

March 27, 2009
L-09-082

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
Director, Site Operations

LE25

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 in this letter.*)
US Environmental Protection Agency

ATTACHMENT 1

Weekly Dissolved Oxygen Monitoring Results at Outfall 001

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

SAMPLE DATE	SAMPLE TIME	VALUE	UNITS
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 -

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 -

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

Form Approved
OMB No. 2040-0004

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

Page 1

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

PA0025615	001A
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.21	N/A	8.23	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon MO AVG	Req. Mon DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/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	*****	*****	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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724 682-7773		03/ 27/ 2009	
TYPED OR PRINTED	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

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

Page 1

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

Form Approved
OMB No. 2040-0004

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

Page 2

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	002A
PERMIT NUMBER	DISCHARGE NUMBER

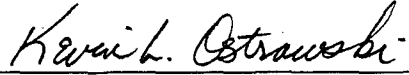
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
INTAKE SCREEN BACKWASH
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

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

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

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DISCHARGE MONITORING REPORT (DMR)

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Page 3

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

PA0025615	003A
PERMIT NUMBER	DISCHARGE NUMBER

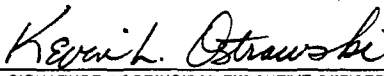
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
003
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

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

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.041	0.090	MGD	N/A	N/A	N/A	N/A	-	2 / 28	EST
	PERMIT REQUIREMENT	Reg. Mon: MO AVG	Reg. Mon: DAILY/MX	Mgal/d	*****	*****	*****	N/A		Twice Per Month	ESTIMA

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Page 4

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

PA0025615	004A
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
pH	SAMPLE MEASUREMENT			N/A							
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon: MO:AVG	Req: Mon: DAILY:MX	Mgal/d	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT			N/A							
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	5 MO:AVG	1:25 INST:MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT			N/A							
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

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Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724 682-7773		03/ 27/ 2009
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER

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Page 5

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

PA0025615
PERMIT NUMBER

006A
DISCHARGE NUMBER

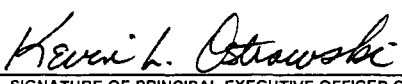
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
AUX. INTAKE SCREEN BACKWASH
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.002	0.016	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
	PERMIT REQUIREMENT	Req. Mon. MO.AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

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

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

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

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OMB No. 2040-0004

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

Page 6

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

PA0025615
PERMIT NUMBER

007A
DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO,AVG	Req Mon DAILY,MX	Mgal/d	*****	*****	*****			Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	5 MO,AVG	125 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

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Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724 682-7773		03/ 27/ 2009	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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

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

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

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OMB No. 2040-0004

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

Page 7

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

PA0025615	008A
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

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

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

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Page 8

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

PA0025615	010A
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.18	N/A	7.41	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	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	Req. Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	5 MO/AVG	1.25 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

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TYPED OR PRINTED	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

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

Form Approved
OMB No. 2040-0004

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

Page 9

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	011A
PERMIT NUMBER	DISCHARGE NUMBER

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

No Data Indicator ☐

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

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 10

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	012A
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.23	N/A	8.23	pH	0	1 / 28	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.132	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	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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	03/ 27/ 2009
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

Page 11

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

PA0025615
PERMIT NUMBER

013A
DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
pH	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	pH		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01*	<0.01*	N/A	0	2 / 28	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.026	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	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 penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724 682-7773		03/ 27/ 2009	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 12

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	101A
PERMIT NUMBER	DISCHARGE NUMBER

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

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		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req Mon MO AVG	Req Mon DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****			DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req Mon MO AVG	Req Mon DAILY MX	mg/L		Weekly	GRAB

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

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

Form Approved
OMB No. 2040-0004

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

Page 13

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	102A
PERMIT NUMBER	DISCHARGE NUMBER

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

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		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	7.08	N/A	7.45	pH	0	2 / 28	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4.9	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	Req: Mon MO. AVG	Req: Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Twice Per Month	ESTIMA

