

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

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

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 in this letter.*)
US Environmental Protection Agency

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 -

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/l |
| 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 – 10-22-08 | 10-07-08 – 10-08-08 | 10-14-08 – 10-15-08 | 11-04-08 – 11-05-08 |
| Chemical Used ¹ | 448 pounds ³ | 1855 pounds ³ | 769 pounds ³ | 705 pounds ³ |
| Outfall 001 Concentration | <0.1 mg/L | <0.1 mg/L | <0.1 mg/L | < 0.1 mg/L |
| Outfall 010 Concentration | N/A ⁴ | N/A ⁴ | <0.1 mg/L | <0.1 mg/L |
| Detox Used ² | 1471 pounds | 2321 pounds | 2328 pounds | 1629 pounds |
| Outfall 001 Concentration ³ | 3.8 mg/L | 5.8 mg/L | 5.0 mg/L | 3.3 mg/L |
| Outfall 010 Concentration ³ | N/A ⁴ | N/A ⁴ | 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 FORM¹

| Permittee Name: <u>FirstEnergy Nuclear Operating Company</u> | | | | | | | |
|---|--|-----------------------------|----------------------------|--|----|----|---------------|
| Address: <u>P.O. Box 4</u> | | | | | | | |
| <u>Shippingport, PA 15077</u> | | | | | | | |
| <u>Beaver Valley Power Station</u> | | | | | | | |
| PERMIT NUMBER | | | | MONITORING PERIOD Year/Month/Day | | | |
| PA0025615 | | | | 2008 | 11 | 01 | TO 2008 11 30 |
| | | | | | | | |
| PARAMETER | ANALYSIS METHOD | LAB NAME | LAB ID NUMBER ² | | | | |
| Powerline 3627 (Clamtrol) | Photometric Determination | Beaver Valley Power Station | 04-2742 | | | | |
| Bentonite Detoxinant (Betz DT-1) | Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645 | Beaver Valley Power Station | 04-2742 | | | | |
| Total Residual Chlorine | SM 4500-CL G [20 th] | Beaver Valley Power Station | 04-2742 | | | | |
| Free Available Chlorine | EPA 330.5 | Beaver Valley Power Station | 04-2742 | | | | |
| pH | SM 4500-H+ B [20 th] | Beaver Valley Power Station | 04-2742 | | | | |
| Temperature | SM 2550 B [20 th] | Beaver Valley Power Station | 04-2742 | | | | |
| Flow | NA | Beaver Valley Power Station | 04-2742 | | | | |
| Total Suspended Solids | SM 2540 D [20 th] | Beaver Valley Power Station | 04-2742 | | | | |
| Hydrazine | ASTM D1385-01 | Beaver Valley Power Station | 04-2742 | | | | |
| Fecal Coliform ³ | Standard Method 9222D | Beaver Valley Power Station | 04-2742 | | | | |
| Oil and Grease | EPA 1664 Rev A | FirstEnergy Corp-Beta Lab | 68-01120 | | | | |
| Total Dissolved Solids | SM 2540 C [20 th] | FirstEnergy Corp-Beta Lab | 68-01120 | | | | |

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 possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Kevin L. Ostrowski
Director Site Operations

Phone: 724-682-7773

Date: 12/22/08

**Signature of Principal Executive Officer or
Authorized Agent**

Kevin L. Ostrowski

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

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

³ Analysis no longer performed.



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

| | | | | | | | |
|--|-----------------------------------|---------------------------|----------------------------|-------------------------------------|----|----|---------------|
| Permittee Name: <u>FirstEnergy Nuclear Operating Company</u> | | | | | | | |
| Address: <u>P.O. Box 4</u> | | | | | | | |
| <u>Shppingport, PA 15077</u> | | | | | | | |
| <u>Beaver Valley Power Station</u> | | | | | | | |
| PERMIT NUMBER | | | | MONITORING PERIOD Year/Month/Day | | | |
| PA0025615 | | | | 2008 | 11 | 01 | TO 2008 11 30 |
| PARAMETER | ANALYSIS METHOD | LAB NAME | LAB ID NUMBER ² | | | | |
| Zinc | EPA 200.7 Rev 4.4 | FirstEnergy Corp-Beta Lab | 68-01120 | | | | |
| Copper | EPA 200.7 Rev 4.4 | FirstEnergy Corp-Beta Lab | 68-01120 | | | | |
| Iron | EPA 200.7 Rev 4.4 | FirstEnergy Corp-Beta Lab | 68-01120 | | | | |
| Chromium | EPA 200.7 Rev 4.4 | FirstEnergy Corp-Beta Lab | 68-01120 | | | | |
| Ammonia | SM 4500-NH3 D [20 th] | FirstEnergy Corp-Beta Lab | 68-01120 | | | | |
| CBOD-5 Day | SM5210 B | Precision Analytical Inc. | 68-00434 | | | | |
| Cyanide | SM 4500-CN E [20 th] | Precision Analytical Inc. | 68-00434 | | | | |
| Chlorobenzene | EPA 624 | Precision Analytical Inc. | 68-00434 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

