

December 22, 2008 L-08-389

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

### SUBJECT:

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

Enclosed is the November 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 third 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

Levis L. Ostrawski

IE25 NRR Beaver Valley Power Station, Unit Nos. 1 and 2 L-08-389 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-08-389 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

### **ATTACHMENT 1**

### Weekly Dissolved Oxygen Monitoring Results at Outfall 001

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

SAMPLE DATE	SAMPLE TIME	VALUE	UNITS
11/03/08	0835	8.42	mg/L
11/11/08	0850	8.88	mg/L
11/17/08	1010	9.07	mg/L
11/25/08	0820	8.98	mg/L

- Attachment 1 END -

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-08-389 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

### **ATTACHMENT 2**

### **Permit Part C.21 Iron and Zinc Stormwater Monitoring Results**

Sample Date	Sample Time	Outfall	Parameter	Result	Units
11-30-08	1505	Outfall #003,	Zinc	1366	ug/l
11-30-08	1505	Outfall #003,	Iron	4306	ug/i
11-30-08	1540	Outfall #008,	Zinc	327	ug/l
11-30-08	1540	Outfall #008,	Iron	3756	ug/l
11-07-08	1429	Outfall #011,	Zinc	199	ug/l
11-07-08	1429	Outfall #011,	Iron	3670	ug/l

- Attachment 2 END -

### **ATTACHMENT 3**

### **Clamicide Report**

The following summarizes the third 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	10-21-08 –	10-07-08 —	10-14-08 –	11-04-08 -
Dale	10-22-08	10-08-08	10-15-08	11-05-08
Chemical Used <sup>1</sup>	448 pounds <sup>3</sup>	1855 pounds <sup>3</sup>	769 pounds <sup>3</sup>	705 pounds <sup>3</sup>
Outfall 001 Concentration	<0.1 mg/L	<0.1 mg/L	<0.1 mg/L	< 0.1 mg/L
Outfall 010 Concentration	N/A <sup>4</sup>	N/A⁴	<0.1 mg/L	<0.1 mg/L
Detox Used <sup>2</sup>	1471 pounds	2321 pounds	2328 pounds	1629 pounds
Outfall 001 Concentration <sup>3</sup>	3.8 mg/L	5.8 mg/L	5.0 mg/L	3.3 mg/L
Outfall 010 Concentration <sup>3</sup>	N/A <sup>4</sup>	N/A <sup>4</sup>	10.3 mg/L	11.5 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 -



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

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

Permittee Name:	<u>FirstEne</u>	ergy Nuclear Operating Company							
Address:	<u>P.O. Bo</u>	x 4	,	<u> </u>					
	Shippin	gport, PA 15077							
	<u>Beaver</u>	Valley Power Station	<del></del>						
	PERM	MIT NUMBER			MONITO	RING P			
	P	A0025615	2008	11	01	то	2008	11	30
PARAMETE	R	ANALYSIS METHOD .		LAB NAN	E ,		- LAB II	NUMBE	R <sup>2</sup>
Powerline 3627 (Cl	lamtrol)	Photometric Determination	Beaver	Valley Pov	ver Station		0	4-2742	
Bentonite Detoxi		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 <sup>th</sup> ]	Beaver	Valley Pov	ver 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 <sup>th</sup> ]	Beaver	Valley Pow	er Station		0	4-2742	
Temperature		SM 2550 B [20 <sup>th</sup> ]	Beaver	Valley Pow	er Station		0	4-2742	
Flow		NA	Beaver	Valley Pow	er Station		0	4-2742	
Total Suspended	Solids	SM 2540 D [20 <sup>th</sup> ]	Beaver	Valley Pow	er Station		0	4-2742	
Hydrazine	Silver Silver - The second silver of the second sil	ASTM D1385-01	Beaver	Valley Pow	er Station		0	4-2742	
Fecal Coliforn	n <sup>3</sup>	Standard Method:9222D	Beaver	Valley Pow	er Station		e Prije o	4-2742	
Oil and Greas	se	EPA 1664 Rev A	FirstEn	ergy Corp-	Beta Lab		68	3-01120	
Total Dissolved S	Solids	SM 2540 C [20 <sup>th</sup> ]	FirstEn	ergy 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

Kevin L. Ostrowski **Director Site Operations** 

Date: 12/22/08

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

<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.



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

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

Permittee Name:	FirstEnergy	Nuclear Operating Company							
Address:	P.O. Box 4								
	Shppingport	, PA 15077		<del></del>					
	Beaver Valle	ey Power Station		<del></del>					
	PERMIT N	NUMBER			MONITO Year/	RING F Month/			
	PA002	25615	2008	11	01	то	2008	11	30
PARAME	<b>ER</b>	ANALYSIS METHOD:		LAB NAM	E		LABI	DNUMBE	R <sup>2</sup>
Zinc	r	EPA 200.7 Rev 4.4	FirstEn	ergy Corp-	Beta Lab		68	8-01120	
Coppe		EPA 200.7 Rev 4 4	FirstEn	ergy Corp	Beta Lab		6	8-01120	
Iron		EPA 200.7 Rev 4.4	FirstEn	ergy Corp-	Beta Lab		68	8-01120	
Chromiu	m '	EPA 200.7 Rev 4.4	FirstEr	ergy Corp-	Beta Lab		6	8-01120	
Ammon	ia	SM 4500-NH3 D [20 <sup>th</sup> ]	FirstEn	ergy Corp-	Beta Lab		68	8-01120	
CBOD-5 [	Day :	SM5210 B	Preci	sion Analyt	ical/Inc.		6	8 <del>1</del> 00434	
Cyanide	Э	SM 4500-CN E [20 <sup>th</sup> ]	Preci	sion Analyt	ical Inc.		6	8-00434	·
Chloroben	zene	EPA 624	Preci	sion Analyt	ical Inc.		6	8-00434	
									,
				<b>本</b> 基。					

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

Name/Title Principal Executive Officer

Phone: 724-682-7773

Signature of Principal Executive Officer or

**Authorized Agent** 

Kevin L. Ostrowski Director, Site Operations Date: 12/22/08

<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.

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 001A

DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY 08 11 FROM 08 11 01 TO 30 DMR MAILING ZIP CODE: 150770004

MAJOR

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

(SUBR05)

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	1,000	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.03	N/A	8.35	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 6 MAXIMUM	PH		Weekly	: GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	<i></i>	••••• ••••	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 / 30	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	1	0 MO'AVG	DAILY MX	mg/L			COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	31.8	40.9	MGD	N/A	N/A	· N/A	N/A	_	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req. Mon.	Mgal/d				N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	· N/A	N/A	N/A	0.100	. 0.18	mg/L	0	4 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		production of the second	N/A		51 AVERAGE	1.25 ± 25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.032	0.12	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	**************************************	<b>3133</b>	N/A		0 MO AVG	DAILY MX	mg/L	7-92	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 11 22 AREA Code NUMBER YEAR MO DAY

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

The BETS DT-1 daily maximum was 3.3 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 on 11-4. \*\*0.1 mg/L minimum detectable level. wwc 12-22-08

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

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### IVATIONAL POLLUTANT DISCHARGE ELIMINATION STOTEM (INPUES) DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

