

August 28, 2008 L-08-273

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

SUBJECT:

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

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

Review of the data indicates 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

Kewinh. Ostrowski

TEAS

Beaver Valley Power Station, Unit Nos. 1 and 2 L-08-273 Page 2

## Attachment(s):

1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001

### 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-08-273 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
07/01/08	0830	7.50	mg/L
07/08/08	0935	6.82	mg/L
07/14/08	0840	7.21	mg/L
07/22/08	0730	8.18	mg/L
07/29/08	0852	6.97	mg/L

- Attachment 1 END -



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

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

Permittee Name:	FirstEne	ergy Nuclear Operating Company							
Address:	P.O. Box	x 4							
	Shipping	gport, PA 15077	.,1%						
	Beaver \	Valley Power Station							
	PERM	MIT NUMBER			MONITOI Year/l	RING F Month/			
	P/	A0025615	2008	07	01	то	2008	07	31
				· · · · · · · · · · · · · · · · · · ·				1	
PARAMETE	R.	ANALYSIS METHOD		LAB NAM	l <b>E</b> station		LABI	D NUMBE	R <sup>2</sup>
Powerline 3627 (CI	lamtrol)	Photometric Determination	Beaver	Valley Pow	er Station		C	)4-2742	
Bentonite Detoxi (Betz DT-1)		Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645	Beaver	Valley Pov	ver Station-		c	)4-2742	
Total Residual Ch	lorine	SM 4500-CL G [20 <sup>th</sup> ]	Beaver	Valley Pow	er Station		C	)4-2742	
Free Available Ch	ilorine	EPA 330.5	Beaver	Valley Pow	er Station		C	)4-2742	
рН		SM 4500-H+ B [20 <sup>th</sup> ]	Beaver	Valley Pow	er Station		C	)4-2742	
Temperature	•	SM 2550 B [20 <sup>th</sup> ]	Beaver	Valley Pow	er Station		C	)4-2742	
Flow		NA	Beaver	Valley Pow	er Station		C	)4-2742	
Total Suspended	Solids	SM 2540 D [20 <sup>th</sup> ]	Beaver	Valley Pow	er Station		С	)4-2742	
Hydrazine		ASTM D1385-01	Beaver	Valley Pow	er Station		C	)4-2742	
Fecal Coliforn	n³	Standard Method 9222D	Beaver	Valley Pow	er Station		0	4-2742	
Oil and Greas	se	EPA 1664 Rev A	FirstEn	ergy Corp-	Beta Lab		68	8-01120	
Total Dissolved S	Solids	SM 2540 C [20 <sup>th</sup> ]	FirstEn	ergy Corp-	Beta Lab		- 68	8=01120	

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

Name/Title Principal Executive Officer

Phone: 724-682-7

Signature of Principal Executive Officer or

**Authorized Agent** 

Kevin L. Ostrowski Director Site Operations

Date 8/27/08

Keunt. Strawski

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

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

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

3800-FM-WSFR0189 6/2000

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

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

	<del>· · · · · · · · · · · · · · · · · · · </del>	<del> </del>								
Permittee Name:	FirstEnergy	Nuclear Operating Company	1				,			
Address:	P.O. Box 4	· · · · · · · · · · · · · · · · · · ·					•			
	Shppingport	, PA 15077	*							
	Beaver Valle	ey Power Station			•			•		
	PERMIT I	NUMBER			MONITO Year	RING F				
	PA002	25615	2008	07	01	то	2008	07	31	
	<del></del>		<u> </u>			1,	<u> </u>		i	
PÄRAMET	ER	ANALYSIS METHOD		LAB NAM	IE :		LABII	NUMBE	$R^2$	
Zinc		EPA 200.7 Rev 4.4	FirstEn	ergy Corp-	Beta Lab		68	3-01120	:	
Copper		EPA 200.7 Rev.4:4	FirstEn	ergy Corp	Beta Lab		68	3-01120		
Iron		EPA 200.7 Rev 4.4	FirstEn	ergy Corp-	Beta Lab		68	3-01120		
Chromiu		EPA 200.7 Rev 4.4	FirstEn	ergy Corp	Beta Lab		68-01120			
Ammoni	a	SM 4500-NH3 D [20 <sup>th</sup> ]	FirstEn	ergy Corp-	Beta Lab		68-01120			
CBOD-5, [	)ay	SM5210 B	Precis	sion Analyt	ical Inc.		68	3-00434		
Cyanide	,	SM 4500-CN E [20 <sup>th</sup> ]	Precis	sion Analyt	tical Inc.		68	3-00434		
Chlorobenz	ene	EPA 624	Precis	sion Analyl	ical Inc.		68	3-00434		
			,							
									* · · · · · · · · · · · · · · · · · · ·	
	,									

