

Beaver Valley Power Station Route 168 P.O. Box 4 Shippingport, PA 15077-0004

March 27, 2009 L-09-082

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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 February 2009 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. 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

Kevin L. Ostrowski Director, Site Operations

Beaver Valley Power Station, Unit Nos. 1 and 2 L-09-082 Page 2

Attachment(s):

1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001

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

Enclosure(s)

A. Supplemental Laboratory Accreditation Form

B. Discharge Monitoring Report

cc: Document Control Desk US NRC (NOTE: No new US NRC commitments are contained is this letter.) US Environmental Protection Agency

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-09-082 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

ATTACHMENT 1

Weekly Dissolved Oxygen Monitoring Results at Outfall 001

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

SAMPLE DATE	SAMPLE TIME	VALUE	UNITS
02/02/09	1105	8.45	mg/L
02/09/09	1055	8.51	mg/L
02/16/09	1030	8.78	mg/L
02/23/09	1000	8.21	mg/L

- Attachment 1 END -

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-09-082 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

ATTACHMENT 2

Permit Part C.21 Iron and Zinc Stormwater Monitoring Results

Sample Date	Sample Time	Outfall	Parameter	Result	Units
02-10-09	0755	Outfall #003,	Zinc	190	ug/l
02-10-09	0755	Outfall #003,	Iron	1758	ug/l
02-06-09	0845	Outfall #008,	Zinc	27.8	ug/l
02-06-09	0845	Outfall #008,	Iron	162	ug/l
02-10-09	0745	Outfall #011,	Zinc	511	ug/l
02-10-09	0745	Outfall #011,	Iron	3121	ug/l

- Attachment 2 END -

Page

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

	. .	
PA0025615		001A
PERMIT NUMBER		DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

02/ 01/ 2009 TO

FROM

R

MM/DD/YYYY

02/ 28/ 2009

DMR MAILING	ZIP CODE:	15077000
MAJOR		

(SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN External Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.21	N/A	8.23	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	2.444444 2.400 (2.400)		N/A	6 MINIMUM		9 MAXIMUM	рН		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	´ N/A	N/A	*	*	mg/L	*	*	*
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******	Req: Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB -
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A _	N/A	, N/A	N/A	**	**	mg/L	**	**	**
04251 1 0 Effluent Gross	PERMIT			N/A		0 MOAVG	0 ···· DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	28.2	30.7	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon.	Req. Mon. DAILY MX	Mgal/d				N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.093	0.11	mg/L	0	4 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	-N/A	N/A	N/A	N/A	0.028	0.07	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 MXe	mg/L		Weekly	GRAB #

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Viil At 1-	724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX. * Not in Wet layup this Period. ** No Clamicides this period. WMC 3-17-09

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Form Approved OMB No. 2040-0004

Page 2

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	002A ISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			INTAKE SCREEN BACKWASH External Outfall
ATTN: DONAL	SHIPPINGPORT, PA 150770004 LD J SALERA/MGR ENV & CHEM	FROM 02/ 01/ 2009 TO	MM/DD/YYYY	No Data Indicator
	PARAMETER	QUANTITY OR LOADING	QUALITY OR CONCENTRATION	NO. FREQUENCY SAMPLE EX OF ANALYSIS TYPE
1				

		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	Reg: Mon. MO AVG	Req. Mon.	Mgai/d	······	******		N/A		Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevent. Ostrawski	724	682-7773	03/ 27/ 2009
	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Page 3

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	
PERMIT NUMBER	

FROM

003A DISCHARGE NUMBER

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

MUNITORING PERIOD						
MM/DD/YYYY				MM/C	DD/Y	<u> </u>
02/ (01/	2009	то	02/	28/	2009

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		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 / 28	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 penatty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and compilete. I am aware that there are significant penalties for submitting false information.	Kevnih. Ostrawski	724	682-7773	03/ 27/ 200
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments here)		· · · · · · · · · · · · · · · · · · ·		

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

NATIONAL POLLUIANT DISCHARGE ELIMINATION SYSTEM (NPUES)
DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

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Page

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	004A
PERMIT NUMBER	DISCHARGE NU

MM/DD/YYYY

FROM

02/ 01/ 2009

HARGE NUMBER

MM/DD/YYYY.

02/ 28/ 2009

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	

UNIT ONE COOLG TOWER OVERFLOW External Outfail

۰.



PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS]		
рН	SAMPLE MEASUREMENT			N/A							
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	рН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req=Mon. MO!AVG	Req. Mon. DAILY MX	Mgal/d	****** 		******	N/A	5 30 Good St	Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT			N/A						C. COLOR CONCERNMENT STRUCTURE	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	En contraction de la contracti	.5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT			N/A		-			The second s	La l'Allenne : l'Allenne : l'Allen de la	TEREPORT (" Sole A Line of the Sole of the
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	· · ·	TEL	EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	Kevin L. Ostrawski	724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments here)		······································	····	

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Page 5

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

MM/DD/YYYY

02/ 01/ 2009

FROM

006A DISCHARGE NUMBER

MM/DD/YYYY

02/ 28/ 2009

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH External Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			G	QUALITY OR CONCENTRATION					SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	MGD	N/A	N/A	N/A	N/A_	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

MONITORING PERIOD

ΤO

I certify under penalty of law that this document and all attachments were prepared under my NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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 Kevin L. Ostrowski, DIRECTOR OF SITE 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, **OPERATIONS** and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. TYPED OR PRINTED

	TEL	EPHONE	DATE		
Keviih. Ostrawski	724	682-7773	03/ 27/ 2009		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	AREA Code	NUMBER	MM/DD/YYYY		

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

⊦orm Approvea OMB No. 2040-0004

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 007A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168		AUX. INTAKE SYSTEM External Outfall
ΑΤΤΝ΄ ΠΟΝΑΙ	SHIPPINGPORT, PA 150770004	MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 02/ 01/ 2009 TO 02/ 28/ 2009	No Data Indicator X
ATTA: DONAL			

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS]		
рН	SAMPLE MEASUREMENT	· · · · · · · · · · · · · · · · · · ·			· · ·						
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	рН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d			******		36 S.	Weekiy	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		TEL	EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting fatse information,	KEVEN L. Ostrawski SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	03/ 27/ 2009.
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments here)				

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

REACTOR PLANT RIVER WATER SYSTEM.

Form Approved OMB No. 2040-0004

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PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different) NAME: FIRST ENERGY NUCLEAR OPERATING DMR MAILING ZIP CODE: 150770004 PA0025615 008A ADDRESS: PA ROUTE 168 MAJOR SHIPPINGPORT, PA 150770004 PERMIT NUMBER **DISCHARGE NUMBER** (SUBR05) FACILITY: BEAVER VALLEY POWER STATION LOCATION: PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY FROM 02/ 01/ 2009 02/ 28/ 2009 то

UNIT 1 COOLING TOWER PUMPHOUSE External Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******* ******************************		6 MINIMUM	****** \$2.000	9. MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		the second second			. 30 MO AVG	100 DAILY MX	mg/L	an a an Saint	Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										· .
00556 1 0 . Effluent Gross	PERMIT REQUIREMENT	******	n di secondari			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		TEL	EPHONE	DATE
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevni L. Ostrawski	724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments here)		·		

Page 8

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

ATTN: DONAL	PA ROUTE 168 SHIPPINGPORT, PA 150 D J SALERA/MGR ENV &		. FR	MM/DD/Y	 IG PERIOD MM/DD/YY D 02/ 28/			External C	Puttail	No Data Ind	licator]
	PARAMETER		QUANTI		 (NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		SAMPLE	VALUE	VALUE	7 19	VALUE	VALUE	UNITS		1 / 7		