002A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

		N	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	11	01	TO	08	11	30

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUÉ	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 40 MO AVG	Req-Mon DAILY MX	Mgal/d			2	N/A		Weekiy	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 personn 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 11 22 AREA Code NUMBER YEAR MO DAY

Form Approved OMB No. 2040-0004

Page 30

### **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:

Effluent Gross

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

08

FROM

MO AVG

REQUIREMENT

YEAR MO DAY

11

003A

DISCHARGE NUMBER

YEAR MO DAY

30

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfall

No Data Indicator

				·····					NO.		
PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	- 100 mg	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	]		
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.041	0.090	MGD	N/A	- N/A	N/A	N/A	-	2 / 30	EST
50050 1 0	PERMIT	Reg Mon	Req. Mon.		*****	**************************************	*****	NI/A		Twice Per	FOTIVA

01

MONITORING PERIOD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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		TE	LEPHONE	1	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, frue, accurate, and complete. I am aware that there are significant penalties for submitting talse information,	Karin L. Ostrowski	724	682-7773	08	11	22
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 FLOWS FOR OUTFALLS 103, 203, 303, AND 403 ARE TO BE TOTALED AND REPORTED AS THE 003 FLOW.

MONITORING PERIOD

01

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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

08

**FROM** 

YEAR MO DAY

004A DISCHARGE NUMBER

YEAR MO DAY

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Data Indicator

PARAMETER	19	QUANTITY OR LOADING			C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	S VALUE	VALUE	VALUE	UNITS	]		
рН	SAMPLE MEASUREMENT			N/A							
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	•	****	N/A	6 MINIMUM		9 MUMIXAM	ρН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO AVG	Req Mon DAILY MX	Mgal/d		******		N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT			Ņ/A			,				٠
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		5 MO AVG	1.25 FINST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT			N/A							
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	••••	2 AVERĀĢE <sup>3</sup>	5 MAXIMUM	mg/L		Weekly	GRAB

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

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified 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	682-7773	80	11	22		
AREA Code	NUMBER	YEAR	МО	DAY		

Form Approved OMB No. 2040-0004

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### **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

006A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

		N	ONITO	RING	PERIOD	·	
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	11	01	то	08	_11	30

PARAMETER	Ser and	QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		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	Reg Mon DAILY MX	Mgal/d			*****	N/A		Weekly	ESTIMA:

NAME/TITLE PRINCIPAL	EXECUTIVE OFFICER
Kevin L. Ostrowski, DIF	RECTOR 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 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 11 22 **AREA Code** NUMBER MO DAY

### DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

YEAR MO DAY

11 01 007A

DISCHARGE NUMBER

YEAR MO DAY

11

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfall

No Da

ata Indicator	X
---------------	---

DATE

11

МО

22

DAY

80

YEAR

682-7773

NUMBER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
·		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	1. C. C. C.	******		- 6	*****	9 9		100	17 18/00 M	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		. MAXIMUM	pН	May 1	Weekly	GRAD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				"						
50050 1 0	PERMIT	Req Mon	Req. Mon.		******	******	2 g 3 2 *****		100 E 215		60409
Effluent Gross	REQUIREMENT	MOIÁVG	DAILY MX	Mgal/d	10.0				16.2	Weekly	GRAD
Chlorine, total residual	SAMPLE MEASUREMENT				****						
50060 1 0	PERMIT	******* ******************************	19 <b>49 ****</b> 41 (4		******	v 5 MO AVG ∤a	1.25		100	Sherit E. Vollag	16646
Effluent Gross	REQUIREMENT	The Control of the Co				MO AVG	UINST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0	PERMIT				**************************************	2 AVERAGE	410,000 (15 Lyr) (4 ) 3		255 400	1 Nooking	CDAD
Effluent Gross	REQUIREMENT					AVERAGE	MUMIXAM:	ma/L		-Weekly	GRAD

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 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	682-77
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBE

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

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

Page 34

### 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

YEAR

08

FROM

MO DAY

01

11

A800

YEAR MO DAY

30

08

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Da

ata Indicator	X
---------------	---

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										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	71114		6 MINIMUM	******	9 MAXIMUM	pН		Twice Per Month	" GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	***** 11.	******* ******************************			30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	-									
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MO AVG	20. DAILY MX	mg/L		WyTwice: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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 80 22 11 **AREA Code** NUMBER YEAR MO DAY

Page 35

### 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									
08 11 01		TO	08	11	30				
		EAR MO	EAR MO DAY	EAR MO DAY	YEAR MO DAY YEAR	YEAR MO DAY YEAR MO			

PARAMETER	196	QUANTI	TY OR LOADING		•	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARMINE (ER	one and the second	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.54	N/A	7.70	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	<0.1*	<0.1*	mg/L	0	1 / 30	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A		0 MO AVG	0. INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		<sup>.</sup> 7.20	MGD	N/A	N/A	N/A	N/A	<u>.</u>	1 / 7	MEAS
50050 1 0. Effluent Gross	PERMIT REQUIREMENT	Req. Mon	Req.:Mon." DAILY MX	Mgal/d	energy Company of the		***************************************	N/A	i de e	Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	, N/A	0.015	0.06	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		3.6			5 MOAVG	1.25 INST MAX	mg/L		Weekly	GRÁB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.008	0.03	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	,		N/A		2 PAVERAGE	.5. MAXIMUM	mg/L		Weekly	GRAB

	I certify under penalty of isw that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE	[	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who 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 penetiles for submitting false information,	Karih. Ostrawski	724	682-7773	08	11	22
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 11.5 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)

<sup>\*</sup> One clamicide this period on 11/04. \*0.1 mg/L is minimum detectable level. wmc 12-22-08

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

Page 36

**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

		M	IONITO	RING	PERIOD	)	
	YEAR	MO	DAY		YEAR	MO	DAY
MOS	08	11	01	TO	08	11	30

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfail

No Data Indicator

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PAIMILIEN	A Park of the	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	re Req. Mon. Mo AVG	Reg Mon: P	Mgal/d	4		to the second of the	N/A		Weekly	ESTIMA

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

TYPED OR PRINTED

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

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

TEI	LEPHONE		ATE	
724	682-7773	08	11	22
AREA Code	NUMBER	YEAR	MO	DAY

## DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

Page 37

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

70295 1 0

Effluent Gross

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615

08

YEAR MO DAY

11

01

012A DISCHARGE NUMBER

YEAR MO DAY

11

08

DMR MA MAJOR

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Data Indicator

PARAMETER	Programme and the state of the	QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE VALUE UN	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.20	N/A	8.42	рH	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	2) - (3) <del>- 110 -</del> 2) - (3) -	9 MAXIMUM	pН		Once Per	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.059	0.066	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- Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.077	0.100	mg/L	0	2 / 30	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	******	1.5 MO AVG	H 1.5 DAILY MX	mg/L	2.200	Twice Per Month 12:1	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG				**************************************		N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	580	620	mg/L	0	2 / 30	GRAB

N/A

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR
AUTHORIZED AGENT

Reg. Mon:

