

February 27, 2008 L-08-088

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

SUBJECT:

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

Enclosed is the January 2008 NPDES Discharge Monitoring Report (DMR) for FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station, in accordance with the requirements of the Permit. Attachment 1 to this letter is supplemental monitoring data for Outfall 001 (dissolved oxygen).

Review of the data indicates one permit parameter was exceeded during the month. Attachment 2 to this letter is an explanation of the pH exceedance at NPDES Internal Outfall 313.

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

Kenni L. Ostrawski

IE25

MRR

Beaver Valley Power Station, Unit Nos. 1 and 2 L-08-088 Page 2

# Attachment(s):

- 1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001
- 2. NPDES Exceedance at Internal Outfall 313

# 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

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-08-088 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
1/7/08	0945	6.94	mg/L
1/14/08	0900	7.68	mg/L
1/23/08	0815	7.12	mg/L
1/28/08	1005	8.40	mg/L

- Attachment 1 END -

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-08-088 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

# **ATTACHMENT 2**

# NPDES Exceedance at Internal Outfall 313

On January 28, 2008, a sample for pH was obtained from Internal Outfall 313, the discharge pit from Unit 2 water/oil separator number 21. This sample revealed an analytical value of 5.74 S.U. for pH. This exceeded the NPDES permit lower limit of 6.0 S.U. for pH. A confirmatory sample was taken and it had an analysis value of 5.38 S.U for pH.

The condition was investigated and documented in the FENOC Problem Identification and Resolution program under Condition Report CR-08-34438. It was determined that one of the floor drains that is routed to the water/oil separator was unclogged with an acid based drain cleaner.

Immediate corrective actions included chemical treatment of the water oil separator with sodium bicarbonate to neutralize the discharge pit and return the pH of water being discharged to within the permit limits. Long term corrective actions include labeling of floor drains that lead to this water oil separator to prevent further reoccurrences. Site wide notices were issued to inform personnel of the issue and to direct them to appropriate locations to dispose of cleaning water.

- Attachment 2 END -



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

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

Permittee Name:	FirstEnergy I	Nucear Opera	ating Compa	ny	• • • •	<u></u> -					
Address:	P.O. Box 4							•			
- ·	Shppingport,	PA 15077			·	·.	•,				
	Beaver Valle	y Power Stat	ion						e.		
	PERMIT N	IUMBER		3 A	**************************************		MONITOI Year/l	RING P Month/l			٠.
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								NATES OF BRIDE			
PARAMETE	ER	ANALY	SIS METHO	D		LAB NAM	É .		LABIC	NUMBE	R <sup>2</sup>
Zinc		EPA 2	200.7 Rev 4.4		FirstEn	ergy Corp-	Beta Lab	<u>.</u>	68	3-01120	*
Copper	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EPA-2	200.7 Rev 4.4		FirstEn	ergy Corp	Beta Lab		68	3-01120	
Iron		EPA 2	200.7 Rev 4.4		FirstEn	ergy Corp-	Beta Lab		68	3-01120	
Chromium	)	EPA 2	200:7 Rev 4.4	# # + :	FirstEn	ergy Corp	Beta Lab		68	3401/120	
Ammonia		SM 450	00-NH3 D [20 <sup>th</sup>	,]	FirstEn	ergy Corp-	Beta Lab	,	68	3-01120	
CBOD-5 Da	ay	S	M5210 B		Firs	stechnolog	y, Inc.		<sup>1787</sup> 68	8-00434	
Cyanide		SM 450	00-CN E [20 <sup>th</sup>	<sup>h</sup> ]	Fire	stechnolog	y, Inc.		68	3-00434	
Chlorobenze	ne .	, tE	PA 624		Eirs	stechnolog	y, Inc.		. 68	3 <b>=00434</b>	
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 724-682-777

Signature of Principal Executive Officer or

**Authorized Agent** 

Kevin L. Ostrowski Director, Site Operations

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

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



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

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

			5					<u> </u>			
Permittee Name:	FirstEne	ergy Nucear Operating Company		<del></del>							
Address:	P.O. Bo	x 4	* · · · · · · · · · · · · · · · · · · ·						,		
1	Shipping	port, PA 15077	· ·								
	Beaver \	Valley Power Station	· .								
	PERM	MIT NUMBER			MONITO Year	RING F 'Month/					
	PA	<b>A</b> 0025615	2008	01	01	то	2008	01	31		
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PARAMETE	R	ANALYSIS METHOD		LAB NAN	ΪĒ		LABI	DNUMBE	$R^2$		
Powerline 3627 (C	lamtrol)	Photometric Determination	Beaver	Valley Pov	ver Station		· c	4-2742			
Bentonite Detox (Betz DT-1)		Estimated using feed rate and discharge flow rate per NPDES	Beaver	Valley Pov	ver Station		C	4-2742			
Total Residual Ch	Ser exa	Rermit PA0025645 SM 4500-CL G [20 <sup>th</sup> ]	Beaver	Valley Pov	ver Station			)4-2742			
	3.4.2.5				75.6		. N. OE ON WAY BEE	Yang Panganan			
Free Available Ch	ilorine ,	EPA 330.5	, Beaver	Valley Pov	ver Station			4-2742			
рН		SM 4500-H+ B [20 <sup>th</sup> ]	Beaver	Valley Pov	ver Station		0	)4-2742			
Temperatur	e	SM 2550 B [20 <sup>th</sup> ]	Beaver	Valley Pov	ver Station		0	4-2742			
Flow		NA	Beaver	Valley Pov	ver Station		04-2742				
Total Suspended	Solids	SM 2540 D [20 <sup>th</sup> ]	Beaver	Valley Pov	ver Station			)4-2742			
Hydrazine		ASTM D1385-01	Beaver	Valley Pov	ver Station		(				
Fecal Colifor	n <sup>3</sup>	Standard Method 9222D	Beaver	Valley Pov	ver Station		(	)4-2742			
Oil and Grea	se	EPA 1664 Rev A	FirstEr	nergy Corp	-Beta Lab		68-01120				
Total Dissolved :	Solids	SM 2540 C [20 <sup>th</sup> ]	FirstEr	nergy Corp	Beta Lab		1 6	8-01120			

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

Name/Title Principal Executive Officer

Kevin L. Ostrowski

Signature of Principal Executive Officer or

**Authorized Agent** 

**Director Site Operations** 

<sup>3</sup> 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.

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

MONITORING PERIOD

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

PA ROUTE 168 LOCATION:

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

YEAR MO DAY

01

. 01 TO 001A

YEAR MO DAY

01

DISCHARGE NUMBER

80

DMR MAILING ZIP CODE: 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
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.86	N/A	8.30	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	6 MINIMUM	The second secon	9 MUMIXAM	pН		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	* *	mg/L	*	*	*
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	•••••	****	N/A	*******	Req::Mon: MO:AVG	Req Mon.  DAILY MX	mg/L		Weekly	GRAB.
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	. **	**	mg/L		**	**
04251 1 0 Effluent Gross	PERMIT		:	N/A	***************************************	MO/AVG	0 DAILY MX 12	mg/L		When Discharging	COMP24
Flow, in conduit on thru treatment plant	SAMPLE MEASUREMENT	23.0	29.5 🔨	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req.IMon 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	12 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	_ GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02***	<0.02***	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L	41.14	Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	****	<b>.</b>	N/A	***************************************	0 LMO AVG	0 DAILY MX	mg/L		Weekly	(GRAB

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

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

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

1	TEL	EPHONE		ATE	
	724	682-7773	80	02	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. THE LIMIT IS 35 MG/L AS A DAILY MAX. \* Not in Wet layup this Period. \*\* No Clamicides this period. \*\*\* 0.02 mg/L minimum detectable level. JPC 2-6-08

