



July 25, 2008 L-08-242

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

SUBJECT:

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

Enclosed is the June 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). Attachment 2 to this letter is the quarterly stormwater results as required by Permit Condition C.21. Attachment 3 is the summary data from the first of three clamicides scheduled for this year.

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

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

Should you have any questions regarding the attached and enclosed documents, please direct them to Mr. Michael Banko at 724-682-4117.

Sincerely,

Kevin L. Ostrowski

Director, Site Operations

Karinh. Ostrawski

1625 1000 Beaver Valley Power Station, Unit Nos. 1 and 2 L-08-242 Page 2

Attachment(s):

- 1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001
- 2. Permit Part C.21 Iron and Zinc Stormwater Monitoring Results
- 3. Clamicide Report

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-08-242 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
6-2-08	0825	7.67	mg/L
6-9-08	0920	6.87	mg/L
6-18-08	0927	6.92	mg/L
6-23-08	1100	7.20	mg/L

- Attachment 1 END -

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-08-242 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

ATTACHMENT 2 Permit Part C.21 Iron and Zinc Stormwater Monitoring Results

Sample	Sample				
Date	Time	Outfall	Parameter	Result	Units
5-16-08	0800	Outfall #003	Zinc	260	ug/l
5-16-08	0800	Outfall #003	Iron	739	ug/l
4-25-08	1530	Outfall #008	Zinc	62	ug/l
4-25-08	1530	Outfall #008	Iron	1330	ug/l
6-21-08	2100	Outfall #011	Zinc	394	ug/l
6-21-08	2100	Outfall #011	Iron	1120	ug/l

⁻ Attachment 2 END -

ATTACHMENT 3

Clamicide Report

The following summarizes the first of three clamicide treatments for the control of Asian clams and Zebra mussels at Beaver Valley Power Station.

Parameter	Unit 1 A Train	Unit 1 B Train	Unit 2 A Train	Unit 2 B Train	
Date	4-8-08 -	3-26-08 -	4-1-08 –	6-10-08 -	
Dale	4-9-08	3-27-08	4-2-08	6-11-08	
Chemical Used ¹	617 pounds ³	1059 pounds ³	432 pounds ³	3903 pounds ³	
Outfall 001 Concentration	<0.1 mg/L	<0.1 mg/L	<0.1 mg/L	< 0.1 mg/L	
Outfall 010 Concentration	N/A ⁴	N/A ⁴	<0.1 mg/L	<0.1 mg/L	
Detox Used ²	1841 pounds	2271 pounds	1573 pounds	2408 pounds	
Outfall 001 Concentration ³	6.5 mg/L	7.6 mg/L	11.8 mg/L	7.4 mg/L	
Outfall 010 Concentration ³	N/A ⁴	N/A ⁴	10.5 mg/L	7.4 mg/L	

- 1. The chemical used is NALCO H150M; LIMITS: 7,000 pounds per day and No Detectable amount at Outfalls 001 and 010.
- 2. The Bentonite Based Detoxifying Agent is NALCO 1315 in the form of a dry agent and a slurry mixture; LIMITS: 21,000 pounds per day and ≤ 35 mg/l at Outfalls 001 and 010
- 3. Dry-weight equivalent
- 4. Outfall does not receive wastewater from the target system

- Attachment 3 END -

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 28

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

06

01

001A DISCHARGE NUMBER

YEAR MO DAY

06

30

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
· ·		VALUE VALUE	VALUE .	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.05	N/A	8.32	рΗ	0	- 1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	7.7	9, MAXIMUM	рН		Weekly	a 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	7.0	Req: Mon** MO AVG	Req. Mon., DAILY MX	mg/L		Weekly	GRAB:
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1**	<0.1**	mg/L	0	1	**
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		0. MO AVG	DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30.4	42.2	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	en e	******	N/A	100	Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.001	0.02	mg/L	0	14 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	100	5" TVAVERAGE%	1.25. MAXIMUM	mg/L		Weekly	*#GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	· N/A	N/A	N/A	0.0005	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			N/A		0 MO AVG	O DAILY MX	mg/L		Weekly	. GRAB

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

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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 07 25 **AREA Code** NUMBER YEAR MO DAY

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

The BETS DT-1 daily maximum was 7.4 mg/L

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. **One clamicide this period, 6-10. ** 0.1 mg/L is Minimum detectable level, JPC 7-21-08

rorm Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615

PERMIT NUMBER

002A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

		MONITORING PERIOD											
	YEAR	MO	DAY		YEAR	MO	DAY						
FROM	08	06	01	TO	08	06	30						

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

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	direction or s
- 1	Kevin L. Ostrowski, DIRECTOR OF SITE	properly gath persons who information, t and complete
	TYPED OR PRINTED	including the

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

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

TE	LEPHONE	DATE				
724	682-7773	08	07	25		
AREA Code	NUMBER	YEAR	MO	DAY		

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 1

ATTN: DONALD J SALERA/MGR ENV

PA0025615

PERMIT NUMBER

003A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05) 003

External Outfall

No Data Indicator

DATE 07

MO

80

YEAR

25

DAY

150770004		MONITORING PERIOD						
		YEAR	MO	DAY		YEAR	MO	DAY
/ & CHEM	FROM	80	06	01	TO	08	06	30

PARAMETER		QUANTITY OR LOADING			(QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LOWINE	A THE R	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			·
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0		r⊁ Req:Mon.: □			A for all the second	******	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	N/A	1. en	Twice Per	ESTIMA
Effluent Gross	REQUIREMENT	# MO AVG	DAILY MX	Mgal/d						Month	10 mag

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
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,	Kevinh Ostrawski	724	682-7773
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

004A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Data Indicator

		MONITORING PERIOD									
YEAR MO DAY YEAR MO DA											
FROM	08	06	01	то	.08	06	30				

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.46	N/A	8.02	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		MAXIMUM	pН		Vveekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.03	1.93	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross		Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d				N/A		Weekly	-MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02*	<0.02*	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		.5 MO AVG	1:25 LLEINST MAX	mg/L	746	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

	I certify under penalty of faw that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE		ATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who 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,	Kevent Ostrawski	724	682-7773	08	07	25
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

^{* 0.02} mg/L is minimum detectable level. JPC 7-21-08

NATIONAL POLLUTANT DISCHARGE ELIVINATION STSTEIN (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 LOCATION: PA ROU

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615

YEAR MO DAY

06 01

006A

DISCHARGE NUMBER

YEAR MO DAY

08

DMR MAILING ZIP CODE: 150770004

IOP

MAJOR (SUBR05)