PARAMETER		QUANTI	TY OR LOADING		c	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.18	N/A	7.41	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	north Care	N/A	6 MINIMUM		9 MAXIMUM	рH	ALCORE 1	Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******	0 MO:AVG	0. INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.60	4.32	MGD	N/A	N/A	N/A	N/A	· _	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO AVG		Mgal/d	******			N/A		Weekiy	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	0	1 [`] / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		******			5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		••••••••••••••••••••••••••••••••••••••	Ň/A		2 AVERAGE	5. MAXIMUM	mg/L		Weekly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevin L. Ostrawski	724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
			·		······································

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

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

* No Clamicides this period. **0.02 mg/L is minimum detectable level. wmc 317-09 Computer Generated Version of EPA Form 3320-1 (rev. 01/06)

ногт Арргоуеа ОМВ No. 2040-0004

Page 9

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	011A DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			DIESEL GEN & TURBINE DRAINS External Outfall

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 FROM
 02/
 01/
 2009
 TO
 02/
 28/
 2009

Dutfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					· 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	Reg. Mon. DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

I certify under penalty of law that this document and all attachments were prepared under my NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or Kevin L. Ostrowski, DIRECTOR OF SITE persons who manage the system, or those persons directly responsible for gathering the 724 682-7773 03/ 27/ 2009 information, the information submitted is, to the best of my knowledge and belief, true, accurate, OPERATIONS 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 AREA Code NUMBER MM/DD/YYYY TYPED OR PRINTED AUTHORIZED AGENT

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

MONITORING PERIOD

то

Form Approved OMB No. 2040-0004

Page 10

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

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

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

FROM

02/ 01/ 2009

012A DISCHARGE NUMBER

MM/DD/YYYY

02/ 28/ 2009

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

BLOWDOWN FROM THE HVAC UNIT External Outfall

No Data Indicator

ATTN: DONALD J SALERA/MGR ENV & CHEM

PARAMETER	Construction of the second	QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	100-00-00-00-00-00-00-00-00-00-00-00-00-	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.23	N/A	8.23	ρН	0	1 / 28	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM		9 MAXIMUM	рН		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.132	0.136	mg/L	0	2 / 28	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	0.095	0.109	mg/L	0	2 / 28	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 / 28	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Reg Mon DAILY MX	Mgal/d	*****		******	N/A		Once Per: Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	. N/A	N/A	N/A	784	820	mg/L	0	2 / .28	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		TEL	EPHONE	DATE	
evin L. Ostrowski, DIRECTOR OF SITE PERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	Keven L. Ostracoski	724	682-7773	03/ 27/ 2009	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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

К 0

Page 11

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	013A DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			OUTFALL 013 External Outfall
	SHIPPINGPORT, PA 150770004	MM/DD/YYYY	ING PERIOD MM/DD/YYYY	No Data Indicator
ATTN: DONALI	D J SALERA/MGR ENV & CHEM	FROM 02/ 01/ 2009	TO 02/ 28/ 2009	

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pН	SAMPLE MEASUREMENT	N/A	N/A	N/A	.6.51	N/A	6.67	N/A	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		••••••• •••••	N/A	6 MINIMUM	******	9 MAXIMUM	ρН		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01*	<0.01*	N/A	0	2 / 28	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A		Req. Mon. MO AVG	Reg. Mon: DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.026	0.027	N/A	. 0	2 / 28	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 / 28	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	0.002	0.002	MGD	N/A	N/A	Ń/A	N/A	-	2 / 28	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	 Reg. Mon. MO AVG 		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		TEL	EPHONE	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevin L. Ostrawski	724	682-7773	03/ 27/ 200)9
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments bere)					

COMMENTS PLANATION 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 3-17-09

101A

DISCHARGE NUMBER

⊢orm Approvea OMB No. 2040-0004

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

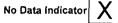
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PA0025615

PERMIT NUMBER

[MM/DD/YYYY					MM/	DD/Y	MY
FROM	02/	01/	2009	то	•	02/	28/	2009

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



PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		6 MINIMUM		9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				<u></u>				and a second	a started, and the milling started and an	
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		and the second sec		**************************************	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	Mgai/d						DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT		******		**************************************	Reg. Mon MO AVG	Req: Mon. DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	and complete. I am aware that there are significant penalties for submitting false information,		TEL	EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		Kevin L. Ostrawski	724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
CHINENTS AND EVELANATION OF ANY MOLATIONS (D. LANSING HILL			<u></u>		

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

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

MEASUREMENT

PERMIT

REQUIREMENT

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

50050 1 0

Effluent Gross

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

02/ 01/ 2009 TO

102A DISCHARGE NUMBER

MM/DD/YYYY

02/ 28/ 2009

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

102 INTAKE SCREEN HOUSE Internal Outfall

NO.

EX

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a special

N/A

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No Data Indicator

FREQUENCY

OF ANALYSIS

2 / 28

Twice Per

Month

2. / 28

Twice Per

Month.

2 / 28

Twice Per

Month

2 / 28

Twice Per-

Month

		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.08	N/A	7.45	pН		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	6 MINIMUM		9 MAXIMUM	рH		
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4.9	9.8	mg/L		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****** 74	******	N/A	******* ******	30 MO AVG	100 DAILY MX	mg/L		
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L		
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A		15 MO AVG	20 DAILY MX	mg/L		
Flow, in conduit or thru treatment plant		<0.001	<0.001	MGD	N/A	N/A	N/A	N/A		

Req. Mon.

DAILY MX

FROM

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 personne!		TE	LEPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevin L. Estrawski	724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMPENSE AND EXPLANATION OF ANY MOL ADONO 19 (

Mgal/d

ENTS 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.

Reg. Mon.

MOAVG

*5 mg/L is minimum detectable level. WMC 3-17-09

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

Page 13

SAMPLE

TYPE

GRAB

GRAB

GRAB

GRAB

GRAB

GRAB

EST

ESTIMA

MONITORING PERIOD

то

Page 14

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

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

ATTN: DONALD J	SALERA/MGR	ENV &	CHEM

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

FROM

02/ 01/ 2009

103A DISCHARGE NUMBER

MM/DD/YYYY

02/ 28/ 2009

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

Internal Outfali

No Data Indicator

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.25	N/A	7.29	рН	0	2 / 28	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	28.5	60.5	mg/L	0	3 / 28	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	444444		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 / 28	EST
50050 1 0 Effluent Gross		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 		TEL	EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevin h. Ostrawski	724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EVEL ANATON OF ANY MOLATIONS (D. C	have the set of the se				

لواوره والمحقق والراب والإيماني المحاصر والا

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.

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

MONITORING PERIOD

то

OMB No. 2040-0004

Page 15

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

MM/DD/YYYY

FROM

02/ 01/ 2009

111A DISCHARGE NUMBER

MM/DD/YYYY

02/ 28/ 2009

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG Internal Outfall

No Data Indicator	
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PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			· .
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.24	N/A	7.77	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	1.3	5.2	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

		1 1EL	EPHONE	DATE
direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am swere that there are significant penalities for submitted is to submitted is to submitted in the source that and complete. I am swere that there are significant penalities for submitted is to submitted is to the best of my knowledge and belief, true, accurate, and complete. I am swere that there are significant penalities for submitting takes information, the	Kevin L. Ostrawski	724 682-7773		03/ 27/ 2009
Including the possibility of fine and imprisonment for knowing violations. TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

* 5 mg/L is minimum detectable level. WMC 3-17-09

Page 16

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	- · <u>·</u>	PA0025615 PERMIT NUMBER	113A DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168				UNIT 2 SEWAGE TMT PLANT
ATTN: DONAL	SHIPPINGPORT, PA 150770004 D J SALERA/MGR ENV & CHEM		MONIT MM/DD/YYYY FROM 02/ 01/ 2009	ORING PERIOD MM/DD/YYYY TO 02/ 28/ 2009	No Data Indicator
				· · · · · · · · · · · · · · · · · · ·	