Name/Title Principal Executive Officer

Phone: 724-682-7773

Kevin L. Ostrowski
Director, Site Operations

Date: 12/22/08

Signature of Principal Executive Officer or
Authorized Agent

Kevin L. Ostrowski

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 28

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

| | |
|---------------|------------------|
| PA0025615 | 001A |
| PERMIT NUMBER | DISCHARGE NUMBER |

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNITS 1&2 COOLG. TOWER BLWDN
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-------------------|--------|--------------------------|-----------------|-------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.03 | N/A | 8.35 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 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 | ***** | ***** | 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 MO AVG | 0 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 | - | DAILY | CONT |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon MO AVG | Req. Mon DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Daily | CONTIN |
| Chlorine, total residual | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.100 | 0.18 | mg/L | 0 | 4 / 30 | GRAB |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 5 AVERAGE | 1.25 MAXIMUM | mg/L | | Weekly | GRAB |
| Chlorine, free available | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.032 | 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 | ***** | ***** | N/A | ***** | 0 MO AVG | 0 DAILY MX | mg/L | | Weekly | GRAB |

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

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

Form Approved
OMB No. 2040-0004

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

Page 29

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

002A
DISCHARGE NUMBER


DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
INTAKE SCREEN BACKWASH
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

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

| | | | | | | | |
|---|---|---|-----------|----------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | | DATE | | |
| | | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | YEAR | MO | DAY |

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

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

Page 30

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

003A
DISCHARGE NUMBER


DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
003
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|---------------------|--------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | 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 | | 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
|---|---|---|--|-----------|----------|-------------|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | |  | | 724 | 682-7773 | 08 11 22 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | 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.

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

Form Approved
OMB No. 2040-0004

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

Page 31

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

004A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT ONE COOLG TOWER OVERFLOW
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|------|------|----|-----|
| YEAR | MO | DAY | | YEAR | MO | DAY |
| 08 | 11 | 01 | FROM | 08 | 11 | 30 |

No Data Indicator



| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|----------------------|--------|--------------------------|--------------|------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | | | N/A | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | 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 | | | N/A | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 5 MO/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 | 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. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | | AREA Code | NUMBER | YEAR | MO | DAY |

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

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

Page 32

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

006A
DISCHARGE NUMBER


DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
AUX. INTAKE SCREEN BACKWASH
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|---------------------|--------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.016 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Reg Mon MO:AVG | Reg Mon DAILY:MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| | | | | | | | |
|--|---|--|------------------|----------|-------------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | | DATE | | |
| | | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | YEAR | MO | DAY |

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

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

Page 33

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

007A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
AUX. INTAKE SYSTEM
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator



| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | 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 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req Mon MO AVG | Req Mon DAILY MX | Mgal/d | ***** | ***** | ***** | | | Weekly | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 5 MO AVG | 1.25 INST MAX | mg/L | | Weekly | GRAB |
| Chlorine, free available | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50064 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 2 AVERAGE | 5 MAXIMUM | mg/L | | Weekly | GRAB |

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

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.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

Page 34

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

| | |
|---------------|------------------|
| PA0025615 | 008A |
| PERMIT NUMBER | DISCHARGE NUMBER |

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 1 COOLING TOWER PUMPHOUSE
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☒

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | 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 MINIMUM | ***** | 9 MAXIMUM | pH | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MO/AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 15 MO/AVG | 20 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon MO/AVG | Req. Mon DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| | | | | | | |
|---|---|-----------|----------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | 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. | TELEPHONE | | DATE | | |
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | YEAR | MO | DAY |

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

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

Page 35

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

| | |
|---------------|------------------|
| PA0025615 | 010A |
| PERMIT NUMBER | DISCHARGE NUMBER |

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 2 COOLING WATER
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.54 | N/A | 7.70 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| CLAMTROL CT-1, TOTAL WATER | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <0.1* | <0.1* | mg/L | 0 | 1 / 30 | 24 HR COMP |
| 04251 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 0 MO AVG | 0 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 | 125 INST MAX | mg/L | | Weekly | GRAB |
| 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 | 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. | TELEPHONE | | DATE | | | |
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER | YEAR | MO |