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

Page

#### INATIONAL FULLUTANT DISUMANUE ELIMINATION STOLEM (NEDES) **DISCHARGE MONITORING REPORT (DMR)**

гопп мрогочес OMB No. 2040-0004

Page 2

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

(SUBR05) INTAKE SCREEN BACKWASH

DMR MAILING ZIP CODE: 150770004

External Outfall

MAJOR

No Data Indicator

		N	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08 -	01	01	TO	08	01	31

PARAMETER	QUANTI	QUANTITY 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 Mons	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

direction of 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 in

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

TELEPHONE DATE · 724 02 27 682-7773 80 **AREA Code** NUMBER YEAR MO DAY

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

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 003A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfall

No Data Indicator

		M	IONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	80	01	01	TO	08	01	: 31
,							
			-	•			

PARAMETER	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	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT		Req: Mon. DAILY MX	Mgal/d		4 44444	arte statutule ace	N/A		Twice Per Month	ESTIMA

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

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

**TELEPHONE** DATE 724 682-7773 80 02 27 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER YEAR MO DAY **AUTHORIZED AGENT** 

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

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

## INATIONAL FULLUTAINT DISURANGE ELIMINATION STOTEM (INPUES) **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

TO

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

08

FROM

YEAR MO DAY

01 01

004A

80

YEAR MO DAY

01

DISCHARGE NUMBER

UNIT ONE COOLG TOWER OVERFLOW External Outfall

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER	PARAMETER		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT						<del>-</del>				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************			6 MINIMUM		9 MAXIMUM	рН		Weekly	GRÁB .
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	. •			,					-	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon	Req Mon DAILY MX	Mgal/d						Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT						•				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					.5 MO AVG	1.25 INST MAX	mg/L	73,50	≓Weekly . ↓	GRAB"
Chlorine, free available	SAMPLE MEASUREMENT			- {	er South of	·				्र सम्बद्ध	
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******			and a second	2 # AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB =

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel			TEL	EPHONE	DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Keven'h.	Ottawshi	724	682-7773	08	02	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		PAL EXECUTIVE OFFICER OR RIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

#### INATIONAL POLLUTANT DISCHARGE ELIMINATION STSTEM (NPDES) **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

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

006A DISCHARGE NUMBER

LYCARI MO LDAY

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

**Data Indicator** 

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					•					
FROM	08	01	01	TO	08	01	31			140 5
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PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	F100471	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		,	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross		Req Mon MO AVG		Mgal/d	<b>,</b>	<b>*</b> 1995		N/A		Weekly.	ESTIMA
			-								

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

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

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

682-7773 80 02 27 YEAR MO DAY

DATE

## INATIONAL POLLUTANT DISCHARGE ELIMINATION STOTEM (INPUES) **DISCHARGE MONITORING REPORT (DMR)**

hormana more 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

007A

PERMIT NUMBER

DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 

150770004

MAJOR

(SUBR05)

**AUX. INTAKE SYSTEM** 

External Outfall

No Data Indicator

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

PARAMETER	A.	QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	and the short	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT			•				1.			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	•••••• 4 A 4	******		6 MINIMUM	######################################	9 MAXIMUM	pН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon!   h	Req: Mon. DAILY MX	Mgal/d	*******	te Transference and the				Weekly	∷ GRAB.
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		100				1125 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	i ,				1 ( ) 2 ( )					
50064 1 0 Effluent Gross	PERMIT REQUIREMENT					2 AVERAGE	5 MAXIMUM	mg/L	100	Weekly	GRAB

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

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

L	TEI	LEPHONE		DATE					
7	724	682-7773	08	02	27				
ARE	A Code	NUMBER	YEAR	MO	DAY				

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

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

Page 7

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER A800

DISCHARGE NUMBER

UNIT 1 COOLING TOWER PUMPHOUSE **External Outfall** 

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

No Data Indicator

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

PARAMETER	gyes og s	QUANTI'	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6: * MINIMUM :=	******	9 MAXIMUM &	рH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT				all in the second	30	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		*****			15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	K GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		•	-					,		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon	Req Mon. DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

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

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

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

TELEPHONE DATE 02 682-7773 80 27 NUMBER YEAR MO DAY

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

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

010A DISCHARGE NUMBER

- 1	MONITORING PERIOD											
	YEAR	MO	DAY		YEAR	MO	DAY					
ROM	08	01	01	TO	08	01	31					

DMR MAILING ZIP CODE:

MAJOR

(SUBR05)

**UNIT 2 COOLING WATER** 

External Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.63	N/A	7.78	рΗ	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	••••		N/A	6 MINIMUM	3 2	9) MAXMUM	pН		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
O4251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	particular i	MO AVG	0 INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.32	4.32	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	190			- N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/Ang.	N/A	N/A	<0.02 **	<0.02 **	mg/L	Ó	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			*		MO AVG	1125 INST MAX	mg/L	-4	Weekly	2 GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******	AVERAGE	5 MAXIMUM	mg/L		. Weekly. ≟	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	٩
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	0 0 11 8
TYPED OR PRINTED	]"

tirection 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 nd complete. I am aware that there are significant penalties for submitting false information, ncluding the possibility of fine and imprisonment for knowing violations.

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

TEI	EPHONE		ATE	
724	682-7773	08	02	27
AREA Code	NUMBER .	YEAR	МО	DAY

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

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

\* No clamicide this period. \*\*0.02 mg/L is minimum detectable level. JPC 2-6-08

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

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

OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168 SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

-08

FROM

YEAR MO DAY

01

01

011A

DISCHARGE NUMBER

YEAR MO DAY

01 31

08

MAJOR

DMR MAILING ZIP CODE: 150770004

(SUBR05)

**DIESEL GEN & TURBINE DRAINS** 

External Outfall

No Data Indicator

* * * * * * * * * * * * * * * * * * *			•		. "	<u> </u>					
PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PANAMETER	Altricipal and the second seco	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

MONITORING PERIOD

TO

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

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

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

TELEPHONE DATE 724 682-7773 80 02 27 **AREA Code** NUMBER YEAR MO DAY

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

NAME: ·

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

**BEAVER VALLEY POWER STATION** 

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

012A DISCHARGE NUMBER

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

Page 10

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.72	N/A	7.72	pН	0	1 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9/ MAXIMUM	рН		Once Perr Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.092	0.159	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	ple Services prints			•	Req Mon. Mo AVG	Req: Mon. 15 DAILY MX	mg/L	*	Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	Ň/A	N/A	0.102	0.170	mg/L	0	2 / 31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	againa kana		N/A	e linga.	1.5 MO AVG	DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	*	N/A	N/A	-	1 / 31 :	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req Mon. DAILY MX	Mgal/d				N/A		Once Per Month	ESTIMA.
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	478	788	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	**: ***	Req Mon MO AVG	Reg Mont	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 personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or ersons who manage the system, or those persons directly responsible for gathering the nformation, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

TEI	EPHONE	DATE					
724	682-7773	08	02 .	27			
AREA Code	NUMBER	YEAR	MO	DAY			

# NATIONAL PULLUTANT DISCHARGE ELIMINATION 515 FEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

Page 11

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: PAR

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615

013A
DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: MAJOR

Γ. (10ε)

(SUBR05) OUTFALL 013

External Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.83	N/A	7.32	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	######################################		N/A	6 MINIMUM S₄	******	9 MAXIMUM	pН	4	Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01*	<0.01*	mg/L	0	2 / 31	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	0.000		. N/A	<b>.</b>		Req Mon	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.025	0.040	mg/L	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N7A <u>∗</u>	N/A	<0.005**	<0.005**	mg/L		2 / 31	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	•••••		N/A			Req Mon. DAILY MX	mg/L		Twice Per. Month	ICOMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.003	0.003	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req Mon DAILY MX	Mgal/d				N/A		Twice Per Month	ESTIMA