Reg Mon

 TELEPHONE
 DATE

 724
 682-7773
 08
 11
 22

 AREA Code
 NUMBER
 YEAR
 MO
 DAY

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

PERMIT

REQUIREMENT

#### DELOTING DIOCHANOL LEIMINATION OF OF EMI (INFDEO) **DISCHARGE MONITORING REPORT (DMR)**

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

Page 38

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

**BEAVER VALLEY POWER STATION** 

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

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

		N	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	11	01	то	08	11	30

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.65	N/A	6.73	Ņ/A	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		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	100 (100 (100 (100 (100 (100 (100 (100	Req. Mon: MO:AVG	Req. Mon. DAILY MX.			Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.027	0.028	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	
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	Req Mon	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	` <b>-</b>	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	LEPHONE	T C	ATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Besed on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevin L. Ostrawski	724	682-7773	08	11	22
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	ĐAY

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. wmc 12-22-08

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

OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

101A

DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY 08 11 01 TO 08 11 30

Page 39

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		ı	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		6 MINIMUM		9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT						·				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	•				30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP-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						Req. Mon.  MO AVG	Req Mon	mg/L	. 21.79.2	Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Month MO AVG	Req. Mon. DAILY MX	Mgai/d						DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT				Section 1		Req. Mon.	mg/L		Weekly	GRAB.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE	DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	Kevin L. Ostrawski	724	682-7773	08	11	22
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.

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

08

FROM

YEAR MO DAY

11

01

102A

DISCHARGE NUMBER

YEAR MO DAY

08

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION					SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	-		
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.60	N/A	8.00	рН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	4	****** P	N/A	6, MINIMUM		9 MAXIMUM	pН		Twice Personal Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A <sup>′</sup>	<4*	<4*	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	•••••		N/A	<b>::::</b> ::::::::::::::::::::::::::::::::	30 MOrAVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB -
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross		Req Mon MO AVG	Req. Mon. DAILY MX	Mgal/d				N/A		Twice Per Month	g-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 roperly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the nformation, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

TELEPHONE DATE 724 682-7773 80 11 22 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.

\*4 mg/L is minimum detectable level. \*\*5 mg/L is minimum detectable level. wmc 12-22-08

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

Page 40

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

Form Approved OMB No. 2040-0004

Page 41

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615

103A

PERMIT NUMBER

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	11	01	TO	08	11	30					

PARAMETER	QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE TYPE	
TACAMETER.	e sue e l'altitud	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН -	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.38	N/A	7.82	рН	0	4 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	**************************************	N/A	6 MINIMUM 1	******* ******************************	9 MAXIMUM ==	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.5	5.0	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	erca je st	Twice Per Month	PESTIMA :

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

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

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

TELEPHONE DATE 724 682-7773 80 11 22 **AREA Code** NUMBER YEAR MO DAY

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

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

MONITORING PERIOD

TO

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

08

YEAR MO DAY

11 01

111A

DISCHARGE NUMBER

YEAR MO DAY

08

11 30

111 DIESEL GENERATOR BLDG Internal Outfall

MAJOR

(SUBR05)

DMR MAILING ZIP CODE: 150770004

No Data Indicator

DADAMSTED		QUANTITY OR LOADING				QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.39	N/A	7.56	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	10 10 10 10 10 10 10 10 10 10 10 10 10 1	N/A	46 MINIMUM	•	9 MAXIMUM	pН		- Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	. N/A	N/A	N/A	<4 *	<4 *	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MOIAVG	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 · · · · · · · · · · · · · · · · · ·	PERMIT REQUIREMENT		<b>****</b>	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		Mgal/d				N/A		Weekly	ESTIMA

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

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

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

TE	LEPHONE	DATE					
724	682-7773	08	11	22			
AREA Code	NUMBER	YEAR	MO	DAY			

<sup>\*4</sup> mg/L is minimum detectable level. \*\* 5 mg/L is minimum detectable level. wwc 12-22-08

### NATIONAL POLLUTANT DISCHARGE ELIVINATION STSTEM (NEDES) DISCHARGE MONITORING REPORT (DMR)

From Approved OMB No. 2040-0004

Page 45

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION FACILITY: LOCATION:

PA ROUTE 168

PA0025615 PERMIT NUMBER 211A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

211 TURBINE BLDG Internal Outfall

No Data Indicator

SHIPPINGPORT, PA 150770004			N	ONITO	RING	PERIOD		
		YEAR	MO	DAY	-	YEAR	MO	DAY
ATTN: DONALD J SALERA/MGR ENV & CHEM	FROM	-08	11	01	TO	80	11	30
	·				•			
•								

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
. CANADIA TEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.63	N/A	8.21	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	12 mm 1 mm	**************************************	N/A	6 MINIMUM	100 mg/s	9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3.6	14.5	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 LIDAILY 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		-	, 1/7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req⊮Mon: MolAVG	Req. Mon.	Mgal/d		field and the second		N/A	k 20 mg	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** 

TEL	EPHONE		DATE					
724	682-7773	08	11	22				
AREA Code	NUMBER	YEAR	МО	DAY				

<sup>\* 5</sup> mg/L is minimum detectable level. WMC 12-22-08

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

MONITORING PERIOD

01 TO OMB No. 2040-0004

Page 43

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

08

FROM

YEAR MO DAY

113A

DISCHARGE NUMBER

YEAR MO DAY

11 30

08

MAJOR · (SUBR05)

**UNIT 2 SEWAGE TMT PLANT** 

DMR MAILING ZIP CODE: 150770004

Internal Outfall

No Data Indicator

PARAMETER		. ' QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARMINETER		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	<b>*****</b>					60 x	mg/L		* Twice Per Month	cOMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		MALE AND A STATE OF THE STATE O								
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	043 MO AVG	Req. Monus.	Mgal/d	 	SACIAL SECTION OF		N/A	e de la companya de l	Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT						·			<u> </u>	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					1/4 MO/AVG	3.3 INST <sub>E</sub> MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	•				200 MO:GEOMN		#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	,	*****		*****	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

	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 ewere that there are significant penalties for submitting false information,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	724	682-7773	08	11	22
	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 (INFDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

Page 44

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM 08

YEAR MO DAY

11

01

203A

DISCHARGE NUMBER

YEAR MO DAY

11 30

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

No

Data Indicator X

DADAWETER		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	<b>:</b>			6 MINIMUM		9. MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		<del></del>								
00530 1 0 Effluent Gross	PERMIT REQUIREMENT				100000	30 MO AVG	60 DAILY MX	mg/L		Twice Per	a COMP:8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			·							
50050 1 0 Effluent Gross	REQUIREMENT	* 023 * MO:AVG*:	Req Mon A DAILY MX	Mgal/d			1 (F)			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT						·				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	*****			14 Mo AVG	3.3 INST MAX	mg/L		Twice Per	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT					200 MO GEOMN	******	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT				~						
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	***************************************	****** M. 2006		******	25 MO AVG	DAILY MX	mg/L	4.0	Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	/ ^	TE	LEPHONE		DATE	
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 ere significant penalties for submitting failse information.	7 00 00 000	724	682-7773	08	11	22
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 SYSTEM (NPUES) **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

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

MO DAY

11 01

YEAR

08

FROM

213A

DISCHARGE NUMBER

YEAR MO DAY

11 30

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

N

o Data Indicator X
--------------------

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 L MINIMUM	*****	9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross *-	PERMIT REQUIREMENT					30/ MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				MO AVG	20 DAILY MX	mg/L		Twice Per/s. Month	GRĀB
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		7.4 ( Table 14)				Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT									·	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	Section Contract	•••••		******	5 MO AVG	1.25 INST MAX	mg/L		* Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		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,	Kernih. Ostrawski	724	682-7773	08	11	22
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.