AUX, INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

PARAMETER	Ever media	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAINABLEIN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	MGD	N/A ·	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO:AVG	Req. Mon	Mgal/d	******	**************************************	*****	N/A		Weekly	ESTIMA

MONITORING PERIOD

	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		ATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or	Keven't. Ostrawski	724	682-7773	08	07	25
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

OFFICIALL DISCHARGE FEIRINATION STOTEM (INFDES) **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 33

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

08

FROM

YEAR MO DAY

06

01

007A DISCHARGE NUMBER

YEAR MO DAY

06

30

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfall

No Data Indicator

							-				
PARAMETER	and the second	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	рН		Weekly	GRAB.
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	,			·						
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon.⊯ 7 MO AVG	Reg. Mon	Mgal/d	and promise		Treatment of the			Weeklys	:GRAB
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	an and an analysis of the second	*****		1-12-14	MO AVG	1/25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT		·			·					
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		## ***********************************			2 AVERAGE	5 MAXIMUM	mg/L		::Weeklÿ;	\GRAB.

	RINCIPAL EXECUTIVE OFFICER
	ski, DIRECTOR OF SITE
OPERATIONS	
77	PED 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 gethering 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	TELEPHONE			DATE				
724 682-7773		80	07	25				
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.

INATIONAL PULLUTANT DISCHARGE ELIMINATION STSTEM (NEDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

Page 34

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 008A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Data Indicator

1		M	ONITO	RING	PERIOD)	
	YEAR	MO	DAY		YEAR	MO	DAY
ROM	08	-06	01	TO	08	06	30

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAIVABLEIC		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		,	
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		****		6 MINIMUM	*****	MAXIMUM.	pН	and the second	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	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	-									
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req. Mon.	Mgal/d			******	N/A	2272	:⊫Weekly a	ESTIMA

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

 TEL	EPHONE		DATE	
724	682-7773	08	07	25
AREA Code	NUMBER	YEAR	мо	DAY

DISCHARGE MONITORING REPORT (DMR)

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

Page 35

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

010A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOLING WATER

External Outfall

No Data Indicator

	MONITORING PERIOD												
	YEAR MO DAY YEAR MO DAY												
ROM	08	06	01	TO	80	06	30						

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(Alvana i all		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.83	N/A	7.59	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		- near a	N/A	6 MINIMUM		9 - MUMIXAMU	pН		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1*	<0.1*	mg/L	. 0	1 / 30	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A			0. INST:MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.24	4.32	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req. Mon. DAILY MX	Mgal/d		*****	•	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5 MO AVG	INST MAX	mg/L		Weekly	GRAB,;:
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		•••••	N/A	*****	.2 AVERAGE	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't Ostrawski	724	682-7773	08	07	25
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 attac	hments here)	The BETS DT-1 daily maximum was7.4 mg	/L				

REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX) * One clamicide this period, 6/10. *0.1 mg/L is minimum detectable level. **0.02 mg/L is minimum detectable level. JPC 7-21-08

DISCHARGE MONITORING REPORT (DMR)

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

011A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Data Indicator

		M	ONITO	RING	PERIOD	1						
	YEAR MO DAY YEAR MO DA											
FROM	08	06	01	то	08	06	30					

PARAMETER	QUANTITY OR LOADING		1		QUALITY OR CONC	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
1 Alvine Leiv		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	11	-:Weekly	ESTIMA

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

irection or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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 07 25 NUMBER YEAR MO DAY AREA Code

DISCHARGE MONITORING REPORT (DMR)

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

012A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Data Indicator

	MONITORING PERIOD											
	YEAR	MO	DAY		YEAR	MO	DAY					
ROM	80	06	01	TO	08	06	30					

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(Alvalate)		VALUÈ	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.51	N/A	8.60	pН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	Spirite of green distance		N/A	6 MINIMUM	**************************************	9 MAXIMUM :	pН		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.261	0.355	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req Mon # MO AVG	Req Mon.; DAILY MX	mg/L		Twice Per	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.294	0.435	mg/L	0	2 / 30	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A		145 MO AVG	1.5 DAILY MX	mg/L		Twice Per-	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon M© AVG	Req Mon. DAILY MX	Mgal/d				N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT		N/A	N/A	N/A	1272	1336	mg/L	0	2 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	***************************************	Section 1	N/A	•	Req: Mon. Mo AVG;	Req. Mon. DAILY: MX *	mg/L	1	Twice Per Month	GRAB

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TEL	EPHONE		DATE	
724	682-7773	08	07	25
AREA Code	NUMBER	YEAR	МО	DAY

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

013A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOŘ (SUBR05)

OUTFALL 013 External Outfall

No Data Indicator

		MONITORING PERIOD												
	YEAR	MO	DAY		YEAR	MO	DAY							
FROM	08	06	01	ТО	_08	06	30							

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.43	. N/A .	6.98	N/A	. 0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	.6 MINIMUM	******	9. MAXIMUM	pН	7	Weekly	GRAB)
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01*	<0.01*	N/A	0	2 / 30	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT		**************************************	N/A	*****	Reg 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	0.016	0.022	N/A	0	2 / 30	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	3		N/A		MO AVG	DAILY MX	mg/L		⊸Twice Per. ⊸Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005**	<0.005**	N/A	0	2 / 30	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT		***************************************	N/A		Req Mon. MO AVG	::=Req. Mon: DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.003	0.003	MGD	N/A	N/A	N/A	N/A		2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	. Req. Mon. +MO AVG		Mgal/d	*****	******	••••	N/A		Twice Per :: :: Month :: -	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	is 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	ſ	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,	Kevinh Otrawsbi	724	682-7773	08	07	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

* 0.01 mg/L is minimum detectable level. ** 0.005 mg/L is minimum detectable level. JPC 7-21-08

rom Approved OMB No. 2040-0004

Page 39

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

FROM

101A

DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY 06 01 08 06 30 TO

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		. (QUALITY OR CONC	ENTRATION	•	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
r Alvaine Leix		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT			. ,							
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM -	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT							h-1-1-1-0			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT				******	30 MO'AVG	100 # "DAILY MX"	mg/L	18 A	Weekly	ECOMP#2
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			:		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB :
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	••••••••••••••••••••••••••••••••••••••				Req. Mon. MO AVG	Req Mon.	mg/L		Weekly	: GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Montant MO AVG	Reg Mon S DAILY MX	Mgal/d	*****	Mary English				DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT					·					
81313 1.0 Effluent Gross	PERMIT REQUIREMENT				*****	Req. Mon MO AVG	Req. Mon. DAILY MX	ma/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	1	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Keven L. Ostrawski	724	682-7773	08	07	25
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.