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

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

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 14

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

PA0025615
PERMIT NUMBER

103A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

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

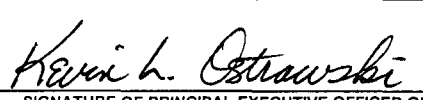
SLUDGE SETTLING BASIN
Internal Outfall

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		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	7.25	N/A	7.29	pH	0	2 / 28	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	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		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

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

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

Form Approved
OMB No. 2040-0004

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

Page 15

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	111A
PERMIT NUMBER	DISCHARGE NUMBER

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

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		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	7.24	N/A	7.77	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	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

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

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 16

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	113A
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO.AVG	60 DAILY-MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	043 MO.AVG	Reg Mon DAILY-MX	Mgal/d	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.4 MO.AVG	3.3 INST-MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	200 MO.GEOMN	*****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	25 MO.AVG	50 DAILY-MX	mg/L		Twice Per Month	COMP-8

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

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

Form Approved
OMB No. 2040-0004

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

Page 17

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

PA0025615	203A
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	023 MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	14 MO AVG	33 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	200 MO GEOMN	*****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

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

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

Form Approved
OMB No. 2040-0004

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

Page 18

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	211A
PERMIT NUMBER	DISCHARGE NUMBER

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

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		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	7.31	N/A	7.44	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
* 5 mg/L is minimum detectable level. WMC 3-17-09

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

Form Approved
OMB No. 2040-0004

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

Page 19

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	213A
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	5 MO AVG	125 INST MAX	mg/L		Twice Per Month	GRAB

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

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

Form Approved
OMB No. 2040-0004

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

Page 20

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

PA0025615	301A
PERMIT NUMBER	DISCHARGE NUMBER

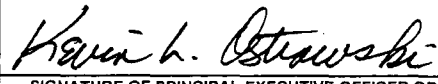
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 2 AUX BOILER BLOWDOWN
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 28	GRAB
	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 28	GRAB
	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
	PERMIT REQUIREMENT	Req: Mon MO AVG	Req: Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

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

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

Form Approved
OMB No. 2040-0004

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

Page 21

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	303A
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.98	N/A	7.30	pH	-	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	11.3	31.6	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	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	Req: Mon: DAILY/MX	Mgal/d	*****	*****	*****	N/A		Weekly	EST/MA

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

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

Form Approved
OMB No. 2040-0004

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

Page 22

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

PA0025615
PERMIT NUMBER

313A
DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.51	N/A	6.67	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	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 OWS #21 PRIOR TO MIXING WITH ANY OTHER WATER.

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

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

Form Approved
OMB No. 2040-0004

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

Page 23

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

PA0025615	401A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

CHEM.FEED AREA OF AUX BOILERS
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.18	N/A	7.59	pH	0	2 / 28	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	Req. Mon MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 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	*****	*****	*****	N/A		Weekly	ESTIMA

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

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

Form Approved
OMB No. 2040-0004

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

Page 24

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

PA0025615	403A
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req Mon MO AVG	Req Mon DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****			Weekly	ESTIMATE
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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	03/ 27/ 2009
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

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

Page 25

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

PA0025615
PERMIT NUMBER

403A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR
(SUBR05)

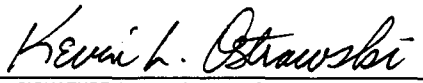
CONDENSATE BLOWDOWN & RIVR WAT
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0 MO/AVG	0 DAILY/MX	mg/L		Weekly	GRAB

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

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

Form Approved
OMB No. 2040-0004

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

Page 26

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	413A
PERMIT NUMBER	DISCHARGE NUMBER

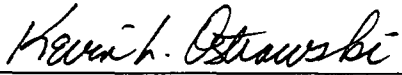
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
BULK FUEL STORAGE DRAIN
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD				
MM/DD/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			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A		N/A		pH			
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				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 DAILY 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
TYPED OR PRINTED			724 682-7773	03/ 27/ 2009	
			AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 27