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

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

MONITORING PERIOD

01

OMB No. 2040-0004

Page 47

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

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

FROM

YEAR MO DAY

11

301A

08

DISCHARGE NUMBER

YEAR MO DAY

11 | 30

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

N/A

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAWEIER		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	100 DAILYMX	mg/L		Twice Pera. 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 NO 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	-	1 / 7	EST

	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	۵	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,	Kevinh. Estrawshi	724	682-7773	08	11	22
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. wmc 12-22-08

PERMIT

REQUIREMENT

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

### NATIONAL POLLUTANT DISCHARGE ELIMINATION STOTEM INFUEST **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 303A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

No Data Indicator

1		M	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	11	01	.TO	08	11	30

PARAMETER		QUANTI	TY OR LOADING		. (	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1 AISHRIEI		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	<u> </u>		
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.92	N/A	7.65	рН	-	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	<4 *	<4 *	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	E.	1 2	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	CENTU.	****		N/A		15 // MO AVG	20 DAILY MX	mg/L		Weekly	GRAB.
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.019	0.056	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 24 MO AVG	Req. Mon.	Mgal/d		E AMERICAN SECTION SECTION SEC		N/A		Weekly	ESTIMA

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kev	rin L. Ostrowski, DIRECTOR OF SITE ERATIONS
	TYPED OR BRINTED

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

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

TEI	EPHONE	DATE					
724	682-7773	80	11	22			
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.

\*4 mg/L is minimum detectable level. \*\*5 mg/L is minimum detectable level. wwc 12-22-08

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

Page 48

#### MAHUMAL MULLUTANT DISUMANGE ELIMINATION STOTEM (INFDES) DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

Page 49

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 313A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Data Indicator

	MONITORING PERIOD											
	YEAR	MO	DAY		YEAR	MO	DAY					
FROM	08	11	01	TO	08	11	30					

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAINMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.48	N/A	6.73	рН	Ō	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	9.7	16.0	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A		30 MOIAVG	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	₽204 PAILY MX	mg/L		/stWeekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A <sup>-</sup>	-	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 OF 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 bellef, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

1	TEL	EPHONE		DATE				
	724	682-7773	08	11	22			
	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 12-22-08

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

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

MONITORING PERIOD

TO

COLLIS ADDITIONED OMB No. 2040-0004

Page 50

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

YEAR MO DAY

11

01

401A

DISCHARGE NUMBER

YEAR MO DAY

11- 30

80

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Data Indicator

PARAMETER	Znaktoc Znaktoc	QUANTI	TY OR LOADING QU		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	8.31	N/A	8.36	рН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		gerout :	N/A	6. MINIMUM ⊈r		Req Mon.  MAXIMUM	рН		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 MOIAVG	100 DAILY MX	mg/L		Twice Peri 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 MOAVG	20# #DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg: Mon:::: 1 MO AVG	Req: Mons	Mgai/d				N/A		Weekly	ESTIMA

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
ļ	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, sccurate, 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 22 80 11 AREA Code NUMBER YEAR MO DAY

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

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

\*4 mg/L is minimum detectable level. \*\*5 mg/L is minimum detectable level. wwc 12-22-08

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

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

403A

DISCHARGE NUMBER

		M	ONITO	RING	PERIOD	)	
	YEAR	MO	DAY		YEAR	MO	DAY
ROM	08	11	01	то	80	11	30

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
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				x = 6 MINIMUMPS		9 MAXIMUM	рН	10.00	-Weeklye	GRAB.
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******		1)	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT				<b></b>	15 MO AVG	DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross						Req: Mon: MO AVG	Req: Mon: DAILY MX	mg/L		Weekly	GRAB.
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT			i i							,
04251 1 0 Effluent Gross					*****	0 MOAVG	0. DAILY-MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MO AVG		Mgal/d	**************************************	y ega.	12 mm.			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					MOAVG	1/25 INST MAX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my lirection or supervision in accordance with a system designed to assure that qualified personnel		TE	DATE			
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	11	22
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)

#### INATIONAL PULLUTANT DISCHARGE ELIMINATION STSTEM (INPUES) DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

Page 52

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

08

YEAR MO DAY

11

01

403A

MONITORING PERIOD

YEAR MO DAY

11 30

08

DISCHARGE NUMBER

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
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT						>				
81313 1 0 Effluent Gross	PERMIT REQUIREMENT					0 MO AVG	0 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 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 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

**TELEPHONE** DATE 724 682-7773 80 11 22 AREA Code NUMBER YEAR MO DAY

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

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

MG/L. (THE LIMIT IS 35

### NATIONAL POLLUTANT DISCHARGE ELIMINATION STOLEM (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

08

FROM

413A

PERMIT NUMBER

01

TO

YEAR MO DAY

11

DISCHARGE NUMBER

11

30

MONITORING PERIOD YEAR MO DAY

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**BULK FUEL STORAGE DRAIN** 

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAINMETER	Hacklicks	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	. N/A	N/A	N/A	7.12	N/A	7.61	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	3	*****	N/A	6. MINIMUM		9 MAXIMUM	рН		i - Weekly ⊘	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	19.1	20.5	mg/L	0	1. / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 Molavg	100 He	mg/L		7 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	100	all 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	4	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	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 eware that there are significant penalties for submitting false information.	Kenil letternal-	724	682-7773	08	11	22
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 DISCHARGE FROM OWS #24 PRIOR TO MIXING WITH ANY OTHER WATER.

\* 5 mg/L is minimum detectable level. WMC 12-22-08

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

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### NATIONAL PULLUTANT DISCHARGE ELIMINATION STOTEM (NEDES) **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

FROM

08

YEAR MO DAY

11

PERMIT NUMBER

01

501A

DISCHARGE NUMBER

YEAR MO DAY

11

30

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Data Indica

itor	X	
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Page 54

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			İ
Solids, total suspended	SAMPLE MEASUREMENT						·				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	100 DAILYAMX	mg/L	12.5	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			unit Pharton 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	EPHONE		ATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevin L. Ostrawski	724	682-7773	08	11	22
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

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

MONITORING PERIOD

OMB No. 2040-0004

Page 82

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

01

01

001Y

DISCHARGE NUMBER

YEAR MO DAY

08

12 31

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Data Indicator

PARAMETER		` QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chromium, Total (as Cr)	SAMPLE MEASUREMENT	*****	****		****	<0.002*	<0.002*	mg/L	0	2 / 365	24 HR COMP
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******			AVERAGE	MAXIMUM	mg/L		Semiannual	COMP 24
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	****		****	0.079	0.14	mg/L	0	2 / 365	24 HR COMP
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	3*************************************	1902 <b>-1110</b>			AVERAGE	MAXIMUM	mg/L		Semiannual	COMP.24

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 of persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevin L. Ostrowski	724	682-7773	08	12	22
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