INTHOUSE LOFFO LUIST DISOLIUIZOF FEIRIUSULIOIS STOTEIN (ISI DEO) DISCHARGE MONITORING REPORT (DMR)

CUITO ADDITOVEO 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

102A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Data Indicator

		N	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	80	06	01	TO	08	06	30

PARAMETER		!	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
T ALVANIE I ET		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.71	N/A	8.17	рН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6k MINIMUM	•••••	9. MAXIMUM	рН		Twice Per	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	5.1	6.2	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Person	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15th 15th MO/AVG	20 DAILY/MX	mg/L		Twice Per	GRĀB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req.:Mon. DAILY:MX	Mgal/d				N/A		##Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	EPHONE		ATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Karnih. Ostrowski	724	682-7773	08	07	25
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 COLLECTED PUMP BEARING LEAKAGE PRIOR TO MIXING WITH ANY OTHER WATER.

*5 mg/L is minimum detectable level. JPC 7-21-08

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

Page 40

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

103A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Data Indicator

		N	ONITO	RING	PERIOD)	
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	06	01	TO	08	06	30

PARAMETER	4	QUANTI	GUANITIT OR LUADING 1 GUALITY OR CONCENTRATION 1						NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAKAMETER	A Company	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.40	N/A	7.45	рН	-0	3 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	6 MINIMUM		9 MAXIMUM	рH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	10.8	16.6	mg/L	0	2 / 30	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon: MO AVG	Req: Mon: DAILY MX	Mgal/d	******	••••••//******************************		N/A		Twice Per	* 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	
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 gathering the information, the information submitted is, to the best of my knowledge and belief, true, sccurate, and complete. I am aware that there are significant penalties for submitting false information,	Karnih. Ostrawski	724	682-7773	08	07	25
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.

NATIONAL PULLUTANT DISCHARGE ELIMINATION STOLEN (NEDES) **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

. OMB No. 2040-0004

Page 42

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR MO DAY

06 01

111A

DISCHARGE NUMBER

YEAR MO DAY

08 06 30

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
1 Alvallia I El		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.36	N/A	7.52	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	:		N/A	16 MINIMUM		#9 MAXIMUM	pН	1.0	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 au aMO:AVG	100 DAILY MX	mg/L			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	100	15 LMO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	· N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Reg Mon. DAILY MX	Mgal/d				N/A		Weekly-	ESTIMA

OPERATIONS	information, the information submitted is, to and complete. I am aware that there are si including the possibility of fine and imprisor
	direction or supervision in accordance with properly gather and evaluate the informatio persons who manage the system, or those
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penanty of law triat this docu-

cument and all attachments were prepared under my h a system designed to assure that qualified personnel ion submitted. Based on my inquiry of the person or persons directly responsible for gathering the to the best of my knowledge and belief, true, accurate, significant penalties for submitting false information, conment for knowing violations.

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

٦	TEL	EPHONE		DATE				
	724	682-7773	08	07	25			
	AREA Code	NUMBER	YEAR	МО	DAY			

^{*4} mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC7-21-07

MONITORING PERIOD

Page 43

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR MO DAY

06 01

FROM

113A DISCHARGE NUMBER

YEAR MO DAY

06 30

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

No

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM	******	9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT					ŕ	,				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	Apple that the best of the			4	30 MO'AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.043 MO AVG	Req Mon) DAILY MX	Mgal/d		******		N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	·									
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			-		1.4 Mo:AVG	3.3 INST MAX	mg/L		Twice Per - Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT					·					
74055 1 1 Effluent Gross	PERMIT REQUIREMENT					200 MOIGEOMN		#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT		***************************************			25 M© AVG	# 50 DAILY MX	mg/L		Twice!Per	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	4	TE	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.	Kainh Estrawski	724	682-7773	08	07	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

08

FROM

YEAR MO DAY

06 01

203A DISCHARGE NUMBER

YEAR MO DAY

06 30

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

No Data Indicator

· .		•									
PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT				·						
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM	*****	9 MAXIMUM	pН	The same	Twice Per :: Month	GRAB "
Solids, total suspended	SAMPLE MEASUREMENT									_	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	A particular de la companya de la co			30 MO AVG	# 60 DAILY MX	mg/L	n edge	Twice Per 9 Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT							1			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.023 MO AVG	Req Mon DAILY MX	Mgal/d	allo esta del es		******			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					1.4 MO AVG	3.3 "INST-MAX	mg/L		Twice Per Month 1	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200 MO GEOMN	**************************************	#/100mL		Twice Per	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT	. :									
80082 1 0 Effluent Gross	PERMIT REQUIREMENT					# .⇒i⁄25° > . MO AVG	50:	mg/L	e l'Aire.	z ∻Twice Per ⊀ Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE		ATE	
Kevin L. Ostrowski, DIRECTOR OF SITE 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 penetries for submitting false information.	Kevinh. Cetrosbi	724	682-7773	08	07	25
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

NATIONAL PULLUTANT DISCHARGE ELIMINATION STOTEM (NEDLO) DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

Page 45

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

211A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

211 TURBINE BLDG

Internal Outfall

No Data Indicator

		·M	IONITO	RING	PERIOD		
. (YEAR	MO	DAY		YEAR	MO	DAY
FROM	80	06	01	TO	08	06	30
		,					

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. FREQUENCY EX OF ANALYSIS		SAMPLE TYPE
T ALVARIA TAIL		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.64	N/A	7.48	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9. MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.7	5.9	mg/L	Q	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	•		N/A		30 MO'AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******	15 MO/AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. s Mo AVG	Req Mon DAILY MX	Mgal/d	***************************************		TO	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	[ATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevin L. Otrawski	724	682-7773	08	07	25
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

^{* 5} mg/L is minimum detectable level. JPC 7-21-08

MONITORING PERIOD

01 TO

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: PA ROUTE 168

BEAVER VALLEY POWER STATION

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

08

FROM

YEAR MO DAY

06

213A

YEAR MO DAY

06

08

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE.

