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.66 | N/A | 8.41 | pН | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ************************************** | N/A | 6 | | 9 MAXIMUM | рH | 111 | - 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/F 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 | 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 | 9.546.8 | 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* | GRÁB |
| 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 | | TEI | LEPHONE | | DATE | |
|---|--|---|-----------|----------|------|------|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, | Kewit Ostrawski | 724 | 682-7773 | 07 | 12 | 27 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | YEAR | МО | DAY |

* Wet layup concluded on 10/25/07. *0.1 mg/L is minimum detectable level. ** One Clamicide this period, 10/30. COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX. ** 0.1 mg/L is minimum detectable level. *** 0.02 mg/L minimum detectable level. *** 0.02 mg/L. JPC 12/11/07

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 001A

DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05) UNITS 1&2 COOLG. TOWER BLWDN'

External Outfall

No Data Indicator

| PARAMETER | | QUANTI | TY OR LOADING | | C | QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|--------------------|---|--------|--|---------------------|-----------------------|-------|-----------|--------------------------|----------------|
| CONSTITUTE | May would be a | VALUE | VALUE | UNITS | VALUE | . VALUE | VALUE | UNITS | | , | |
| рН | SAMPLE MEASUREMENT | N/A | N/Ā | . N/A | 7.95 | N/A | 8.42 | pН | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | 1 | ##### ################################ | N/A | 6 MINIMUM | | 9 MAXIMUM | На | | 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 | er eringen i vid | 100 Sept. 1 | N/A | e de la companya de l | 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 | NE PROPERTY OF THE PROPERTY OF | 0 MO AVG | 0 DAILY MX | mg/L | 24-81 | 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 | 14.13 | E. 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 | | 200 I | ·N/A | ****** ******************************* | .2 AVERAGE | 5 MAXIMUM | mg/L | 11. | Continuous | RCORDR |
| Hydrazine | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | | * | mg/L | * | * | * |
| 81313 1 0 Effluent Gross | PERMIT REQUIREMENT | | 4 m | N/A | ****** ******************************* | 0 MO AVG | 0 DAILY MX | mg/L | | Weekly | GRAB |

| properly gather and evaluate the information submitted. Based on my inquiry of the person or | NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel | | TEI | LEPHONE | | ATE | |
|---|--|--|-----------|-----------|----------|------|-----|-----|
| Including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR ADEA Code AUMBED VEAD NO DAY | THOMINE. CONTONOM, DINECTON OF CITE | property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, | 1/ -/ (1) | 724 | 682-7773 | 07 | 12 | 27 |
| | | | | AREA Code | NUMBER | YEAR | МО | 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 12/1/07

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

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

002A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

| | | N | ONITO | RING | PERIOD |) | | | | | | | | |
|------|------|-------------------------|-------|------|--------|----|----|--|--|--|--|--|--|--|
| | YEAR | YEAR MO DAY YEAR MO DAY | | | | | | | | | | | | |
| FROM | 07 | 11 | 01. | то | 07 | 11 | 30 | | | | | | | |

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

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

TYPED OR PRINTED

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

Form Approved OMB No. 2040-0004

Page 30

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 003A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfall

No Data Indicator

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

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---------------------|--------------------|--------|--------------------------|-------|-------|-------|---------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.022 | 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 | 17/05 P | Twice Per Month | ⊮ ESTIMA |

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

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

Form Approvéd OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

11

01

TO

004A DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY

11

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Data Inc

| dicator | X |
|---------|---|
|---------|---|

DATE

12

MO

27

DAY

07

| PARAMETER | | QUANTI | TY OR LOADING | | C | QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-------------|----------------------|--|--------|--|-----------------|----------------------|-------|--------------|---|----------------------|
| · | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE | | | | | | | | | | |
| ľ | MEASUREMENT | | | | | | | | | | |
| 00400 1 0 | PERMIT | | | | 120 - 6 A | ***** | 9. | | 的数字是是 | WALL | CDAD |
| Effluent Gross | REQUIREMENT | | | | SAMINIMUM | | MAXIMUM ** | pН | 46.26 | Weekly | GRAD |
| Flow, in conduit or thru treatment plant | SAMPLE | | | | | | | • | | | |
| in conduit or thru treatment plant | MEASUREMENT | | | | | | | | ļ | | ļ |
| 50050 1 0 | PERMIT | Reg. Mon. | Req. Mon | | ****** | | ***** | | | 100000000000000000000000000000000000000 | A PERSONAL PROPERTY. |
| Effluent Gross | REQUIREMENT | MO AVG | DAILY MX | Mgal/d | | | | | | Weekly | MEASRD |
| Chlorine, total residual | SAMPLE | | | _ | | | | | | | |
| Chionne, total residual | MEASUREMENT | | | | | | | | | | |
| 50060 1 0 | PERMIT | | A Company of the Comp | | ****** | 55 TO 15 TO 1 | 1:25 | | 1775 L. 1876 | 4.4 | GRAB |
| Effluent Gross | REQUIREMENT | | 3 | • | at are the same of | 5 MØ AVG | INST MAX | mg/L | | Weekly | GRAB |
| Chlorine, free available | SAMPLE | | | | | | | - | | | |
| Chiorine, nee avallable | MEASUREMENT | | | | | | | | | Opels. | |
| 50064 1 0 | PERMIT | 71 2 C ***** 7 2 2 5 | | | ****** | - 2 | \$ 40 Sec. 5 & House | | | Weekly | 20040 |
| Effluent Gross | REQUIREMENT | | to the same of | | | 2 AVERAGE | MAXIMUM : | mg/L | | vveekiy | LEGGRAB. |

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

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

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

Form Approved OMB No. 2040-0004

Page 32

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

006A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

| | | M | IONITO | RING | PERIOD | 1 | |
|------|------|----|--------|------|--------|----|-----|
| | YEAR | MO | DAY | | YEAR | MO | DAY |
| FROM | 07 | 11 | 01 | то | 07 | 11 | 30 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---------------------|--------------------|--------|--------------------------|-------|-------|-------|-----------|--------------------------|----------------|
| ANAMETER | | 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 Kevin L. Ostrowski, DIRECTOR OF SITE **OPERATIONS** TYPED OR PRINTED

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

TELEPHONE DATE 724 682-7773 07 12 27 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AREA Code** NUMBER YEAR MO DAY **AUTHORIZED AGENT**

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 33

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

11

01

007A DISCHARGE NUMBER

YEAR MO DAY

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfall

No Data Indicator

DATE

12

MO

27

DAY

07

YEAR

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-------------|-----------|--|--------|-------------------|--|-----------|--|-----------|--------------------------|----------------|
| I AWARETEN | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE | | | | | | | | | | |
| P | MEASUREMENT | | | | | | | | | | |
| 00400 1 0 | PERMIT | | | | 1 60 etg | ************************************** | 9 15 | | | Mookling | CDAD |
| Effluent Gross | REQUIREMENT | | | | THE MINIMUM TO | | MAXIMUM: | pН | | Weekly* | STAB |
| Flow in conduit or thru treatment plant | SAMPLE | | | | | | | | | | |
| Flow, in conduit or thru treatment plant | MEASUREMENT | | | | | | | | | | i |
| 50050 1 0 | PERMIT | Reg. Mon. | Reg Mon. | | 76.75 | ***** | ***** | | | | GRAB . |
| Effluent Gross | REQUIREMENT | MO AVG | DAILY MX | Mgal/d | | | | | 10.00 | Weekly | GRAD |
| Chlorine, total residual | SAMPLE | | | | | | | | - | | |
| Chiorine, total residual | MEASUREMENT | | | | ŀ | | , | | | | |
| 50060 1 0 | PERMIT | | ************************************** | | ***** | 5 5 2 | 1.25 | | | 31.37.77.85.00 | GRAB |
| Effluent Gross | REQUIREMENT | | ****** | | | .5 MO AVG | INST MAX | mg/L | | Weekly | GRAB |
| Chloring from quallable | SAMPLE | | | | + | | | <u> </u> | | | |
| Chlorine, free available | MEASUREMENT | 1 *- | | | | | | | | | |
| 50064 1 0 | PERMIT | ****** | ***** | | 3433 ***** | .2 0 | 5/25/ | | erman. | Weekly | 00.00 |
| Effluent Gross | REQUIREMENT | | | | 3.54 C.54 | .2. AVERAGE: | MAXIMUM | mg/L | 战,战争 | vveekiy | GRAB |

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

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

| | TEI | LEPHONE |
|--|-----------|----------|
| Kerni L. Ostrawski | 724 | 682-7773 |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