<sup>\* 0.002</sup> is minimum detectable limit. Samples were taken in July of 2008. wmc 12-22-08

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

OMB No. 2040-0004

Page 83

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 004Y

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

Outfall 004

External Outfall

No Data Indicator

		M	ONITO	RING	PERIOD		
,	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	01_	01	TO	08	12	31
FROM	08	01_	01	10	08	12	:

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION	_	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE `	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chromium, Total (as Cr)	SAMPLE MEASUREMENT	*****	****		****	<0.002*	<0.002*	mg/L	0	2 / 365	24 HR COMP
01034 1 0 Effluent Gross	PERMIT REQUIREMENT					AVERAGE	2 MAXIMUM	mg/L	AL TO BE	Semiannual	COMP24
Zinc, total (as Zn)	SAMPLE MEASUREMENT	****	女会会会会		***	0.009	0.009	mg/L	0	2 / 365	24 HR COMP
01092 1 0 Effluent Gross	PERMIT REQUIREMENT					1 AVERAGE	MAXIMUM:	mg/L		Semiannual	COMP24

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 formation, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

And American Commence of the Commence of

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

I	TEI	EPHONE		DATE	
	724	682-7773	08	12	22
ĺ	AREA Code	NUMBER	YEAR	MO	DAY

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

\* 0.002 is minimum detectable limit. Samples were taken in July of 2008. wmc 12-22-08

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

and the contract which the contract of the

# 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: I

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615
PERMIT NUMBER

001A

DISCHARGE NUMBER

MONITORING PERIOD

No Data Indicator

DMR MAILING ZIP CODE: 150770004

UNITS 1&2 COOLG. TOWER BLWDN

MAJOR

(SUBR05)

External Outfall

		MONITORING PERIOD										
	YEAR MO DAY YEAR MO DAY											
FROM	08	11	01	то	08	11	30					

PARAMETER	No. of the	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	7.03	N/A	8.35	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	6 MINIMUM	*****	9 MEXIMUM	рН	ele e e	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 / 30	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	******* ******************************	0 MOAVG	DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	31.8	40.9	MGD	N/A	N/A	N/A	N/A	- <b>-</b>	DAILY	CONT
50050 1 0 Effluent Gross		Req Mon Mo AVG	Req. Mon DAILY MX	Mgal/d		***************************************		N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.100	0.18	mg/L	0	4 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A			1.25 MAXIMUM	mg/L		-: Weekly :	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	·N/A	0.032	0.12	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		2 AVERAGE	MAXIMUM: 1:	mg/L	Tid.	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	DAILÝ MX	mg/L		Weekly	GRAB :

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER									
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS									
- CI									
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 property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowledge yieldstons.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR
AUTHORIZED AGENT

 TELEPHONE
 DATE

 724
 682-7773
 08
 11
 22

 AREA Code
 NUMBER
 YEAR
 MO
 DAY

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

The BETS DT-1 daily maximum was 3.3 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 on 11-4. \*\*0.1 mg/L minimum detectable level. wmc 12-22-08

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## MATIONAL FULLUTANT DISUNANCE ELIMINATION STSTEM (NYDES) DISCHARGE MONITORING REPORT (DMR)

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 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				
ROM	80	11	01	TO	08	11	30				

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
- AMARLIEN -		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	Reg Mon ** MO AVG ***	Reg Mon. DAILY MX	_Mgal/d	ar graph (1867)	•••••	******	N/A		Weekly	ESTIMA.

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

direction or supervision in accordance with a system designed to assure that qualified 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 22 11 AREA Code NUMBER YEAR MO

Form Approved OMB No. 2040-0004

Page 30

# **DISCHARGE MONITORING REPORT (DMR)**

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 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	80	11	01	TO	08	11	30				

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARMIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	· 		
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.041	0.090	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		wice Per Month	#ESTIMA

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 80 22 11 AREA Code NUMBER YEAR MO DAY

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

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

### Form Approved OMB Na. 2040-0004

Page 31

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

NAME: ADDRESS:

FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

**BEAVER VALLEY POWER STATION** 

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615

004A

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 11 01 TO 08 11

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Data Indicator

PARAMETER	a planting and the	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	·						
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 J MAXIMUM	рН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****		*****	N/A		Weekiy	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT			N/A							
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A		5 MØ AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	_		N/A						,	
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******	.2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	direction of supervisio
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and ev- persons who manage- information, the inform- and complete. I am as- including the possibilit
TYPED OF PRINTED	including the possibilit

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TEI	EPHONE	DATE					
724	682-7773	08	11	22			
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

006A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Data Indicator

[	MONITORING PERIOD										
[	YEAR	MO	DAY		YEAR	MO	DAY				
FROM	80	_11	01	TO	08	11	30				

PARAMETER		QUANTITY 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	Reg. Mon.	Mgal/d	20 G	*****	di s	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIP	AL EXECUTIVE OFFICER
Kevin L. Ostrowski, DOPERATIONS	DIRECTOR OF SITE
	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 22 11 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

PA ROUTE 168 LOCATION:

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

007A

DISCHARGE NUMBER

DMR MAILING ZIP CODE:

**MAJOR** (SUBR05)

AUX, INTAKE SYSTEM

External Outfall

No Data Indicato

	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY			
ROM	80	11	01	TO	08	11	30			

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
COLONIA		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT		**************************************		ra ≥ 16	******	9.00			Weeklÿ	GRAB
Effluent Gross					MINIMUM		MAXIMUM	pН	2443		
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	٠.									
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon! MO AVG	Req Mon DAILY MX	Mgal/d		2. 2			34.50	Weekly	GRAB."
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0	PERMIT	**************************************	*****	71	*****	.5	1.25 INST MAX		物性松液		COAD
Effluent Gross	REQUIREMENT	2.5			16 W. S. W. S.	MO AVG N	. INST MAX	mg/L	1000	Weekly	GRAD.
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0	PERMIT	(	******		(4) (4) (4) (4) (4) (4) (4) (4)	2	5 MAXIMUM			Weekly	GRAB
Effluent Gross	REQUIREMENT		Personal Processing			AVERAGE	] MAXIMUM	mg/L			

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** 

TEI	LEPHONE	DATE				
724	682-7773	08	11	22		
AREA Code	NUMBER	YEAR	МО	DAY		

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

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

#### Form Approved OMB No. 2040-0004

Page 34

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

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

11

A800 DISCHARGE NUMBER

YEAR MO DAY

11

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No D

ata	Indicator	<b>(</b>	

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Colonie Leix	Control of the Control	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		6 MINIMUM		9 MUMIXAM	рН		Twice Per Month	GRĀB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT				*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB (
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		******	15 MO AVG	20 C 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 e	Req. Mon. a. DAILY MX	Mgal/d	**************************************			N/A		Weekly	ESTIMA

MONITORING PERIOD

TO

01

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TEI	EPHONE		DATE	
724	682-7773	80	11	22
AREA Code	. NUMBER	YEAR	МО	DAY

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 010A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**UNIT 2 COOLING WATER** 

External Outfall

No Data Indicator

		· M	ONITO	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY						
ROM	08	11	01	то	08	11	30						