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

Name/Title Principal Executive Officer

Phone: 724-682-7773

Signature of Principal Executive Officer or

**Authorized Agent** 

Kevin L. Ostrowski Director, Site Operations Date: 8/27/08

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

08

FROM

YEAR MO DAY

07

01

001A DISCHARGE NUMBER

YEAR MO DAY

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 CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	· N/A	N/A	N/A	7.25	N/A	8.64	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	•••••	9 MAXIMUM	pН		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	. N/A	*	*	mg/L	*	*	*
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	e e geng suhman e	****	N/A		Reg Mon MO AVG	Req. Mon	mg/L	10220	Weekly	GRAB .
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1**	<0.1**	mg/L	0	3 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	many a specific of the second		N/A	*****	0 MO AVG	DAILY MX	mg/L	esia le		COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30.6	50.1	MGD	· N/A	N/A	N/A	N/A	-	∻DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon		Mgal/d	3. ***** 3. *****		200 <b>*****</b> 100 ***********************************	N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.01	0.12	mg/L	0	12 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A		5 AVERAGE	1.25 MAXIMUM	mg/L	- (S.)	Weekly-	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.015	0.16	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	******	2 • AVERAGE: - 1	.5. MAXIMUM	mg/L	4 × 14	Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	, *	*
81313 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	•	0 MO/AVG	0 DAILY MX	mg/L	TO ST	Weekly	GRAB.

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

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

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

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

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

The BETS DT-1 daily maximum was 11.1 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. \*\* Three Clamicides this period on 7-15, 7-22 & 7-30. \*\*0.1 mg/L minimum detectable level wwc 08-19-08

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

003A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

003

External Outfall

No Data Indicator

		MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY				
FROM	08	07	01	то	08	07	31				

PARAMETER	1990	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TACAMETER	10 min of 10 min	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d			<b>******</b>	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 firection or supervision in accordance with a system designed to assure that qualified personne roperly gather and evaluate the information submitted. Based on my inquiry of the person or ersons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

TEI	LEPHONE		ATE:	
724	682-7773	08	08	27
AREA Code	NUMBER	YEAR	МО	DAY

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

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

Form Approved OMB No. 2040-0004

Page 2

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 002A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

		MONITORING PERIOD									
	YEAR	МО	DAY		YEAR	MO	DAY				
FROM	08	07	01	то	08	07	31				

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	100	Weekly	ESTIMA

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

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

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

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

MONITORING PERIOD

OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR

08

MO DAY

01

07

004A DISCHARGE NUMBER

YEAR

08

MO DAY

07

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Data Indicator

DATE

80

MO

27

DAY

08

YEAR

PARAMETER	n sollen tilbyris stilbyris	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			·
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.31	N/A	8.01	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		2 - 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	N/A	6 MINIMUM		9 MAXIMUM:	pН		Weekly:	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.48	7.71	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEA'S:
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon : MO AVG	Req: Mon. DAILY MX	Mgal/d	*****		**************************************	N/A		Weekly	MEASRE
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	<b>3.00</b>	5 MO AVG	1.25 INST MAX	mg/L		Weekiy	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	10.000 TO 10.000	*****	N/A	******	2 LAVERAGE-	5 MAXIMUM	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 ersons who manage the system, or those persons directly responsible for gathering the nformation, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, ncluding the possibility of fine and imprisonment for knowing violations.