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

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

MONITORING PERIOD

TO

Form Approvéd OMB No. 2040-0004

Page 34

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

11

01

A800

DISCHARGE NUMBER

YEAR MO DAY

11 30

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

| No Data Indicator | X |
|-------------------|---|
|-------------------|---|

| PARAMETER | | QUANTI | TY OR LOADING | | | QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-------------|-----------|---------------|--------|---|-----------------|---------------------|-------|-------------------|--------------------------|----------------|
| FAINMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS |] | | |
| На | SAMPLE | | | | | | | | | | |
| pri | MEASUREMENT | | | | · | | | ĺ | | | |
| 00400 1 0 | PERMIT | ***** | ***** | | 6 | ***** | 9 | | | : Twice Per | CDAD |
| Effluent Gross | REQUIREMENT | | | | 6 MINIMUM | | 9 MAXIMUM | pН | 44. | Month | GRAB |
| Solide total suspended | SAMPLE | | | | | | | | | | |
| Solids, total suspended | MEASUREMENT | i | | • | | | | | | | |
| 00530 1 0 | PERMIT | | 7.7 | | 170 170 170 170 170 170 170 170 170 170 | 30 🖟 🔆 🔆 | 100 | | COLUMN TO SERVICE | Twice Per | W. COVO |
| Effluent Gross | REQUIREMENT | | | | 7.7 | MO AVG | 100 UAL DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE | | | | | | | | | | |
| On & grease | MEASUREMENT | | • | | | | · | • | | | 1. |
| 00556 1 0 | PERMIT | | ***** | | 100 A | 15 | 20 | | AF U.S. | Twice Per | CDAD |
| Effluent Gross | REQUIREMENT | | See See See | | 福度公司 | 15 MO:AVG | DAILY MX | mg/L | | Twice Per : | GRAB |
| Flow is conduit as they treatment plant | SAMPLE | | | | | | | | | | |
| Flow, in conduit or thru treatment plant | MEASUREMENT | | | | *** *** ** | | | [| | | ł |
| 50050 1 0 | PERMIT | Req. Mon: | Req. Mon. | - | ***** | ***** | | NIZA | THE SALE | 建设长度公共发展 | ESTIMA |
| Effluent Gross | REQUIREMENT | MO AVG | | Mgal/d | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | | | N/A | | Weekly | ESTIMA |

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 07 12 27 AREA Code NUMBER YEAR MO DAY

Page 35

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 010A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOLING WATER

External Outfall

No Data Indicator

| YEAR MO DAY YEAR MO DAY FROM 07 11 01 TO 07 11 30 | | | N | IONITO | RING | PERIOD | | |
|---|------|------|----|--------|------|--------|----|-----|
| FROM 07 11 01 TO 07 11 30 | | YEAR | MO | DAY | | YEAR | MO | DAY |
| | FROM | 07 | 11 | 01 | TO | 07 | 11 | 30 |

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|--|-----------------------|--------|---------------------------|--|------------------|-------|-----------|--------------------------|----------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.27 | . N/A | 7.80 | рΗ | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ************************************** | ****** | N/A | 6 SMINIMUM | ************************************** | 9 MAXIMUM | ġΗ | | 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 M© AVG ½ ⅓ | 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 | Req. Mon. DAILY MX | Mgal/d | 5 () () () () () () | | | 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 |
|---|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS |
| TYPEN OF PRINTER |

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 682-7773 724 07 12 27 AREA Code NUMBER YEAR МО

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

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

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

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

Form Approved OMB No. 2040-0004

Page 36

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 011A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Data Indicator

| | | MONITORING PERIOD | | | | | | | | | | | | |
|------------------------|----|-------------------|----|----|----|----|----|--|--|--|--|--|--|--|
| YEAR MO DAY YEAR MO DA | | | | | | | | | | | | | | |
| FROM | 07 | 11 | 01 | TO | 07 | 11 | 30 | | | | | | | |

| PARAMETER | in the second | QUANTI | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | | SAMPLE TYPE |
|--|-----------------------|-------------------|---------------------|--------|--|--------------------------|--------|-------|---|--------|----------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.004 | 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 |

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

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

TELEPHONE DATE 724 682-7773 07 12 27 AREA Code MO DAY NUMBER YEAR

Form Approved OMB No. 2040-0004

Page 37

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

012A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Data Indicator

| | | MONITORING PERIOD | | | | | | | | | | |
|------|------|-------------------|-----|----|------|----|-----|--|--|--|--|--|
| | YEAR | MO | DAY | | YEAR | MO | DAY | | | | | |
| FROM | 07 | 11 | 01 | TO | 07 | 11 | 30 | | | | | |
| , | | | | | | | | | | | | |

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|-------------------|---------------|--------|----------------|-----------------|------------------|-------|-----------|--------------------------|----------------|
| · | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 8.33 | N/A | 8.44 | рΗ | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 ∰ MINIMUM | ****** | 9 MAXIMUM | рН | | Once Per Month | GRAB. |
| Copper, total (as Cu) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.096 | 0.096 | mg/L | 0 | 2 / 30 | GRAB |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | | | | ***** | Req. Mon | Req. Mon | mg/L | Joseph of | 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 | | 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 | |
|--|--|
| Kevin L. Ostrowski, DIRECTOR OF SITE | |
| OPERATIONS | |
| TYPED OR PRINTED | |

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

724 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code AUTHORIZED AGENT

TELEPHONE DATE 682-7773 07 12 27 NUMBER YEAR MO DAY

Page 38

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

013A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

OUTFALL 013 External Outfall

No Data Indicator

| | | M | IONITO | RING | PERIOD | | | | | | | |
|-----|-------------------------|----|--------|------|--------|----|----|--|--|--|--|--|
| | YEAR MO DAY YEAR MO DAY | | | | | | | | | | | |
| ROM | 07 | 11 | 01 | TO | 07 | 11 | 30 | | | | | |

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|--|---|--------|-----------------|------------------------|-----------------------|-------|-----------|--------------------------|----------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 6.78 | N/A | 7.26 | pН | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | e e e e e e e e e e e e e e e e e e e | N/A | 6 MINIMUM | Property of the second | 9 MAXIMUM | pН | | Weekly | GRAB |
| Cyanide, total (as CN) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <0.01* | <0.01* | mg/L | 0 | 1*** / 30 | 24 HR COMP |
| 00720 1 0 Effluent Gross | PERMIT REQUIREMENT | | ille al 1 Page 10 | N/A | 427, 18913, 151 | Reg. Mon MO AVG | Req. Mon DAILY MX | mg/L | 문원 | 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 | ************************************** | 1 octobr 1961 (4) | 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* <u>*</u> * / 30 | 24 HR COMP |
| 34301 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | AAAAAA Aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa | N/A | 140 | Req. Mon MO AVG | Req. Mon. DAILY MX | mg/L | - 2-18-38 | 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 | ng Spira | Twice Per Month | ESTIMA |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel | | TEL | EPHONE. | | DATE | |
|--------------------------------------|--|---|-----------|----------|------|------|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE | properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, | Kevin L. Ostrawski | 724 | 682-7773 | 07 | 12 | 27 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | YEAR | МО | DAY |
| | | +004 0: :: !!!!!! | + 0 005 | | | , , | |

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

Page 39

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

101A DISCHARGE NUMBER

| | | M | ONITO | RING | PERIOD | | |
|------|------|----|-------|------|--------|----|-----|
| | YEAR | MO | DAY | | YEAR | MO | DAY |
| FROM | 07 | 11 | 01 | то | 07 | 11 | 30 |

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Data Indicator

| PARAMETER | 2 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---|-------------------|---------------------|--------|--------------|---------------------|-----------------------|-------|-----------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.13 | : N/A | 8.42 | pН | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | | | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | рН | | Weekly | gRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 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 |
| 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 Teffluent Gross | PERMIT REQUIREMENT | | | N/A | | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Weekly | # IGRAB |
| 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 | •••••• 11.036 | | N/A | | Reg Mon./ MO AVG | | 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 | | TELEPHONE DATE 724 682-7773 07 12 AREA Code NUMBER YEAR MO | DATE | | | |
|---|---|---|--|----------|---------|-----|----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, | Keven L. Ostrowski | 724 | 682-7773 | 07 | 12 | 27 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | 3 07 12 | 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

Form Approved OMB No. 2040-0004

Page 40

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

102A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Data Indicator

| | | N | IONITO | RING | PERIOD |) | |
|------|----|-----|--------|------|--------|------|----|
| | MO | DAY | | | | | |
| FROM | 07 | 11 | 01 | TO | 07 | . 11 | 30 |

| PARAMETER | | QUANTI | TY OR LOADING | | C | QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|------------------------|----------------------|--|--------|--------------|---|-----------------|-------|-----------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.38 | . N/A | 7.85 | рΗ | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | | ************************************** | N/A | 6 MINIMUM | | 9 MAXIMUM | pН | | Twice Per : Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 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 | ****** 2 (2) Land | | N/A | ***** | 151 MO AVG | 20 DAILY MX | mg/L | a Jerah | 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: Ly DAILY MX | Mgal/d | | *************************************** | | N/A | | Twice Per Month | ESTIMA |

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

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

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

TELEPHONE DATE 682-7773 07 12 27 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

Form Approved OMB No. 2040-0004

Page 41

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

103A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Data Indicator

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

| PARAMETER | | QUANTITY OR LOADIN | | | C | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | | | |
|--|-----------------------|--------------------|----------|--------|-------|--------------|--------------------------|----------------|-----------|------------------------|---------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.34 | N/A | 7.94 | pН | 0 | 3 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ****** | N/A | ¥ | | 9 MAXIMUM | pН | \$50 p. 1 | 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 | 4 | Twice Perkill 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 | Mgal/d | **** | | ***** | N/A | | Twice Per | ESTIMA |

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

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

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

TELEPHONE DATE 724 682-7773 27 07 12 **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.