· · · · · · · · · · · · · · · · · · ·				
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS				
TYPED OR PRINTED				

i courtly under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am warer that there are significant penalties for submitting failse information, including the possibility of fine and imprisonment for knowledge without the property of the penalties for submitting failse information, including the possibility of fine and imprisonment for knowledge without property of the penalties for submitting failse information, including the possibility of fine and imprisonment for knowledge without property of the penalties for submitting failse information, including the possibility of fine and imprisonment for knowledge with the property of the penalties of th

Kewen L. Strawske
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR
AUTHORIZED AGENT

 TELEPHONE
 DATE

 724
 682-7773
 08
 02
 27

 AREA Code
 NUMBER
 YEAR
 MO
 DAY

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

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

\* 0.01 mg/L is minimum detectable level. \*\* 0.005 mg/L is minimum detectable level. JPC 2-6-08

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

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

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 101A

DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CON	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER	A Section of the Control of the Cont	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	_									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	7 - 2 3 b	10.0		6 MINIMUM		9. MAXIMUM	рН		e i Weeklys ⇔	GRAB.
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	market de la companya	and the state of t		e de la companya de	30 MO'AVG	DAILY MX	mg/L	100	Weekly	COMP-2
Oll & grease	SAMPLE MEASUREMENT										
00558 1 0 Effluent Gross	PERMIT REQUIREMENT				744 July 18 18 18 18 18 18 18 18 18 18 18 18 18	MO AVG	DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT		9. 2				April 1				
00610 10 Effluent Gross	PERMIT REQUIREMENT					Reg Mon MO AVG	Req-Mons	mg/L		Weekly 1	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mons MO AVG	Reg Mon 4. DAILY MX	Mgal/d		1.00		N/A		DAILY	*CONTIN
Hydrazine	SAMPLE MEASUREMENT	-									
81313 1 0 Effluent Gross	PERMIT REQUIREMENT		W*******		e de la companya de l	Req. Mon. MO AVG	Req. Mon. DAILY MX			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 eware that there are significant penalties for submitting false information,	Kevir L. Ostrawski	724	682-7773	08	02	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. SAMPLES SHALL BE TAKEN AT THE DISCHARGE FROM THE CHEMICAL WASTE SUMP PRIOR TO MIXING WITH ANY OTHER WATER.

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

Page 12

#### INATIONAL PULLUTANT DISUNARGE ELIMINATION STSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR MO DAY

01

01

102A

YEAR MO DAY

01

08

**DISCHARGE NUMBER** 

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Data Indicator

040444777			TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	under Land 1 Total Land 1 Total Land	VALUE	VALUE	UNITS	VALUE	· VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/Ą	N/A	7.42	N/A	7.53	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	***************************************		N/A	6 MINIMUM	entra e	9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	<sup>-</sup> N/A	4.4	4.4	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT: REQUIREMENT		1	N/A		= 30 MO AVG	DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT TO THE REQUIREMENT	# *******		N/A	Source of the control	15 MO AVG	DAILYMX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	5.4 N/A	N/A	N/A	-	2 / 31	EST.
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	*****		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 firection or supervision in accordance with a system designed to assure that qualified personnel roperly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

TELEPHONE DATE 724 682-7773 08 02 27 **AREA Code** NUMBER DAY YEAR MO

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 2-6-08

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

Page 13

#### INATIONAL FULLUTAINT DISURANGE ELIMINATION STOTEM (INFDES). **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 14

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

Effluent Gross

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

08

FROM.

YEAR MO DAY

01

01

103A DISCHARGE NUMBER

YEAR MO DAY

01

31

80

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Data Indicator

		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION	:	NO.	FREQUENCY OF ANALYSIS	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.13	N/A	7.25	рН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	**************************************	9 MAXIMUM	рН	300 a 30	Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.9	5.8	mg/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		***************************************	N/A		MO AVG	100 DAILY MX	mg/L		Twice Per Month	°COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	- 0.034	MGD	N/A	N/A	N/A	N/A		2 / 31	EST
50050 1 0	PERMIT	Reg. Mon.	Rea Mon	1. X	******	******	1		SIZE WEST CO.	Twice Per	Contract State

	It certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	EPHONE	C	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,	Kaun't Ostrawski	724	682-7773	80	02	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 OVERFLOW FROM THE BASIN PRIOR TO MIXING WITH ANY OTHER WATER.

REQUIREMENT

# NATIONAL POLLUTANT DISCHARGE ELIMINATION STRIEN (NEDES) DISCHARGE MONITORING REPORT (DMR)

Page 15

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

PA ROUTE 168 LOCATION:

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 111A

DISCHARGE NUMBER

Internal Outfall

MAJOR

(SUBR05)

No Data Indicator

DATE

02

MO

27

DAY

08

YEAR

682-7773

NUMBER

DMR MAILING ZIP CODE: 150770004

111 DIESEL GENERATOR BLDG

ļ		N	IONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	01	01	то	08	01	31

PARAMETER	i i	QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1 Alvania I al		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.45	N/A	7.95	рН	0	. 1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	N/A	6 MINIMUM	******	9 MUMIXAM	pН		Weekly	+ GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	1.8	4.8	mg/L	0	1/7	GRAB
00530 1.0 Effluent Gross	PERMIT REQUIREMENT	•	**************************************	N/A		MO'AVG	DAILY MX	mg/L		oWeekly at	GRAB
Oil & grease	SAMPLE MEASUREMENT	.N/A	N/A	N/A	N/A	<5 *	<5 <b>*</b>	mg/L	0	1.77	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO/AVG	201 DAILY MXX	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. + 1 MO AVG	Req Mon. DAILY MX	Mgal/d		9 2		N/A		: Weekly: -:	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE
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,	Kan L. Ostrawski	724	682-77
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	· AREA Code	NUMBE

<sup>\* 5</sup> mg/L is minimum detectable level. JPC 2-6-08

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

Page 16

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

113A

DISCHARGE NUMBER

							٠,
		M	IONITO	RING	PERIOD	)	
	YEAR	MO	DAY		YEAR	MO	DAY
MC	08	01	01	TO	08	01	31

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05) UNIT 2 SEWAGE TMT PLANT

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		**************************************		6 MINIMUM	••••	9 MAXIMUM	рН	9 (19) 100	Twice:Per.  Month	GRAB .
Solids, total suspended	SAMPLE MEASUREMENT					-					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		,		MARINE 230 MARINOVAVG	60 DAILY MX	mg/L	1	Twice Pere	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT					town without the				·	. :-
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.043 MO AVG	Req. Mon DAILY MX	Mgal/d				. N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT		. "								
50060 1 0 Effluent Gross	PERMIT :					114 MØ AVG	313 INST MAX	mg/L		Twice Peri Month	J IGRAB
Coliform, fecal general	SAMPLE MEASUREMENT								,		
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	10 10 10 10 10 10 10 10 10 10 10 10 10 1				200 MO GEOMN		#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT		The first and the first state of			and avg	50 DAILY MX	mg/L		Twice Per, Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER   1 cartify under penalty of law that this document and all attachments were prepared under m direction or supervision in accordance with e system designed to assure that qualified person		TE	LEPHONE	<u>                                     </u>	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE  OPERATIONS  OPER	Kern't Ostravsbi	724	682-7773	08	02	27
including the possibility of fine and imprisonment for knowing violations.  TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