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	501A
PERMIT NUMBER	DISCHARGE NUMBER


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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****			Weekly	ESTIMA

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

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 1

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

PA0025615	001A
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.21	N/A	8.23	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/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	*****	*****	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	RCDR
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	.2 AVERAGE	.5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

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

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

Form Approved
OMB No. 2040-0004

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

Page 2

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

PA0025615
PERMIT NUMBER

002A
DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
	PERMIT REQUIREMENT	Reg Mon MO/AVG	Reg Mon DAILY/MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 3

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

PA0025615
PERMIT NUMBER

003A
DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.041	0.090	MGD	N/A	N/A	N/A	N/A	-	2 / 28	EST
	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Twice/Per Month	ESTIMA

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

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 4

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

PA0025615	004A
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
pH	SAMPLE MEASUREMENT			N/A							
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO/AVG	Req. Mon. DAILY/MX	Mgal/d	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT			N/A							
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	5 MO/AVG	1:25 INST.MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT			N/A							
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 5

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

PA0025615	006A
PERMIT NUMBER	DISCHARGE NUMBER

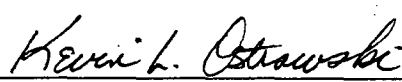
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
AUX. INTAKE SCREEN BACKWASH
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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	ESTIMA

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 6

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

PA0025615
PERMIT NUMBER

007A
DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****			Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

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

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 7

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

PA0025615
PERMIT NUMBER

008A
DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD
MM/DD/YYYY TO 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			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO.AVG	100 DAILY.MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO.AVG	20 DAILY.MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO.AVG	Req. Mon. DAILY.MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 8

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

PA0025615	010A
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.18	N/A	7.41	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	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	Req. Mon DAILY.MX	Mgal/d	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	5 MO.AVG	1.25 INST.MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

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

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

Form Approved
OMB No. 2040-0004

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

Page 9

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	011A
PERMIT NUMBER	DISCHARGE NUMBER

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

No Data Indicator ☐

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

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 10

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	012A
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.23	N/A	8.23	pH	0	1 / 28	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.132	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	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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	03/ 27/ 2009
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

Page 11

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	013A
PERMIT NUMBER	DISCHARGE NUMBER

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

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.51	N/A	6.67	N/A	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01*	<0.01*	N/A	0	2 / 28	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.026	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	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 penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 12

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	101A
PERMIT NUMBER	DISCHARGE NUMBER

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

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		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 REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Effluent Gross	SAMPLE MEASUREMENT										
Solids, total suspended	PERMIT REQUIREMENT	*****	*****		*****	30 MO/AVG	100 DAILY MX	mg/L		Weekly	COMP-2
00530 1 0	SAMPLE MEASUREMENT										
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO/AVG	20 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0	PERMIT REQUIREMENT	*****	*****		*****	Reg Mon MO/AVG	Reg Mon DAILY MX	mg/L		Weekly	GRAB
Effluent Gross	SAMPLE MEASUREMENT										
Nitrogen, ammonia total (as N)	PERMIT REQUIREMENT	*****	*****		*****	Reg Mon MO/AVG	Reg Mon DAILY MX	mg/L		Weekly	GRAB
00610 1 0	SAMPLE MEASUREMENT										
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			DAILY	CONTIN
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT REQUIREMENT	Reg Mon MO/AVG	Reg Mon DAILY MX	Mgal/d	*****	*****	*****				
Effluent Gross	SAMPLE MEASUREMENT										
Hydrazine	PERMIT REQUIREMENT	*****	*****		*****	Reg Mon MO/AVG	Reg Mon DAILY MX	mg/L		Weekly	GRAB
81313 1 0	SAMPLE MEASUREMENT										
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				