Form Approved OMB No. 2040-0004

Page 42

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

HIS THE RESERVE OF THE SECOND

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

111A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Data Indicator

EDECUENCY | CAMEDIE

| | | MONITORING PERIOD | | | | | | | | | |
|----------|--------|-------------------|-----|-------|------|----|--------|----------|--|--|--|
| | YEAR | MO | DAY | INING | YEAR | MO | DAY | | | | |
| FROM | 07 | 11 | 01 | то | 07 | 11 | 30 | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| QUANTITY | OR LOA | DING | | | | (| QUALIT | TY OR CO | | | |

| PARAMETER | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | | OF ANALYSIS | SAMPLE TYPE | |
|---|-----------------------|---------------------|----------|--------------------------|--|--------------|-----------------|-------|-------------|----------------|----------|
| TAISHET LIN | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.87 | N/A | 8.03 | pН | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | | N/A | 6 3 MINIMUM | ***** | 9 MAXIMUM | pН | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <4 * | <4 * | mg/L | 0 | 1 / 7 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | | N/A | | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 ** | <5 ** | mg/L | 0 | 1 / 7 | GRAB |
| 00556 1 0 ^{-k} Effluent Gross | PERMIT REQUIREMENT | **** | | N/A | The State of the S | 15 MO AVG* | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 ين | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 . T Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | | Mgal/d | 74 | | ****** | N/A | | Weekly | :ESTIMA: |

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

| TEI | EPHONE | t | DATE | | | | |
|-----------|----------|------|------|-----|--|--|--|
| 724 | 682-7773 | 07 | 12 | 27 | | | |
| AREA Code | NUMBER | YEAR | MO | DAY | | | |

^{*4} mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC 12/11/07

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 43

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

11

01

113A DISCHARGE NUMBER

YEAR MO DAY

11

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

No Data Indicator

| PARAMETER | 10 | QUANTI | TY OR LOADING | | C | QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|--|-----------------------|----------------|--|-------------|--------------|------------------|------------------|---------|-----------|--------------------------|----------------|--|
| FARAWETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | | |
| рН | SAMPLE MEASUREMENT | | | | | | , | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | • ••••• | ************************************** | | 6 MINIMÚM | | MAXIMUM | рΗ | | Twice Per Month | GRAB | |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | | ***** | | : | 30 da MO AVG: | DAILY MX | mg/L | | Twice Per Month | COMP48 | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 043 | Reg Mon DAILY MX | Mgal/d | | | | N/A | | w Weekly | MEASRD | |
| Chlorine, total residual | SAMPLE MEASUREMENT | Port . | | | | igninose | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | | ***** | | | 1.4 MO AVG | 3.3 T. 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 | ****** | ***** | | ****** | | DAILY MX | ma/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 | | TEL | EPHONE | | ATE | |
|--|---|---|-----------|----------|------|-----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE | properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, | Kevin L. Ostrowski | 724 | 682-7773 | 07 | 12 | 27 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | YEAR | МО | DAY |

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

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

Form Apprověd OMB No. 2040-0004

Page 44

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

203A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

No Data Indicator

| | | IV | ONITO | RING | PERIOD |) | |
|------|------|----|-------|------|--------|----|-----|
| | YEAR | MO | DAY | | YEAR | MO | DAY |
| FROM | 07 | 11 | 01 | то | 07 | 11 | 30 |

| PARAMETER | | QUANTI | TY OR LOADING | | G | QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|-----------------------|---|--------|---|------------------|----------------------|---------|-----------|--------------------------|----------------|
| CAIMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH. | SAMPLE MEASUREMENT | | | | | - | | | | | |
| 00400 1 0 | PERMIT | | ¥ 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | 6 | ****** | 9.50 | | S S A S A | Twice Per | GRAB |
| Effluent Gross | REQUIREMENT | | | | 6 MINIMUM | | MAXIMUM 🕍 | pН | | Month | GRAB |
| Solids, total suspended | SAMPLE | | | | | | | | | | |
| • | MEASUREMENT | | | | | | | | | | |
| 00530 1 0 | PERMIT | | ***** | | ****** | 30 MO:AVG | 60 | | | Twice Per | COMP-8 |
| Effluent Gross | REQUIREMENT | | | | | ##MO-AVG | DAILY MX | mg/L | | Month | COMI |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 | PERMIT | .023 MO:AVG | Req. Mon: 🐗 | | ***** | | ****** | | Aliana a | Waarli | MEASRD |
| Effluent Gross | REQUIREMENT | MO AVG | DAILY MX | Mgal/d | Section From | | all and the state of | | F-62-4 | Weekly | WIEASKU |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | 4 | | | | | e n liter ⊈ | |
| 50060 1 0 | PERMIT | | | | iga e de la companya | *14 | %ale | | 12 THE | Twice Perical | GRAB. |
| Effluent Gross | REQUIREMENT | The real party of the | Albert Messel | | General Page | 14 MO AVG | INST MAX | mg/L | | Month. * | GRAB |
| Coliform, fecal general | SAMPLE MEASUREMENT | | | | | | | | | | |
| 74055 1 1 | PERMIT | | | | | 200 MO GEOMN | 3.00 ****** 3.00 A | | 777.54 | Twice Peri 5 | CDAD |
| Effluent Gross | REQUIREMENT | | | | | MO GEOMN :: | | #/100mL | | Twice Per Month | GRAD |
| BOD, carbonaceous, 05 day 20 C | SAMPLE | | • | | - | | | | | - | |
| • | MEASUREMENT | | | | | | | | | | |
| 80082 1 0 | PERMIT | ***** | ***** | | ****** | 25 E-MO AVG | (j.) 50 | | 1 | Twice Per, Month | COMP:8 |
| Effluent Gross | REQUIREMENT | | | | REAL PROPERTY. | 湯原⁻MO'AVG. □ iii | DAILY MX | mg/L | 4.0 | Month 55 | |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel | | TEI | LEPHONE | | DATE | |
|------------------|--|------------------|-----------|----------|------|------|-----|
| | 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, | Kan 1 De D- | 724 | 682-7773 | 07 | 12 | 27 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | YEAR | МО | DAY |

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

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

Form Approved OMB No. 2040-0004

Page 45

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

211A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

211 TURBINE BLDG Internal Outfall

No Data Indicator

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

| PARAMETER | | QUANTI | TY OR LOADING | | C | QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---------------------|---------------|--------|--------------|-----------------|----------------|-------|-----------|--------------------------|----------------|
| 1 Alvaniz I EX | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 6.78 | N/A | 7.93 | рH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | *** | N/A | 6 MINIMUM | ****** | 9 MAXIMUM | рH | 1474 | 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 | | , Req Mon MO AVG | | Mgal/d | | ****** | ***** | N/A | | Weekly | ESTIMA |

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

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

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

TELEPHONE DATE 682-7773 07 27 12 NUMBER MO YEAR DAY

^{* 5} mg/L is minimum detectable level. JPC 12/11/07

MONITORING PERIOD

TO

Form Approvêd OMB No. 2040-0004

Page 46

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

11

01

213A DISCHARGE NUMBER

YEAR MO DAY

11

30

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No Data Indicator

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-------------|-------------|---------------|--------|--------------|---------------------|--|-------|------------------------|--------------------------|----------------|
| TAIGHTEIC | 1.00 mg/mg/ | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE | | | | | | | | | | |
| | MEASUREMENT | | | | | | | | | | |
| 00400 1 0 | PERMIT | | | | 6.3 | B.E. G | F17 F19 9 F1 | | | Twice Per Month | GRAB |
| Effluent Gross | REQUIREMENT | | | | MINIMUM | | 9 MAXIMUM. | pН | 3.000 | Month : | 5.20 |
| Solida total augmended | SAMPLE | | | | | | | | | | |
| Solids, total suspended | MEASUREMENT | | | | | | | | | | |
| 00530 1 0 | PERMIT | ***** | ***** | | ****** | 30 | 100 | | 科技社會 | Twice Per | S COAD |
| Effluent Gross | REQUIREMENT | | | | | 30 and MO AVG and a | DAILY MX | mg/L | | Twice Per // Month | |
| Oil 9 | SAMPLE | | | | - | | | | | | |
| Oil & grease | MEASUREMENT | | | | | | | | | | |
| 00556 1 0 | PERMIT | ****** | ****** | | ***** | 15.00 | ÷ 144±20i- | | 44.00 | Twice Per | CDAD |
| Effluent Gross | REQUIREMENT | | | | 4 (2) | 15 MO:AVG | DAILY MX | mg/L | | Twice Per a Month | GRAD |
| Flow, in conduit or thru treatment plant | SAMPLE | | | | | | | | | | |
| riow, in conduit or thru heatment plant | MEASUREMENT | ## Server . | | | | 478 vs. | | | | | 1 |
| 50050 1 0 | PERMIT | Req: Mon. | Req. Mon | | 1 | ***** | 7 Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | A TO CALL THE STATE OF | Weekly | ECTIMA |
| Effluent Gross | REQUIREMENT | MO AVG | DAILY MX | Mgal/d | ***** | ***** | | | | vveekiy | ESTIVIA |
| Chlorina total racidual | SAMPLE | | | _ | | | | | | | |
| Chlorine, total residual | MEASUREMENT | | , | | | | | | | | 1 |
| 50060 1 0 | PERMIT | 1 ****** | ****** | | 710 21 ***** | - 亲国的 35 经制度 | (1) 1 25 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1) 1 | | | Twice Per Month | CDAD |
| Effluent Gross | REQUIREMENT | | | | ****** | 5 MO AVG | - INST MAX | mg/L | | Month | GRAB |

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

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

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

| TEI | LEPHONE | | DATE | |
|-----------|----------|------|------|-----|
| 724 | 682-7773 | 07 | 12 | 27 |
| AREA Code | NUMBER | YEAR | мо | DAY |

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

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

Form Approvéd OMB No. 2040-0004

Page 47

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 301A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

No Data Indicator

| | | | N | ONITO | RING | PERIOD |) | |
|--------|----------|-------|------|-------|------|--------|----|--------|
| | | YEAR | MO | DAY | | YEAR | MO | DAY |
| | FROM | 07 | 11 | 01 | TO | 07 | 11 | 30 |
| | | | | | | | | |
| | | | | | | | | |
| F 7/2" | OUANTITY | ORIOA | DING | | | | (| CLALIC |