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

**MONITORING PERIOD** 

TO

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

**FROM** 

YEAR MO DAY

01

01

203A

08

**DISCHARGE NUMBER** 

YEAR MO DAY

01

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

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

PARAMETER	1.00	QUANTI	TY OR LOADING	-	(	QUALITY OR CONC	ENTRATION	QUALITY OR CONCENTRATION				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Н	SAMPLE MEASUREMENT							,				
0400 1 0 Effluent Gross	PERMIT REQUIREMENT		*******		6 MINIMUM	**************************************	9 MAXIMUM	рН	(a) lorger	Twice Per	GRAB (	
Solids, total suspended	SAMPLE MEASUREMENT								,			
0530 1 0 Effluent Gross	PERMIT REQUIREMENT	•••••• ••••	and the second second			30 MO AVG	e60) DAILY MX	mg/L	100	- Twice Per Month	COMP-8	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				The state of the s					The second second	,	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.023 MO AVG	Req Mon. DAILY MX	Mgal/d						. Weekly	MEASRD	
Chlorine, total residual	SAMPLE MEASUREMENT		•							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
50060 1 0 Effluent Gross						11.4 - MO'AVG		mg/L		Twice Per :	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							-				
30082 1 0 Effluent Gross	PERMIT REQUIREMENT	******			Tipe.	25 MO AVG	DAILY MX	mg/L		Twice Per Month	COMP-8	

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 frection or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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,

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

**TELEPHONE** DATE 724 682-7773 80 02 27 **AREA Code** NUMBER YEAR MO DAY

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

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

#### INATIONAL POLLUTANT DISCHARGE ELIMINATION STSTEM (NEDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

Page 18

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 211A

DISCHARGE NUMBER

DMR MAILING ZIP CODE:

MAJOR (SUBR05)

211 TURBINE BLDG Internal Outfall

No Data Indicator

DATE

02

MO

27

DAY

08

YEAR

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

PARAMETER	100 mil	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	E Page 1	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.35	N/A	8.19	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	•	9 MAXIMUM	pН		Weekly	II GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	5.0	16.4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	The state of the s		·N/A	2 July 1	30. LEMO 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 MOAVG	.20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002/A	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	9	Weekly	ESTIMA.

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

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

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

<sup>\* 5</sup> mg/L is minimum detectable level. JPC 2-6-08

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

MONITORING PERIOD

TO

Page 19

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

Effluent Gross

Effluent Gross

50060 1 0

Chlorine, total residual

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

08

FROM

REQUIREMENT MO AVG DAILY MX

SAMPLE

**MEASUREMENT** 

PERMIT

REQUIREMENT

YEAR MO DAY

01

01

213A DISCHARGE NUMBER

YEAR MO DAY

01

31

08

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

**UNIT 2 COOL TOWER PUMPHOUSE** 

Internal Outfall

No Data Indicator

PARAMETER	STORY WEST	QUANTITY OR LOADING			C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Н	SAMPLE MEASUREMENT	-									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM:	рН		Twice Per	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		·		·					-	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		****** 		AAAAAA AAAAAA	MO'AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT					, '					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT				******	15 MO/AVG	200 DAILY MX	mg/L		Twice Per Month	GRAB.
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	Reg Mon:	Req: Mon.		*****				MAN TO	Weakiy	FSTIMA

Mgal/d

property agither and evaluate the information submitted. Based on my inquiry of the person or	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I cartify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	, , <u>, , , , , , , , , , , , , , , , , </u>	TEL	EPHONE		DATE	
APEA Code   MIMPER   YEAR   MO   DAY		property gather and evaluate the information submitted. Besed 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 ewere that there are significant penalties for submitting false information,	Kevinh Etrawsbi	724	682-7773	08	02	27
		including the possibility of fine and imprisonment for knowing violations.		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.

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

OMB No. 2040-0004

Page 20

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

FACILITY: LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 301A

DISCHARGE NUMBER

		N	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	01	01	ТО	08	01	31

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**UNIT 2 AUX BOILER BLOWDOWN** 

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
Alvanetel	1.45 1.45	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			) 
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*******	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	. 0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 A MO AVG	DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A		1 / 7	EST
50050 1 0 Effluent Gross		Req. Mon.		Mgal/d				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 personn properly gather and evaluate the information submitted. Based on my inquiry of the person or ersons who manage the system, or those persons directly responsible for gathering the 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 02 724 682-7773 08 27 AREA Code NUMBER YEAR MO DAY

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

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

\*4 ma/L is minimum detectable level. \*\* 5 ma/L is minimum detectable level. JPC 2-6-08

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

# NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NEDES) DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: **BEAVER VALLEY POWER STATION** 

PA ROUTE 168

ATTN: DONALD J SALERA/MGR ENV & CHEM

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

303A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

**UNIT 1 OIL WATER SEPARATOR** 

Internal Outfall

No Data indicator

		M	ONITO	RING	PERIOD	)		]
	YEAR	MO	DAY		YEAR	MO	DAY	
FROM	- 08	01	01	TO	- 08	01	31	1

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		·. · ·	}
DH ·	SAMPLE MEASUREMENT										
0400 1 0 iffluent Gross	PERMIT REQUIREMENT	******* ******************************	******		6 MINIMUM	*******	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	,				·					
0530 1 0 Effluent Gross	PERMIT REQUIREMENT		*******	ams A		30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Dil & grease	SAMPLE MEASUREMENT		3.8	en e				,	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
0556 1 0 iffluent Gross	PERMIT REQUIREMENT					15 MO/AVG	20 DAILY MX	mg/L		Weekly	GRAB:
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			Was and		:			51 <b>3</b> 33 cm		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX		******		****** Company of the second	N/A		Weekly	= ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	EPHONE		DATE	
Commentations	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 evere that there are significant penalties for submitting faise information,	Karih Etrawski	724	682-7773	08	02	27
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

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

MONITORING PERIOD

TO

OMB No. 2040-0004

Page 22

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

01

01

313A

YEAR MO DAY

01 31

08

DISCHARGE NUMBER

313 TURBINE BLDG DRAIN Internal Outfall

MAJOR

(SUBR05)

DMR MAILING ZIP CODE: 150770004

No Data Indicator

PARAMETER	Harting Transport	QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAISIMETER	事 "	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE.	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	5.38	N/A	7.18	рН	1*	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		and the same	N/A	6 MINIMUM	**************************************	9 MAXIMUM	pH		. Weekly	GRAB.
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	22.1	58.0	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	4		N/A		30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	1. / 7	GRAB
00556 1 0 Effluent Gross	PERMIT			N/A		15 M© AVG	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	REQUIREMENT	Req Mon.	Req. Mon. DAILY MX	Mgal/d				N/A	The s	Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE	C	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, be 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,	Kevil Etrawski	724	682-7773	08	02	27
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DA

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.