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		6 MINIMUM	etterse Riczanie and Angeler	. 9 MAXIMUM	рН		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	Reg. Mon DAILY MX	Mgal/d				N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross						1.4 MO AVG	3.3 INST MAX	mg/L	10 MT	Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT									,	
74055 1 1 Effluent Gross	PERMIT REQUIREMENT		100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100		1000 ******	200 MOIGEOMN		#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT				-						
80082 1 0 Effluent Gross	PERMIT REQUIREMENT				100 ****** 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100	25 MO AVG	50 DAILY MX	mg/L	estination	Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevin L. Ostrawski	724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attack	Iments here)				

ENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all atta nts here)

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

Form Approves OMB No. 2040-0004

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

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

PERMIT NUMBER

PA0025615

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										
[MM/I	DDM	ŇΥ		MM/E	DD/Y	YY				
FROM[02/	01/	2009	то	02/	28/	2009				

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************			6 MINIMUM	******	9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT						<u> </u>				
00530 1 0 Effluent Gross	PERMIT	******* ******************************			******	30 MO'AVG	60 DAILY MX	mg/L		Twice Per.	- 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	******		•••••• 7			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT				1. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	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 Rer Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT				and a second	25 MO_AVG	50 DAILY MX	mg/L		Twice Per Monthuz	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	EPHONE	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	roperly gather and evaluate the information submitted. Based on my inquiry of the person or ersons who manage the system, or those persons directly responsible for gathering the normation, the information submitted is, to the best of my knowledge and belief, true, accurate, and compilet. I am aware that there are significant penalties for submitting false information,	110000000000000000000000000000000000000	724	682-7773	03/ 27/ 2009	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

•

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.

Form Approved OMB No. 2040-0004

Page 18

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING	PA0025615	211A	DMR MAJ
ADDITEOU.	SHIPPINGPORT, PA 150770004	PERMIT NUMBER	DISCHARGE NUMBER	(SUE
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			211 Inter
	SHIPPINGPORT, PA 150770004	MONITO	RING PERIOD	
		MM/DD/YYYY	MM/DD/YYYY	

ATTN: DONALD J SALERA/MGR ENV & CHEM

FROM 02/ 01/ 2009 TO 02/ 28/ 2009 WR MAILING ZIP CODE: 150770004 JOR UBR05) 11 TURBINE BLDG ternal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	. N/A	N/A	N/A	7.31	N/A	7.44	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	6 MINIMUM	**************************************	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	15.5	25.0	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		-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req: Mon DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE	
	properly gather and evaluate the Information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the Information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevin L. Ostrawski	724	682-7773	03/ 27/ 2009	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	
OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments here)		• • • • • • •			

* 5 mg/L is minimum detectable level. WMC 3-17-09

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MONITORING PERIOD

то

Page 19

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615		213A
PERMIT NUMBER	DISCHA	RGE

MM/DD/YYYY

02/ 01/ 2009

FROM

CHARGE NUMBER

MM/DD/YYYY

02/ 28/ 2009

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
UNIT 2 COOL TOWER PUM	PHOUSE

Internal Outfall



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	PERMIT	*****	******		6	1.000 (****** 1.000 (******	9		1997 - S.C.	Twice Per	GRAB
Effluent Gross	REQUIREMENT		the second second		<u> </u>			рН	200 B. 190	Month	ter zerten det
Solids, total suspended	SAMPLE						•				
	MEASUREMENT										
00530 1 0	PERMIT	2			2007 (***********************************	30	100			Twice Per	GRAB
Effluent Gross	REQUIREMENT	A DECEMBER OF				MO AVG	DAILY MX	_mg/L		Month	
Oil & grease	SAMPLE										
On a grease	MEASUREMENT										
00556 1 0	PERMIT	1444444 1411	Pierre Aller		******* 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995	15 MO/AVG	20			Twice Per	GRAB
Effluent Gross	REQUIREMENT	is of the left is				MOAVG	DAILY MX	_mg/L		Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE										
in low, in conduct of this treatment plant	MEASUREMENT	•								·	
50050 1 0	PERMIT	Reg. Mon.	Req. Mon.		*******	****** ******				Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO ÂVG	DAILY MX	Mgal/d	ten and a state	Contraction of the		L		A COULT	ESTIMA
Chlorine, total residual	SAMPLE							T			
	MEASUREMENT									L	
50060 1 0	PERMIT	010	*****		******		4 4 1 25			Twice Per P	GRAB
Effluent Gross	REQUIREMENT				Contraction of the second s	MO AVG	INST-MAX	mg/L		Month	

	ify under penalty of law that this document and all attachments were prepared under my tion or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or	Keinh. Ostrauski	724	682-7773	03/ 27/ 2009	
	ting the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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.

301A

DISCHARGE NUMBER

Form Approved OMB No. 2040-0004

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

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

	MONITORING PERIOD							
	MM/DD/YY		MM/C	DDM	rrr i			
FROM	02/ 01/	2009	то	02/	28/	2009		

PA0025615

PERMIT NUMBER

(SUBR05)	
UNIT 2 AUX BOILER BLOWDOWN Internal Outfall	

DMR MAILING ZIP CODE: 150770004

MAJOR

ATTN:	DONALD	J SALERA/M	GR 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			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 28	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 / 28	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		1999 - 1999 -		N/A		• Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	• •	TEI	LEPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or	Kavin h. Strawski	724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
	· · · ·				

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 3-17-09

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

MONITORING PERIOD

то

Page 21

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

	PAOC	25615	
PEF	RMIT	NUMB	ER

FROM

MM/DD/YYYY

02/ 01/ 2009

303A DISCHARGE NUMBER

MM/DD/YYYY

02/ 28/ 2009

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	

UNIT 1 OIL WATER SEPARATOR Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION	· · · · ·	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.98	N/A	7.30	pН	-	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****** 11. August	N/A	6 MINIMUM	11.2	9 MAXIMUM	- pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	. N/A	11.3	31.6	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		60 - ****** of dis 212-1210	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3.5	14.0	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	DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	Kavin L. Etrawski	724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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.

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

Page 22

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 313A PERMIT NUMBER DISCHARGE NUMBE	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY:	BEAVER VALLEY POWER STATION PA ROUTE 168		313 TURBINE BLDG DRAIN
	SHIPPINGPORT, PA 150770004	MONITORING PERIOD	
ATTN: DONAL	LD J SALERA/MGR ENV & CHEM	MM/DD/YYYY MM/DD/YYYY FROM 02/_01/_2009 TO 02/_28/_2009	No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			-
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.51	N/A	6.67	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6. <u>MINIMUM</u>		9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	14.1	29.0	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		TEL	EPHONE	DATE
IOPERATIONS	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 evare that there are significant penalties for submitting fatse information,	Kanil Attant	724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attack	hments 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 3-17-09

401A

DISCHARGE NUMBER

Page 23

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

. [N	IONITO	RING	PE	RIOD		
	MM/C	DD/YY	/ YY			MM/C	DD/Y	(YY
FROM[02/	01/	2009	то		02/	28/	2009

PA0025615

PERMIT NUMBER

MAJOR		
(SUBR05)		

CHEM.FEED AREA OF AUX BOILERS Internal Outfall

DMR MAILING ZIP CODE: 150770004

No Data Indicator

Chica-Anterin Street and Anterin St	

PARAMETER		QUANTI	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	7.18	N/A	7.59	pН	0	2 / 28	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	*****	Reg. Mon MAXIMUM	pН	, podetil	Twice Per: Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	_ <4 *	mg/L	0	2 / 28	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 / 28	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	444444 4		N/A	******	15 MO!AVG	20 DAILY MXi	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	Req Mon DAILY MX	Mgal/d	12 ****** ******		•••••• •••	N/A		Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kaviih. Strawski	724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments 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 3-17-09

Form Approved OMB No. 2040-0004

Weekly

Weekly

Weekly

Weekly

When Discharging

Weekly

Weekly

ΜΑΧΙΜŪΜ

DAILY MX

20

DAILY MX

Reg. Mon.