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAINMETER	27040	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.54	N/A	7.70	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	******	9: MAXIMUM	рН		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	4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	0 MO AVG	INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.80	7.20	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	0.015	0.06	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5 MO:AVG	1 25 INST MAX	mg/L		Weekly	GRAB A
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.008	0.03	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		2 AVERAGE	5# MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER									
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS									
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 The BETS DT-1 daily maximum was 11.5 mg/L

TELEPHONE DATE 724 682-7773 08 11 22 AREA Code NUMBER YEAR MO DAY

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

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

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

\* One clamicide this period on 11/04. \*0.1 mg/L is minimum detectable level. wmc 12-22-08

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

# **DISCHARGE MONITORING REPORT (DMR)**

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

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	11	01	TO	08	11	30				

PARAMETER	QUANTITY		Y 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	0.004	0.004	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		<b></b>		71.000 1.000	N/A		Weekly	ESTIMA

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

TYPED OR PRINTED

I cartify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified 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 stormation, 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 22 11 AREA Code NUMBER YEAR MO DAY

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

70295 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

FROM

YEAR MO DAY

11

01

012A

MONITORING PERIOD

TO

DISCHARGE NUMBER

YEAR MO DAY

11 30

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

TELEPHONE

No Data Indicator

Twice Per

DATE

11

MO

22

DAY

80

YEAR

PARAMETER		QUANTITY OR LOADING			(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMETER	48.5	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.20	N/A	8.42	рΗ	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************		N/A	6 MINIMUM		9 MAXIMUM	рН		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.059	0.066	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	******	Req. Mon. MØ AVG	Req: Mon DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.077	0.100	mg/L	0	2 / 30	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	ental and	<b>*****</b> *5 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	N/A	••••	1.5 MO/AVG	1:5 DAILY MX	mg/L		Twice Per Month	. • GRAB.
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req. Mon.	Mgal/d		a constant		N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	. N/A	N/A	N/A	N/A	580	620	mg/L	0	2 / 30	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 persons 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.

_	150	LEFTIONE
Kaun L. Ostrawski	724	682-7773
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	L	
AUTHORIZED AGENT	AREA Code	NUMBER

Reg. Mon.

- Rea Mon∍

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

PERMIT

REQUIREMENT

## **DISCHARGE MONITORING REPORT (DMR)**

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615

013A

PERMIT NUMBER

DISCHARGE NUMBER

(SUBR05) OUTFALL 013

**MAJOR** 

External Outfall

DMR MAILING ZIP CODE: 150770004

No Data Indicator

		M	ONITO	RING	PERIOD	)	
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	11	01	TO	08	11	30

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.65	N/A	6.73	N/A	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	and the second	*****	N/A	6 MINIMUM		9 MAXIMUM	рΗ		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	Top order		N/A	******* id.	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	0.027	0.028	N/A	0	2 / 30	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		06 ← 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				N/A			Reg Mon. DAILY MX	mg/L		Twice Per Wonth	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 Moni: MO AVG	Req: Mon. DAILY MX	Mgal/d				N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	إ
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	F
	┥;

I certify under penelity 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 paraon 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 algorificant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Keven L. Ostrawski SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 
 TELEPHONE
 DATE

 724
 682-7773
 08
 11
 22

 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. wwc 12-22-08

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

MONITORING PERIOD

TO

MO DAY

01

11

COURT PAPELLED OMB No. 2040-0004

Page 39

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

08

FROM

101A

DISCHARGE NUMBER

YEAR MO DAY

11 30

08

DMR MAILING ZIP CODE: 150770004

101 CHEMICAL WASTE TREATMENT

MAJOR

(SUBR05)

Internal Outfall

No Data Indicator

PARAMETER	e seed to see	QUANTITY OR LOADING			C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT				·						
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6		9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG		mg/L		Weekly	COMP-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		Req: Mon MO AVG	Req: Mon. DAILY MX•	Mgal/d						DAILY - 1	CONTIN
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT					Req Mon MO AVG	Req. Mon s DAILY MX	mg/L		Weekly	GRAB :

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	It certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE		ATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	Kevin L. Ostrawski	724	682-7773	80	11	22
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.

## INATIONAL PULLUTANT DISCHARGE ELIMINATION STSTEM (INPUES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 40

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

Effluent Gross

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR

FROM . 08

MO DAY

01

11

102A

YEAR MO DAY

11 30

08

DISCHARGE NUMBER

102 INTAKE SCREEN HOUSE

DMR MAILING ZIP CODE:

Internal Outfall

MAJOR

(SUBR05)

No Data Indicator

150770004

PARAMETER		QUANTITY OR LOADING			·	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
I AIVAING I EIV		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.60	N/A	8.00	рН	0	2 / 30	GRAB	
00400 1 0 Effluent Gross		*****	in or a property of the	N/A	6 MINIMUM		9 MAXIMUM	Ηq		Twice Per	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A <sup>7</sup>	<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	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 DAILÝ MX	mg/L		Twice Per Month	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	•	2 / 30	EST	
50050 1 0	PERMIT	Reg Mon	Reg. Mon		V	******	10.201	NI/A	1000	Twice Period	COTINA	

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 knowfedge 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	11	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

\*4 mg/L is minimum detectable level. \*\*5 mg/L is minimum detectable level. WMC 12-22-08

REQUIREMENT

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

## INATIONAL PULLUTANT DISCHARGE ELIMINATION SYSTEM (INPUES) **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

Page 41

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

11 01 103A

YEAR MO

08

DAY

30

DISCHARGE NUMBER

SLUDGE SETTLING BASIN Internal Outfall

MAJOR

(SUBR05)

DMR MAILING ZIP CODE: 150770004

No Data Indicator

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAIVAILETEIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.38	N/A	7.82	рH	0	4 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		**************************************	N/A	6 MINIMUM		9 j MAXIMUM	pН		Twice Per Month	ir GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.5	5.0	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		Req Mon. Mo AVG	Req. Mon.	Mgal/d	7)12	**************************************		N/A		Twice Per Month	- ESTIMA

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

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

TELEPHONE DATE 724 682-7773 80 11 22 AREA Code NUMBER YEAR MO DAY

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

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

### NATIONAL FULLUTANT DISCHARGE ELIMINATION STSTEM (NEDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 42

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

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

11

01

111A

DISCHARGE NUMBER

YEAR MO DAY

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Data Indicator

PARAMETER	<b>4</b>	QUANTITY OR LOADING			(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
· AMMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.39	N/A	7.56	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		<b>*****</b> *******************************	N/A	6 MINIMUM	******	9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		••••	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross		Req Mon- Mo AVG		Mgai/d				N/A		Weekly	ESTIMA

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

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

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

TEL	EPHONE	DATE					
724	682-7773	08	11	22			
AREA Code	NUMBER	YEAR	МО	DAY			

<sup>\*4</sup> mg/L is minimum detectable level. \*\* 5 mg/L is minimum detectable level. wwc 12-22-08

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

MONITORING PERIOD

rorm Approved
OMB No. 2040-0004

Page 45

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615

YEAR

FROM 08

211A

PERMIT NUMBER

01

MO DAY

11

Δ

DISCHARGE NUMBER

YEAR MO DAY

11

30

08

MAJOR

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

211 TURBINE BLDG

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAWETER .		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		•	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.63	N/A	8.21	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	3.6	14.5	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	•	****	N/A		30 MØ AVG	100 DAILY MX	mg/L		Weekly	- GRAB-
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 <b>*</b>	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A		16 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		-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon :MO:AVG	Req. Moni DAILY MX.	Mgal/d	******		•	N/A		Weekly	ESTIMA