\*See attachment 2 for a description of this event. \*\*5 mg/L is minimum detectable level. JPC 2-6-08

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

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

OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

**BEAVER VALLEY POWER STATION** 

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 401A

DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	9.38	N/A	9.42	рН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 4 MINIMUM		Req Mon MAXIMUM	рH		Twice Per	⊈ GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	11.1	14.2	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	rian dige	****** ******	N/A		130 MO AVG	100 SEDAILY MX	mg/L	23,011	Twice Per	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT: REQUIREMENT	***************************************		N/A		15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	Mes. N/A	N/A	N/A	-	1 / 7	∌£ST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req. Mon. DAILY MX	Mgai/d				N/A		Weekly	ESTIMA

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

direction or supervision in accordance with a system designed to assure that qualified personnel roperly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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 08 02 27 **AREA Code** NUMBER YEAR MO DAY

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

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

\* 5 ma/L is minimum detectable level. JPC 2-6-08

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

# NATIONAL POLLUTANT DISCHARGE ELIMINATION STATEM (NEDES) DISCHARGE MONITORING REPORT (DMR)

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

403A DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indicator

PARAMETER	Tagan Tagan	QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VĄLUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT						-				
00400 1 0 Effluent Gross					6. MINIMUMS		959 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT			·							
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			isan Estati		MO AVG	DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT		· ·	tos/					sty in the		
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			The second secon		15 HMO/AVG	20 DAILY MX	mg/L		Weekly	GRAB #
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT							Sign Mark	Peker 4		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			T. 7.		Req. Mon: MO'AVG	Reg Mon ac DAILY MX	mg/L	400	Weekly	GRAB:
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT			N.						:	
04251 1 0 Effluent Gross	PERMIT REQUIREMENT				County of the Co	0 MO:AVG	O: DAILY MX	mg/L	4	When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT						,				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	-					Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT				· · ·						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*******			***************************************	MO AVG	1.25* INST MAX	mg/L		Weekly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	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 gethering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am eware that there are significant penalties for submitting false information,	Keywit . Ostrawski	724	682-7773	08	02	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

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

Page 24

## NATIONAL POLLUTANT DISCHARGE ELIMINATION STOLEN INFLEST **DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

**FACILITY:** LOCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

08

403A

01

31

DISCHARGE NUMBER

08

 	DAV		VEAD		
N	IONITO	RING	PERIOD	)	

TO

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAINILIE		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT					>					
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	1000			<b>******</b>	0 m , MO AVG	DAILY.MX	mg/L	THE STATE OF	Weekly	GRAB

01

01

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

**OPERATIONS** 

TYPED OR PRINTED

rection or supervision in accordance with a system designed to assure that qualified personn sersons 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, accurat and complete. I am aware that there are significant penalties for submitting false information,

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

TELEPHONE DATE 724 682-7773 08 02 27 AREA Code NUMBER YEAR MO DAY

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

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

MG/L. (THE LIMIT IS 35

# NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NEUES) **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

FACILITY:

SHIPPINGPORT, PA 150770004 BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

08

FROM

YEAR MO DAY

01

01

413A

08

DISCHARGE NUMBER

YEAR MO DAY

01

31

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

**BULK FUEL STORAGE DRAIN** 

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		, (	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I AISHIE LEIX	and the second s	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.23	N/A	7.32	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		Eak age of the second	N/A	64 MINIMUM		9 9 MAXIMUM	ρН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	18.9	21.3	mg/L	0	1 / 7.	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		art of the Constitution	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		MO AVG	20 DAILY MX	mg/L		Weekly	GRAB-
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A		N/A	N/A		1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d				N/A		Weekly	CESTIMA

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

TYPED OR PRINTED

no manage the system, or those persons directly responsible for gathering the mation, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information,

ection or supervision in accordance with a system designed to assure that qualified personn

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

TELEPHONE DATE 724 682-7773 08 02 27 NUMBER AREA Code 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 ma/L is minimum detectable level. Flow only occurred weeks of 1-6 & 1-27. JPC 2-6-08

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

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

OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615

08

501A

DISCHARGE NUMBER

PERMIT NUMBER

•						
	· M	ONITO		PERIOD		
YEAR	MO	DAY	-	YEAR	MO	DAY

08

DMR MAILING ZIP CODE: 150770004

MAJOR . (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			_
Solids, total suspended	SAMPLE MEASUREMENT							, -			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					230. MO AVG	DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT									,	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. Mo AVG	Req: Mon:	Mgal/d	-cur i regioni ciaj	••••			1	Weekly	ESTIMA

01

TO

01

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

rection or supervision in accordance with a system designed to assure that qualified personnel roperly gather and evaluate the information submitted. Based on my inquiry of the person or 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, ncluding the possibility of fine and imprisonment for knowing violations.

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

TELEPHONE DATE 724 02 27 682-7773 80 **AREA Code** NUMBER YEAR MO

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.

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

(SUBR05) UNITS 1&2 COOLG, TOWER BLWDN

MAJOR-

External Outfall

DMR MAILING ZIP CODE: 150770004

No Data Indicator

		N	IONITO	RING	PERIOD	1	
j	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	01	. 01	TO	08	-01	31
				٠			

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	7.86	N/A	8.30	pН	0 -	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		****** *******************************	N/A	6 MINIMUM	•	.9 MAXIMUM	pН		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	· · · · · · · · · · · · · · · · · · ·	N/A	******	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	**	**	mg/L	·	**	**
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			: N/A	******	0 MO'AVG	0 DAILYMX	mg/L	1000	When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	23.0	29.5	MGD	N/A	N/A	N/A	N/A	•	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon DAILY MX	Mgal/d				N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02***	<0.02***	mg/L	0	12 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		AVERAGE:	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02***	<0.02***	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		2 AVERAGE	.5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	· N/A	*	*	mg/L	*	*	*
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	William Control	N/A	COLUMN TO THE SECOND	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	•	TE	LEPHONE		ATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevin L. Ostrawski	724	682-7773	08	02	27
	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

\* Not in Wet layup this Period. \*\* No Clamicides this period. \*\*\* 0.02 mg/L minimum detectable level. JPC 2-6-08

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

## INATIONAL POLLUTAINT DISCHARGE ELIMINATION STOTEM (INFDES) **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

Page 2

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

002A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

. [	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY			
FROM	08	01	01	TO	08	01	31			

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	·		
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	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		Mgal/d	and a supplier of the	••••		N/A	8.0	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 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** 

TE	LEPHONE		DATE					
724	682-7773	08	02	27				
AREA Code	NUMBER	YEAR	МО	DAY				

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

Form Approved OMB No. 2040-0004

Page 3

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

003A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfall

No Data Indicator

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

PARAMETER	A TANK TANK	QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	nation in	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			,
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	. N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon. DAILY MX	Mgal/d				N/A		⇒₄Twice Per Month	ESTIMA

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

**TYPED OR PRINTED** COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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** 

TELEPHONE		DATE		
724	682-7773	80	02	27
AREA Code	NUMBER	YEAR	MO	DAY

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

# DISCHARGE MONITORING REPORT (DMR)

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 004A

DISCHARGE NUMBER

		M	ONITO	RING	PERIOD	)	
	YEAR	MO	DAY		YEAR	MO	DAY
ROM	08	01	01	TO	08	01	31

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Data Indicator

DADAMETED		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		2	
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		6 MINIMUM	•••••	9 MAXIMUM	pН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO:AVG	Req. Mon. DAILY MX	Mgal/d		-era e ginesa Cirilia	*****			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	<b></b>	e se e com		.5 MO AVG	1/25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	_		4.1 4.1	en Sektorij				+ 1 g	다. 제품.	
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	10 - 20 - 10 - 10 - 10 - 10 - 10 - 10 -			2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

,
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** 

TEL	EPHONE		DATE	
724	682-7773	08	02	27
AREA Code	NUMBER	YEAR	MO	DAY

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

08

YEAR MO DAY

01

01

006A

YEAR MO DAY

01

L	DIS	CHA	RGI	NU	MB	ER

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING	NG QUALITY OR C			ITY OR CONCENTRATION			FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER	and the second s	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	ALEXANDER OF A COMPANY OF A COM	.Mgal/d		a recognition of the second	******	N/A	ent.	Weekly	ESTIMA

MONITORING PERIOD

TO

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, actuding the possibility of fine and imprisonment for knowing violations

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

TELEPHONE DATE 724 682-7773 08 02 27 **AREA Code** NUMBER **YEAR** MO DAY

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

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

**BEAVER VALLEY POWER STATION** 

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

007A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfall

No Data Indicator

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

PARAMETER	en e	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	1.00 2.00		6 MINIMUM	ing and the second seco	9 MAXIMUM	pН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT							-			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon Mo AVG	Req. Mon DAILY MX	Mgal/d	**************************************			·		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT		•			,					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5 MO AVG	1.25 INST-MAX	mg/L		4Weekly	GRAB -
Chlorine, free available	SAMPLE MEASUREMENT	Tana			٠	Wayne .		-			٠.
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******			1.0	2 AVERAGE	.5 MAXIMUM	mg/L	alue are	Weekly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE	(	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am ewere that there are significant penalties for submitting false information,	Keven L. Gerawski	724	682-7773	08	02	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.