DAILY MX

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DAILY MX

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INST MAX

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MO AVG

15

MO AVG

Reg. Mon.

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T MO AVG

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MO AVG

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

MO AVG

pН

mg/L

mg/L

mg/L

mg/L

ma/L

724

AREA Code

TELEPHONE

682-7773

NUMBER

计文词算

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

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

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MO AVG

I certify under penalty of law that this document and all attachments were prepared under my

persons who manage the system, or those persons directly responsible for gathering the

including the possibility of fine and imprisonment for knowing violations.

direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or

nformation, the information submitted is, to the best of my knowledge and belief, true, accurate

and complete. I am aware that there are significant penalties for submitting false information,

NAME: ADDRESS:					ER	403A DISCHARGE N	UMBER	DMR MAILING ZIP CODE: 15 MAJOR ER (SUBR05)				
FACILITY: LOCATION:	BEAVER VALLEY POV PA ROUTE 168 SHIPPINGPORT, PA 1	·						CONDENSATE BLOWDOWN & RIVR WAT Internal Outfall				
ATTN: DONAI	LD J SALERA/MGR ENV	& CHEM	FR	MM/DD/Y 02/ 01/		MM/DD/Y 0 02/ 28/		<u> </u>			No Data Inc	licator X
	PARAMETER		QUANT	QUANTITY OR LOADING			QUALITY OR CONC	UALITY OR CONCENTRATION			FREQUENCY OF ANALYSIS	SAMPLE TYPE
		inter a	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS]		
рН		SAMPLE MEASUREMENT	·									
00400 1 0		PERMIT	******	******		6	C Construction and a second		8	2.5. C	PAPERSON PARA	1 States and the second states

Reg. Mon.

DAILY MX

COMMENTS AND EXPLA	NATION 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.

Mgal/d

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

Kevin L. Ostrowski, DIRECTOR OF SITE

Effluent Gross

OPERATIONS

Chlorine, total residual

Oil & grease

00556 1 0

0061010

04251 1 0

50050 1 0

50060 1 0

00530 1 0

Solids, total suspended

Nitrogen, ammonia total (as N)

CLAMTROL CT-1, TOTAL WATER

Flow, in conduit or thru treatment plant

Page 24

GRAB

GRAB

GRAB

GRAB

COMP24

ESTIMA

GRAB

DATE

MM/DD/YYYY

03/ 27/ 2009

PA0025615	403A
	DISCULAROF NUMBER

MINIMUM

Form Approved OMB No. 2040-0004

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	403A
PERMIT NUMBER	DISCHARGE NUMB

MM/DD/YYYY

02/ 01/ 2009

FROM

MONITORING PERIOD

то

ER

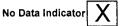
MM/DD/YYYY

02/ 28/ 2009

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT Internal Outfall

DMR MAILING ZIP CODE: 150770004



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

TYPED OR PRINTED

Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS

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

	TEI	EPHONE	DATE		
Kevin L. Strawsbi	724	682-7773	03/ 27/ 2009		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	1				
AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY		

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.

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

Form Approved OMB No. 2040-0004

Page 26

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

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NAME: ADDRESS: FACILITY: LOCATION:	FIRST ENERGY NUCLEA PA ROUTE 168 SHIPPINGPORT, PA 150 BEAVER VALLEY POWE PA ROUTE 168	770004		PA002561		413A DISCHARGE NU	MBER		DMR MA MAJOR (SUBR05 BULK FU Internal C) EL STOR	CODE: 1507	70004
ATTN: DONAL	SHIPPINGPORT, PA 150		FR	MM/DD/	mm _	NG PERIOD MM/DD/YY O 02/ 28/	YY 2009		internarie		No Data Inc	licator X
· ·	PARAMETER	QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE	
			VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
nH		SAMPLE	N/A	Ν/Δ	Ν/Α		N/A					

ME	IEASUREMENT	N/A	N/A	N/A		N/A		рн			
	PERMIT		*****	N/A	6	******	9		18 2 A 18 19	Weekly	Constant in South
s RE	REQUIREMENT		Sec. State 1	IN/A	MINIMUM		9 MAXIMUM	pН		Weekiy	GRAB
suspended	SAMPLE	N/A	N/A	N/A		· ·			<u></u>		
ME	EASUREMENT	11/17	197	NVA				mg/L			
	PERMIT	A:	*****	N/A		30	100				GRAB
s RE	REQUIREMENT			IN/A		MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
	SAMPLE	NI/A	NI/A	NI/A							
ME	EASUREMENT		IN/A	IN/A	IN/A			mg/L			
	PERMIT	*****	*****	NI/A	*****	15	20				通行機構などの構
s RE	REQUIREMENT		1994年4月23日	IN/A ·		MOAVG	C DAILY MX	mg/L		Weekly	GRAB
uit or thru treatment plant	SAMPLE			MÓD							
ME	EASUREMENT	1		NIGD				N/A			
	PERMIT	Req. Mon.	Reg Mon		16 18 3 ****** / TAS	100 10 10 10 10 10 10 10 10 10 10 10 10	TELL ***** ATT				ESTIMA
s RE	REQUIREMENT	MO AVG	DAILY MX	Mgal/d				N/A		vveekly	ESIIMA
s RE uit or thru treatment plant ME	IEASUREMENT PERMIT REQUIREMENT SAMPLE IEASUREMENT PERMIT		Reg Mön				20 DAILY MX	mg/L N/A 		Weekiy Weekiy	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevent. Strausbi	724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments here)				

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

•			HARGE ELIMINATION SYSTEM (NPDES) NITORING REPORT (DMR)	Form Approved OMB No. 2040-0004
	NAME/ADDRESS (include Facility Name/Location if Different	nt)		Page 27
NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	501A DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			UNIT 1 GENRTR BLWDWN FILT BW Internal Outfall
	SHIPPINGPORT, PA 150770004			
ATTN: DONAL	LD J SALERA/MGR ENV & CHEM	FROM 02/ 01/ 2009	TO 02/ 28/ 2009	No Data Indicator X

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT					-				· ·	
00530 1 0	PERMIT	*****	*****		******	30 30 -	100		同初期	Weekly	GRAB
Effluent Gross	REQUIREMENT					+ MO AVG	DAILY MX	mg/L		and the second	1. A Contraction
Flow, in conduit or thru treatment plant	SAMPLE										
Flow, in conduct of this treatment plant	MEASUREMENT										
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		12 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	******				Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d					i and i a	Weekiy	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kavinh. Atrawski	724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments here)	· · · · · · · · · · · · · · · · · · ·			

- 1

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.