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|--|-------------------|--------|-------|--------------------------------|--------------------|-------|-----------|--------------------------|----------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Solids, total suspended | SAMPLE MEASUREMENT | 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 de la 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 | | 2 15 MO AVG | 20 DAILY MX | mg/L | | Twice Per Months, | - GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req Mon MO AVG | Req Mon. DAILY MX | Mgal/d | | andarioni granificado gárie | ****** | N/A | | Weekly | ESTIMA - |

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

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

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

TELEPHONE DATE 724 682-7773 07 27 12 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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 48

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

11

01

303A

YEAR MO DAY

11

DISCHARGE NUMBER

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

| No Data Indicator | X |
|-------------------|---|
|-------------------|---|

DATE

12

MO

27

DAY

07

YEAR

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---------------------|-------------------|--------|--------------------------|---------------|-----------------|-------|-----------|--------------------------|----------------|
| AGGIETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | | | | | | | | | | ٠. |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | *** | ****** | | 6 MINIMUM*= | ***** | 9 MAXIMUM | pН | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ****** | | | ±30 MO¹AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00556 1 0 Fifluent Gross | PERMIT REQUIREMENT | | | | | 15 MO AVG | 20 DAILY MX | mg/L | 34 mm | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Reg Mon MO AVG | Req Mon. DAILY MX | Mgal/d | | | ***** | N/A | | Weekly | ESTIMA |

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

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

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

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

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

Form Approved OMB No. 2040-0004

Page 49

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

313A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Data Indicator

DATE

12

MO

27

DAY

07

YEAR

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

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---------------------|-----------|--------|--------------------------|---------------|----------------|-------|-----------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 6.78 | N/A | 7.12 | рН | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | 36 P. ***** | | N/A | 6 MINIMUM | | 9 MAXIMUM | pН | | 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 | rng/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. () | Req. Mon. | Mgal/d | ****** | (B) | | N/A | | Weekly | ESTIMA |

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

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| | TELEPHONE | | | |
|---|-----------|----------|---|--|
| Keven L. Ostrowski | 724 | 682-7773 | I | |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | İ | |

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

MONITORING PERIOD

TO

Page 50

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

11

01

401A

YEAR MO DAY

11 30

07

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

| 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 | | | |
| рН | SAMPLE | | | | | | | | | | |
| | MEASUREMENT | | | | | | | | | | |
| 00400 1 0 | PERMIT | ***** | ***** | | 6 | ***** | Req. Mon MAXIMUM | | | Twice Per | GRAB- |
| Effluent Gross | REQUIREMENT | | nadana Maria | | MINIMUM | | MAXIMUM | pН | | Month | 400 TABLE 22 |
| Solids, total suspended | SAMPLE | | | | | | | | | | |
| Conds, total suspended | MEASUREMENT | | | | | | | | | | |
| 00530 1 0 | PERMIT | ***** | ***** | | 1 Karatan | 30 | ≤100 · | | 0.5 | Twice Per | SPECIAL SEC |
| Effluent Gross | REQUIREMENT | | | | 100 | 30 MO AVG, 🎠 | DAILY MX | mg/L | | Month | GRAB |
| 0:1.8 | SAMPLE | | | | | | | | Carpaganan Capaga | TETRA COMME LANGUAGE COMMERCIANCE | |
| Oil & grease | MEASUREMENT | | | | | | | 1 | | | |
| 00556 1 0 | PERMIT | ***** | ***** | | ******* | /30 7 6 15 15 15 15 15 15 15 15 15 15 15 15 15 | 20 | | 100000000000000000000000000000000000000 | Twice Per | Harrie Total |
| Effluent Gross | REQUIREMENT | | | | | 15 MO`AVG≛ = | DAILY MX | mg/L | 30000 | Twice Per Month # | GRAB |
| | SAMPLE | | | | Section of the sectio | Secure Approved to the Secure Care of Care of Secure | | | (www.ec.yz.ec.ye.ec.ye. | /A#7979 000/ensemble base 1704104002002 | Substitution All Substitution and Substi |
| Flow, in conduit or thru treatment plant | MEASUREMENT | | | | | , it tops | | | | | ed to be |
| 50050 1 0 | PERMIT | Req Mon | Req. Mon. | | ************************************** | | ************************************** | | | TO SERVICE CONTRACTOR | 10948969496035 |
| Effluent Gross | REQUIREMENT | MO AVG | DAILY, MX | Mgai/d | | | | N/A | | Weekly | ESTIMA |

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

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

TELEPHONE DATE 724 682-7773 07 12 27 AREA Code NUMBER YEAR MO DAY

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

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

MONITORING PERIOD

TO

01

Page 51

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

| PA002561 | 5 |
|------------|-----|
| PERMIT NUM | BER |

07

FROM

YEAR MO DAY

11

403A DISCHARGE NUMBER

YEAR MO DAY

11

30

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Inc

| dicator | X |
|---------|---|
|---------|---|

| PARAMETER | | QUANTI | TY OR LOADING | | C | QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|--|--|--------|--|--|--|-------|---|--|----------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | | | | | | | | | , | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | | | | 6 MINIMUM | ***** | 9 MAXIMUM | рН | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | The second secon | | | | 2013 - 100 mm - 100 m | Pro- | | OSESTA DOS DESCRIPTIONS AND | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | | •••• | | | 30 MO ÁVG | 100 DAILY:MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | The second secon | - The first in the second contract of the first of the fi | | THE THE PROPERTY OF THE PROPER | | Participation of the second of | | Wash and Character Took | CONSTITUTION OF THE PARTY OF THE STREET STREET | |
| 00556 1 0 Fifuent Gross | PERMIT REQUIREMENT | ····· | | | | 15 MO AVG | 20 DAILY MX | mg/L | | | GRAB |
| Nitrogen, ammonia total (as N) | SAMPLE MEASUREMENT | , | | 45,27 | and the second s | | The second secon | | 3 2 2 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | September Winnipolitic Street Transport | |
| 00610 1 0 Effluent Gross | PERMIT REQUIREMENT | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | up da 1971 | | | | Req. Mon. DAILY MX | mg/L | | Weekly | GRAB |
| CLAMTROL CT-1, TOTAL WATER | SAMPLE MEASUREMENT | | | | | · | | | | | |
| 04251 1 0 Effluent Gross | PERMIT REQUIREMENT | | | | 5 (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | 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 | | 1 60 200 4 | ***** | | | Weekly | ESTIMA |
| Chlorine, total residual | SAMPLE MEASUREMENT | | , | _ | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | | 60 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - | - | | 5 MO AVG | 1.25 INST MAX | mg/L | | Weekly | GRAB |

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

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

TELEPHONE DATE 724 682-7773 07 12 27 **AREA Code** NUMBER YEAR MO DAY

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

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

MG/L. (THE LIMIT IS 35

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR MO DAY

11

01

403A

DISCHARGE NUMBER

YEAR MO DAY

11

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Da

| ta Indicator | X |
|--------------|---|
|--------------|---|

| PARAMETER | | QUANTI | TY OR LOADING | | C | QUALITY OR CONC | ENTRATION | | NO. EX | SAMPLE TYPE | |
|-----------------------------|-----------------------|--|--|-------|-------|---------------------------------------|------------|-------|-----------|----------------|------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Hydrazine | SAMPLE MEASUREMENT | : | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| 81313 1 0 Effluent Gross | PERMIT REQUIREMENT | ************************************** | 19 July 19 19 19 19 19 19 19 19 19 19 19 19 19 | | | 0 MO AVG | 0 DAILY MX | mg/L | | Weekly | GRAB |

MONITORING PERIOD

TO

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 07 12 27 AREA Code NUMBER YEAR MO DAY

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

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

MG/L. (THE LIMIT IS 35

Form Approved . OMB No. 2040-0004

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 413A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BULK FUEL STORAGE DRAIN

Internal Outfall

No Data Indicator

| | | MONITORING PERIOD | | | | | | | | | | | | |
|------|------|-------------------|-----|----|------|----|-----|--|--|--|--|--|--|--|
| | YEAR | MO | DAY | | YEAR | MO | DAY | | | | | | | |
| FROM | 07 | 11 | 01 | то | 07 | 11 | 30 | | | | | | | |

| PARAMETER | | QUANTI | TY OR LOADING | | . (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|--------------------|-------------------|--------|--------------|---|--|-------|----------------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.03 | N/A | 7.47 | pН | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | *** | | N/A | 6 MINIMUM | •••• | 9 MAXIMUM, | pН | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 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 | e gress egg | 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 | an Albert 1 | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | . <0.001 | MGD | N/A | N/A | N/Å _x | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req: Mon MO:AVG | Req Mon. DAILY MX | Mgal/đ | | ******* ****************************** | ************************************** | N/A | | Weekly | ESTIMA |

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 07 12 27 AREA Code NUMBER YEAR MO DAY

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

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

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

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

Page 53

MONITORING PERIOD

TO

Page 54

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

11

01

501A

07

DISCHARGE NUMBER

YEAR MO DAY

11

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfail

| No | Data | Indicator | X |
|----|------|-----------|---|
|----|------|-----------|---|

| PARAMETER | | QUANTI | TY OR LOADING | | | QUALITY OR CONCENTRATION | | | | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---------|---------------|--------|---------------------------|--------------------------|-----------|-------|-----|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | - | | | | | |
| 00530 1 0 | PERMIT | ****** | | | ***** | 30 MO AVG | 100 | | | Weekly | GRAB |
| Effluent Gross | REQUIREMENT | | | | Description of the second | MO AVG | DAILY MX | mg/L | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 | PERMIT | Req Mon | Req. Mon. 🦂 | | ****** | ***** | ****** | | 100 | Weekly | ESTIMA". |
| Effluent Gross | REQUIREMENT | MO AVG | DAILY MX | Mgal/d | | | 2.6 (2.2) | | | vveekiy | ESTIMA |

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

TYPED OR PRINTED

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

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.