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

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

Form Approved
OMB No. 2040-0004

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

Page 13

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	102A
PERMIT NUMBER	DISCHARGE NUMBER

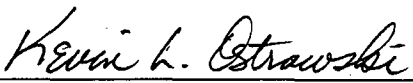
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
102 INTAKE SCREEN HOUSE
Internal Outfall

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		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	7.08	N/A	7.45	pH	0	2 / 28	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4.9	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	Req. Mon. MO.AVG	Req. Mon. DAILY.MX	Mgal/d	*****	*****	*****	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
TYPED OR PRINTED			724 682-7773	03/ 27/ 2009	
			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. WMC 3-17-09

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

Form Approved
OMB No. 2040-0004

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

Page 14

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

PA0025615
PERMIT NUMBER

103A
DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.25	N/A	7.29	pH	0	2 / 28	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	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		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	Reg. Mon: MO AVG	Reg. Mon: DAILY MX	Mgal/d	*****	*****	*****	N/A		Twice Per Month	ESTIMA

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

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 15

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

PA0025615
PERMIT NUMBER

111A
DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD
MM/DD/YYYY TO 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			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.24	N/A	7.77	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	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

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

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 16

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

PA0025615
PERMIT NUMBER

113A
DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO:AVG	60 DAILY:MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	043 MO:AVG	Req. Mon DAILY:MX	Mgal/d	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.4 MO:AVG	3.3 INST:MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	200 MO:GEOMN	*****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	25 MO:AVG	50 DAILY:MX	mg/L		Twice Per Month	COMP-8

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

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

Form Approved
OMB No. 2040-0004

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

Page 17

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

PA0025615	203A
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD	
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			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO.AVG	60 DAILY.MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	023 MO.AVG	Req. Mon. DAILY.MX	Mgal/d	*****	*****	*****			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	14 MO.AVG	33 INST.MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	200 MO.GEOMN	*****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	25 MO.AVG	50 DAILY.MX	mg/L		Twice Per Month	COMP-8

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

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

Form Approved
OMB No. 2040-0004

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

Page 18

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	211A
PERMIT NUMBER	DISCHARGE NUMBER

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

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		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	7.31	N/A	7.44	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	03/ 27/ 2009
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 19

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	213A
PERMIT NUMBER	DISCHARGE NUMBER

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


ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO. AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO. AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO. AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	5 MO. AVG	125 INST. MAX	mg/L		Twice Per Month	GRAB

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

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

Form Approved
OMB No. 2040-0004

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

Page 20

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

PA0025615	301A
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
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	*****	*****	*****	N/A		Weekly	ESTIMA

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

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

Form Approved
OMB No. 2040-0004

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

Page 21

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	303A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

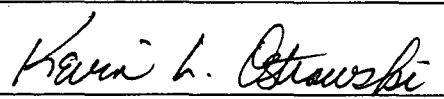
UNIT 1 OIL WATER SEPARATOR
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.98	N/A	7.30	pH	-	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	11.3	31.6	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	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	Req. Mon. DAILY.MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

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

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

Form Approved
OMB No. 2040-0004

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

Page 22

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	313A
PERMIT NUMBER	DISCHARGE NUMBER

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

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		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.51	N/A	6.67	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724 682-7773		03/ 27/ 2009	
TYPED OR PRINTED		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 OWS #21 PRIOR TO MIXING WITH ANY OTHER WATER.