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·	-

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

Form Approved OMB No. 2040-0004

No Data Indicator

Page

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

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

.... PA0025615 PERMIT NUMBER DIS

MM/DD/YYYY

02/ 01/ 2009

FROM

MONITORING PERIOD

то

ALUO	
CHARGE NUMBER	2

MM/DD/YYYY

02/ 28/ 2009

DMR MAILING ZIP CODE: 150770004 MAJOR

(SÜBR05)

UNITS 1&2 COOLG, TOWER BLWDN External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE .	VALUE	VALUE	UNITS	·		<u>.</u>
рН	SAMPLE MEASUREMENT	··N/A	N/A	N/A	7.21	· N/A	8.23	рН	0	··1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****** ****	*****	N/A	6 MINIMUM		9 MAXIMUM	рН	99999 1997 - 1997 1997 - 1997	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	**	**	mġ/L	**	**	**
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	28.2	30.7	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	0.093	0.11	mg/L	0	4 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******* Socialized in the second		N/A		.5 AVERAGE	1.25 MAXIMUM	mg/L ·		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.028	0.07	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		TEI	EPHONE	DATE
OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information,	Kavin L. Strawski	724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

* Not in Wet layup this Period. ** No Clamicides this period. WMC 3-17-09

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Form Approved OMB No. 2040-0004

Page 2

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	002A DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			INTAKE SCREEN BACKWASH External Outfall
	SHIPPINGPORT, PA 150770004	MONITOR	ING PERIOD	
ATTN: DONAL	LD J SALERA/MGR ENV & CHEM	MM/DD/YYYY FROM 02/ 01/ 2009	MM/DD/YYYY TO 02/ 28/ 2009	No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		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	Reg Mon. DAILY MX	Mgal/d		******* ******************************	******	N/A	94. 71 a	Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel			TEL	EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	1 - 1	Straushi	724	682-7773	03/ 27/ 200
	including the possibility of fine and imprisonment for knowing violations.		PAL EXECUTIVE OFFICER OR RIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Page 3

PERMITTEE NAME/ADDRESS	(include Eacilit	v Name/Location	if Different)
	Include Lacing	y Manner Location	" Differency

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	003A DISCHARGE NUMBER	DMR MAILING MAJOR (SUBR05)	3 ZIP CODE: 150	770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168	· ·		003 External Outfal	II	
	SHIPPINGPORT, PA 150770004	MM/DD/YYYY			No Data II	ndicator
ATTN: DONAL	D J SALERA/MGR ENV & CHEM	FROM 02/01/2009 T	O 02/ 28/ 2009			
		QUANTITY OR LOADING	QUALITY OR CONCENTRATION	N	O. FREQUENCY	

PARAMETER								EX	OF ANALYSIS	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 / 28	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	-Req: Mon. MO AVG	Reg Mon. DAILY MX	Mgat/d				N/A		Twice Per	ESTIMA

OPERATIONS

•			
	•		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Kevin L. Ostrowski, DIRECTOR OF SITE

-					
					-

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	EPHONE	DATE
properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	KEURIL. Atrawski SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	03/ 27/ 2009
including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	REA Code NUMBER M	

TYPED OR PRINTED 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.

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Page 1

properly gather and evaluate the information submitted. Based on my inquiry of the pe persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, and complete. I am aware that there are significant penalties for submitting false infor including the possibility of fine and imprisonment for knowing violations.

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Form Approved OMB No. 2040-0004

Page 4

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMB	R I	004A DISCHARGE NUMBER	DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168				. UNIT ONE COOLG TOWER C External Outfall	VERFLOW
	SHIPPINGPORT, PA 150770004		ONITORING	S PERIOD		
ATTN: DONAL	D J SALERA/MGR ENV & CHEM	FROM 02/ 01/	<u>ΥΥ</u> 2009 ΤΟ	MM/DD/YYYY 02/ 28/ 2009	No Da	ta Indicato

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT			N/A							
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	****** ******	9 MAXIMUM	рН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO:AVG	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	A sector in	Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT			N/A							
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	.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	•	TELEPHONE		DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting faise information,	Kevinh. Ostrawski	724	682-7773	03/ 27/ 2009	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments here)		·			

Form Approved OMB No. 2040-0004

Page 5

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

NAME: FIRST ENERGY NUCLEAR OPERATING ADDRESS: PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 006A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: BEAVER VALLEY POWER STATION LOCATION: PA ROUTE 168 SHIPPINGPORT, PA 150770004	MONITORING PERIOD	AUX. INTAKE SCREEN BACKWASH External Outfall
ATTN: DONALD J SALERA/MGR ENV & CHEM	MM/DD/YYYY MM/DD/YYYY FROM 02/ 01/ 2009 TO 02/ 28/ 2009	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	ESITIMA

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		TELEPHONE	
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TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER

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

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

DATE

MM/DD/YYYY

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03/ 27/ 2009

007A

DISCHARGE NUMBER

PA0025615

PERMIT NUMBER

⊦orm Approvea OMB No. 2040-0004

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

			External Outfall
	MONITOR		
	MM/DD/YYYY	MM/DD/YYYY	No Data Indicator
FROM	02/ 01/ 2009 1	TO 02/ 28/ 2009	

.

MAJOR

(SUBR05)

AUX, INTAKE SYSTEM

DMR MAILING ZIP CODE: 150770004

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pН	SAMPLE MEASUREMENT								· · ·		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM	******	9 MAXIMUM	рН	arconar ana	Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		_								
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO AVG	Reg Mon. DAILY MX	Mgai/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

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting faise information,	KEVER L. Ostrawski SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attach	ments 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.

MONITORING PERIOD

то

Form Approved OMB No. 2040-0004

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

FROM

02/ 01/ 2009

008A DISCHARGE NUMBER

MM/DD/YYYY

02/ 28/ 2009

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	

UNIT 1 COOLING TOWER PUMPHOUSE External Outfall



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН .	SAMPLE MEASUREMENT					· ·					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	ρH		. Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT							f			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	******			30 MO AVG	100 DAILY MX,	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT							2			
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	Reg Mon. DAILY MX	Mgal/d	1 m	******		N/A	entrie (f	 Weekly 	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevni L. Ostawski	724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments here)				

Porm Approved OMB No. 2040-0004

No Data Indicator

Page 8

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

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

PA0025615 PERMIT NUMBER

τ

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						
	MM/DD/YYYY		MM/DD/YYYY				
FROM	02/ 01/ 2009	TO	02/ 28/ 2009				

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.18	N/A	7.41	pН	0 ·	. 1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	1000 - 1110 - 1 100 - 1100 -	ting to the second s	N/A	6 MINIMUM		9 MAXIMUM	рН		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	• *	*
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******	0 MO:AVG	0. INST MAX	mg/Ĺ		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.60	4.32	MGD	N/A	N/A	N/A	. N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross		Req. Mon MO AVG	A SPL AND SHOW AND SHOW AN ADDRESS OF A DESCRIPTION OF	Mgal/d	*******	2 111111		N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/Ą	N/A	N/A	< <u>0.02</u> **	<0.02`**	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross						.5 MOAVG	1.25 INST_MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	0	1/7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	******	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kai I De D-	724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
CONVENTS AND EXDLANATION OF ANY MOLATIONS (Deference all office	here a hanna)				

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

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

* No Clamicides this period. **0.02 mg/L is minimum detectable level. WMC 317-09

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Page 9

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

NAME:FIRST ENERGY NUCLEAR OPERATINGADDRESS:PA ROUTE 168SHIPPINGPORT, PA 150770004	PA0025615 011A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: BEAVER VALLEY POWER STATION LOCATION: PA ROUTE 168	·	DIESEL GEN & TURBINE DRAINS External Outfall
SHIPPINGPORT, PA 150770004 ATTN: DONALD J SALERA/MGR ENV & CHEM	MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 02/ 01/ 2009 TO 02/ 28/ 2009	No Data Indicator

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				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	MĠD	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 TELEPHONE 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 Kevin L. Ostrowski, DIRECTOR OF SITE persons who manage the system, or those persons directly responsible for gathering the 724 682-7773 information, the information submitted is, to the best of my knowledge and belief, true, accurate, ana OPERATIONS 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 AREA Code NUMBER TYPED OR PRINTED AUTHORIZED AGENT

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

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

DATE

MM/DD/YYYY

03/ 27/ 2009

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 10

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	012A
PERMIT NUMBER	DISCHARGE N