Page 1

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

001A DISCHARGE NUMBER

REVISED

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

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Data Indicator

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---|----------------------|--------|---|--|-----------------|-------|-----------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рΗ | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.66 | N/A | 8.41 | pН | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | 13,22 | ***** | N/A | 6 MINIMUM | ****** | 9 MAXIMUM | рH | | 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 | 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - | ****** | N/A | ******* ****************************** | Req. Mon. MO AVG | Req Mon- | mg/L | | Weekly | GRAB* |
| CLAMTROL CT-1, TOTAL WATER | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <0.1** | <0.1** | mg/L | 0 | 1 / 31 | 24 HR COMP |
| 04251 1 0 Effluent Gross | PERMIT REQUIREMENT | | | N/A | | 0/ MO AVG | 0 fig. | 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 | Reg 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************************************* | .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 | | ⇒iWeekiy | GRAB |

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

* Wet layup concluded on 10/25/07. *0.1 mg/L is minimum detectable level. ** One Clamicide this period, 10/30. COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING, THE LIMIT IS 35 MG/L AS A DAILY MAX. ** 0.1 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

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

PA0025615 PERMIT NUMBER 001A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Data Indicator

| SHIPPINGPORT, | PA 150770004 | | | MONITORI | NG PERIOD | |
|-----------------------------|--------------|--------|---------------------|---------------|-------------------|----------------|
| ATTN: DONALD J SALERA/MGR E | ENV & CHEM | FRO | YEAR MC OM 07 11 | 0 DAY 01 T | YEAR MO 0 07 1 | O DAY 1 30 |
| PARAMETER | | QUANTI | TY OR LOADING | 3 | | QUALITY OR CON |
| FARMILIER | | VALUE | VALUE | UNITS | VALUE | VALUE |

| PARAMETER | 100 | QUANTI | TY OR LOADING | . | . (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---------------------|------------------------|----------|--|--------------------|---------------------|-------|-----------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.95 | N/A | 8.42 | pН | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | | y negotier. | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | рН | | Weekly | GRAB |
| Nitrogen, ammonia total (as N) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | * | * | mg/L | * | * | * |
| 00610 1 0 Effluent Gross | PERMIT REQUIREMENT | | | N/A | ************************************** | Req Mon: MO:AVG | Req Mon 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 | | terate on the | N/A | ************************************** | 0 MO AVG | 0 DAILY MX | mg/L | 20 M | When Discharging | COMP24 |
| Flow, in conduit or thru treatment plant 4/4 | 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 | | r∈ 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 A | mg/L | | Weekly | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | It certify under penalty of faw that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel | | TEL | EPHONE. | | ATE | |
|---|---|--|-----------|----------|------|-----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, | Kewin L. Cotrawski | 724 | 682-7773 | 07 | 12 | 27 |
| TYPED OR PRINTED | Including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | YEAR | МО | DAY |
| | * Alet in 14/of leaves this Deviced | ** Torra Classicides Alia assist 447 8 4442 | | | | | |

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

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

Page 28

Form Approved OMB No. 2040-0004

Page 29

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J'SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 002A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

| | MONITORING PERIOD | | | | | | | | | |
|------|-------------------|----|-----|----|------|----|-----|--|--|--|
| | YEAR | MO | DAY | | YEAR | MO | DAY | | | |
| FROM | 07 | 11 | 01 | то | 07 | 11 | 30 | | | |

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|--------------------|---------------|--------|--------|-----------------|-----------|-------|-----------|--------------------------|----------------|
| . 7.10 1.112 / 2.10 | | 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. | Mgal/d | ****** | ; | :: | N/A | | Weekly | ESTIMA |

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

682-7773 724 07 12 **AREA Code** NUMBER YEAR

DATE

27

TELEPHONE

Form Approved OMB No. 2040-0004

Page 30

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

003A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfall

No Data Indicator

| | MONITORING PERIOD | | | | | | | | | | | |
|------|-------------------|----|-----|----|------|----|-----|--|--|--|--|--|
| | YEAR | MO | DAY | | YEAR | MO | DAY | | | | | |
| FROM | 07 | 11 | 01 | то | 07 | 11 | 30 | | | | | |

| PARAMETER | | QUANTI | TY OR LOADING | - | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|-------------------|------------------------|--------|--------|-----------------|-----------|-------|-----------|--------------------------|----------------|
| AMMETER | | 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 | 100 | Twice Per Month | ESTIMA |

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

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

| | TE | LEPHONE | | DATE | |
|---|-----------|----------|------|------|-----|
| Kerni L. Ostrawski | 724 | 682-7773 | 07 | 12 | 27 |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | YEAR | МО | DAY |

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

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

MONITORING PERIOD

TO

07

01

Form Approved OMB No. 2040-0004

Page 31

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

ATTN: DONALD J SALERA/MGR ENV & CHEM

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

FROM

07

YEAR MO DAY

11

004A

DISCHARGE NUMBER

YEAR MO DAY

30

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No

|) | Data | Indicator | X |
|---|------|-----------|---|
|---|------|-----------|---|

| PARAMETER | | QUANTITY OR LOADING | | | C | QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---------------------|--|--------|---------|-----------------|--------------------|-------|-----------|--------------------------|--------------------|
| ACCIDENCE | 1994 | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | | ******* (5.7) (3.7) (3.7) (4.7) (4.7) (4.7) (4.7) (4.7) (4.7) (4.7) (4.7) (4.7) (4.7) (4.7) (4.7) | | 6 | | 9 MAXIMUM | На | | * Weekly | GRAB : |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | SPATES AND SECURITY OF THE SEC | | MINIMON | | MIAXIMOM | pn | | | PERSONAL PROPERTY. |
| 50050 1 0 Effluent Gross | | Req Mon | Reg Mon | 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 | 3. (21-11) | | | | | | Ĭ | | · Anna S | |
| 50064 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | | | .2 AVERAGE | .5 MAXIMUM | mg/L | | Weekly | GRAB: |

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

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

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

| TEL | EPHONE | <u> </u> | DATE | | | | |
|-----------|----------|----------|------|-----|--|--|--|
| 724 | 682-7773 | 07 | 12 | 27 | | | |
| AREA Code | NUMBER | YEAR | МО | DAY | | | |

Form Approved OMB No. 2040-0004

Page 32

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 006A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

| | | MONITORING PERIOD | | | | | | | | | | | |
|-----|------|-------------------------|----|----|----|----|----|--|--|--|--|--|--|
| | YEAR | YEAR MO DAY YEAR MO DAY | | | | | | | | | | | |
| ROM | 07 | 11 | 01 | TO | 07 | 11 | 30 | | | | | | |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---------------------|----------------------|--------|--------------------------|--------|-------|-------|---|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 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 Kevin L. Ostrowski, DIRECTOR OF SITE **OPERATIONS** TYPED OR PRINTED

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

MONITORING PERIOD

TO

07

01

Form Approved OMB No. 2040-0004

Page 33

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM 07

YEAR MO DAY

007A

DISCHARGE NUMBER

YEAR MO DAY

11

30

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfall

No Data Indicator

| PARAMETER | | QUANTITY OR LOADING | | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---------------------|----------------|--------|-------------------|---|--------------------|--------|-----------|-----------------------------------|----------------|
| PARAMETER | 4 | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | | | | | | | | | - | |
| 00400 1 0 | PERMIT | ***** | ****** | | 2 47 46 6 2 4 4 5 | 111111111111111111111111111111111111111 | 9.1.6-14 | | 400040 | Weekly | CDAD |
| Effluent Gross | REQUIREMENT | ***** | ••••• •••• | | MINIMUM | *************************************** | ™MAXIMÚM | pН | 得。Story | Aveekiy | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req: Mon. MO AVG | Req. Mon. | Maal/d | | er of the second | ****** | | 7885 C | Weekly | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | | - Sing Divides | Wigano | | | | | | THE CHARLES (SAME BY A SAME SAME) | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | | | | | .5 MO AVG | 1.25 . INST MAX | mg/L - | | ∦. Weekly | GRAB |
| Chlorine, free available | SAMPLE MEASUREMENT | 1 | | | | | : . | | | , . | |
| 50064 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | | ****** | 2 AVERĀGE | 5. MAXIMUM | mg/L | | Ç,Weekiy | GRAB |

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

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

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

Form Approved OMB No. 2040-0004

Page 34

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 008A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Data Indicator

| | | MONITORING PERIOD | | | | | | | | | | |
|------|-------------------------|-------------------|----|----|----|----|----|--|--|--|--|--|
| | YEAR MO DAY YEAR MO DAY | | | | | | | | | | | |
| FROM | 07 | 11 | 01 | то | 07 | 11 | 30 | | | | | |