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

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

\* 0.02 mg/L is minimum detectable level. wmc 08-19-08

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Page 5

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

006A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

		N	ONITO	RING	PERIOD	1	
	YEAR	MO	DAY		YEAR	MO	DAY
ROM	08	07	01	то	08	07	31

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	910	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	3.7	Weekly	ESTIMA

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

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

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

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

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

Form Approved OMB No. 2040-0004

Page 6

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

007A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfall

No Data Indicato

		M	ONITO	RING	PERIOD		
	YEAR	YEAR	МО	DAY			
FROM	. 08	07	01	то	08	07	31

PARAMETER	200 ATT	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	Later water and the second	****		6 MINIMUM	*****	9 MAXIMUM	pН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d			******			Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	de la companya de la			*****	5 MO AVG	1:25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT								et.		
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		******		dia	.2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TEI	LEPHONE	DATE					
724	682-7773	08	08	27			
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.

OMB No. 2040-0004

Page 7

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

**BEAVER VALLEY POWER STATION** 

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

A800 DISCHARGE NUMBER

		M	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	80	07	01	то	08	07	31

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Data Indicator

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

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

TYPED OR PRINTED

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

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

TEI	LEPHONE		ATE	
724	682-7773	08	08	27
AREA Code	NUMBER	YEAR	МО	DAY

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

Form Approved OMB No. 2040-0004

Page 8

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

1	MONITORING PERIOD										
	YEAR	MO	DAY		YEAR	MO	DAY				
FROM	80	07	01	TO	08	07	31				

DADAMETED	PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.48	N/A	8.15	рН	0	1 / 7.	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	******	N/A	6 MINIMUM ±	*****	9 MAXIMUM =	pН		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1*	<0.1*	mg/L	0	. 1 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	••••		N/A		0 MO AVG	INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.18	5.76	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	0.044	0.09	mg/L	<sub>3</sub> - 0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					.5 MOłAVG	1:25 - INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.038	0.09	mg/L	0	1: / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	*****	N/A		2 AVERAGE	MAXIMUM	mg/L		Weekly	GRAB

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

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

The BETS DT-1 daily maximum was 11.6 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 on 7-22. \* 0.1 mg/L is minimum detectable level. WMC 8-19-08

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

Form Approved OMB No. 2040-0004

Page 9

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

011A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**DIESEL GEN & TURBINE DRAINS** 

External Outfall

No Data Indicator

	MONITORING PERIOD											
	YEAR	MO	DAY		YEAR	MO	DAY					
FROM	- 08	07	01	то	80	07	31					

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

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

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

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

TELEPHONE DATE . 724 682-7773 08. 80 27 DAY AREA Code NUMBER MO YEAR

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

MONITORING PERIOD

OMB No. 2040-0004

Page 10

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

Effluent Gross

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

80

YEAR MO DAY

07

01

012A DISCHARGE NUMBER

YEAR MO DAY

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	10 m	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		·	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.24	N/A	8.69	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	25 (0.46)	augejaurka Hasiliaurka	N/A	6 MINIMUM	****** Late (March 1997)	9 MAXIMUM	pН		Once Per	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.106	0.117	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	**************************************	Req. Mon. MO AVG	Req Mon DAILY MX	mġ/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.063	0.067	mg/L	0	3 / 31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	100 miles		N/A	******* ******************************	1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	· N/A	N/A	N/A	N/A	-	1 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	Req: Mon: DAILY MX	Mgal/d	*****	****** E	******	N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	1274	1316	mg/L	0	2 / 31	GRAB
70295 1 0	PERMIT	# <b>*****</b>	******	N/A	* ************************************	Req. Mon.	- Req. Mon.		de la constante	Twice Per	GRAR