Internal Outfall

No Data I

ndicator	X
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PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
рН	SAMPLE MEASUREMENT											
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	1,7,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	******		6 WINIMUM		9 MAXIMUM	рН		Twice Per Month	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT				,							
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	10 m	**************************************			30 MO'AVG	100 DAILY MX	mg/L	7.7	Twice Per⇒ Month	GRAB	
Oil & grease	SAMPLE MEASUREMENT											
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****				15 MO AVG	20 DAILY MX	mg/L	10-46-4	Twice Per Month	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT						·					
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req≥Mon. DAILY:MX.	Mgal/d	######################################					Weekly	ESTIMA	
Chlorine, total residual	SAMPLE MEASUREMENT											
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		100	5 MO AVG	1.25 LINST MAX	mg/L		Twice Per Months	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		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 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,	Klunih. Otrowski	724	682-7773	08	07	25
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.

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

301A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

No Data Indicator

	MONITORING PERIOD												
	YEAR	MO	DAY		YEAR	MO	DAY						
FROM	08	06	01	TO	08	06	30						

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	ם	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,	Kevent. Otrawski	724	682-7773	08	07	25
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 7-21-08

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

MONITORING PERIOD

TO

OMB No. 2040-0004

Page 48

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

YEAR MO DAY

08 06 01

303A

YEAR MO DAY

08 06 30

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

No Da

ata Indicator	X
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	er i	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	Police Egyptic State of				30. MO¹AVG	100 DAILY MX	mg/L	12.00	Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MO'AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req*Mon MO'AVG	Reg Mony	Mgal/d		*****		N/A	100	: #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	DATE			
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevin L. Ostrawski	724	682-7773	08	07	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION STOTEM (INFOLO) **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

313A

DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY 06 30 08 06 01 08 FROM TO

Page 49

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FAIMILIER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS]			
рН	SAMPLE MEASUREMENT	· · N/A	N/A	N/A	6.43	N/A	6.84	pН	- 0	1 / 7	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************		N/A	6 MINIMUM		9 MAXIMUM	pН	11177	Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	12.2	14.0	mg/L	0	1 / 7	GRAB	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 A.L. MO:AVG	100 DAILY MX	mg/L		Weekiy	GRAB.	
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	1.5	6.0	mg/L	0	1 / 7	GRAB	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO/AVG	DAILY MX	mg/L		Weekly	F GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	· N/A	N/A	•	1 / 7	EST	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon: MO AVG	Req. Mon. DAILY:MX	Mgal/d		******	10 mm	N/A	in the second second	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	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,	Kavai L. Estrawski	724	682-7773	08	07	25
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 DISCHARGE FROM OWS #21 PRIOR TO MIXING WITH ANY OTHER WATER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION STOTEM INFUEST **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

TO

OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

08

YEAR MO DAY

06

01

401A DISCHARGE NUMBER

YEAR MO DAY

06 30

80

CHEM.FEED AREA OF AUX BOILERS

DMR MAILING ZIP CODE: 150770004

Internal Outfall

MAJOR

(SUBR05)

No Data Indicator

PARAMETER	17.	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
AMELLIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	9.07	N/A	9.4	рΗ	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	,		N/A	6 MINIMUM		Reg Mon MAXIMUM	pН		Twice Per Month	GRAB.
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 – DAILY MX	mg/L		Twice Per Month	
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	EGRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT. REQUIREMENT	Req. Mon Mo AVG	Req. Mon: DAILY MX:			*****	*****	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		TE	LEPHONE		ATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevin L. Ostrawski	724	682-7773	08	07	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

*4 mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC 7-21-08

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

Page 50

NATIONAL PULLUTANT DISCHARGE ELIMINATION STSTEM (NEDLO) **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

TO

OMB No. 2040-0004

Page 51

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

MO DAY

01

06

403A

YEAR MO DAY

06 30

08

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 **MAJOR**

(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indicator

		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX.	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT								-		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT						9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT						·				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO/AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT		,								
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		***************************************			15: MO:AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT					Reg Mon MO/AVG	Req. Mon. W DAILY MX	mg/L		Weekly	- GRAB*+
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT. REQUIREMENT						0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	Summer of the su	alian to prove a production of		Zerodnista za zasiona ka		State St			Bracon (Market Hope See) 17-	i man sustantini sin
50050 1 0 Effluent Gross		Req Mon MO AVG	Req Mon. DAILY MX	Mgal/d	(4-16-5)	******	And the state of t			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	Carrier College and Carrier College	**************************************		*****	THE PARTY OF A STATE OF THE PARTY OF THE PAR	A PROPERTY AND ENGINEERS		(Sarean) too date		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Effluent Gross	PERMIT REQUIREMENT					5 Mo AVG	1:25 INST MAX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	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,	Kan I Par 1.	724	682-7773	08	07	25
TYPED OR PRINTED	TYPED OR PRINTED 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)

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 STOLEN INFUEST **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

TO

MO DAY

01

06

OMB No. 2040-0004

Page 52

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: PA ROUTE 168

BEAVER VALLEY POWER STATION

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

08

FROM

403A

YEAR MO DAY

06

DISCHARGE NUMBER

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		. (QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE										
i iyurazine	MEASUREMENT	·		·	İ			<u> </u>			·
81313 1 0	PERMIT					101	(* # See O) 1 1 1 2 4		Assessment Section	W Washing	CDAR
Effluent Gross	REQUIREMENT		100			MOIAVG	DAILY MX	mg/L		THE WAR	

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 cather 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 08 07 25 **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 PULLUTANT DISCHARGE ELIMINATION STSTEM (INCOES) **DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-0004

Page 53

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

413A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BULK FUEL STORAGE DRAIN

Internal Outfall

No Data Indicator

	MONITORING PERIOD										
[YEAR	MO	DAY		YEAR	MO	DAY				
FROM	08.	06	01	TO	08	06	30				

PARAMETER	123	QUANTI	TITY 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	6.91	N/A	7.22	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	19.0	28.0	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	•		N/A		:/30 : MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG 4	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG		Mgal/d		*******		N/A	200	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	D	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,	Kevail Otrowski	724	682-7773	08	07	25
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 OWS #24 PRIOR TO MIXING WITH ANY OTHER WATER.