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|-------------|--------------------|---------------|--------|----------|--|-------------|-------|----------------|--------------------------|----------------|
| · · · · · · · · · · · · · · · · · · · | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| На | SAMPLE | | | | | | | | | | |
| Pit | MEASUREMENT | | | | | ļ | | 1 | | | |
| 00400 1 0 | PERMIT | | | | 6 4 7 | ***** | 9:0.25 | | 定機能 | Twice Per | CDAD A |
| Effluent Gross | REQUIREMENT | | | | MINIMUMS | ****** | MAXIMUM | pН | | Twice Per Month | GRAD |
| Solids, total suspended | SAMPLE | | | | | | | | | | |
| Solids, total suspended | MEASUREMENT | | | | |] | | | | | _ |
| 00530 1 0 | PERMIT | ****** | | | ***** | 30 - MO AVG | a# 100/25 1 | | 100 | Twice Per Month | CDAR |
| Effluent Gross | REQUIREMENT | Part Miles Fernand | 34.5 | | | MO AVG | DAILY MX | mg/L | | Month : | GRAB |
| Oil & grease | SAMPLE | | | | | | | | | | |
| | MEASUREMENT | | | | | • | | | <u> </u> | | |
| 00556 1 0 | PERMIT | E 180 ****** | # 16 | | ***** | 15 MO AVG | 20.4 | | 9100 | Twice Per | GRAB " |
| Effluent Gross | REQUIREMENT | | er i generale | | | MO AVG | A DAILY MX | mg/L | eri kal | Twice Per : Month | |
| Flow, in conduit or thru treatment plant | SAMPLE | | | | | | | | | | |
| l low, in conduit of this treatment plant | MEASUREMENT | | | | 28. 34 | <u> </u> | | | | 2.5 a | |
| 50050 1 0 | PERMIT | Req Mon | Reg. Mon | | ****** | ****** | ********** | N/A | Eligible State | Weakly | ECTIMA |
| Effluent Gross | REQUIREMENT | Req Mon MO AVG | DAILY MX | Mgal/d | | ************************************** | | 14/74 | | Weekly | LOTIVIA |

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

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

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

TELEPHONE DATE 724 682-7773 07 12 27 AREA Code NUMBER YEAR MO DAY

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

010A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOLING WATER

External Outfall

No Data Indicator

| | | MONITORING PERIOD | | | | | | | | | | |
|------|-----------------------|-------------------|----|----|----|----|----|--|--|--|--|--|
| | YEAR MO DAY YEAR MO D | | | | | | | | | | | |
| FROM | 07 | 11 | 01 | то | 07 | 11 | 30 | | | | | |

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|------------------------|-------------------|--------------------|--------|----------------------|--|------------------|-------|---------------------------------------|--------------------------|----------------|
| TAIVAILE LEN | The second | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.27 | N/A | 7.80 | рH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | | ***** | N/A | 6 MINIMUM | ************************************** | 9 MAXIMUM | pН | | 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 | Green and the second | 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 | i i i i i i i i i i i i i i i i i i i | 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 | | AVERAGE | 5 MAXIMUM | mg/L | | Weekly | GRAB:- |

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 07 12 27 AREA Code NUMBER MO YEAR DAY

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

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

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

* One clamicide this period, 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)

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Form Approved OMB No. 2040-0004

Page 36

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

011A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Data Indicator

| | | MONITORING PERIOD | | | | | | | | | | |
|------|-------------------------|-------------------|----|----|----|----|----|--|--|--|--|--|
| | YEAR MO DAY YEAR MO DAY | | | | | | | | | | | |
| FROM | 07 | _11 | 01 | то | 07 | 11 | 30 | | | | | |

| PARAMETER | | QUANTI | Y OR LOADING | | | QUALITY OR CONCENTRATION | | | | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|--------------------|---------------------|--------|-----------------|--------------------------|--|-------|---|--------------------------|----------------|
| TAIGNETER. | | 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 | •••••• ••••• | ****** Sign (%) (%) | ###################################### | N/A | | Weekly | ESTIMA. |

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 07 12 27 AREA Code NUMBER YEAR MO DAY

Form Approved OMB No. 2040-0004

Page 37

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

012A DISCHARGE NUMBER

| | | N | ONITO | RING | PERIOD | | |
|------|------|----|-------|------|--------|----|-----|
| | YEAR | MO | DAY | | YEAR | MO | DAY |
| FROM | 07 | 11 | 01 | TO | 07 | 11 | 30 |

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Data Indicator

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|--|--|--------|---------------------|---|----------------------|-------|--|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 8.33 | N/A | 8.44 | pН | Ō | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ************************************** | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | N/A | 6 MINIMUM | ****** | 9 MAXIMUM | pН | | 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 | | 2 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | | 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 | 74 - 11111 W | Req Mon. ** MO AVG | Req "Mon DAILY MX | mg/L | | Twice Per Month | GRAB |

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

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

TELEPHONE DATE 682-7773 07 12 27 AREA Code NUMBER YEAR MO DAY

Form Approved OMB No. 2040-0004

Page 38

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

013A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

OUTFALL 013 External Outfall

No Data Indicator

| | MONITORING PERIOD | | | | | | | | | |
|------|-------------------|----|-----|----|------|----|-----|--|--|--|
| | YEAR | МО | DAY | | YEAR | MO | DAY | | | |
| FROM | 07 | 11 | 01 | TO | 07 | 11 | 30 | | | |
| | | | | | | | | | | |

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--|-------------------|--------------------|--------|--|--|------------------------|-------|-----------|--------------------------|----------------|
| | Chile (Difference) and the second of the sec | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 6.78 | N/A | 7.26 | рН | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | | ****** | N/A | 6 MINIMUM | ************************************** | 9 MAXIMUM | pН | | Weekly | - GRAB |
| Cyanide, total (as CN) | SAMPLE MEASUREMENT | . N/A | N/A | N/A | N/A | <0.01* | <0.01* | mg/L | 0 | 1*** / 30 | 24 HR COMP |
| 00720 1 0 Effluent Gross | PERMIT REQUIREMENT | | 47 | N/A | ***** | Req Mon & MO AVG | Req. Mon — DAILY MX | mg/L | | Twice Per Month | |
| 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 | ***** | 9 05 MO AVG | DAILY MX | mg/L | | Twice Per Month | GOMP24 |
| Chlorobenzene | SAMPLE MEASUREMENT | N/A | N/A | N/A** | , N/A | <0.005** | <0.005** | mg/L | 0 - *** | 11*** / 30 | 24 HR COMP |
| 34301 1 0 Effluent Gross | PERMIT REQUIREMENT | | | N/A | •••• | Req∍Mon≈≦t ™ MO AVG | Req Mon. → DAILY MX | mg/L | | Twice Rer 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 | And the state of t | | The Control | N/A | | Twice Per Month. | ESTIMA |

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

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

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

TELEPHONE DATE 724 682-7773 07 12 27 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.

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 101A

DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Data Indicator

| PARAMETER | | QUANTI | TY OR LOADING | | | QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---|-------------------|--------|---|---------------------|----------------------|-------|-----------|--------------------------|----------------|
| TAMELER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.13 | N/A | 8.42 | pН | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | 3 · · · · · · · · · · · · · · · · · · · | ****** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pН | | 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 mg where Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | N/A | ratio | 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 | ******* (2) | ***** | 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 | 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 DAILY MX | mg/L | | Weekly | GRAB |

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

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

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

TELEPHONE DATE 724 682-7773 07 12 27 AREA Code NUMBER DAY YEAR MO

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. 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

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

Page 39

Form Approved OMB No. 2040-0004

Page 40

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 102A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Data Indicator

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

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|--|-----------------------|--------|--|-----------------|-----------------|-------|-----------|--------------------------|----------------|
| | The Marie 12 | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.38 | . N/A | 7.85 | рН | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | | | N/A | 6.* MINIMUM | | 9 MAXIMUM | рН | | Twice Per Month | GRAB - |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 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 | 1 ************************************ | | N/A | | 155 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 (| ESTIMA |

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

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

| ei· | Kerri L. Ostrawski |
|-----|---|
| - | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR |
| | AUTHORIZED AGENT |

| TEI | EPHONE | נ | DATE | | | | |
|-----------|----------|------|------|-----|--|--|--|
| 724 | 682-7773 | 07 | 12 | 27 | | | |
| AREA Code | NUMBER | YEAR | МО | DAY | | | |

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

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

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

Form Approved OMB No. 2040-0004

Page 41

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 103A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Data Indicator

| | MONITORING PERIOD | | | | | | |
|-----|-------------------|----|-----|----|------|----|-----|
| | YEAR | MO | DAY | | YEAR | MO | DAY |
| ROM | 07 | 11 | 01 | то | 07 | 11 | 30 |

| PARAMETER | | QUANTITY OR LUADING I GUALITY OR CONCENTRATION I | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | | | | |
|--|-----------------------|--|--------------------|--------|--|--------------------------|-----------------|-------|---|--------------------|---------------|
| TAISMETER | and the second | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | ٠ | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.34 | , N/A | 7.94 | рН | 0 | 3 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | | ***** | N/A | 3 6 i MINIMUM | | 9= MAXIMUM | рH | | Twice Per | 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: | Req. Mon. DAILY MX | Mgal/d | (************************************* | | | N/A | | Twice Per Month | - ESTIMAT |

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 07 12 27 AREA Code NUMBER YEAR MO DAY

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 42

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR MO DAY

11

01 TO 111A

07

DISCHARGE NUMBER

YEAR MO DAY

11

30

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Data Indicator

| | To a Thirty And Service Service Control of the Cont | | | | | | | | , | 7 | |
|---|--|---------------------|-------------------|--------|--------------|-----------------|-------------------------------|-------|-----------|--------------------------|----------------|
| PARAMETER | | QUANTITY OR LOADING | | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
| T AIGHETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.87 | N/A | 8.03 | рН | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | N/A | 6 MINIMÚM | | 9 MAXIMUM | рH | | 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 th Effluent Gross | PERMIT REQUIREMENT | | | N/A | | -15 MO AVG | 20 * □ DAILY MX = - | mg/L | 6 -+35, | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | ್ಷವಾ.0.002 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 . | PERMIT REQUIREMENT | Req Mon. MO ÁVG | Req Mon. DAILY,MX | Mgal/d | | ****** | ****** | N/A | Wales | Weekly | ESTIMA . |