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

TYPED OR PRINTED

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

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

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

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

REQUIREMENT

Form Approved - OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615
PERMIT NUMBER

013A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

OUTFALL 013 External Outfall

No Data Indicator

1		M	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	07	01	TO	08.	07	31

PARAMETER		QUANTI	TY OR LOADING		. (	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LANGINETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		,	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.96	N/A	7.13	N/A	0	· 1 /-7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****** 14000		N/A	6 MINIMUM		.r. ±9 ± MAXIMUM	. pH		Weekly	GRAB.
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	· N/A	<0.01*	<0.01*	N/A	0	2 / 31	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT		da Majori de la companya de la comp	N/A	one.	Req Mon. MO AVG	Req Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.006	0.007	N/A	0.	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	******	05 MO AVG	1 DAILY MX	mg/L		Twice Per- Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005**	<0.005**	N/A	0	2 / 31	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******	Req. Mon. MO AVG *	Req. Mon. DAILY MX	mg/L	2.0	Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.003	0.003	MGD	N/A	N/A	N/A	N/A		2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon:	Req:Mon.	Mgal/d			**************************************	N/A		Twice Per Month	∉STIMA.

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	7	TE	LEPHONE	[	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevin L. Ostrawski	724	682-7773	08	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY

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

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. www. 8-19-08

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

MONITORING PERIOD

TO

Form Approved
OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615
PERMIT NUMBER

08

FROM

YEAR MO DAY

07

01

101A

DISCHARGE NUMBER

YEAR MO DAY

07

31

08

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

DMR MAILING ZIP CODE: 150770004

Internal Outfall

No Data Indicator X

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONC	ENTRATION	•	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER	gran estat medalles.	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6. 4. MINIMUM	Version 1947	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	a september 1	Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT									,	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MO AVG	20 DAILY MX	mg/L	1049	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
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	******	4		777		DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		*****	Req Mon MO AVG	Req: Mon.	ma/L			- 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 false information,	Kevinh. Ostrawski	724	682-7773	08	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

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

Form Approved
OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615
PERMIT NUMBER

102A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Data Indicator

		MONITORING PERIOD											
	YEAR	MO	DAY		YEAR	MO	DAY						
FROM	08	07	01	TO	08	07	31						

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	Ñ/A	7.60	N/A	7.94	рН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		:	N/A	6 MINIMUM		9 MAXIMUM	рН		Twice Per	GRAB:
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	· N/A	22.6	40.1	mg/L	. 0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A		⊭30 " MO AVG	100. DAILY MX	mg/L		Twice Per Month	-GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		*******	N/A		w 15 i≽MO AVG	20 DAILY:MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	· • •	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon: +!/ MO AVG	Req. Mon. DAILY MX	Mgal/d	*****		*****	N/A	1000 Q 1000 PM 1000 PM		- 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	v	TEI	LEPHONE	τ	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	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,	Kevinh Ostrawski	724	682-7773	08	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

\*5 mg/L is minimum detectable level. wmc 8-19-08

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

MONITORING PERIOD

TO

OMB No. 2040-0004

Page 14

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

50050 1 0

Effluent Gross

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

08

Rea Mon

DAILY MX

MO AVG

YEAR MO DAY

07

01

103A DISCHARGE NUMBER

YEAR MO DAY

08

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Data Indicator

Month

DATE

08

МО

27

DAY

80

YEAR

PARAMETER	751	QUANTITY OR LOADING			(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		•	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.94	N/A	7.35	рН	0	5 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******* ******************************	*****	N/A	6: MINIMUM	*****	. 9 MAXIMUM.	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	· N/A	N/A	6.1	8.2	mg/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			. N/A	enis Spece di S		100 DAILY MX	mg/L	100	Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST

Mgal/d

	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 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
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)

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

PERMIT

REQUIREMENT

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 15

ESTIMA

DATE

08.