* 5 mg/L is minimum detectable level. JPC 7-21-08

NATIONAL POLLUTANT DISCHARGE ELIMINATION STOTEW INFUES) DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

Page 54

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

Effluent Gross

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR

08

FROM

501A

MO DAY

01

06

MONITORING PERIOD

TO

DISCHARGE NUMBER

08

YEAR MO DAY

06

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Data Indicator

		QUANT	TY OR LOADING	·		QUALITY OR CONC	ENTRATION		NO.	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	*****				303 MO AVG	100 # DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										,
50050 1 0	PERMIT	Req: Mon: ⊩ ₽	Req Mon		194	The State of State			POTA SEL	Weekiv	FSTIMA

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

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

TEI	LEPHONE		DATE					
724	682-7773	08	07	25				
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.

REQUIREMENT

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

DAY

01

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

50064 1 0

Hydrazine

81313 1 0

Effluent Gross

Effluent Gross

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR MO

06

08

FROM

001A DISCHARGE NUMBER

YEAR MO DAY

06

30

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

mg/L

mg/L

Weekly

GRAB

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I AIVAINETEIN		VALUE	VALUE .	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.05	N/A	8.32	рН	0	. 1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		**************************************	N/A	6 MINIMUM	•	9 MAXIMUM	Ηq		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	•	N/A		Req. Mon MO AVG	Req Mon DAILY MX	mg/L		Weekly	= GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1**	<0.1**	mg/L	0	1	**
04251 1 0 Effluent Gross	PERMIT REQUIREMENT		i de	N/A	age of the Company	0 MO.AVG	0 DAILY:MX	mg/L	-19-27	When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30.4	42.2	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req. Mon. 10 DAILY MX	Mgal/d		*****	*****	N/A	legio.	Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.001	0.02	mg/L	0	14 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	••••	5 AVERAGE	1.25 MAXIMUM	mg/L	Same Control	Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	· N/A	N/A	N/A	0.0005	0.02	mg/L	0	CONT	RCRD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE	[DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalizes for submitting tase information,	Kevin L. Ostrawski	724	682-7773	. 08	07	25
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

N/A

N/A

N/A

N/A

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

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

N/A

The BETS DT-1 daily maximum was 7.4 mg/L

N/A

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. **One clamicide this period, 6-10. ** 0.1 mg/L is Minimum detectable level. JPC 7-21-08

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

Page 28

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

08

FROM

YEAR MO DAY

06

002A DISCHARGE NUMBER

YEAR MO DAY

06

30

80

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

					·				•		
PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAINMETER	Takka Alika A	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant `	SAMPLE MEASUREMENT	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon: MO AVG	Req! Mon. * / DAILY MX	Mgal/d	*****		special section in the section of th	N/A		Weekly	EŜTIMA

01

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

certify under penalty of law that this document and all attachments were prepared under my 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, 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	07	25
AREA Code	NUMBER	YEAR	МО	DAY

OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

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

Page 30

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

003A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

003

External Outfall

No Data Indicator

	MONITORING PERIOD										
	YEAR	MO	DAY		YEAR	MO	DAY				
ROM	08	06	01	TO	80	06	30				

PARAMETER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Reg Mon. DAILY MX	Mgal/d	9 at 1	*****	******	N/A		Twice Per-	ESTIMA

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

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

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

TEI	DATE			
724	724 682-7773		07	25
AREA Code	NUMBER	YEAR	МО	DAY

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

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

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

REQUIREMENT

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

Effluent Gross

BEAVER VALLEY POWER STATION

PA ROUTE 168 LOCATION:

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

08

YEAR MO DAY

06

01

004A

YEAR MO DAY

06

.08

DISCHARGE NUMBER

DMR MAILING ZIP CODE: MAJOR

150770004

(SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.46	N/A	8.02	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******* ******************************	N/A	6 AMINIMUM		9 MAXIMUM	pН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.03	1.93	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross		Reg Mon MO AVG		Mgal/d	a service production			N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02*	<0.02*	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A			1.25 INST MAX	mg/L	1045	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	PERMIT		*****		*****	2 * ***	.5		1975	Weekly.	CPAR

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

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

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

TEL	EPHONE	DATE			
724	08	07	25		
AREA Code	NUMBER	YEAR	МО	DAY	

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

* 0.02 mg/L is minimum detectable level. JPC 7-21-08

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

OMB No. 2040-0004

Page 32

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PÅ 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615

006A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

	MONITORING PERIOD									
1	YEAR	MO	DAY	,	YEAR	MO	DAY			
FROM	08	06	01	TO	08	06	30			

PARAMETER		TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	,		
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req Mon DAILY MX	Mgal/d		***************************************		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	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't Ostrawski	724	682-7773	08	07	2
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	D/

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:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR MO DAY

06 01

007A

YEAR MO DAY

06 30

08

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfall

No Data India

cator	X	
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Page 33

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS]		
рН	SAMPLE MEASUREMENT									,	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		****		6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				,						
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	∘Req Mon ∞MO*AVG	Reg. Mon. DAILY MX	Mgal/d			7			Weekly	: GRAB
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT				Appropriate to	.5 MO AVG	1/25 INST MAX	mg/L		Weekiy	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		e de la			2 AVERAGE	.5 MAXIMUM	ma/L		Weekly	GRAB

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

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

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

TEI	LEPHONE		DATE	
724	682-7773	08	07	25
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.

INATIONAL PULLUTANT DISCHARGE ELIMINATION STSTEIN (INFDES) **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

TO

rorm Approveu OMB No. 2040-0004

Page 34

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR MO DAY

06

01

A800

DISCHARGE NUMBER

YEAR MO DAY

06

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Data Ir

ndicator X

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
ANAMETER		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	100 DAILY MX	mg/L	***	Twice Per A	GRAB
Oil & grease	SAMPLE MEASUREMENT	·									
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 A MO AVG	DAILY MX	mg/L		Twice Per Month	g∉ GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT					-					
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	******		N/A	17.50.01	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	EPHONE	C	ATE	
 724	682-7773	08	07	25
AREA Code	NUMBER	YEAR	МО	DAY

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

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	DAY				
FROM	08	06	01	то	08	06	30				