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

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

Page 36

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

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

011A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
DIESEL GEN & TURBINE DRAINS
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

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

| | | | | | | | |
|---|---|--|--|-----------|--------|------|----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | 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. | TELEPHONE | | DATE | | | |
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 08 | 11 | 22 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER | YEAR | MO |

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

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

Form Approved
OMB No. 2040-0004

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

Page 37

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

012A
DISCHARGE NUMBER


DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
BLOWDOWN FROM THE HVAC UNIT
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|------------------|-------|--------------------------|----------------|------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 8.20 | N/A | 8.42 | pH | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | 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 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 | 1.5 DAILY/MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 1 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req Mon MO/AVG | Req Mon DAILY/MX | Mga/d | ***** | ***** | ***** | 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 |
| 70295 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req Mon MO/AVG | Req Mon DAILY/MX | mg/L | | Twice Per Month | GRAB |

| | | | | | | | |
|---|---|---|-----------|----------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | | DATE | | |
| | | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | YEAR | MO | DAY |

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

NATIONAL SEWAGE TREATMENT DISCHARGE ELIMINATION SYSTEM (NSDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

PA0025615
PERMIT NUMBER

013A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
OUTFALL 013
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|--------|--------------------------|------------------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | 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 | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Cyanide, total (as CN) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <0.01* | <0.01* | N/A | 0 | 2 / 30 | 24 HR COMP |
| 00720 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 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 | ***** | .05 MO AVG | .1 DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Chlorobenzene | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <0.005** | <0.005** | N/A | 0 | 2 / 30 | 24 HR COMP |
| 34301 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.003 | 0.003 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | | 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. WMC 12-22-08

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

Form Approved
OMB No. 2040-0004

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

Page 39

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

101A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
101 CHEMICAL WASTE TREATMENT
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator



| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | 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 MINIMUM | ***** | 9 MAXIMUM | pH | | 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 | PERMIT REQUIREMENT | ***** | ***** | | ***** | Req Mon MO AVG | Req Mon DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req Mon MO AVG | Req Mon DAILY MX | Mgal/d | ***** | ***** | ***** | | | DAILY | CONTIN |
| Hydrazine | SAMPLE MEASUREMENT | | | | | | | | | | |
| 81313 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | Req Mon MO AVG | Req Mon DAILY MX | mg/L | | Weekly | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
|---|---|--------------|--------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 08 | 11 | 22 |
| TYPED OR PRINTED | 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. SAMPLES SHALL BE TAKEN AT THE DISCHARGE FROM THE CHEMICAL WASTE SUMP PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

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

Page 40

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

102A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
102 INTAKE SCREEN HOUSE
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.60 | N/A | 8.00 | pH | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | 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 | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req Mon MO AVG | Req Mon DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Twice Per 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | | AREA Code | NUMBER | YEAR | MO | DAY |

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

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)

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

Form Approved
OMB No. 2040-0004

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

Page 41

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

103A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

SLUDGE SETTLING BASIN
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.38 | N/A | 7.82 | pH | 0 | 4 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | 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 | | 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | YEAR | MO | DAY |

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 42

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

111A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
111 DIESEL GENERATOR BLDG
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.39 | N/A | 7.56 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 76 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <4 * | <4 * | mg/L | 0 | 1 / 7 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 ** | <5 ** | mg/L | 0 | 1 / 7 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req Mon MO AVG | Req Mon DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE | DATE | | |
|---|--------------|--------|------|--------|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | 724 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | AREA Code | NUMBER | YEAR | MO DAY |

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 45

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

211A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
211 TURBINE BLDG
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|-----------------------|--------|--------------------------|--------------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.63 | N/A | 8.21 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 3.6 | 14.5 | 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 * | <5 * | mg/L | 0 | 1 / 7 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO.AVG | 20 DAILY.MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 | MGD | N/A | N/A | N/A | | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO.AVG | Req. Mon. DAILY.MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | YEAR | MO | DAY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
* 5 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)

Page 43

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

113A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 2 SEWAGE TMT PLANT
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator



| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | 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 MINIMUM | ***** | 9 MAXIMUM | pH | | 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 | 043 MO AVG | Req. Mon DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | MEASRD |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 14 MO AVG | 33 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 | 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. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | 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 POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

Page 44

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

203A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
MAIN SEWAGE TMT PLANT
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator



| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | 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 MINIMUM | ***** | 9 MAXIMUM | pH | | 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 | ***** | ***** | ***** | | | Weekly | MEASRD |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 14 MO AVG | 33 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 | 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. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | 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 POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

Page 46

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

213A
DISCHARGE NUMBER

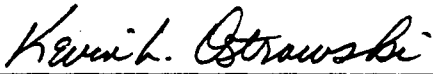
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 2 COOL TOWER PUMPHOUSE
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 08 | 11 | 01 | 08 | 11 | 30 |

No Data Indicator ☒

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | 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 MINIMUM | ***** | 9 MAXIMUM | pH | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 15 MO AVG | 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 MO AVG | Reg Mon DAILY MX | Mgal/d | ***** | ***** | ***** | | | 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 | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE 724 682-7773 | DATE 08 11 22 |
| TYPED OR PRINTED | | | 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.