MO

27

DAY

08

YEAR

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

50050 1 0

Effluent Gross

BEAVER VALLEY POWER STATION

PERMIT

REQUIREMENT

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR

08

DAILY MX

MO DAY

01

07

111A DISCHARGE NUMBER

YEAR MO DAY

07

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBRÓ5)

111 DIESEL GENERATOR BLDG

Internal Outfall

TELEPHONE

No Data Indicator

PARAMETER	on Hayert and order	QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.15	N/A	7.56	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	1.2	5.8	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		**************************************	N/A		30' MO!AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/Ą	N/A	N/A	N/A	<5 <b>*</b>	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		•	N/A	10 (00) <b>10000</b>	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	- ú	1 / 7	EST

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.

Reg. Mon.

MO ÁVG

7		CELLIONE
Keun L. Ostrawski	724	682-7773
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR		
· AUTHORIZED AGENT	AREA Code	NUMBER

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

<sup>\* 5</sup> mg/L is minimum detectable level. WMC 8-19-08

OMB No. 2040-0004

Page 18

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

211A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

211 TURBINE BLDG Internal Outfall

No Data Indicator

AR MC 8 07	
0 07	24
0   0/	31

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	6.63	N/A	7.52	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	Will (1994)		N/A	6 MINIMUM		9 MAXIMUM	pН		Weekiy	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.8	4.0	mg/L	0 .	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1	****	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	L St.		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		2	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d				N/A	. 25.2	Weekly	ESTIMA

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

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

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

į	TEI	LEPHONE		ATE	
	724	682-7773	08	08	27
	AREA Code	NUMBER	YEAR	МО	DAY

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

<sup>\* 5</sup> mg/L is minimum detectable level. wmc 8-19-08

Form Approved OMB No. 2040-0004

Page 16

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

113A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

No Data Indicator

		M	ONITO	RING	PERIOD		
	YEAR	МО	DAY		YEAR	MO	DAY
FROM	08	07	01	то	08	07	31

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT			· ·							
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	Mensi Tanana			6 MINIMUM		9 MAXIMUM	рH		Twice Per Month	-: GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	49	*****		******	30 MO AVG	60 DAILY MX	mg/L		Twice Per 2 Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		The state of the s		20 20 20 20 20 20 20 20 20 20 20 20 20 2	,	oral constitution of special constitution of the second constitution of the				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.043 MO AVG	Req Mon DAILY MX	Mgal/d	******		5645°	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT		·						-		
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		P. 65			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		A Table 1 Ales		Sub- Nr. Sal	200: MO:GEOMN		#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		******	25 MO AVG		ma/L	1984	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	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 bellef, true, accurate, and complete. 1 am aware that there are significant penalties for submitting false information,	Kevin L. Ostrawshi	724	682-7773	08	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

MONITORING PERIOD

TO.

Page 17

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

07

01

203A DISCHARGE NUMBER

YEAR MO DAY

07

31

80

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Н	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******			6 A MINIMUM	*****	9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT			_							
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	••••			******	MO/AVG	60 DAILY MX	mg/L		I wice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	023 MO AVG	Req Mon DAILY MX	Mgal/d						., Weekly	≉MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT								a):		
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		•		re the course of	1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	€ GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	<u>.</u>		: :				-	<u>.</u>		
74055 1 1 Effluent Gross	PERMIT REQUIREMENT					200" MO GEOMN	on Wolffelings V	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										·
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	******			Section 1 Company (Company)	25 MO AVG +	50 DAILY MX	mg/L	34.4	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		TEI	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, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kowik Ostrawske	724	682-7773	08	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

OMB No. 2040-0004

Page 19

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

213A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**UNIT 2 COOL TOWER PUMPHOUSE** 