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1730000		VALUE	VALUE	UNITS	VALUE	VÁLUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.83	N/A	7.59	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		2000 C	N/A	6 MINIMUM 46	*****	9 MAXIMUM	pH.		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1*	<0.1*	mg/L	0	1 / 30	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	And Salar		N/A		0 MO AVG		mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.24	4.32	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon. MO AVG	Req. Mon DAILY MX	Mgal/d				N/A		: Weekly:	- MEASRD:
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5 MO AVG	1.25 LINST MAX	mg/L		Weekly	GRAB=
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	Commence of Contract	2 AVERAGE	.5 MAXIMUM	mg/L	24	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,	Keven'L. Ostrawski	724	682-7773	08	07	25
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)

The BETS DT-1 daily maximum was7.4 mg/L

REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX) * One clamicide this period, 6/10. *0.1 mg/L is minimum detectable level. **0.02 mg/L is minimum detectable level. JPC 7-21-08

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

DISCHARGE MONITORING REPORT (DMR)

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

Page 36

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

011A DISCHARGE NUMBER

DIESEL GEN & TURBINE DRAINS

DMR MAILING ZIP CODE: 150770004

External Outfall

MAJOR

(SUBR05)

No Data Indicator

		M	ONITO	RING	PERIOD)	
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	06	01	то	08	06	30

PARAMETER		QUALITY OR LOADING QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
CANAMETER	APESTA .	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 DAILY MX	Mgal/d	**************************************		: ************************************	N/A		Weekly	estima

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

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

TEL	EPHONE	ן נ	DATE	
724	682-7773	08	07	25
AREA Code	NUMBER	YEAR	MO	DAY

DISCHARGE MONITORING REPORT (DMR)

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

012A

DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 08 06 01 08 06 30

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Data Indicator

PARAMETER	QUANTITY OR LOADING QUALITY OR CONCENTRATION							NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		, 	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.51	N/A	8.60	рН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	******	N/A	6 MINIMUM		9 MAXIMUM	pН		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.261	0.355	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	, in the second		N/A		Req. Mon : MO AVG	Req Mon DAILY MX	mg/L		Twice:Per	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.294	0.435	mg/L	0	2 / 30	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	****** ****	1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon. IMO 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	1272	1336	mg/L	0	2 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	1	Req: Mon 	Req Mon DAILY MX	mg/L		Twice Per Month	GRAB

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TEI	LEPHONE		DATE	`
724	682-7773	08	07	25
AREA Code	NUMBER	YEAR	MO	DAY

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

013A DISCHARGE NUMBER

MAJOR -(SUBR05) **OUTFALL 013**

External Outfall

DMR MAILING ZIP CODE:

No Data Indicator

DATE

150770004

			ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	06 -	01	TO	08	06	30

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			,
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.43	· N/A	6.98	N/A	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	ere sale de la companya de la compan	******	N/A	6 MINIMUM ⁴⁵	*****	9 MAXIMUM	рН		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01*	<0.01*	N/A	0	2 / 30	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	••••	*****	N/A	******	Reg Mon MO AVG	Req. Mon DAILY MX	mg/L		Twice Per Month	
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.016	0.022	N/A	0	2 / 30	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	******	.05 MO AVG	DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005**	<0.005**	N/A	0	2 / 30	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Reg Mon MO AVG	Reg Mon- DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.003	0.003	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon DAILY MX	Mgal/d	3 (1) 3 (1) (1)	Sugar Service	******	N/A		Twice Per Month	ESTIMA

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

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

Keven L. Otrawsbi	724	682-77
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR		
AUTHORIZED AGENT	AREA Code	NUMBER

07 25 773 80 YEAR MO DAY

TELEPHONE

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 7-21-08

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

Page 38

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

08

FROM

YEAR MO DAY

06

01

101A

YEAR MO DAY

06 30

08

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Data Indicator

											L
PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH -	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM:		9 9 MAXIMUM	рН		Weekly	GRAB.
Solids, total suspended	SAMPLE MEASUREMENT							1	1000		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 b MO AVG	100 DAILY MX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT								A07541 6 707540666		
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		**************************************		440	15 MO/AVG	20: DAILY MX	mg/L		Weekly	GRAB's
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	***************************************				Reg Mon.	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req. Mon DAILY MX	Mgal/d	9			-		DAILY.	CONTIN
Hydrazine	SAMPLE MEASUREMENT			· · · ·							
81313 1 0 Effluent Gross	PERMIT - REQUIREMENT	****	******			Reg Mon MO AVG	Reg. 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		TEI	LEPHONE	Ī	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting faise information,	Keven L. Ostrawski	724	682-7773	08	07	25
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.

MATIONAL I OLLO MATI DIOCHANGE ELIMINATION STOTEM (M. DES) **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

102A DISCHARGE NUMBER

MAJOR (SUBR05) 102 INTAKE SCREEN HOUSE

Internal Outfall

DMR MAILING ZIP CODE: 150770004

No Data Indicator

	MONITORING PERIOD								
- (YEAR	MO	DAY		YEAR	MO	DAY		
ROM	08	06	01	то	08	06	30		

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	· N/A	N/A	7.71	N/A	8.17	рΗ	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 PAMAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	5.1	6.2	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO'AVG	100 DAILY MX	mg/L		Twice Per :: Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	· N/A	N/A	N/A	<5 *	<5 *	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	7 ************************************	15 MO AVG	DAILY MX	mg/L		_ Twice Per 	GRAB:
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	•	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon: MO AVG	Req. Mon DAILY/MX	Mgal/d				N/A		Twice Per Month	ESTIMA,

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	-	TEI	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 bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Karah. Ostrowski	724	682-7773	08	07	25
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 COLLECTED PUMP BEARING LEAKAGE PRIOR TO MIXING WITH ANY OTHER WATER.