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

| | TEL | EPHONE | | ATE | |
|---|-----------|----------|------|-----|-----|
| 1 | 724 | 682-7773 | 07 | 12 | 27 |
| | AREA Code | NUMBER | YEAR | МО | DAY |

^{*4} mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC 12/11/07

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

113A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

No Data Indicator

| | | N | ONITO | RING | PERIOD |) | |
|------|------|----|-------|------|--------|----|-----|
| | YEAR | MO | DAY | | YEAR | MO | DAY |
| FROM | 07 | 11 | 01 | то | 07 | 11 | 30 |

| PARAMETER | 77.7 | QUANTI | TY OR LOADING | | C | QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---------------------------------------|-----------------------------|--------|--|-----------------|--------------|---------|--|--------------------------|----------------|
| · · · · · · · · · · · · · · · · · · · | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | | - | | | | | | | | |
| 00400 1 0 | PERMIT | ***** | ***** | | <i>574</i> 6 € | ****** | 9 | | *** ********************************* | Twice Per | gRAB |
| Effluent Gross | REQUIREMENT | | epi- | | 6 MINIMUM | ****** | MAXIMUM | рH | | Month | GRAB |
| Solids, total suspended | SAMPLE | | | | | | | | | | |
| • | MEASUREMENT | | | | | | | | | | |
| 00530 1 0 | PERMIT | | G 34/3***** | | | 30 | 60. | | | Twice Per Month | COMP-8 |
| Effluent Gross | REQUIREMENT | · · · · · · · · · · · · · · · · · · · | | | | MO AVG | DAILY MX | mg/L | 2 201 | Month | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ī | | | | | | | | | |
| 50050 1 0 | PERMIT | 0435 | Reg Mon | | | ****** | (24) | N/A | XX 250 | Weekly | MEACOD |
| Effluent Gross | REQUIREMENT | → MO AVG | DAILY MX | Mgal/d | | | | 18/75 | | WCCKI | |
| Chlorine, total residual | SAMPLE MEASUREMENT | May : | | | | Appless. | | | | | • |
| 50060 1 0 | PERMIT | ***** | ****** | | 10 No. 111111 | 1.4 | 3.3 | | | Twice Per | |
| Effluent Gross | REQUIREMENT | | | | | MO AVG | INST MAX | mg/L | | Month | GRAB |
| Coliform, fecal general | SAMPLE MEASUREMENT | | | | | | | | | - | |
| 74055 1 1 | PERMIT | ***** | ****** | | 76 ****** | 200 | ****** | | 100 | Twice Per | 66.65 |
| Effluent Gross | REQUIREMENT | | grandigation and profession | | | MO GEOMN | | #/100mL | | Twice Per Month | GRAB |
| BOD, carbonaceous, 05 day 20 C | SAMPLE MEASUREMENT | | | · | | | | | | | |
| 80082 1 0 | PERMIT | ****** | ****** | | ****** | 25 | 50 | | P. 125 (117) | Twice Per | COMP-8 |
| Effluent Gross | REQUIREMENT | | | | ************************************** | 25 MO AVG | DAILY MX | mg/L | | Month | COMP-8 |

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

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

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

MONITORING PERIOD

11 01 TO

Form Approved OMB No. 2040-0004

Page 44

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM 07

YEAR MO DAY

203A

DISCHARGE NUMBER

YEAR MO DAY

11 30

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT :

Internal Outfall

No D

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

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|--|--|--------|--|--|--|---------|--|---|--|
| T AVAILERY | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 | PERMIT | | 104**** | | 6 | | 9 (200 | | Same 1 | Twice Per | ODAR! |
| Effluent Gross | REQUIREMENT | | | | 6 MINIMUM | | MAXIMUM | pН | an Jee in | Month | GRAB |
| Solids, total suspended | SAMPLE | | | | ÷ | | | | | | |
| | MEASUREMENT | | Authorities and the fail and the second restaurable | | efter? Be Monagebro | All the first the second secon | Transport Control of the Control of | | and the second s | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ************************************** | | | 123/5072.11° | 30 MO AVG | 60 | mg/L | 101-1-1 | Twice Per Month | COMP-8 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | The second secon | Section 2 and Control of the Control | - | , | | 39 28 18 18 18 18 18 18 18 18 18 18 18 18 18 | | . De 445, d'active. Com 225 + 8 | The second second second second second second | STATE OF THE PARTY |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 023 MO AVG | | Mgal/d | | | | | | : Weekly | MEASRD |
| Chlorine, total residual | SAMPLE MEASUREMENT | South St. Martin St. Co. | | | ý. | Angeles in the company of the second property of the company and the company of t | The second secon | | • | **** | GEORGE STATE |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | | ************************************** | | ************************************** | ⊸1.4 MOʻAVG | 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 | 1 | Twice Per Month | GRAB / |
| BOD, carbonaceous, 05 day 20 C | SAMPLE MEASUREMENT | | | | | | | | | | |
| 80082 1 0 | PERMIT | ****** | ***** | | ***** | 25 (6.5) | 50 | | | **Twice Per | COMP |
| Effluent Gross | REQUIREMENT | To be a | | | 3.434 | MÔ ÂVG | | 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 | | TEL | EPHONE | | DATE | |
|--|--|---|-----------|----------|------|------|-----|
| OPERATIONS | properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, | Kerri L. Ostrowski | 724 | 682-7773 | 07 | 12 | 27 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | YEAR | МО | DAY |

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

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

Form Approved OMB No. 2040-0004

Page 45

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 211A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

211 TURBINE BLDG

Internal Outfall

No Data Indicator

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

| PARAMETER | | QUANTI | TY OR LOADING | | C | QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|------------------|--------------------|--------|--------------|-----------------|------------------|-------|------------|--------------------------|----------------|
| TAISMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 6.78 | N/A | 7.93 | рН | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | : | | N/A | 6 MINIMUM | 7 | .9 MAXIMUM. | рH | 44.7 | 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 | 7 | 30 MO AVG | 100 DAILY MX | mg/L | 14. W. 34. | 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 | 46.74 | Weekly | ESTIMA. |

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

| TEI | EPHONE | | DATE | | | | | |
|-----------|----------|------|------|-----|--|--|--|--|
| 724 | 682-7773 | 07 | 12 | 27 | | | | |
| AREA Code | NUMBER | YEAR | МО | DAY | | | | |

^{* 5} mg/L is minimum detectable level. JPC 12/11/07

MONITORING PERIOD

TO

01

Form Approved OMB No. 2040-0004

Page 46

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

11

213A

YEAR MO DAY

11

30

DISCHARGE NUMBER

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No

| o (| Data | Indicator | X |
|-----|------|-----------|---|
|-----|------|-----------|---|

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|-----------------|---------------|--------|-----------------------|---------------------------------------|------------------------|-------|--|--------------------------|----------------|
| PARAMETER | p. 12 or manual in | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 | PERMIT | | | | ₩6 MINIMUM | | 9 MAXIMUM. | | | Twice Per Month | GRAB |
| Effluent Gross | REQUIREMENT | | | | MINIMUM | | MAXIMUM | pН | | Month | |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 | PERMIT | **** | 144 | | ****** | ″30 MO AVG: → | 100% 😂 📜 | | 1 | Twice Per | GRAB |
| Effluent Gross | REQUIREMENT | | 30,000 | | | MO AVG | E DAILY MX | mg/L | | Month | A4078451 |
| Oil & grease | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00556 1 0 | PERMIT | | | | 4. | 15 MO AVG | 20 🐫 🔧 | | | Twice Per Month | GRAR |
| Effluent Gross | REQUIREMENT | | | | Laboration Additional | MO'AVG | - DAILY MX | mg/L | | Se SMonth - | 100 100 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | , aggress | | | | 279.00 | | | | | |
| 50050 1 0 | PERMIT | Req. Mon. | Reg Mon | | ****** | ***** | ***** | | The state of the s | 77.6 | - ESTIMA |
| Effluent Gross | REQUIREMENT | MO ÁVG | DAILY MX | Mgal/d | | • • • • • • • • • • • • • • • • • • • | | | | : _ Weekly | ESTIMA |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | t., | - | |
| 50060 1 0 | PERMIT | | | | | MO AVG | 1.25 宣析 | | 2 m 17 | Twice Per Month | GRAB. |
| Effluent Gross | REQUIREMENT | 253905-4405-5-5 | | | | MO AVG | MAX NAX NAX NAX | mg/L | 3.117 | Month 🔩 | 100 miles |

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

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

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

TELEPHONE DATE 724 682-7773 07 12 27 AREA Code MO DAY NUMBER YEAR

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

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

Form Approved OMB No. 2040-0004

Page 47

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615

301A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

No Data Indicator

| L | MONITORING PERIOD | | | | | | | | | | | |
|------|-------------------|----|--------|----|------|----|-----|--|--|--|--|--|
| [| YEAR | MO | MO DAY | | YEAR | MO | DAY | | | | | |
| ROM[| 07 | 11 | 01 | TO | 07 | 11 | 30 | | | | | |

| PARAMETER | mark dan | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|--|--|---------------------|----------------------|--------------------------|-------|--------------|-----------------|-----------|--------------------------|-----------------------|--------|
| . TAKAMETER. | | 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 | | 2012/31 2012/31 | 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 | It certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel | | TEI | LEPHONE | [| DATE | |
|---|---|---|-----------|----------|------|------|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, | Karin L. Otrawsbi | 724 | 682-7773 | 07 | 12 | 27 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | YEAR | МО | DAY |