Internal Outfall

No Data Indicator

DATE

08

MO

27

DAY

	MONITORING PERIOD												
	YEAR	MO	DAY		YEAR	MO	DAY						
FROM	08	07	01	TO	08	07	31						

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
·	ABUS DE CAR TABLETONIOS	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	4	*****		6 MINIMUM L	******	9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	••••••••••••••••••••••••••••••••••••••			*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per	GRAB
Oil & grease	SAMPLE MEASUREMENT									, .	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	*****		******	15 - MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT								<b>7</b> 1		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon DAILY MX	Mgal/d		******	100000			Weekly *	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	e de la companya de l	**************************************			.5 MO AVG	1 25 INST MAX	mg/L		Twice Per Month	GRAB

N.		If 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	
I	I 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,	Karin L. Estrawski	724	682-7773	08
3.2.0	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

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

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

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

301A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

No Data Indicator

		M	IONITO	RING	PERIOD		
1	YEAR	MO	DAY	,	YEAR	MO	DAY
FROM	80	07	01	TO	08	07	31
							· · · ·

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
. TAIGHTEIN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	O	2, / 31	GRAB
00530 1 0	PERMIT	*****	*****	N/A	*****	30	THE REPORT OF THE PARTY OF THE		WENT OF	Twice Per	GRAB
Effluent Gross	REQUIREMENT	use Palata / Balance Francisco	ALCOHOL: THE SER	11//		MO AVG	DAILY MX	mg/L	MARIAN.	Month	ALC: NO
Oil & grease	SAMPLE MEASUREMENT	N/A	. N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 31	GRAB
00556 1 0	PERMIT	*****	******	N/A	348 *****	15 MO AVG	20			Twice Per	GRAB
Effluent Gross	REQUIREMENT		82.52	17/7		MO AVG	A DAILY MX	mg/L		Twice Per, Month	GIVAD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	· N/A	N/A	-	- 1 / 7	EST
50050 1 0	PERMIT	Reg Mon	Req. Mon:	•	4.5	******	******	N/A		Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d		50 Sec. 2007	arrentification of the	17//		VVCERIY	

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	ľ	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,	V2. 1 D4	724	682-7773	08	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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. wmc 8-19-08

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

OMB No. 2040-0004

Page 21

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 303A

DISCHARGE NUMBER

		N	ONITO	RING	PERIOD	)	
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	07	01	TO	08	07	31

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

**UNIT 1 OIL WATER SEPARATOR** 

Internal Outfall

No Data Indicato

DADAMETED		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
pH	SAMPLE MEASUREMENT									-		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****** 2000 and 1	******		6 MINIMUM	******	9. MAXIMUM	рН		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT											
00530 1 0 Effluent Gross					SIL 1	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB	
Oil & grease	SAMPLE MEASUREMENT											
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			·		MO AVG	20 DAILY MX	mg/L		Weekly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT								٠,-			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Reg Mon. DAILY MX	Mgal/d		1.47 (1.48 <b>*******</b> 5.4 (1.48 ************************************		N/A		© Weekly	ESTIMA	

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

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

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

TEI	LEPHONE	DATE					
724	682-7773	08	08	27			
AREA Code	NUMBER	YEAR	MO	DAY			

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

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

OMB No. 2040-0004

Page 22

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

313A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Data Indicator

	MONITORING PERIOD										
	YEAR	YEAR MO DAY			YEAR	MO	DAY				
FROM	08	04	01	TO	-08	04	30				

PARAMETER		QUANTITY OR LOADING			. (	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAVAINE LEIV		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	Ņ/A	N/A	N/A	6.73	N/A	6.98	рH	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	3.7	7.0	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 <b>*</b>	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	race delication in	N/A	****** JEV	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB.
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A .	N/A	N/A	\$ · -	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	Solution in the second	******		N/A		Weekly	ESTIMA

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TEI	_EPHONE	DATE					
724	682-7773	08	05	- 28			
AREA Code	NUMBER	YEAR	мо	DAY			

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

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

\* 5 mg/L is minimum detectable level. wmc 8-19-08

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

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		DAY		YEAR	MO	DAY						
FROM	08	07	01	<b>TO</b> 08		07	31						
							, ,						