*5 mg/L is minimum detectable level. JPC 7-21-08

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

Page 40

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

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	06	01	TO	08	06	30		

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CANAMETER	9 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.40	N/A	7.45	РH	0	3 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	******	9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	10.8	16.6	mg/L	0	2 / 30	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	•	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	N/A	*****	30 MO.AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req: Mon DAILY: MX	Mgal/d	######################################			,N/A	e protesti V	Twice Per	ESTIMA

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TEL	EPHONE		DATE				
724	682-7773	80	08 07 29				
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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION STOLEN (INFDES) **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

TO

1 WITH PROPERTY OMB No. 2040-0004

Page 42

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

08

FROM

YEAR MO DAY

06

01

111A DISCHARGE NUMBER

YEAR MO DAY

80

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
- CIVAINS I SAIT	E TO SECURE	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.36	N/A	7.52	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	⇒ 6 MINIMUM		9 MAXIMUM	. pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A .	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A		30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	20 DAILY MX	mg/L		: Weekly	-GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req! Mon. MO AVG	Req. Mon DAILY MX	Mgal/d	711	12.6 Te 12.0	****	N/A		Weekly	ESTIMA

<u>_</u>	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	vin L. Ostrowski, DIRECTOR OF SITE
	TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TEI	EPHONE	DATE			
724	682-7773	08	07	25	
AREA Code	NUMBER	YEAR	МО	DAY	

^{*4} mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC7-21-07

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

113A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 2 SEWAGE TMT PLANT Internal Outfall

No Data Indicator

	MONITORING PERIOD											
	YEAR	MO	DAY		YEAR	MO	DAY					
FROM	08	06	01	TO	08	06	30					

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT				·						. — .
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		•		ا الله الله الله الله الله الله الله ال	*****	9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross			Req Mon DAILY MX	Mgal/d		***************************************		N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT					·					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT		·								
74055 1 1 Effluent Gross	PERMIT REQUIREMENT					200 MO GEOMN		#/100mL		Twice Per ; Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT				**************************************	25	50 DAILY MX	mg/L	100	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	Œ	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.	Karin L. Estrawski	724	682-7773	08	07	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

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

08

FROM

YEAR MO DAY

06

01

203A DISCHARGE NUMBER

YEAR MO DAY

06

30

08

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
· ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	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				1		30 MO:AVG	60 DAILY MX	mg/L	racio esca	Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross		0237 MO AVG	Req Mon : • DAILY/MX	Mgal/d						Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT				****	1.4 MO/AVG	3.3 INST: MAX	rng/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT				******	200 MO GEOMN	**************************************	#/100mL		Twice Per	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

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	_	TEI	LEPHONE		ATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	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 penetities for submitting false information.		724	682-7773	08	07	25
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION STOTEM (NE DES) DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

Page 45

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

211A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

211 TURBINE BLDG

Internal Outfall

No Data Indicator

	MONITORING PERIOD											
	YEAR	MO	DAY		YEAR	MO	DAY					
FROM	80	06	01	TO	08	06	30					

PARAMETER	, de	QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	· N/A	6.64	N/A	7.48	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	2.7	5.9	mg/L	Ó	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	***************************************	446	N/A		# ####################################	1001 DAILY MX	·mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		// 15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1/7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon: Mo AVG	Reg Mon! DAILY MX	Mgal/d		Company of the Compan	743	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	It certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE		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 manege 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,	Keven L. Otrawski	724	682-7773	08	07	25
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

^{* 5} mg/L is minimum detectable level. JPC 7-21-08

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

01

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

NAME:

50060 1 0

Effluent Gross

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

06

213A

DISCHARGE NUMBER

YEAR MO DAY

06

30

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS]
На	SAMPLE MEASUREMENT									,	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******			6. MINIMUM		9 MAXIMUM	рН		Twice Pery # Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	a de la composition		****	30 MO AVG	100 s DAILY MX	mg/L	10 m	Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT						,				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	294				15 MO AVG	20 DAILY MX	mg/L	10 mg	Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req Mon DAILYMX	Mgal/d						Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										

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	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevin L. Ostrawski	724	682-7773	08	07	25
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)

PERMIT

REQUIREMENT

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

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

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

08

FROM

YEAR MO DAY

06 01

301A

DISCHARGE NUMBER

YEAR MO DAY

08 06

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

No Data Indicator

DARAMETER	A. C.	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A .	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	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 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		-15 MO AVG	20. DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	, N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req: Mon: DAILY MX	Mgal/d		*****		N/A		Weekly	ESTIMA

	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	DATE			
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting faise information,	Kevent. Otrawski	724	682-7773	08	07	2
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	o
COMMENTO AND EVEL ANATON OF ANY LONG ATONO (D. C							

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 7-21-08

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

NATIONAL PULLUTANT 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

FROM

303A

DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY 08 06 06 01 08 30

Page 48

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

No Data Indicator

PARAMETER	Control of the second	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				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 P. MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		et e saparte e			30 MO AVG	∮100 "IDAILY MX"	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT						·				
00556.1 0 Effluent Gross	PERMIT REQUIREMENT					n 15 MO AVG	20 DAILY MX	mg/L		Weekly.	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										•
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon Mo AVG	Reg Mon DAILY MX	Mgal/d			100 100 100 100 100 100 100 100 100 100	N/A		Weekly	SESTIMA

	I certify under penalty of law that this document and all attachments were prepared under re- direction or supervision in accordance with a system designed to assure that qualified personal
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person 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, acou and complete. I am eware that there are significant penalties for submitting false information.
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.

I certify under penalty of law that this document and all attachments were prepared under my a system designed to assure that qualified personnel n submitted. Based on my inquiry of the person or the best of my knowledge and belief, true, accurate, gnificant penalties for submitting false information, SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TEI	LEPHONE		DATE				
724	682-7773	08	07	25			
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.

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 313A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Data Indicator

	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY			
ROM	08	06	01	TO	08	06	30			

PARAMETER	100	QUANTITY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
T ALVANIE LETT		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	. N/A	N/A	N/A	6.43	N/A	6.84	Дq	- 0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 - MINIMUM		9; MAXIMUM	рΗ		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	12.2	14.0	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	##************************************		N/A		30 - MOYAVG	DAILY MX	mg/L	4	Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	1.5	6,0	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Weekiy	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	Reg Mon Mo AVG	Req. Mon DAILY MX	Mgal/d				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		TEI	LEPHONE	t	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, accurata, and complete. I am aware that there are significant penalties for submitting false information,	Kavai L. Ostrawski	724	682-7773	08	07	25
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 DISCHARGE FROM OWS #21 PRIOR TO MIXING WITH ANY OTHER WATER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION STOTEM (IMPUES) **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 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	06	01	ТО	08	06	30			
-										

PARAMETER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	9.07	N/A	9.4	pН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	6 MINIMUM	••••	Req: Mon MAXIMUM	ρН	a de la companya de l	Twice Per	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	. T. 18		N/A	**************************************	305.41 MO:AVG	100 DAILY MX	mg/L	*	Twice Per Month,	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		159 MOAVG	20 DAILYMX	mg/L		Twice Per	GRAB.
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req.Mon. DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