MM/DD/YYYY

02/ 01/ 2009 TO

FROM

E NUMBER

MM/DD/YYYY

02/ 28/ 2009

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	

BLOWDOWN FROM THE HVAC UNIT External Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.23	N/A	8.23	рН	0	1 / 28	GRAB
00400 1 0 Effluent Gross				N/A	6 MINIMUM	autor (.9 MAXIMUM	рН		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.132	0.136	mg/L	0	2 / 28	GRAB
01042 1 0 Effluent Gross		•••••		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	0.095	0.109	mg/L	0	2 / 28	GRAB
01092 1 0 Effluent Gross			******	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 / 28	EST
50050 1 0 Effluent Gross		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	784	820	mg/L	0	2 / 28	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	persons who manage the system of those persons directly responsible for gathering the	_	TEL	EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	the - 1 Au D.	724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments here)		•••••••••••••••••••••••••••••••••••••••	·	

013A

DISCHARGE NUMBER

Form Approved OMB No. 2040-0004

Page 11

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

[MONITORING PERIOD										
ſ	MM/0	DDM	(1)		MM/0	ראסכ	(YY				
FROM	02/	01/	2009	то	02/	28/	2009				

PA0025615

PERMIT NUMBER

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

No Data Indicator

PARAMETER	ана А. А. А	QUANTITY OR LOADING			C	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.51	N/A	6.67	N/A	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	******* 1	N/A	6 MINIMUM	**************************************	9. MAXIMUM	рН		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01*	<0.01*	N/A	0	2 / 28	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	10 ******		N/A		Req: Mon. MO AVG	Reg. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.026	0.027	N/A	0	2 / 28	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 / 28	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	en instantion		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	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	2 / 28	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon: MO:AVG	Req: Mon	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		TEL	EPHONE	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevin L. Ostrawski	724	682-7773	03/ 27/ 2009	
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	
CONMENTS AND EXPLANATION OF ANY VIOLATIONS (Palarance all attack	hments here)			_		

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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.

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* 0.01 mg/L is minimum detectable level. **0.005 mg/L is minimum detectable level. WMC 3-17-09

101A

DISCHARGE NUMBER

Form Approvea OMB No. 2040-0004

Page 12

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 FROM
 02/
 01/
 2009
 TO
 02/
 28/
 2009

PA0025615

PERMIT NUMBER

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	

No

101 CHEMICAL WASTE TREATMENT Internal Outfall

Data	Indicator	X

PARAMETER	- 1 and a s	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT				6		9			Weekly	GRAB
Effluent Gross	REQUIREMENT	145 No. 100 No.			MINIMUM	· · · · · · · · · · · · · · · · · · ·		рН	a ann an the	and the second second second	ALC: NO.
Solids, total suspended	SAMPLE MEASUREMENT										í I
00530 1 0	PERMIT	******	*****		*****	30	100			Weekly	COMP-2
Effluent Gross	REQUIREMENT					MOAVG	100 DAILY MX	mg/L		vveekiy	COMP-2
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT				****** ******	15 MOAVG	20. DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT							·····	200000000000000000000000000000000000000	THE CONTRACT OF MANY CONTRACTOR	TRACTOR OF THE PARTY OF THE PARTY OF
00610 1 0	PERMIT	J			*****	Req. Mon. MO AVG	Req. Mon.			Weekly	GRAB
Effluent Gross	REQUIREMENT		and the second second			MOIAVG	DAILY MX	mg/L		1	Carl Carl
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT						÷ .				-
50050 1 0	PERMIT	Req. Mon.	Req. Mon. 🚽		******	17 / a 11 11 11 1	*****		N 10 10 10	DAILY	CONTIN
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d		AME AND			- Shares	DAILY	CONTIN.
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	2000 - 10000 - 10000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -				Reg. Mon MO AVG	Reg. Mon. DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevin L. Ostrawski	724 682-7773		03/ 27/ 2009	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 13

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	
PERMIT NUMBER	DISCHAF

02/ 01/ 2009 **TO**

MM/DD/YYYY

FROM

102A CHARGE NUMBER

MM/DD/YYYY

02/ 28/ 2009

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

No	Data	Indicator

PARAMETER		QUANTI	TY OR LOADING		c	UALITY OR CONC	ENTRATION		NO, EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.08	N/A	7.45	pН	0	2 / 28	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4.9	9.8	mg/L	0	2 / 28	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 / 28	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 / 28	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MOrAVG	Req. Mon. DAILY MX	Mgal/d			****** 24	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		TEL	EPHONE	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE DPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am eware that there are significant penaities for submitting false information,	Kevin L. Estrawski	724	682-7773	03/ 27/ 2009	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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

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

*5 mg/L is minimum detectable level. wмс з-17-09

Form Approved OMB No. 2040-0004

No Data Indicator

Page 14

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	
PERMIT NUMBER	

103A DISCHARGE NUMBER

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

	MONITORING PERIOD						
	MM/DD/YYYY				MM/E	DD/YY	(YY
FROM	02/	01/	2009	то [02/	28/	2009

DADAMETED			QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.25	N/A	7.29	pН	0	2 / 28	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	рН	5.1.4	Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	28.5	60.5	mg/L	0	3 / 28	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	*****	30 MO AVG	100 DAILY MX	mg/L	South Market South	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 / 28	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO.AVG	Req. Mon: DAILY MX	Mgal/d	******			N/A		Twice Per Month	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevin h. Ostrawski	724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

الوالي الموققين والتارين والمرور التواليون

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.

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and a second second

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

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Page 1

111A

DISCHARGE NUMBER

No Data Indicator

Page 15

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

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

PA0025615

PERMIT NUMBER

 MM/DD/YYYY
 MM/DD/YYYY

 FROM
 02/
 01/
 2009
 TO
 02/
 28/
 2009

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

111 DIESEL GENERATOR BLDG Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

PARAMETER	QUANTITY OR LOADIN		TY OR LOADING	. *	QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
FANAINETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.24	N/A	7.77	pН	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	1.3	5.2	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		****** P		'N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevin L. Ostrawski	724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all atta	chments here)				

* 5 mg/L is minimum detectable level. WMC 3-17-09

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Page 1

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 16

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

02/ 01/ 2009 TO

FROM

113A DISCHARGE NUMBER

MM/DD/YYYY

02/ 28/ 2009

DMR MAILING ZIP CODE:	150770004
MAJOR	

(SUBR05)

UNIT 2 SEWAGE TMT PLANT Internal Outfall

No Data Indicator	Х
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ATTA DOINED J SALEINMOR LIVE &				2003	0	2003					
		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. FREQUENCY EX OF ANALYSIS		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT									· · · · · · · · · · · ·	
D0400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT				10 ******	30 MO AVG	60 DAILY MX	ma/L		Twice Per	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	auge nie ne zielsten. Na za znanowa u skorz stadanski v	and the second			· · · · · · · · · · · · · · · · · · ·					
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.043 MO AVG	Req. Mon DAILY MX	Mgal/d	******		1997 (1997) 1997 (1997) 1997 (1997)	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	· ·	• .			*					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		1			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			scar 2 marchine		200 MO GEOMN		#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT						· · ·				
80082 1 0 Effluent Gross	PERMIT				******	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 gualified personnel			TEI	EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevin L.	Ostrawsbi	724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.		AL EXECUTIVE OFFICER OR	AREA Code	NUMBER	MM/DD/YYYY

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.