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

Page 6

Page 7

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

**FACILITY:** 

BEAVER VALLEY POWER STATION-

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

008A DISCHARGE NUMBER

		N	IONITO	RING	PERIOD	)	
[	YEAR	MO	DAY		YEAR	MO	DAY
ROM	- 08	01	01	ТО	08	01	31

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

**UNIT 1 COOLING TOWER PUMPHOUSE** 

External Outfall

No Data Indicator

PARAMETER	er i green in	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
INVINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		-	
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		±eet ⊈ee	•	6 MINIMUM		9 MAXIMUM	pН		Twice Per !Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	·	·								-
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	 	***************************************		1	30 V MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross		417,000				15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				# ₩ 1					- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO'AVG	Req: Mon. DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

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

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

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

TEL	EPHONE .		DATE	
724	682-7773	08	02	27
AREA Code	NUMBER	YEAR	МО	DAY

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

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

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														
FROM	08	01	01	TO	08	01	31							

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.63	N/A	7.78	pН	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	*	* -	mg/L	*	*	*
04251 1 0 Effluent Gross	PERMIT REQUIREMENT		•	N/A		0 MO/AVG	0 INSTEMAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.32	4.32	MGD	N/A	N/A	N/A	N/A	<u>-</u>	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req. Mon. : DAILY MX	Mgai/d				N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/Ang.	N/A	N/A	<0.02 **	<0.02 **	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			Ar.		5 MO AVG	1125 T INSTIMAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			· N/A		2 AVERAGE	5. MAXIMUM	mg/L		Weekly	GRAB-

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

TYPED OR PRINTED

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

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

TE	LEPHONE		ATE	
724	682-7773	08	02	27
AREA Code	NUMBER	YEAR	MO	DAY

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

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

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

\* No clamicide this period. \*\*0.02 mg/L is minimum detectable level. JPC 2-6-08

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

Form Approved OMB No. 2040-0004

Page 9

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

011A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

**DIESEL GEN & TURBINE DRAINS** 

External Outfall

No Data Indicator

;		M	ONITO	RING	PERIOD	)		ŀ
	YEAR	MO	DAY		YEAR	MO	DAY	
ROM	08	01	01	TO	08	01	31	l

PARAMETER	QUANTITY		TY OR LOADING Q		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.004	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			PROFILE TO THE PROFIL	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 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, ecluding the possibility of fine and Imprisonment for knowing violations.

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

TELEPHONE DATE 724 682-7773 08 02 27 **AREA Code** NUMBER MO DAY

#### MATIONAL FOLLOTANT DISCHARGE ELIMINATION STSTEM (INFDES). DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

Page 10

SAMPLE

TYPE

**GRAB** 

GRAB

**GRAB** 

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:

Copper, total (as Cu)

PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

012A DISCHARGE NUMBER

N/A

0.092

DMR MAILING ZIP CODE: 150770004

NO.

ΕX

0

0

**MAJOR** (SUBR05)

mg/L

0.159

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Data Indicator

FREQUENCY

OF ANALYSIS

1 / 31

Once Per

\*Month \*\*

2 / 31

ATTN: DONALD J SALERA/MGR EN	NV & CHEM	FR	YEAR         MO           OM         08         01	01 T	YEAR MO 08 01	DAY 31		
PARAMETER		QUANTI	ITY OR LOADING			QUALITY OR CONC	ENTRATION	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.72	. N/A .	7.72	рН
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	Alesson A		N/A	6. MINIMUM		9 MAXIMUM	. pH
Conner total (as Cu)	SAMPLE	N/A	NIA	NI/A	NI/A	0.002	0.450	/I

N/A

MEASUREMENT

N/A

		I			I	L	1	1			
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	in the second			*****	Req. Mon., MO AVG	Req. Mon.	mg/L		Twice Per Month.	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.102	0.170	mg/L	0	2 / 31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		1.5 A MOAVG	. 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		1 / 31 🥱	् ्EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon:	Req Mon:	Mgal/d				N/A	17.0	Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	478	788	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	**************************************	N/A	**************************************	Req. Mon MO AVG	Req∈Mon DAILY:MX	mg/L		Twice Per Month	GRAB*
						,				,	-
	•					•					
					•		,				

N/A

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

certify under penalty of law that this document and all attachments were prepared under my 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 80 02 27 AREA Code NUMBER YEAR MO DAY

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

OMB No. 2040-0004

Page 11

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 013A

DISCHARGE NUMBER

External Outfall

MAJOR

(SUBR05)

**OUTFALL 013** 

DMR MAILING ZIP CODE: 150770004

No Data Indicator

		N	IONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	80	01	01	TO	08	01	31

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
T AT SATURAL TRAIT		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A ·	N/A	6.83	N/A	7.32	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	— 6 MINIMUM	**************************************	9 MAXIMUM	pН		Weekly	GRAB.
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01*	<0.01*	mg/L	0	2 / 31	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	••••• ••••	N/A	77.6	Req. Mon MO AVG	Req. Mon. DAILY MX	mg/L ຶ		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.025	0.040	mg/L	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		.05 MO	DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N7A <u></u>	N/A	<0.005**	<0.005**	mg/L	e00. 4	2 / 31	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT		10 mm.	N/A		Reg Mon. MO AVG	Req. Mon. DAILYIMX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.003	0.003	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG:	Req. Mon. DAILY MX	Mgal/d				N/A		Twice Per Month	ESTIMA :

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

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

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

TELEPHONE DATE 724 682-7773 80 27 02 AREA Code NUMBER YEAR MO

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

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

\* 0.01 ma/L is minimum detectable level. \*\* 0.005 mg/L is minimum detectable level. JPC 2-6-08

#### INTHUINAL FULLUTAINT DIQUITARUE ELIMINATION STOTEM (INPUES) **DISCHARGE MONITORING REPORT (DMR)**

Page 12

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: **BEAVER VALLEY POWER STATION** 

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 101A

DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			. 1	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	3.00 g (1).			1 6 MINIMUM	7. T.	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******		ent Color	30 MO'AVG	100 DAILY MX	mg/L	144	Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT		·			·			J		
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 16MO AVG	20 DAILY MX	mg/L		Weeklyd	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	- 1 <del>第4</del> - 1 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	and the second s								
00610 1 0 Effluent Gross	PERMIT REQUIREMENT		***************************************			Reg Mon MO AVG	Req Mon.	mg/L	un für	Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon Mo!AVG	Reg. Mon. DAILY MX	Mgal/d				N/A	1 K. A	DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT			-							
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	2 - 2	*****			Req. Mon. 74 MO AVG	Req. Mon.  DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		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,	Var / Otrack	724	682-7773	08	02	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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.