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

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting felse 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	11	22				
AREA Code	NUMBER	YEAR	мо	DAY				

<sup>\* 5</sup> mg/L is minimum detectable level. wmc 12-22-08

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

OMB No. 2040-0004

Page 43

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

**BEAVER VALLEY POWER STATION** 

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 113A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**UNIT 2 SEWAGE TMT PLANT** 

Internal Outfall

No Data Indicato

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 08 11 30 11 01 TO 08

PARAMETER	process of the second	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I CIVITIMI I MIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT								_	-	
00400 1 0	PERMIT	*****	*****		6		9 🛫			Twice Per Month	GRAB
Effluent Gross	REQUIREMENT				MINIMUM	SEAST CARREST SE	MAXIMUM:	pН		Month	3.5
Solids, total suspended	SAMPLE . MEASUREMENT				,	1					
00530 1 0	PERMIT	******	••••		*****	30 MO/AVG	60			*≄Twice Per. Month	COMP-8
Effluent Gross					A STATE OF THE SECOND	<b>東京企MO/AVGENS</b>	A BUAILY MX	mg/L	Calcaling	Month	345-327-3
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.043 MO AVG	Req Mon	Mgal/d	******			N/A	16	Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT			Mgaird		0.000	(0.00 to 0.00				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		*****	J14 MOAVG	3.3	ma/L			GRAB
Coliform, fecal general	SAMPLE MEASUREMENT					MOIAVO SAPARIS	ショルル・ファイル・ファン 30円 200m	ing/L		Section of the section of	
74055 1 1 Effluent Gross	PERMIT	******				200 MO GEOMN		#14.001		Twice Per	GRAB
Emuent Gross	REQUIREMENT				2-12-1-12-1-13-1-13-1-13-1-13-1-13-1-13	BOMO GEOMN	dinteration and the second	#/100mL	<b>建筑工作</b>	Wonth	GUASA THA SE
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT	-	· ·								
80082 1 0	PERMIT	******	*****		*****	25 MO AVG	50	"	<b>1</b>	Twice Per Month	COMP-8
Effluent Gross	REQUIREMENT		Basilania ar Albana ar an an		<b>国际企业的企业</b>	IND AVG	WAILY MX	mg/L	16 THE	wonth	

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	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.	Kavin L. Ostrawski	724	682-7773	08	11	22
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
COMMITTED AND CHIEF AND CONTRACT ATTENDED IN A CONTRACT ATTENDED							

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

01 TO Page 44

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

**BEAVER VALLEY POWER STATION** 

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615

FROM

08

203A

PERMIT NUMBER

YEAR MO DAY

DISCHARGE NUMBER

YEAR MO DAY

11 30

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		:	
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************			6 MINIMUM	******	9 MUMIXAM	pН	- 1	Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.023 MO AVG	Req. Mon. DAILY MX	Mgal/d	******	HE THE			Til.	Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT				}			•			
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		***************************************			1.4 MOAVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB*
Coliform, fecal general	SAMPLE MEASUREMENT	and the same of th				,					
74055 1 1 Effluent Gross	PERMIT REQUIREMENT				erickes.	200 MO GEOMN	Apples (c.)	#/100mL		Twice Per , Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT	·									
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******* ******************************		******	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

	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,	Kern L. Cettausbi	724	682-7773	08	11	22
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.

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

Page 44

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

YEAR MO DAY

11

01

203A

08

MONITORING PERIOD

TO

DISCHARGE NUMBER

YEAR MO DAY

11

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

No Da

ata Indicator	X
---------------	---

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		,	
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	<b>****</b>		6 MINIMUM		9 MAXIMUM	pН	<b>.</b>	Twice/Per Month	GRAB.
Solids, total suspended	SAMPLE MEASUREMENT		,								
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	:	<del></del>		22000 20000 20000	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		.023 MO.AVG	Req. Mon. DAILY MX	Mgal/d		******			4	Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT				}						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					1.4 MO:AVG	313 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT					200 . MO GEOMN		#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT		·	,							
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	******	••••		******	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	direction or supervision in accord
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the persons who manage the system information, the information subn and complete. I am aware that it including the possibility of fine an
TYPED OR PRINTED	including the possibility of the sh

at this document and all attachments were prepared under my rdance with a system designed to assure that qualified personne information submitted. Based on my inquiry of the person or m, or those persons directly responsible for gathering the mitted is, to the best of my knowledge and belief, true, accurate, there are significant penalties for submitting false information, and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TEL	EPHONE		DATE					
724	682-7773	08	11	22				
AREA Code	NUMBER	YEAR	MO	DAY				

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

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

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

rum represen 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

213A

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 08 11 01 TO 08 11 | 30 DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

**UNIT 2 COOL TOWER PUMPHOUSE** 

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
, Alvania i al		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН .	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****** *******************************	**************************************		6 MINIMUM	***************************************	9 + MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	Accres 1	******			MO/AVG	100 DAILY:MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	-GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										,
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon. C.	Req Mon DAILY MX	Mgal/d	The state of the s					Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT					·					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		••••			5 MO'AVG	1/25 INST MAX	mg/L		Twice Per # Month	GRAB

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

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne roperly gather and evaluate the information submitted. Based on my inquiry of the person or 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 felse 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 22 11 AREA Code NUMBER YEAR MO DAY

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

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

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

Page 46

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

OMB No. 2040-0004

Page 47

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

08

FROM

YEAR MO DAY

301A

MONITORING PERIOD

01 TO

DISCHARGE NUMBER

YEAR MO DAY

11

30

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**UNIT 2 AUX BOILER BLOWDOWN** 

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE TYPE
TO STATE OF THE ST	Andrews Section	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	100 DAILY MX	mg/L		Twice Per Month	_ GRAB ₽
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Twice Per. Month	GRAB"
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG		Mgal/d			90 <b></b>	N/A		Weekly	ESTIMA

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

direction or supervision in accordance with a system designed to assure that qualified personnel 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 08 11 22 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 12-22-08

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

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

LUMB PAPELLAND 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 303A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

No Data Indicator

l	MONITORING PERIOD										
[	YEAR	MO	DAY		YEAR	MO	DAY				
FROM	08	11	01	TO	08	11	30				

PARAMETER	QUANTI	TY OR LOADING		. (	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
TAISAWETEK		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.92	N/A	7.65	рН	-	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 ZMINIMUM	****	9 MAXIMUM	рН		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	77.00	30 MO AVG	100 DAILY MX	mg/L	la s	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	e in a	Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.019	0.056	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross		Req: Mon Mo:AVG		Mgal/d		<b></b>	ennes Established	N/A		Weekly	ESTIMA

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

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne 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 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	11	22
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.