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

OMB No. 2040-0004

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

Page 47

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

301A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 2 AUX BOILER BLOWDOWN
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 08 | 11 | 01 | 08 | 11 | 30 |

No Data Indicator

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|-----------------------|--------|--------------------------|--------------|-----------------|-------|--------|-----------------------|-------------|
| | | 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 | Reg. Mon. MO AVG | Reg. Mon. DAILY/MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | 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 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

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

OMB No. 2040-0004

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

Page 48

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

303A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 1 OIL WATER SEPARATOR
Internal Outfall

FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|------|------|----|-----|
| YEAR | MO | DAY | | YEAR | MO | DAY |
| 08 | 11 | 01 | FROM | 08 | 11 | 30 |
| | | | | | | |

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|--------|--------------------------|------------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 6.92 | N/A | 7.65 | pH | - | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <4 * | <4 * | mg/L | 0 | 1 / 7 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO.AVG. | 100 DAILY.MX. | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 ** | <5 ** | mg/L | 0 | 1 / 7 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 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 MO.AVG. | Req. Mon DAILY.MX. | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

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

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

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

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

*4 mg/L is minimum detectable level. **5 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)

Page 49

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

313A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
313 TURBINE BLDG DRAIN
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 08 | 11 | 01 | 08 | 11 | 30 |

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 6.48 | N/A | 6.73 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 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 * | <5 * | mg/L | 0 | 1 / 7 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO/AVG | 20 DAILY/MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req Mon MO/AVG | Req Mon DAILY/MX | Mgal/d | ***** | ***** | ***** | N/A | | 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | YEAR | MO | DAY |

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

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 50

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

401A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
CHEM.FEED AREA OF AUX BOILERS
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|------|------|----|-----|
| YEAR | MO | DAY | | YEAR | MO | DAY |
| 08 | 11 | 01 | FROM | 08 | 11 | 30 |

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|----------------------|--------|--------------------------|--------------|---------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 8.31 | N/A | 8.36 | pH | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | Req. Mon MAXIMUM | pH | | 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 | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon MO.AVG | Req. Mon DAILY.MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

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

Page 51

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

403A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
CONDENSATE BLOWDOWN & RIVR WAT
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 08 | 11 | 01 | 08 | 11 | 30 |

No Data Indicator ☒

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | 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 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Nitrogen, ammonia total (as N) | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00610 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | Req Mon MO AVG | Req Mon DAILY MX | mg/L | | Weekly | GRAB |
| CLAMTROL CT-1, TOTAL WATER | SAMPLE MEASUREMENT | | | | | | | | | | |
| 04251 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 0 MO AVG | 0 DAILY MX | mg/L | | When Discharging | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req Mon MO AVG | Req Mon DAILY MX | Mgal/d | ***** | ***** | ***** | | | Weekly | ESTIMA |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 5 MO AVG | 25 INST MAX | mg/L | | Weekly | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | 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. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

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

Page 52

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

403A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|------|------|----|-----|
| YEAR | MO | DAY | | YEAR | MO | DAY |
| 08 | 11 | 01 | FROM | 08 | 11 | 30 |

No Data Indicator



| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------|--------------------|---------------------|-------|-------|--------------------------|----------|------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Hydrazine | SAMPLE MEASUREMENT | | | | | | | | | | |
| 8131310 | PERMIT REQUIREMENT | ***** | ***** | | ***** | 0 MO AVG | 0 DAILY MX | mg/L | | Weekly | GRAB |
| Effluent Gross | | | | | | | | | | | |

| 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | 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. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

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

OMB No. 2040-0004

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

Page 53

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

413A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
BULK FUEL STORAGE DRAIN
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 08 | 11 | 01 | 08 | 11 | 30 |

No Data Indicator

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.12 | N/A | 7.61 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 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 * | <5 * | mg/L | 0 | 1 / 7 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO/AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO/AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | YEAR | MO | DAY |

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

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

* 5 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)

Page 54

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

501A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 1 GENRTR BLWDWN FILT BW
Internal Outfall