203A

Form Approved OMB No. 2040-0004

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

NAME:

80082 1 0

Effluent Gross

ADDRESS: PA ROUTE 168 SHIPPINGPORT, PA 150770004				R	DISCHARGE NU	MBER		(SUBR05	5)			
FACILITY:BEAVER VALLEY POWER STATIONLOCATION:PA ROUTE 168OutputDisplayer of transport							· ·		MAIN SE Internal C	WAGE TN Dutfall	IT PLANT	
SHIPPINGPORT, PA 150770004 ATTN: DONALD J SALERA/MGR ENV & CHEM		FRO	MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 02/ 01/ 2009 TO 02/ 28/ 2009					,		No Data Ind	dicator X	
PARAMETER			QUANTI	TY OR LOADING	-	(QUALITY OR CONC			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
			VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH _		SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	·	PERMIT REQUIREMENT	*****	******		6 MINIMUM	****** 14	9 MAXIMUM	рН		Twice Per Month	GRĄB
Solids, total su	uspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	•	PERMIT		******		******	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8.
	it or thru treatment plant	SAMPLE MEASUREMENT		a contra a serie en en propio de la serie en pro-								Carrier of the control of the control of the
50050 1 0 Effluent Gross	;	PERMIT REQUIREMENT		Req. Mon: DAILY MX	Mgal/d	********	A late to State	1			Weekly	MEASRD
Chlorine, total	residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	;	PERMIT REQUIREMENT						3.3 INST MAX	mg/L		Month	GRAB
Coliform, feca	l general	SAMPLE MEASUREMENT				autobal Trans						
74055 1 1 Effluent Gross	8	PERMIT REQUIREMENT					200 MO GEOMN		#/100mL	ar skulningen	Twice Per Month	GRAB
BOD, carbona	aceous, 05 day 20 C	SAMPLE MEASUREMENT										

	nlify under penalty of law that this document and all attachments were prepared under my ction or supervision in accordance with a system designed to assure that qualified personnel			EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE	vroperly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the nformation, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Karinh. Ostrawski	724	682-7773	03/ 27/ 2009
	ncluding the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

. 50

DAILY MX

ma/L

1

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.

1.85

PERMIT

REQUIREMENT

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

COMP-8

Twice Per

Month

Page 17

PA0025615	
RMIT NUMBER	DISC

DMR MAILING ZIP CODE: 150770004

Page 18

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER DISC

211A DISCHARGE NUMBER

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

	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
FROM	02/ 01/ 2009	ТО	02/ 28/ 2009				

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.31	N/A	7.44	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	*****	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	15.5	25.0	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A		30 MOʻAVG	. 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	****** 1997 - 1993 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 -	******* ******************************	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		TEL	EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting faise information,	TWIN A. OSVANOSKA		682-7773	03/ 27/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attact		· · ·	• • • • • •		

* 5 mg/L is minimum detectable level. wмс з-17-09

Form Approved OMB No. 2040-0004

Page 19

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	213A DISCHARGE NUMBER		DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			• .	UNIT 2 COOL TOWER PUMPHOUSE Internal Outfall
	SHIPPINGPORT, PA 150770004	MONIT	ORING PERIOD		
		MM/DD/YYYY	MM/DD/YYYY]	No Data Indicator
ATTN: DONAL	D J SALERA/MGR ENV & CHEM	FROM 02/ 01/ 2009	TO 02/ 28/ 2009		

FREQUENCY NO. SAMPLE QUALITY OR CONCENTRATION QUANTITY OR LOADING OF ANALYSIS EX TYPE PARAMETER VALUE UNITS VALUE VALUE UNITS VALUE VALUE SAMPLE pН MEASUREMENT Twice Per-6. MINIMUM 00400 1 0 PERMIT 9 MAXIMUM ****** GRAB pН Effluent Gross REQUIREMENT SAMPLE Solids, total suspended MEASUREMENT Twice Per, 00530 1 0 PERMIT 30 100 GRAB Month REQUIREMENT MO AVG DAILY MX Effluent Gross mg/L SAMPLE Oil & grease MEASUREMENT <u>, 15</u> 00556 1 0 PERMIT ***** 20 Twice Per GRAB DAILY MX REQUIREMENT MO AVG mg/L Month Effluent Gross SAMPLE Flow, in conduit or thru treatment plant MEASUREMENT Req. Mon. 50050 1 0 PERMIT Req. Mon. Weekly ESTIMA Effluent Gross REQUIREMENT MO AVG DAILY MX Mgal/d SAMPLE Chlorine, total residual MEASUREMENT 50060 1 0 PERMIT .5 🗠 🗠 Twice Per 1.25 GRAB MO AVG Effluent Gross REQUIREMENT INST MAX mg/L Month

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Keinh. Ostimuski	724	682-7773	03/ 27/ 2009	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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.

301A

DISCHARGE NUMBER

Form Approved OMB No. 2040-0004

Page 20

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

		N	IONITO	RING	PE	RIOD		
	MM/	DD/YY	MY			MM/	DDM	ΩŶŶ
FROM	02/	01/	2009	то		02/	28/	2009

PA0025615

PERMIT NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN Internal Outfall

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		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 / 28	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 / 28	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		And the second sec	an la transfer antia Artanditi (Artania)	N/A		Weekly	EST/IMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	* ^	TEL	EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE	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 time and imprisonment for knowing violations.	Kan-1 Attanta	724	682-7773	03/ 27/ 2
TYPED OR PRINTED	inclosing the possibility of line and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attack	hments 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 3-17-09

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Page 1

Form Approved OMB No. 2040-0004

No Data Indicator

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

303A DISCHARGE NUMBER

DMR MAILING ZIP CODE: MAJOR	150770004
(SUBR05)	
UNIT 1 OIL WATER SEPAR	ATOR

1	MONITORING PERIOD												
	MM/(DD/Y	(1)1		MM/0	DDM	<u>γγ</u>						
FROM	02/	01/	2009	то[02/	28/	2009						

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			-
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.98	N/A	7.30	pН		1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pН		Weeklÿ	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	11.3	31.6	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1		N/A		30 MO'AVG	100 DAILÝ MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3.5	14.0	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******	15 MO AVG	20 DAILY MX	mg/L	Stan 21	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

direction or supervision in accordance with a system designed to assure that gualified personne			EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	Kanil let D-	724	682-7773	03/ 27/ 2009
including the possibility of fine and imprisonment for knowing violations. TYPED OR PRINTED	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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.

Form Approved OMB No. 2040-0004

Page 22

.1

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

313A DISCHARGE NUMBER

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

		n N	IONITO	DRING	PERIOD
[MM/E	DD/Y	YYY		MM/DD/YYYY
FROM	02/	01/	2009	то	02/ 28/ 2009

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.51	N/A	6.67	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		***************************************	N/A	6 MINIMUM	**************************************	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	14.1	29.0	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	11 ******	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		••••••••••••••••••••••••••••••••••••••	****** 2	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting failse information,	Karnih. Ostrauski	724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments 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 3-17-09

MONITORING PERIOD

то

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

	PA0025615	
1	PERMIT NUMBER	

FROM

MM/DD/YYYY

02/ 01/ 2009

401A DISCHARGE NUMBER

MM/DD/YYYY

02/ 28/ 2009

DMR MAILING ZIP CODE:	150770004	
MAJOR		
(SUBR05)	i i	

CHEM.FEED AREA OF AUX BOILERS Internal Outfall

No Data Indicator

PARAMETER			QUANTI	TY OR LOADING		Q	UALITY OR CONCI	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FANAMETER			VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		•	
pH		SAMPLE MEASUREMENT	N/A	• • • N/A	N/A	7.18	N/A	7.59	р <u>Н</u>	0	2 / 28	GRAB
00400 1 0 Effluent Gross	,	PERMIT REQUIREMENT			N/A	6 MINIMUM	****** •••	Req. Mon. MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	• •	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 28	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 / 28	GRAB
00556 1 0 Effluent Gross		PERMIT REQUIREMENT	******* (1993) (1997) (1997)	*****	N/A	******	15 MO'AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatme	nt 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	******	*****	1999 - Talan	N/A		Weekly	ESTIMA

•	•				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	Kevin L. Strawsbe	⁻ 724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments 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 3-17-09

403A

DISCHARGE NUMBER

Form Approved OMB No. 2040-0004

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168	PA0025615
	SHIPPINGPORT, PA 150770004	PERMIT NUMBER
FACILITY:	BEAVER VALLEY POWER STATION PA ROUTE 168	
	SHIPPINGPORT, PA 150770004	MON

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/ 01/ 2009 TO 02/ 28/ 2009 FROM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT					· · · · ·					
00400 1 0 Effluent Gross	PERMIT				6 MINIMUM		9. MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT						100 DAILÝ 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	· · · ·				· 1			-		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT					Req. Mon. MO AVG	Reg. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	a sute set a sute			******	0 MO AVG		mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT						ĺ				
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		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevinh. Ostrawski	724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
CONNENTS AND EVELANATION OF ANY MOLATIONS (Paterance all attes					

nerej

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.