\*4 mg/L is minimum detectable level. \*\*5 mg/L is minimum detectable level. wmc 12-22-08

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

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

MONITORING PERIOD

01

OMB No. 2040-0004

Page 49

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

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 DAY

313A

DISCHARGE NUMBER

YEAR MO DAY

08

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	. VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		·	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.48	N/A	6.73	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	9.7	16.0	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY/MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 <b>*</b>	<b>&lt;</b> 5, <b>*</b>	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	PERMIT	Req Mon:	Req. Mon.		******	*****	******	N/A	加州政治	Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of taw 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 swere that there are significant penetities for submitting failse information.	Keun L.	Estraushi	724	682-7773	08	11	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		CIPAL EXECUTIVE OFFICER OR ORIZED 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 #21 PRIOR TO MIXING WITH ANY OTHER WATER.

REQUIREMENT

\* 5 mg/L is minimum detectable level. WMC 12-22-08

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

COIII) AUDIOVEG 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

(SUBR05)

MAJOR

CHEM.FEED AREA OF AUX BOILERS

DMR MAILING ZIP CODE: 150770004

Internal Outfall

No Data Indicator

		N	IONITO	RING	PERIOD		
	YEAR	MO	YEAR	MO	DAY		
FROM	08	11	01	TO	08	11.	30

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
· · · · · · · · · · · · · · · · · · ·		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.31	N/A	8.36	pН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		Req Mon MAXIMUM	рН		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	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		ruitwice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross		Req: Mon M© AVG	Req: Mon. DAILY MX	Mgai/d			*******	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	direct
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	prope perso inform and c
TYPED OR PRINTED	includ

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

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

TELEPHONE DATE 724 682-7773 80 11 22 AREA Code NUMBER YEAR MO DAY

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

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

\*4 ma/L is minimum detectable level. \*\*5 ma/L is minimum detectable level. WMC 12-22-08

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

Page 50

Page 51

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

403A

DISCHARGE NUMBER

		N	ONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	80	11	01	TO	08	11	30

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
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******			6		7 11 9 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n LJ		Weekly	GRAB.
Solids, total suspended	SAMPLE MEASUREMENT				SERVINIVION SEE		MEMIXAMEN	рH			
00530 1 0 Effluent Gross	PERMIT	******				30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB.
Oil & grease	SAMPLE MEASUREMENT	·									
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	* (	*******		<b>*****</b>	15 MO AVG	DAILY MX	mg/L	1.5	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					MO AVG	0 DAILY MX	mg/L		When ⇒ Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	-									
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon	Req. Mon. DAILY MX	Mgai/d	******		******			Weekly:	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	·									
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	•••••	******			5 MO AVG		mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	It certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE		DATE	
OPERATIONS	properly gather and evaluate the information submitted. Besed on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevin L. Ostrawski	724	682-7773	08	11	22
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)

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

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

Form Approved OMB No. 2040-0004

Page 52

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615

YEAR

08

FROM

403A

PERMIT NUMBER

MO DAY

11

01

DISCHARGE NUMBER

YEAR MO DAY

11

08

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			(	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
PROMINE		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT		·								
81313 1 0 Effluent Gross	PERMIT REQUIREMENT		<b>,</b>			0 MOAVG	DAILY MX	mg/L		Weekly	GRAB

MONITORING PERIOD

TO

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

TYPED OR PRINTED

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

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

TELEPHONE DATE 724 682-7773 80 11 22 **AREA Code** NUMBER YEAR MO

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

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

413A

PERMIT NUMBER

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											
·	YEAR	MO	DAY		YEAR	MO	DAY						
FROM	08	11	01	TO	08	11	30	] .					
								•					

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.12	N/A	7.61	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	19.1	20.5	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		******	N/A		15 M© AVG	20 DAILY MX	mg/L	144	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. 14. 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	,	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, socurate, and complete. I am ewere that there are significant penalties for submitting false information,	Kerni L. Ostrawski	724	682-7773	08	11	22
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 12-22-08

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

Page 53

## NATIONAL POLLUTANT DISCHARGE ELIMINATION STOTEN (INFUES) **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

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:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615

FROM 08

YEAR MO DAY

11 01

501A

PERMIT NUMBER

DISCHARGE NUMBER

08

YEAR MO DAY

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Data Indicator

PARAMETER	QUANTITY OR LOADING			C	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	******	•		**************************************	30 MO/AVG	100			Weekly	GRAB
Effluent Gross	REQUIREMENT				January Company	MO/AVG	DAILY MX	mg/L	***	Weekly	Dealer and
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0		ecc Reg. Mon. ₹			******		*****		Mar Section	Weekly	ESTIMA!
Effluent Gross	REQUIREMENT	MO AVG	- DAILY MX	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		TEL	EPHONE		DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information,	Kevin L. Strawsbe	724	682-7773	08	11	22
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

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

OMB No. 2040-0004

Page 82

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

001Y

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Data Indicator

DATE

12

MO

22

DAY

- 1		MONITORING PERIOD											
i	YEAR	MO	DAY		YEAR	MO	DAY						
FROM	08	01	01	TO	08	12	31						

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
CHANIMETER	And the second s	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chromium, Total (as Cr)	SAMPLE MEASUREMENT	*****	****		*****	<0.002*	<0.002*	mg/L	0	2 / 365	24 HR COMP
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	******				2 * AVERAGE	MAXIMUM:	mg/L		Semiannual	COMP 24
Zinc, total (as Zn)	SAMPLE MEASUREMENT	****	***		****	0.079	0.14	mg/L	0	2 / 365	24 HR COMP
01092 1 0 Effluent Gross	PERMIT REQUIREMENT				- 100 m (40 m)	AVERAGE	MAXIMUM	mg/L		Semiannual	COMP 24

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, cluding the possibility of fine and imprisonment for knowing violations.

TELEPHONE 724 682-7773 80 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER YEAR **AUTHORIZED AGENT** 

Continue grands and the Continue to the continue of

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

Burner of the Committee 
<sup>\* 0.002</sup> is minimum detectable limit. Samples were taken in July of 2008. WMC 12-22-08

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

OMB No. 2040-0004

Page 83

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 004Y

DISCHARGE NUMBER

DMR MAILING ZIP CODE:

MAJOR

(SUBR05)

Outfall 004 External Outfall

No Data Indicator

		MONITORING PERIOD												
	YEAR	MO	DAY		YEAR	MO	DAY							
ROM	08	01	01	TO	08	12	31							

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			-
Chromium, Total (as Cr)	SAMPLE MEASUREMENT	*****	*****		****	<0.002*	<0.002*	mg/L	0	2 / 365	24 HR COMP
01034 1 0	PERMIT		******	•	****	2 AVERAGE	### IP# 2			Semiannual	COMP24
Effluent Gross	REQUIREMENT					AVERAGE	MAXIMUM	mg/L	A SECTION		
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	****		<b>有效的效应</b>	0.009	0.009	mg/L	0	2 / 365	24 HR COMP
01092 1 0	PERMIT	A ******	******		*****	1	3.1		<b>17.30 II</b>	Semiannual	COMP24
Effluent Gross	REQUIREMENT					AVERAGE	MAXIMUM	mg/L	100	Cellianida	representation of the second

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

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

		TE	TELEPHONE			
	Kevin L. Estrawski	724	682-7773	08	12	2:
Ì	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR				ļ	┡
	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	МО	DA

<sup>\* 0.002</sup> is minimum detectable limit. Samples were taken in July of 2008. WMC 12-22-08