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	9.00	N/A	9.03	pН	0	2 / 31	GRAB	112
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		PORTS AND A	N/A	6 MINIMUM	•	Req 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 / 31	GRAB	3.5
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	14. <b>1. 1.</b> 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		N/A	The space of the same of the s	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB	73
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	. N/A	<5 **	<5 **	mg/L	0	2 / 31	GRAB	].
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	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	3
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req. Mon DAILY MX	Mgal/d	#***** Williams	7 <b>00000</b> (1994) (1994) 12 (1994) (1994)	*****	N/A	77	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	_EPHONE		ATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevinh Otrowski	724	682-7773	08	08.	27
	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

\*4 ma/L is minimum detectable level. \*\* 5 ma/L is minimum detectable level. wwc 8-19-08

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

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

403A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indicator

		MONITORING PERIOD											
	YEAR	MO	DAY		YEAR	MO	DAY						
FROM	08	07	01	TO	08	07	31						

PARAMETER	Server 18	QUANTI	TY OR LOADING		· · · · · · · · · · · · · · · · · · ·	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VÄLUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	lita ya Wasan alaman ku	**************************************	:	6 MINIMUM	******	9. MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		到10.300000000000000000000000000000000000			A CALABASTAN STATE OF THE STATE	7 (4)				authorities and a second second second second second
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	•	******			30 MO AVG	100 DAILY MX	mg/L	12.00	Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	MATERIAL COMMITTEE STREET, STR	CONCURSION SHALL S		- Company of the Comp	And the second s	3 A 386000010		W. Tank Danker Sec. 2018		
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MO AVG	DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT		******		72 - 72 T	Req. Mon	Req: Mon: DAILY MX:	mg/L	10.50	Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****** ******			0 MO AVG	DAILY MX	mg/L	10 (Fig. 1)	When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	Particles (PR	******				U Weekly	ESTIMA.
Chlorine, total residual	SAMPLE MEASUREMENT			·							
50060 1 0 Effluent Gross	PERMIT REQUIREMENT				******	5 MO AVG	1.25 INST MAX	mg/L	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<sup>‡</sup> 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,	Keven L. Ottrawski	724	682-7773	08	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

MG/L. (THE LIMIT IS 35

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

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

413A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

**BULK FUEL STORAGE DRAIN** 

Internal Outfall

No Data Indicator

		M	ONITO	RING	PERIOD	)	
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	07	01	TO	08	07	31

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAIOMETER	· "	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			,
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.50	N/A	7.19	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	6 MINIMUM	**************************************	9 MAXIMUM	pН	100	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	19.6	24.0	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	******	MO AVG	20 DAILY MX	mg/L		Weekly	GRAB.
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	. <b>N/A</b>	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		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,	Kavinh Ottawski	724	682-7773	08	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DAY

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

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

\* 5 mg/L is minimum detectable level. wmc 8-19-08

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OMB No. 2040-0004

Page 25

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

**BEAVER VALLEY POWER STATION** 

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

403A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indicator

		N	IONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	07	01	TO	08	07	31

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAIGABLILIT		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT										, 7.0
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	20000 20000			**************************************	0 MO AVG	0. DAILY MX	mg/L		Weekly	GRAB

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

TELEPHONE DATE 724 682-7773 08 08 27 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR NUMBER AREA Code YEAR MO DAY AUTHORIZED AGENT

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

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

MG/L. (THE LIMIT IS 35

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

Page 27

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

07

01

501A DISCHARGE NUMBER

YEAR MO DAY

07

31

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Data Indicator

FREQUENCY	SAMPLE

DADAMETED		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										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	ACC.		4. Prince 1.	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB:
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req. Mon. DAILY MX	Mgal/d	******		5. T. 15.		70.0	Weekly	ESTIMA

MONITORING PERIOD

TO

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

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or ersons who manage the system, or those persons directly responsible for gathering the nformation, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penaltles 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 08 27 **AREA Code** NUMBER YEAR MO DAY

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

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