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Page 1

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Page 24

DMR MAILING ZIP CODE:	150770004
MAJOR	

(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT Internal Outfall

No Data Indicator

Form Approved OMB No. 2040-0004

Weekly

Page 25

GRAB

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

NAME: ADDRESS:	FIRST ENERGY NUC PA ROUTE 168 SHIPPINGPORT, PA			PA0025615 403A PERMIT NUMBER DISCHARGE NUMBER			UMBER	MAJOR			DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)		
FACILITY: LOCATION:	LOCATION: PA ROUTE 168					NG PERIOD		••	CONDEN Internal C	-	OWDOWN & RI	VR WAT	
ATTN: DONAL	SHIPPINGPORT, PA LD J SALERA/MGR EN		FR	MM/DD/Y	YYY	MM/DD/Y	YYY 2009	• •			No Data In	dicator X]
	PARAMETER		QUANT	TY OR LOADING	1		QUALITY OR CONC	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				1

0

MO AVG

0

DAILY MX

ma/L

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

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

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.

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Hydrazine

81313 1 0

Effluent Gross

DATE

MM/DD/YYYY

03/ 27/ 2009

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION 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											
[MM/DD/YY	YY		MM/C	DD/YY	YY						
FROM	02/ 01/	2009	TO	02/	28/	2009						

PARAMETER		QUANTITY OR LOADING			(QUALITY OR CONCENTRATION					SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pН	SAMPLE MEASUREMENT	N/A	N/A	N/A		N/A		pН	1		
00400 1 0 Effluent Gross				N/A	.6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A				mg/L			
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	· ·		mg/L		-	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 TriDAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			MGD				N/A			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO/AVG	Req Mon DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of the and imprisonment for knowing violations.	have I lot make	724	682-7773	03/ 27/ 2009	
TYPED OR PRINTED	including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attact	ments here)		··			

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

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Page 26

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Page 27

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PE	PA0025615 ERMIT NUMBER	DI	501A SCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168					UNIT 1 GENRTR BLWDWN FILT BW Internal Outfall
	SHIPPINGPORT, PA 150770004	Γ	MONITO	RING	PERIOD	
		Γ	MM/DD/YYYY		MM/DD/YYYY	No Data Indicator
ATTN: DONAL	LD J SALERA/MGR ENV & CHEM	FROM	02/ 01/ 2009	то	02/ 28/ 2009	

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT					л.					
00530 1 0	PERMIT	*****	******		1	-30	100.		1990 - 7990 1	Micchin	CDAP
Effluent Gross	REQUIREMENT		No. of the second s			3 <u>0</u> MO AVG	DAILY MX	_mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE										
Flow, in conduit of this treatment plant	MEASUREMENT										
50050 1 0	PERMIT	Req. Mon.	Req. Mon:		1 1 *****	******	******			Meekly	ESTIMA
Effluent Gross	REQUIREMENT	MOAVG	DAILY MX	Mgal/d		and the Art was	同時間になった。			Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	system designed to assure that qualified personnel submitted. Based on my inquiry of the person or ersons directly responsible for gathering the the best of my knowledge and belief, true, accurate, nificant penalties for submitting false information, ment for knowledge violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	TEL	EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penatiles for submitting false information.		724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		AREA Code	NUMBER	MM/DD/YYYY
OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attach	ments here)				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLES SHALL BE TAKEN AT INTERNAL MP 501 PRIOR TO MIXING WITH ANY OTHER WATER.



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	<u>FirstEne</u>	ergy Nuclear Operating Company							
Address:	<u>P.O. Bo</u>	x 4	·				· .		
	Shippin	gport, PA 15077							
	<u>Beaver</u>	Valley Power Station						· · · ·	
PERMIT NUMBER					MONITO Year/	RING F Month/			
PA0025615			2009	02	01	то	2009	02	28
		· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·	
PARAMETE	R	ANALYSIS METHOD			ЛE		LAB	D NUMBE	R ²
Powerline 3627 (C	lamtrol)	Photometric Determination	Beaver	Valley Pov	wer Station		C	4-2742	
Bentonite Detox (Betz DT-1)		Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645	Beaver	Valley Po	wer Station		C C)4-2742	
Total Residual Cl	hlorine	SM 4500-CL G [20 th]	Beaver	Valley Pov	wer Station		C	4-2742	
Free Available Ct	nlorine	EPA 330.5	Beaver	Valley Pov	ver Station		C	4-2742	
рН		SM 4500-H+ B [20 th]	Beaver	Valley Pov	wer Station		C	4-2742	
Temperatur	e	SM 2550 B [20 th]	Beaver	Valley Po	wer Station		C	4-2742	
Flow		NA	Beaver	Valley Pov	wer Station		C	4-2742	
Total Suspended	Solids	SM 2540 D [20 th]	Beaver	Valley Pov	wer Station		C	94-2742	
Hydrazine		ASTM D1385-01	Beaver	Valley Pov	wer Station		. C	4-2742	
Fecal Colifor	m ³	Standard Method 9222D	Beaver	Valley Pov	wer Station		C	4-2742	
Oil and Grea	se	EPA 1664 Rev A	FirstEr	nergy Corp	-Beta Lab		6	B-01120	
Total Dissolved S	Solids	SM:2540'C [20 th]	FirstEr	nergy Corp	-Beta Lab		6	8-01120	

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

Name/Title Principal Executive Officer

Phone: 724-682-7773

Kevin L. Ostrowski **Director Site Operations**

Date: 03/27/09

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

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.

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	FirstEnergy	Nuclear Operating Company				ι . -		· · ·				
Address:	P.O. Box 4		. <u> </u>	ι	·		•					
	Shppingport, PA 15077											
• .	Beaver Valle	ey Power Station	· · · ·	· ·	•	•••	I.		:			
	PERMIT	NUMBER			MONITO Year/	RING F 'Month/						
	PA002	25615	2009	02	01	то	2009	02	28			
	· · ·		······						and the second second second			
PARAME	TER	ANALYSIS METHOD		LAB NAM	ΛE		LAB	D NUMBE	R ²			
Zinc	1 .	EPA 200.7 Rev 4.4	FirstEr	ergy Corp	-Beta Lab		68-01120					
Coppe	ar	EPA 200.7 Rev 4.4	FirstEn	ergy Corp	-Beta Lab		68-01120					
Iron	· · · ·	EPA 200.7 Rev 4.4	FirstEnergy Corp-Beta Lab				68-01120					
Chromi	um.	EPA 200.7 Rev 4.4	FirstEn	iergy Corp	-Beta Lab		68-01120					
Ammor	nia	SM 4500-NH3 D [20 th]	FirstEnergy Corp-Beta Lab				68-01120					
CBOD-5	Day	SM5210 B	Preci	sion Analy	tical Inc.		68-00434					
Cyanic	le	SM 4500-CN E [20 th]	Preci	sion Analy	tical Inc.		68-00434					
Chlorober	izene	EPA 624	Preci	sion Analy	tical Inc.		6	8-00434				
					-							
n na sana ka na ka na ka ka na ka na ka								1 y 1				

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Name/Title Principal Executive Officer

Phone: 724-682-7773

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

Kevin L. Ostrowski Director, Site Operations

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

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

Date: 03/27/09