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

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 48

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

07

YEAR MO DAY

11 01

303A

YEAR MO DAY

11 30

07

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

| No Data Indicator | X |
|-------------------|---|
|-------------------|---|

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---|-----------------------|--------|--|--------------|-----------------|-------|-----------|--------------------------|----------------|
| A SIME IEI | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | . ' |
| рН | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ***** | | 6 MINIMUM | •••• | 9 MAXIMUM | рН | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | , | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | | | ************************************** | 30 MO AVG | 100 DAILY:MX | mg/L | | Weekly . | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | */* == ******************************** | ****** | | | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | , GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | . 1 | | | | | e e | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ****** | | 4.5 | N/A | | Weekly | ESTIMA |

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

| TEI | EPHONE | | ATE | |
|-----------|----------|------|-----|-----|
| 724 | 682-7773 | 07 | 12 | 27 |
| AREA Code | NUMBER | YEAR | мо | DAY |

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 49

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

YEAR MO DAY

11

01

313A DISCHARGE NUMBER

YEAR MO DAY

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Data Indicator

| PARAMETER | | QUANTI | TY OR LOADING | | QUALITY OR CONCENTRATION | | | | | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|----------------|------------------------|--------|--------------------------|---|-----------------|-------|-------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 6.78 | N/A | 7.12 | рΗ | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | *** | | N/A | 6 MINIMUM | ****** | 9 MAXIMUM | pН | 2.15 | 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 | .ç.⊪ N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req Mon MO AVG | Reg Mon. • DAILY:MX | Mgal/d | ***** | ****** ******************************* | | N/A | 1,4,1 | Weekly | ESTIMA |

| NA. | ME/TITLE PRINCIPAL EXECUTIVE OFFICER |
|---------|--------------------------------------|
| Kevin L | Ostrowski, DIRECTOR OF SITE |
| 0, 2,0 | (110110 |
| | TYPED OR PRINTED |

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

| TEI | LEPHONE | C | ATE | |
|-----------|----------|------|-----|-----|
| 724 | 682-7773 | 07 | 12 | 27 |
| AREA Code | NUMBER | YEAR | MO | DAY |

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

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

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

MONITORING PERIOD

TO

01

Form Approved OMB No. 2040-0004

Page 50

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

YEAR MO DAY

11

401A DISCHARGE NUMBER

YEAR MO DAY

11 30

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

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 | | | |
| рН | SAMPLE | • | | | | | | | | | |
| pii | MEASUREMENT | | , | | | | | | | | |
| 00400 1 0 | PERMIT | ******* | ******* ****************************** | | 6 | | Req: Mon | | 到的。 | Twice Per | CDAD |
| Effluent Gross | REQUIREMENT | | | | 6 MINIMUM | | MAXIMUM | pН | | Month: | i GRAB |
| Solids, total suspended | SAMPLE | | | | | | | | | | |
| Solius, total suspended | MEASUREMENT | | | • | · | | | | | | |
| 00530 1 0 | PERMIT | ***** | ***** | | ***** | 30 | 100 | | 10.75 | Twice Per | CDAD |
| Effluent Gross | REQUIREMENT | | 34044 | | | 30 MO [,] AVG | DAILY MX | mg/L | 144 P | Month | GRAB |
| Oil & grease | SAMPLE | | | | | | | | | , | |
| Oil & grease | MEASUREMENT | | | | | | | l | l | | |
| 00556 1 0 | PERMIT | | 0.0 Fe rror | | ***** | 第二章 215 页章 257 | 20 | | 2672 | Twice Per | CDAD |
| Effluent Gross | REQUIREMENT | | 10 24 2 35 | | FC Service Section | 15 L MO'AVG | DAILY MX | mg/L | | Twice Per Month # | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE | | | | | | | | | | |
| riow, in conduct or tillu treatment plant | MEASUREMENT | | | | | _15 +40 | | | | | |
| 50050 1 0 | PERMIT | .₩/Req.Mon. | Req. Mon: | | 10 to | ***** | ************************************** | N/A | | Weekly | ESTIMA |
| Effluent Gross | REQUIREMENT | MO ĀVG | DAILY MX | Mgal/d | | | | IN/A | | vveekiy | ESTIVIA. |

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

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

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

| TE | LEPHONE | C | ATE | |
|-----------|----------|------|-----|-----|
| 724 | 682-7773 | 07 | 12 | 27 |
| AREA Code | NUMBER | YEAR | МО | DAY |

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

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

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

07

FROM

YEAR MO DAY

11

403A

01

MONITORING PERIOD

TO

07

YEAR MO DAY

11

30

DISCHARGE NUMBER

(SUBR05) CONDENSATE BLOWDOWN & RIVR WAT Internal Outfall

MAJOR

DMR MAILING ZIP CODE: 150770004

No Data Indicator

Page 51

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|----------------------|------------------------|---------|--|----------------------|-------------------|-------|-----------|--------------------------|---------------------------------|
| · / · · · · · · · · · · · · · · · · · · | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | | ***** | | 6. MINIMUM | 200 | 9 MAXIMUM | рН | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | 200 100 100 100 100 100 100 100 100 100 | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | | | | | 30 MO AVG | 100 DAILY/MX | mg/L | | Weekly | .∳GRAB |
| Oil & grease | SAMPLE MEASUREMENT | | | | Tradeo | | | | | | Ave - Primary or and additional |
| 00556 1 0 | PERMIT REQUIREMENT | | ***** | 4.5. | ••••• ••••• | 15 MO AVG | 20 DAILY MX | mg/L | 1980 | Weekly | GRAB. |
| Nitrogen, ammonia total (as N) | SAMPLE MEASUREMENT | | | sýzii . | | | | | | - 2 | |
| 00610 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | 100 0 | - | Annual Control of the | Req. Mon (MO AVG | | mg/L | | Weekly | JGRAB |
| CLAMTROL CT-1, TOTAL WATER | SAMPLE MEASUREMENT | | ι | | | : | | | | | |
| 04251 1 0 Effluent Gross | PERMIT REQUIREMENT | | ****** | | | 0 MO:AVG | O DAILY:MX | mg/L | galla org | Wheng 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 _s | ESTIMA |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | | an Francisco | | | .5 MO AVG | 1.25 LINST MAX | mg/L | | Weekly | -# GRAB |

| NAME/TITLE PE | RINCIPAL EXECUTIVE OFFICER |
|------------------|----------------------------|
| Kevin L. Ostrows | ski, DIRECTOR OF SITE |
| T | PED OR PRINTED |

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 07 12 27 **AREA Code** NUMBER YEAR MO DAY

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

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

MG/L. (THE LIMIT IS 35

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 52

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

07

YEAR MO DAY

11

01

403A

YEAR MO DAY

11 30

DISCHARGE NUMBER

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indicator

| PARAMETER | | QUANTI | TY OR LOADING | | QUALITY OR CONCENTRATION | | | | | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------|-------------|--------|---------------|-------|--------------------------|--------|-----------|-------|--|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Hydrazine | SAMPLE | | | | T. | | | | | | |
| i iyulazine | MEASURÉMENT | | | | | | | | | 1 | |
| 81313 1 0 | PERMIT | ****** | ********* | | ***** | 0.0 | 0'-10'-2 | | | | de la company |
| Effluent Gross | REQUIREMENT | | | | 12.0 | MO AVG | DAILY, MX | mg/L | | : Weekly | - GRAB |

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

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

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

| TEI | LEPHONE | | ATE | |
|-----------|----------|------|-----|-----|
| 724 | 682-7773 | 07 | 12 | 27 |
| AREA Code | NUMBER | YEAR | МО | DAY |

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

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

MG/L. (THE LIMIT IS 35

Page 53

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

413A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BULK FUEL STORAGE DRAIN

Internal Outfall

No Data Indicator

| | | M | ONITO | RING | PERIOD | | | | | |
|------------------------|----|----|-------|------|--------|----|----|--|--|--|
| YEAR MO DAY YEAR MO DA | | | | | | | | | | |
| FROM | 07 | 11 | 01 | то | 07 | 11 | 30 | | | |

| PARAMETER | 2 2 2 5 | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | | |
|--|-----------------------|----------------------|-----------------------|--------|--------------|-----------------|-----------------|--------------------------|----------------|----------|--------|
| TAVAILE IS | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.03 | N/A | 7.47 | pН | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | | | N/A | 6 MINIMUM | | 9 MAXIMUM | рН | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 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 ₁₈ | <0.001 | MGD | N/A | N/A | N/Å | N/A | - | 1 / 7 | EST |
| 50050°1 0° Effluent Gross | PERMIT REQUIREMENT | Req Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | | | | N/A | | Weekly | ESTIMA |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER |
|--|
| Kevin L. Ostrowski, DIRECTOR OF SITE |
| Revill L. Usliowski, DIRECTOR OF SHE |
| OPERATIONS |
| TYPED OF PRINTER |

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 07 12 27 **AREA Code** NUMBER MO DAY YEAR

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

MONITORING PERIOD

TO

Page 54

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

YEAR MO DAY

11 01

501A

DISCHARGE NUMBER

YEAR MO DAY

07

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

| 0 | Data | Indicator | X |
|---|------|-----------|---|
|---|------|-----------|---|

| PARAMETER | | QUANTI | TY OR LOADING | | QUALITY OR CONCENTRATION | | | | | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|------------|---------------|--------|--------------------------|-------|-----------------|-------|-------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS |] | | \$1 |
| Solids, total suspended | SAMPLE MEASUREMENT | | <u>.</u> | | | .: | | | ٠. | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ***** | | ****** | | 100 DAILY MX | mg/L | | Weekly | ⊸ GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req Mon: # | Req. Mon. | Mgal/d | ****** | | | | # 1 m | | ESTIMA |

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

TYPED OR PRINTED

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