MONITORING PERIOD

TO

Page 13

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

08

FROM

YEAR MO DAY

01

01

102A

YEAR MO DAY

08

01

31

DISCHARGE NUMBER

MAJOR

DMR MAILING ZIP CODE: 150770004

(SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Data Indicator

•		÷					- <del>"</del>	•			
PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.42	N/A	7.53	рΗ	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	Appelo Communication of the Co	*****	N/A	6 MINIMUM 2		9 MAXIMUM	pН		Twice/Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A·	N/A	N/A	N/A	4.4	4:4	mg/L	0.	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per :: :::Month	GRAB.
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			. N/A		15 Mo:AVG	20 DAILY MX	mg/L		Twice Per Month 7	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	S. N/A	N/A	N/A	-	2 / 31	EST.,
50050 1 0 Effluent Gross		Req Mon MO AVG	Req Mon					N/A		Twice Per W	ESTIMA

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

firection or supervision in accordance with a system designed to assure that qualified personne 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,

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

TE	LEPHONE	DATE					
724	682-7773	80	02	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 2-6-08

# 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	08	01	01	TO	08	01	31					

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.13	N/A	7.25	рН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	71 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		N/A	6 MINIMUM	entre com constitution	9 MAXIMUM	pН		Twice Per Month	i GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.9	5.8	mġ/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon DAILY MX	Mgal/d		**************************************		N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	) certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		. TEI	EPHONE	t	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am evere that there are significant penalties for submitting false information,	Kevin L Ostrawski	724	682-7773	08	02	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

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

Page 15

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

01 01

111A DISCHARGE NUMBER

Internal Outfall

DMR MAILING ZIP CODE: 150770004

111 DIESEL GENERATOR BLDG

MONITORING PERIOD YEAR MO DAY No Data Indicator 08 01 31

MAJOR

(SUBR05)

PARAMETER	QUANTITY OR LOADING			(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.45	N/A	7.95	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	***************************************		N/A	6) MINIMUM	**************************************	9 MAXIMUM	pН		Weekly, v	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	1.8	4.8	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A		MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	.N/A	N/A	N/A	N/A	<5 <b>*</b>	<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	1 1 1 1 1 1 1 1	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

TYPED OR PRINTED	""
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	pe inf an
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	dir

I certify under penalty of law that this document and all attachments were prepared under my rection or supervision in accordance with a system designed to assure that qualified personne operly gather and evaluate the information submitted. Based on my inquiry of the person or ersons who manage the system, or those persons directly responsible for gathering the formation, the information submitted is, to the best of my knowledge and belief, true, accurate nd 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** 

TEL	EPHONE		ATE	
724	682-7773	08	02	27
AREA Code	NUMBER	YEAR	МО	DAY

<sup>\* 5</sup> mg/L is minimum detectable level. JPC 2-6-08

MONITORING PERIOD

TO

Page 16

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION FACILITY: LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

08

YEAR MO DAY

01

01

113A DISCHARGE NUMBER

YEAR MO DAY

01

31

08

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

No Data Indicator

								:_	NO.	FREQUENCY	SAMPLE
PARAMETER	77.5	QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		EX	OF ANALYSIS	TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			·
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		6 MINIMUM		9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT					30 MO AVG	DAILY MX	mg/L	## ##	Twice Per M	. comp:8)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT					To the state of th					1774
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	MO AVG	Req Mon DAILY MX	Mgal/d	1			N/A	ed a geda	Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT					45.				-	
50060 1 0 Effluent Gross	PERMIT :: REQUIREMENT		*****			14 MO/AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT				Leite	200 MO GEOMN		#/100mL		TwiceiPer Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT						,	:			
80082 1 0 Effluent Gross	PERMIT REQUIREMENT		***************************************		and the second s	25 M© AVG	50 DAILY MX	mg/L	75 Mg	Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	_	TE	LEPHONE		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,	Kever'L Ottawshi	724	682-7773	08	02
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO

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

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

# NATIONAL POLLUTANT DISCHARGE ELIMINATION STSTEM (NEUES) **DISCHARGE MONITORING REPORT (DMR)**

Page 17

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

**FACILITY: BEAVER VALLEY POWER STATION** LOCATION:

ADDRESS:

PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 **PERMIT NUMBER** 

203A

DISCHARGE NUMBER

		M	ONITO	RING	PERIOD	)	
	YEAR	MO	DAY		YEAR	MO	DAY
ROM	80	01	01_	TO	- 08	01	31

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT-

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		. (	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рн	SAMPLE MEASUREMENT								*		·
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		**************************************		6 MINIMUM	******	9: MAXIMUM	рН		Twice Per Month	GRAB:
Solids, total suspended	SAMPLE MEASUREMENT				·						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	DAILY MX	mg/L		Month	COMP:8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				in the second of					and the state of t	•
50050 1 0 Effluent Gross	PERMIT REQUIREMENT		Req. Mon. DAILY MX	Mgal/d						Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT									Property .	<u>.</u>
50060 1 0 Effluent Gross	1/E/(O)//EMIENT					1.4 MO AVG	3.3 NINST/MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT				The state of the s	200 MO GEOMN - 1		#/100mL	ŧ.,	Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT		-		,						
80082 1 0 Effluent Gross	PERMIT REQUIREMENT				***	25 MO AVG	50 DAILY MX	ma/L		Twice Per Month	#COMP-8

L	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	<u> </u>	DATE	
	Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting talse information,	Kaunt Otrawshi	724	682-7773	08	02	27
Į	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
_	Account to the state of the sta							

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

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

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

MONITORING PERIOD

TO

Page 18

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

YEAR MO DAY

01

- 01

211A DISCHARGE NUMBER

YEAR MO DAY

08

DMR MAILING ZIP CODE: 150770004

ILING ZIP CODE: 15077000

MAJOR (SUBR05)

211 TURBINE BLDG Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	STATE A	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		l	
рН	SAMPLE MEASUREMENT	N/Ą	N/A	N/A	6.35	. N/A	8.19	- pH	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	5.0	16.4	mg/L	. 0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		1.00	·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 <b>*</b>	<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 bothru treatment plant	SAMPLE MEASUREMENT	0.002	0.002%	MGD	N/A	N/A	N/A	N/A	л . у <b>-</b> 1.18	1 / 7	EST
50050 1 0. Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO/AVG	Req: Mon. DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

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

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA Code

TE	LEPHONE	C	ATE	
724	682-7773	08	02	27
AREA Code	NUMBER	YEAR	МО	DAY

<sup>\* 5</sup> mg/L is minimum detectable level. JPC 2-6-08

### NATIONAL POLLUTANT DISCHARGE ELIMINATION STSTEM INPUEST **DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-0004

Page 19

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

213A DISCHARGE NUMBER

(SUBR05) UNIT 2 COOL TOWER PUMPHOUSE

MAJOR

Internal Outfall

· DMR MAILING ZIP CODE: 150770004

No Data Indicator

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

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
AMMETER	A Section 1	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT									, , ,	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pН		Twice Per Month	GRAB ⊯
Solids, total suspended	SAMPLE MEASUREMENT		·								
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MO AVG	DAILY MX	mg/L		Twice Per Month	, GRAB:
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	A CONTRACT OF THE CONTRACT OF			·		<b>b</b> (1).				
50050 1 0 Effluent Gross		Req. Mon MO AVG	Req. Mon.**. DAILY MX	Mgal/d			<b>1/2007</b>			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT					·					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT						1.25 INST MAX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	It certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	`,	TEL	EPHONE		ATE	
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 eware that there are significant penalties for submitting false information,	Kevinh Ostrawski	724	682-7773	08	02	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

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

OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA 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