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

TE	EPHONE	DATE				
724	682-7773	08	07	25		
AREA Code	NUMBER	YEAR	МО	DAY		

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

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

*4 mg/L is minimum detectable level. ** 5 mg/L is minimum detectable level. JPC 7-21-08

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

Page 50

MONITORING PERIOD

Page 51

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different) FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

NAME:

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

06

01 TO 403A

YEAR MO DAY

06

08

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No I

Data Indicator	X
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	William Control of the Control of th						·		T		
DARAMETER		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 MUMIXAM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	Section 1	**************************************			30 MOJAVG	100 DAILY MX	mg/L		Weekly	GRAB.
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		******			MO AVG	20 L DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT					Req Mon MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT									-	
04251 1 0 Effluent Gross	PERMIT. REQUIREMENT					0 Moravg	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req≑Mon. MO AVG		Mgal/d	*****	# *****				Weekly	ËSTIMA
Chlorine, total residual	SAMPLE MEASUREMENT			1			·				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5i⊧ MO AVG	1.25 INST MAX	mg/L		[™] Weekly'-	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE		ATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	1 10 10 100	724	682-7773	08	07	25
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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION STOTEM (INFUES) **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

YEAR

08

FROM

403A

08

DISCHARGE NUMBER

YEAR MO DAY

06

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No

Data Indicator	X
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PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
- ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******			0 MOJAVG	0 DAILY MX	mg/L		Weekly	GRAB

MONITORING PERIOD

TO

MO DAY

01

06

	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	1	TEI	LEPHONE	[DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gether and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for 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	07	25
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 DISCHARGE ELIMINATION STSTEM (NEDES) DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

Page 53

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

		N	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	80	06	01	TO	08	06	30

PARAMETER	1000	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I AIGHTEIL	A STATE OF THE STATE OF	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.91	N/A	7.22	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9. MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	19.0	28.0	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A			100 DAILY/MX	mg/L		Weekly	gRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L	36	Weekly	:×:GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. Mo AVG	Req. Mon. DAILY:MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	EPHONE		DATE	
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am eware that there are significant penalties for submitting false information,	Kevail. Ostrowski	724	682-7773	08	07	25
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 OWS #24 PRIOR TO MIXING WITH ANY OTHER WATER.

* 5 mg/L is minimum detectable level. JPC 7-21-08

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION STATEIN (NEDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

OMB No. 2040-0004

Page 54

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

08

FROM

YEAR MO DAY

06

01

501A DISCHARGE NUMBER

YEAR MO DAY

06

30

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
AMMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT									_	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 U MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				·						·
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon Mo MO AVG	Req. Mon. DAILY MX	Mgal/d						. 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	Γ	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 getthering the Information, the Information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kan 1. Por	724	682-7773	08	07	25
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 INTERNAL MP 501 PRIOR TO MIXING WITH ANY OTHER WATER.



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	FirstEne	ergy Nuclear Operating Company							
Address:	P.O. Bo	x 4							,
	Shippin	gport, PA 15077	· · · · · · · · · · · · · · · · · · ·	<u> </u>		,			
	Beaver	Valley Power Station	· ·						
	PERM	MIT NUMBER			MONITOR Year/I	RING P			
	P	A0025615	2008	06	01	то	2008	06	30
PARAMETE	R. ;-	ANALYSIS METHOD,		LAB NAM	E		LABII	ONUMBE	Ř ²
Powerline 3627 (Cl	lamtrol)	Photometric Determination	Beaver	Valley Pow	er Station		0	4-2742	
Bentonite Detox (Betz DT-1)		Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645	Beaver	Valley Pov	ver Station		0	4-2742 :- #	
Total Residual Ch	lorine	SM 4500-CL G [20 th]	Beaver	Valley Pow	er Station		0	4-2742	
Free Available Ch	llorine	EPA 330.5	Beaver	Valley Pow	er Station	!	₩}‡-0	4-2742	
рН	•	SM 4500-H+ B [20 th]	Beaver	Valley Pow	er Station		. 0	4-2742	,
Temperature		- SM 2550 B [20 th]	Beaver	Valley Pow	ver Station		0	4-2742 - U	
Flow		NA	Beaver	Valley Pow	er Station		0	4-2742	
Total Suspended	Solids	SM 2540 D [20 th]	Beaver	Valley Pov	ver Station	A STATE OF THE STA	o d	4-2742	
Hydrazine		ASTM D1385-01	Beaver	Valley Pow	er Station		O	4-2742	
Fecal Coliforn	n3	Standard Method 9222D	Beaver	Valley Pow	er Station			4-2742	
Oil and Greas	se	EPA 1664 Rev A	FirstEr	nergy Corp	Beta Lab		68	3-01120	
Total Dissolved S	Solids	SM 2540 C [20 th]	FirstEr	nergy Corp	Beta Lab		68	3-01120	

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

Name/Title Principal Executive Officer

Phone: 724-682-7773

Signature of Principal Executive Officer or

Authorized Agent

Kevin L. Ostrowski **Director Site Operations**

³ Analysis no longer performed.

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

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



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Address: P.O. Box 4 Shppingport, PA 15077 Beaver Valley Power Station
Beaver Valley Power Station
· · ·
PERMIT NUMBER MONITORING PERIOD Year/Month/Day
PA0025615 2008 06 01 TO 2008 06 30
PARAMETER ANALYSIS METHOD LAB NAME LAB ID NUMBER?
Zinc EPA 200.7 Rev 4.4 FirstEnergy Corp-Beta Lab 68-01120
Copper : EPA:200.7 Rev 4.4 FirstEnergy.Corp Beta Lab.: 68-01120
Iron EPA 200.7 Rev 4.4 FirstEnergy Corp-Beta Lab 68-01120
Chromium EPA:200'7 Rev 4:4 FirstEnergy/Corp:Béta Lab 68-01120
Ammonia SM 4500-NH3 D [20 th] FirstEnergy Corp-Beta Lab 68-01120
CBOD-5 Day: SM5210 B Precision Analytical Inc. 68-00434
Cyanide SM 4500-CN E [20 th] Precision Analytical Inc. 68-00434
Chlorobenzene EPA 624 Precision Analytical Inc. 68-00434

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

Name/Title Principal Executive Officer

Phone: 724-682-7773

Signature of Principal Executive Officer or

Authorized Agent

Kevin L. Ostrowski Director, Site Operations

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

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