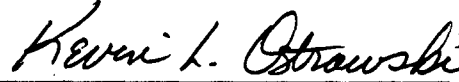
ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator



| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|--------|--------------------------|--------------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Solids, total suspended 00530 1 0 Effluent Gross | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MO/AVG | 100 DAILY/MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | Reg. Mon. MO/AVG | Reg. Mon. DAILY/MX | Mgal/d | ***** | ***** | ***** | | | 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 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 | | |
| TYPED OR PRINTED | | | AREA Code | NUMBER | YEAR | MO | DAY |
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | | 724 | 682-7773 | 08 | 11 | 22 |

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 (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

Page 82

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

001Y
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNITS 1&2 COOLG. TOWER BLWDN
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 08 | 01 | 01 | 08 | 12 | 31 |

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|---------|---------|-------|--------|-----------------------|-------------|
| | | 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 | | | | | 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 12 | 22 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 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

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

OMB No. 2040-0004

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

Page 83

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

004Y
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
Outfall 004
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------|--------------------|---------------------|-------|-------|--------------------------|-----------|-----------|-------|--------|-----------------------|-------------|
| | | 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 REQUIREMENT | ***** | ***** | | ***** | 2 AVERAGE | 2 MAXIMUM | mg/L | | Semiannual | COMP24 |
| Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.009 | 0.009 | mg/L | 0 | 2 / 365 | 24 HR COMP |
| Zinc, total (as Zn) | PERMIT REQUIREMENT | ***** | ***** | | ***** | 1 AVERAGE | 1 MAXIMUM | mg/L | | Semiannual | COMP24 |
| 01092 1 0 | | | | | | | | | | | |
| Effluent Gross | | | | | | | | | | | |

| 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 12 | 22 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 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

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

Form Approved
OMB No. 2040-0004

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

Page 28

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNITS 1&2 COOLG. TOWER BLWDN
External Outfall

FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 08 | 11 | 01 | 08 | 11 | 30 |

ATTN: DONALD J SALERA/MGR ENV & CHEM

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|--------|--------------------------|------------------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.03 | N/A | 8.35 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 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 | ***** | ***** | 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 MO AVG | 0 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 | - | DAILY | CONT |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Daily | CONTIN |
| Chlorine, total residual | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.100 | 0.18 | mg/L | 0 | 4 / 30 | GRAB |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 5 AVERAGE | 1.25 MAXIMUM | mg/L | | Weekly | GRAB |
| Chlorine, free available | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.032 | 0.12 | mg/L | 0 | CONT | RCDR |
| 50064 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 2 AVERAGE | 5 MAXIMUM | mg/L | | Continuous | RCORDR |
| Hydrazine | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | * | * | mg/L | * | * | * |
| 81313 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 0 MO AVG | 0 DAILY MX | mg/L | | Weekly | GRAB |

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

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

Form Approved
OMB No. 2040-0004

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

Page 29

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

002A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
INTAKE SCREEN BACKWASH
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|---------------------|--------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | 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 | ***** | ***** | ***** | 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | | AREA Code | NUMBER | YEAR | MO | DAY |

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

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

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

Page 30

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

003A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
003
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 08 | 11 | 01 | 08 | 11 | 30 |

No Data Indicator

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|------------------|--------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | 0.041 | 0.090 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| | PERMIT REQUIREMENT | Reg Mon MO/AVG | Reg 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
|---|---|--------------|--------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 08 | 11 | 22 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 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.

NATIONAL SEWAGE DISCHARGE ELIMINATION SYSTEM (NSDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

Page 31

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

| | |
|----------------------|-------------------------|
| PA0025615 | 004A |
| PERMIT NUMBER | DISCHARGE NUMBER |


DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT ONE COOLG TOWER OVERFLOW
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☒

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------------------|--------|--------------------------|---------------|------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | | | N/A | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | 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 | | | N/A | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | .5 MO/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 | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | | DATE | | |
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | YEAR | MO | DAY |

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

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

Page 32

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

| | |
|---------------|------------------|
| PA0025615 | 006A |
| PERMIT NUMBER | DISCHARGE NUMBER |

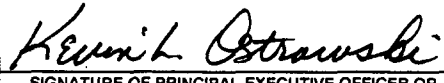
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
AUX. INTAKE SCREEN BACKWASH
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|--------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.016 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO.AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| | | | | | | | |
|---|---|---|-----------|----------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | | DATE | | |
| | | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | YEAR | MO | DAY |

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

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

Page 33

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

| | |
|---------------|------------------|
| PA0025615 | 007A |
| PERMIT NUMBER | DISCHARGE NUMBER |


DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
AUX. INTAKE SYSTEM
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 08 | 11 | 01 | 08 | 11 | 30 |