- 1		N	IONITO	RING	PERIOD		
· [	YEAR	MO	DAY		YEAR	MO	DAY
ROM	08	01.	01	TO	08	01	31

PARAMETER		QUANTITY OR LOADING				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
I CHAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	]· . [		
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	Annes Marie Desc	N/A	<b></b>	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	∉ GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******	15 MO AVG	20 DAILÝ MX	mg/L		Twice Per / Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon. MO AVG	Reg Mon DAILY MX	Mgal/d				N/A		Weekly :	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my.  direction or supervision in accordance with a system designed to assure that gualified personnel		TEI	EPHONE	C	ATE	
Kevin L. Ostrowski, DIRECTOR OF SITE   OPERATIONS	properly gether and evaluate the information submitted. Based on my inquiry of the person or persons who menage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Karn'L Ostrawski	724	682-7773	08	02	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

\*4 mg/L is minimum detectable level. \*\* 5 mg/L is minimum detectable level. JPC 2-6-08

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

OMB No. 2040-0004

Page 21

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

303A

DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**UNIT 1 OIL WATER SEPARATOR** 

internal Outfall

No Data Indica

ator	X
------	---

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
IAIVAMETER	and the second	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		'	
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross					6 MINIMUM		9. MAXIMUM	рН		Weekly	*GRAB
Solids, total suspended	SAMPLE MEASUREMENT	-									
00530 1 0 Effluent Gross						30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT		, 31	2							
00556 1 0 Effluent Gross				n nigeri Na	in the large	15 MO AVG	20 DAILY MX	mg/L		:Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			Control of the second					4344	,	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req Mon! ».  DAILY MX	Mgal/d		******		N/A		. Weekly	⊮ESTIMA-

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

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

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

TE	LEPHONE	נ		
724	682-7773	08	02	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.

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168 -

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 313A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Data Indicator

J		N	IONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
ROM	80	01	01	TO	08	01_	31
						-	

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	· VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	5.38	N/A	7.18	рН	1*	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	22.1	58.0	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	 		N/A	******	, 30 MO AVG	100 DAILY MX	mg/L	al di	Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 <b>**</b>	<5 **	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVGL	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	Req Mon. DAILY MX	Mgal/d	2011		All programmes and the second	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE	Ε	ATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the Information submitted. Based on my inquiry of the person of persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevinh Ostrawski	724	682-7773	08	02	27,
TYPED OR PRINTED	including the possibility of fine end imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

\*See attachment 2 for a description of this event. \*\*5 mg/L is minimum detectable level. JPC 2-6-08

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

Page 22

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

OMB No. 2040-0004

Page 23

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: **BEAVER VALLEY POWER STATION** PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

401A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Data Indicator

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

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	9.38	N/A	9.42	рН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		Req.Mon MAXIMUM A	рН		Twice Per Month	F-GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	11.1	14.2	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	ri e	4.00	N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per Month:	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<b>&lt;5</b> *	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT: REQUIREMENT			; N/A		15 MO'AVG +	20 DAILY MX	mg/L		Twice Per	⊕ GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	⊮£s N/A	. N/A	N/A	•	1 / 7	⊯EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req Mon DAILY MX	Mgal/d		4.		N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE	C	PATE	
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,	Kevur L- Ostrawski	724	682-7773	08	02	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 CHEMICAL FEED AREA DRAINS PRIOR TO MIXING WITH ANY OTHER WATER.

\* 5 mg/L is minimum detectable level. JPC 2-6-08

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

MONITORING PERIOD

TO

OMB No. 2040-0004

Page 24

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR MO DAY

01

01

08

403A

YEAR MO DAY

01 31

DISCHARGE NUMBER

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

o Data Indicator X
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PARAMETER		QUANTI	TY OR LOADING	,	(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LAMBELEIM		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		-	
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT				- 6 LMINIMUM -		9. MAXIMUM 1	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	######################################	Harri F	******	MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT			}				:41	\$1.50 m		
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MO AVG	20 DAILY MX	mg/L	1.5	Weekly	(GRAB)
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT					·	,		PENT V		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT		****	1967 E. C.		Req Mon MO AVG	Req Mon *** DAILY MX*	mg/L		ir Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	٠									
04251 1 0 Effluent Gross	PERMIT REQUIREMENT		•		*****	0 MO AVG	DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG		Mgal/d						- Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										-
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	Part Comment	•		**************************************	5 MO:AVG	1.25 INST MAX	mg/L	(4) (4)	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	[	ATE	
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,	Keverih Ostrawski	724	682-7773	0,8	02	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

MG/L. (THE LIMIT IS 35

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

COLIS MUDICIPADO OMB No. 2040-0004

Page 25

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

01

01

08

403A

DISCHARGE NUMBER

08

YEAR MO DAY

01

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data

Indicator	X
-----------	---

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

MONITORING PERIOD

TO

	ITA	ND IIIL	E PAIN	HEAL EV	CCOIN	AE OLLI	CEN
1/000	- 1	O-4-	أبامييه			$D \cap C$	CITE

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 cluding the possibility of fine and imprisonment for knowing violations

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

TELEPHONE DATE 02 27 724 682-7773 80 **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

# NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (INPUES) **DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-0004

Page 26

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 413A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**BULK FUEL STORAGE DRAIN** 

Internal Outfall

No Data Indicator

			IONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
ROM	08	01	01	TO	08	01	31

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.23	N/A	7.32	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	18.9	21.3	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	7 39 34 7		N/A		, 15 MO AVG	DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	٠ -	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon! MO/AVG	Req. Mon. DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

Kevin L. Ostrowski, DIRECTOR OF SITE  OPERATIONS  Properly gether and evaluate the Information submitted. Based on my inquiry of the person or parsons who manage the system, or those persons directly responsible for gethering the information, the information, the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. Lam aware that there are significant penaltiles for submitting false information, including the possibility of fine and imprisonment for knowing violations.  Properly gether and evaluate the information submitted. Based on my inquiry of the person or parsons who manage the system, or those persons directly responsible for gethering the information, the information, the information submitted. Based on my inquiry of the person or parsons who manage the system, or those persons directly responsible for gethering the information submitted. Based on my inquiry of the person or parsons who manage the system, or those persons directly responsible for gethering the information, the information submitted. Based on my inquiry of the person or parsons who manage the system, or those persons directly responsible for gethering the information, the information submitted. Based on my inquiry of the person or parsons who manage the system, or those persons directly responsible for gethering the information submitted. Based on my inquiry of the person or parsons who manage the system, or those persons directly responsible for gethering the information submitted. Based on my inquiry of the person or parsons who manage the system.  Properly gether and evaluate the information submitted. Based on my inquiry of the person or parsons who manage the system or parsons who manage the system.  Properly gether and evaluate the information submitted. Based on my inquiry of the person or parsons who manage the system.  Properly gether and evaluate the information submitted.  Properly gether and evaluate the information submitted.  Properly gether and evaluate the inform	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	1	DATE	
APEA Code   NIMBER VEAR MO DAY	Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gether and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gethering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kern L. Ostrawski	724	682-7773	08	02	27
TYPED OR PRINTED AUTHORIZED AGENT	TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	ΜO	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. Flow only occurred weeks of 1-6 & 1-27. JPC 2-6-08

MONITORING PERIOD

TO

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615

08

YEAR MO DAY

01

501A

PERMIT NUMBER

01

DISCHARGE NUMBER

YEAR MO DAY

01 31

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**UNIT 1 GENRTR BLWDWN FILT BW** 

internal Outfall

No Data

Indicator	X
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		QUANTI	QUANTITY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VÁLUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT		_								
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****				30 MØ AVG	100 DAILY MX	mg/L		#15 Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. Mo AVG	Req. Mon. DAILY MX	Mgal/d		4000 PT C 1000 P	erente Maria			Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my		TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE	direction or supervision in accordance with a system designed to essure that qualified personnel properly gather and evaluate the Information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the Information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kavil Ostrawski	724	682-7773	08	02	27
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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