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

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

Form Approved
OMB No. 2040-0004

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

Page 23

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

PA0025615	401A
PERMIT NUMBER	DISCHARGE NUMBER

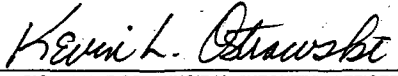
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
CHEM.FEED AREA OF AUX BOILERS
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.18	N/A	7.59	pH	0	2 / 28	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	Req. Mon MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 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	*****	*****	*****	N/A		Weekly	ESTIMA

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

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

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 24

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

PA0025615	403A
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon MO AVG	Req. Mon DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon DAILY MX	Mgal/d	*****	*****	*****			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	5 MO AVG	125 INST MAX	mg/L		Weekly	GRAB

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

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

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

Page 25

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

PA0025615	403A
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
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			
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

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

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

Form Approved
OMB No. 2040-0004

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

Page 26

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	413A
PERMIT NUMBER	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/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			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A		N/A		pH			
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				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 DAILY 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724 682-7773		03/ 27/ 2009	
TYPED OR PRINTED	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 OWS #24 PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

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

Page 27

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

PA0025615
PERMIT NUMBER

501A
DISCHARGE NUMBER

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

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		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										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO:AVG	100 DAILY:MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO:AVG	Reg Mon DAILY:MX	Mgal/d	*****	*****	*****			Weekly	ESTIMA

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

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

SAMPLES SHALL BE TAKEN AT 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>FirstEnergy Nuclear Operating Company</u>										
Address: <u>P.O. Box 4</u>										
<u>Shippingport, PA 15077</u>										
<u>Beaver Valley Power Station</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0025615				2009	02	01	TO	2009	02	28
PARAMETER	ANALYSIS METHOD	LAB NAME				LAB ID NUMBER²				
Powerline 3627 (Clamtrol)	Photometric Determination	Beaver Valley Power Station				04-2742				
Bentonite Detoxinant (Betz DT-1)	Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645	Beaver Valley Power Station				04-2742				
Total Residual Chlorine	SM 4500-CL G [20 th]	Beaver Valley Power Station				04-2742				
Free Available Chlorine	EPA 330.5	Beaver Valley Power Station				04-2742				
pH	SM 4500-H+ B [20 th]	Beaver Valley Power Station				04-2742				
Temperature	SM 2550 B [20 th]	Beaver Valley Power Station				04-2742				
Flow	NA	Beaver Valley Power Station				04-2742				
Total Suspended Solids	SM 2540 D [20 th]	Beaver Valley Power Station				04-2742				
Hydrazine	ASTM D1385-01	Beaver Valley Power Station				04-2742				
Fecal Coliform ³	Standard Method 9222D	Beaver Valley Power Station				04-2742				
Oil and Grease	EPA 1664 Rev A	FirstEnergy Corp-Beta Lab				68-01120				
Total Dissolved Solids	SM 2540 C [20 th]	FirstEnergy Corp-Beta Lab				68-01120				

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

Name/Title Principal Executive Officer

Kevin L. Ostrowski
Director Site Operations

Phone: 724-682-7773

Date: 03/27/09

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

Kevin L. Ostrowski

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

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

³ Analysis no longer performed.



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>FirstEnergy Nuclear Operating Company</u>										
Address: <u>P.O. Box 4</u>										
<u>Shppingport, PA 15077</u>										
<u>Beaver Valley Power Station</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0025615				2009	02	01	TO	2009	02	28
PARAMETER	ANALYSIS METHOD	LAB NAME				LAB ID NUMBER²				
Zinc	EPA 200.7 Rev 4.4	FirstEnergy Corp-Beta Lab				68-01120				
Copper	EPA 200.7 Rev 4.4	FirstEnergy Corp-Beta Lab				68-01120				
Iron	EPA 200.7 Rev 4.4	FirstEnergy Corp-Beta Lab				68-01120				
Chromium	EPA 200.7 Rev 4.4	FirstEnergy Corp-Beta Lab				68-01120				
Ammonia	SM 4500-NH3 D [20 th]	FirstEnergy Corp-Beta Lab				68-01120				
CBOD-5 Day	SM5210 B	Precision Analytical Inc.				68-00434				
Cyanide	SM 4500-CN E [20 th]	Precision Analytical Inc.				68-00434				
Chlorobenzene	EPA 624	Precision Analytical Inc.				68-00434				

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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**

Kevin L. Ostrowski

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

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