No Data Indicator ☒

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | 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 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req: Mon: MO:AVG | Req: Mon: DAILY:MX | Mgal/d | ***** | ***** | ***** | | | Weekly | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 5 MO:AVG | 1.25 INST:MAX | mg/L | | Weekly | GRAB |
| Chlorine, free available | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50064 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 2 AVERAGE | 5 MAXIMUM | mg/L | | Weekly | GRAB |

| | | | | | | | |
|---|---|---|--------------|----------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | | DATE | | |
| | | | 724 682-7773 | 08 11 22 | | | |
| TYPED OR PRINTED | | | AREA Code | NUMBER | YEAR | MO | DAY |

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

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

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

Page 34

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

008A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 1 COOLING TOWER PUMPHOUSE
External Outfall


ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator



| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | 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 MINIMUM | ***** | 9 MAXIMUM | pH | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req Mon MO AVG | Req Mon DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| | | | | | | | |
|---|---|---|--------------|----------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | | DATE | | |
| | | | 724 682-7773 | 08 11 22 | | | |
| TYPED OR PRINTED | | | AREA Code | NUMBER | YEAR | MO | DAY |

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

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

Form Approved
OMB No. 2040-0004

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

Page 35

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

010A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 2 COOLING WATER
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|------------------|--------|--------------------------|-----------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.54 | N/A | 7.70 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| CLAMTROL CT-1, TOTAL WATER | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <0.1* | <0.1* | mg/L | 0 | 1 / 30 | 24 HR COMP |
| 04251 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 0 MO AVG | 0 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 |
| 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 | 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. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 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)

The BETS DT-1 daily maximum was 11.5 mg/L

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

Page 36

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

011A
DISCHARGE NUMBER

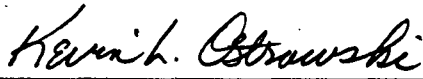
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
DIESEL GEN & TURBINE DRAINS
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

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

| | | | | | | | |
|---|---|---|-----------|----------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | 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. |  | TELEPHONE | | DATE | | |
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | | 724 | 682-7773 | 08 | 11 | 22 |
| | | | AREA Code | NUMBER | YEAR | MO | DAY |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | | |

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

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

Form Approved
OMB No. 2040-0004

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

Page 37

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

012A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

BLOWDOWN FROM THE HVAC UNIT
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|------------------|--------|--------------------------|----------------|------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 8.20 | N/A | 8.42 | pH | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 8 MINIMUM | ***** | 9 MAXIMUM | pH | | 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 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 | 1:5 DAILY/MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 1 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req Mon MO/AVG | Req Mon DAILY/MX | Mgal/d | ***** | ***** | ***** | 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 |
| 70295 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req Mon MO/AVG | Req Mon DAILY/MX | mg/L | | Twice Per Month | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | 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. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | YEAR | MO | DAY |

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

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

Page 38

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

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

013A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
OUTFALL 013
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|------------------|--------|--------------------------|----------------|------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | 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 | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Cyanide, total (as CN) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <0.01* | <0.01* | N/A | 0 | 2 / 30 | 24 HR COMP |
| 00720 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 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 | ***** | 0.05 MO AVG | 0.1 DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Chlorobenzene | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <0.005** | <0.005** | N/A | 0 | 2 / 30 | 24 HR COMP |
| 34301 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req Mon MO AVG | Req Mon DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.003 | 0.003 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req Mon MO AVG | 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | | 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. 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)

Page 39

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

101A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
101 CHEMICAL WASTE TREATMENT
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☒

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | 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 MINIMUM | ***** | 9 MAXIMUM | pH | | 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 | PERMIT REQUIREMENT | ***** | ***** | | ***** | Req: Mon MO AVG | Req: Mon DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req: Mon MO AVG | Req: Mon DAILY MX | Mgal/d | ***** | ***** | ***** | | | DAILY | CONTIN |
| Hydrazine | SAMPLE MEASUREMENT | | | | | | | | | | |
| 81313 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | Req: Mon MO AVG | Req: Mon DAILY MX | mg/L | | Weekly | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | 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. SAMPLES SHALL BE TAKEN AT THE DISCHARGE FROM THE CHEMICAL WASTE SUMP PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

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

Page 40

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

102A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
102 INTAKE SCREEN HOUSE
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.60 | N/A | 8.00 | pH | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | 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 | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req Mon MO/AVG | Req Mon DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Twice Per 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | 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

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

Form Approved
OMB No. 2040-0004

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

Page 41

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

103A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
SLUDGE SETTLING BASIN
Internal Outfall

FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.38 | N/A | 7.82 | pH | 0 | 4 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | 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 | | 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | | AREA Code | NUMBER | YEAR | MO | DAY |

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLES SHALL BE TAKEN AT THE OVERFLOW FROM THE BASIN PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

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

Page 42

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

111A
DISCHARGE NUMBER


DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
111 DIESEL GENERATOR BLDG
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 08 | 11 | 01 | 08 | 11 | 30 |

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|------------------|--------|--------------------------|------------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.39 | N/A | 7.56 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <4 * | <4 * | mg/L | 0 | 1 / 7 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO.AVG. | 100 DAILY/MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 ** | <5 ** | mg/L | 0 | 1 / 7 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO.AVG. | 20 DAILY/MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req Mon MO.AVG | Req Mon DAILY/MX | Mgal/d | ***** | ***** | ***** | N/A | | 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 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 | | |
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | | 724 682-7773 | 08 | 11 | 22 | |
| TYPED OR PRINTED | | | AREA Code | NUMBER | YEAR | MO | DAY |

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 45

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

211A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
211 TURBINE BLDG
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.63 | N/A | 8.21 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 3.6 | 14.5 | 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 * | <5 * | mg/L | 0 | 1 / 7 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 | MGD | N/A | N/A | N/A | | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req Mon MO AVG | Req Mon DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | YEAR | MO | DAY |

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

* 5 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)

Page 43

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

113A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 2 SEWAGE TMT PLANT
Internal Outfall:

ATTN: DONALD J SALERA/MGR ENV & CHEM

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 08 | 11 | 01 | 08 | 11 | 30 |

No Data Indicator



| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | 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 MINIMUM | ***** | 9 MAXIMUM | pH | | 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 | 043 MO/AVG | Req. Mon DAILY/MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | MEASRD |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 1.4 MO/AVG | 3.3 INST. MAX | mg/L | | Twice Per Month | GRAB |
| Coliform, fecal general | SAMPLE MEASUREMENT | | | | | | | | | | |
| 74055 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 200 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 Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | 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. | TELEPHONE | | DATE | | |
| | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Kevin L. Ostrowski</i> | 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 (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

Page 44

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

203A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
MAIN SEWAGE TMT PLANT
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator



| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | 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 MINIMUM | ***** | 9 MAXIMUM | pH | | 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 | ***** | ***** | ***** | | | Weekly | MEASRD |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 14 MO AVG | 33 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 | 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. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | | AREA Code | NUMBER | YEAR | MO | DAY |

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

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

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

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

OMB No. 2040-0004

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

Page 44

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

| | |
|---------------|------------------|
| PA0025615 | 203A |
| PERMIT NUMBER | DISCHARGE NUMBER |

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
MAIN SEWAGE TMT PLANT
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 08 | 11 | 01 | 08 | 11 | 30 |

No Data Indicator **X**

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|----------------------|--------|--------------------------|-----------------|-----------------|---------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | 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 | ***** | ***** | ***** | | | Weekly | MEASRD |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 1.4 MO AVG | 3.3 INST MAX | mg/L | | Twice Per Month | GRAB |
| Coliform, fecal general | SAMPLE MEASUREMENT | | | | | | | | | | |
| 74055 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 200 MO GEOMN | ***** | #/100mL | | Twice Per Month | GRAB |
| BOD, carbonaceous, 05 day 20 C | SAMPLE MEASUREMENT | | | | | | | | | | |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 25 MO AVG | 50 DAILY MX | mg/L | | Twice Per Month | COMP-8 |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | 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 POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

Page 46

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

213A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 2 COOL TOWER PUMPHOUSE
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator



| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | 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 MINIMUM | ***** | 9 MAXIMUM | pH | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MO/AVG | 100 DAILY/MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 15 MO/AVG | 20 DAILY/MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req: Mon MO/AVG | Req: Mon DAILY/MX | Mgal/d | ***** | ***** | ***** | | | 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 | 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. | TELEPHONE | | DATE | | |
|---|---|--------------|--------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 08 | 11 | 22 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | YEAR | MO | DAY |

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

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

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

OMB No. 2040-0004

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

Page 47

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

| | |
|---------------|------------------|
| PA0025615 | 301A |
| PERMIT NUMBER | DISCHARGE NUMBER |

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 2 AUX BOILER BLOWDOWN
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Solids, total suspended 00530 1 0 Effluent Gross | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <4 * | <4 * | mg/L | 0 | 2 / 30 | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease 00556 1 0 Effluent Gross | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 ** | <5 ** | mg/L | 0 | 2 / 30 | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| | PERMIT REQUIREMENT | Req Mon MO AVG | Req Mon DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

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

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

OMB No. 2040-0004

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

Page 48

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

303A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 1 OIL WATER SEPARATOR
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 6.92 | N/A | 7.65 | pH | - | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <4 * | <4 * | mg/L | 0 | 1 / 7 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 ** | <5 ** | mg/L | 0 | 1 / 7 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 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 MO AVG | Req Mon DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | YEAR | MO | DAY |

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

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

*4 mg/L is minimum detectable level. **5 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)

Page 49

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

313A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
313 TURBINE BLDG DRAIN
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 6.48 | N/A | 6.73 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 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 * | <5 * | mg/L | 0 | 1 / 7 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req Mon MO AVG | Req Mon DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | YEAR | MO | DAY |

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

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

* 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 SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

Page 50

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

| | |
|---------------|------------------|
| PA0025615 | 401A |
| PERMIT NUMBER | DISCHARGE NUMBER |

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
CHEM.FEED AREA OF AUX BOILERS
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|--------|--------------------------|-----------|-------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 8.31 | N/A | 8.36 | pH | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | Req. Mon. MAXIMUM | pH | | 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 | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

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

Page 51

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

403A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
CONDENSATE BLOWDOWN & RIVR WAT
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 08 | 11 | 01 | 08 | 11 | 30 |

No Data Indicator **X**

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------------------|--------|--------------------------|-------------------|---------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MO/AVG | 100 DAILY/MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 15 MO/AVG | 20 DAILY/MX | mg/L | | Weekly | GRAB |
| Nitrogen, ammonia total (as N) | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00610 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | Req Mon MO/AVG | Req Mon DAILY/MX | mg/L | | Weekly | GRAB |
| CLAMTROL CT-1, TOTAL WATER | SAMPLE MEASUREMENT | | | | | | | | | | |
| 04251 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 0 MO/AVG | 0 DAILY/MX | mg/L | | When Discharging | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req Mon MO/AVG | Req Mon DAILY/MX | Mgal/d | ***** | ***** | ***** | | | Weekly | ESTIMA |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 5 MO/AVG | 125 INST MAX | mg/L | | Weekly | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | 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. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

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

Page 52

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

| | |
|----------------------|-------------------------|
| PA0025615 | 403A |
| PERMIT NUMBER | DISCHARGE NUMBER |

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
CONDENSATE BLOWDOWN & RIVR WAT
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator



| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------------|---------------|-------|--------|-----------------------|-------------|
| | | 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 | 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. | | TELEPHONE | | DATE | | |
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | 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. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

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

OMB No. 2040-0004

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

Page 53

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

413A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
BULK FUEL STORAGE DRAIN
Internal Outfall

FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 08 | 11 | 01 | 08 | 11 | 30 |

No Data Indicator

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.12 | N/A | 7.61 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 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 * | <5 * | mg/L | 0 | 1 / 7 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO/AVG | 20 DAILY/MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req Mon MO/AVG | Req Mon DAILY/MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
|---|---|--|----------|-----------|--------|-------------|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER | YEAR MO DAY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OWS #24 PRIOR TO MIXING WITH ANY OTHER WATER.

* 5 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)

Page 54

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

501A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 1 GENRTR BLWDWN FILT BW
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|------|------|----|-----|
| YEAR | MO | DAY | | YEAR | MO | DAY |
| 08 | 11 | 01 | FROM | 08 | 11 | 30 |

No Data Indicator



| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Solids, total suspended 00530 1 0 Effluent Gross | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MO/AVG | 100 DAILY/MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO/AVG | Req. Mon. DAILY/MX | Mgal/d | ***** | ***** | ***** | | | 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 11 | 22 |
| TYPED OR PRINTED | 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 (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

Page 82

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

001Y
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNITS 1&2 COOLG. TOWER BLWDN
External Outfall

FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|---------|---------|-------|--------|-----------------------|-------------|
| | | 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 | ***** | ***** | | ***** | 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 12 | 22 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 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

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

OMB No. 2040-0004

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

Page 83

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

004Y
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
Outfall 004
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 08 | 01 | 01 | 08 | 12 | 31 |

No Data Indicator ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|---------|---------|-------|--------|-----------------------|-------------|
| | | 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 | COMP24 |
| Zinc, total (as Zn) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.009 | 0.009 | mg/L | 0 | 2 / 365 | 24 HR COMP |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | AVERAGE | MAXIMUM | mg/L | | Semiannual | COMP24 |

| 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
|---|---|-----------|----------|------|----|-----|
| Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 08 | 12 | 22 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 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