

April 28, 2009  
L-09-118

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 March 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). 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

JES  
NRR

Beaver Valley Power Station, Unit Nos. 1 and 2  
L-09-118  
Page 2

Attachment(s):

1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001

Enclosure(s)

- A. Supplemental Laboratory Accreditation Form
- B. Discharge Monitoring Report

cc: Document Control Desk US NRC (*NOTE: No new US NRC commitments are contained 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.

<b>SAMPLE DATE</b>	<b>SAMPLE TIME</b>	<b>VALUE</b>	<b>UNITS</b>
3/2/09 08:20	3/2/09 08:20	8.58	mg/L
3/9/09 08:45	3/9/09 08:45	7.55	mg/L
3/16/09 10:30	3/16/09 10:30	7.47	mg/L
3/23/09 09:15	3/23/09 09:15	8.34	mg/L
3/30/09 09:45	3/30/09 09:45	7.60	mg/L

- Attachment 1 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  
PERMIT NUMBER

001A  
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  
FROM MM/DD/YYYY TO MM/DD/YYYY  
03/ 01/ 2009 TO 03/ 31/ 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 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.48	N/A	8.40	pH	0	1 / 7	GRAB
	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Nitrogen, ammonia total (as N) 00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER 04251 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/L	**	**	**
	PERMIT REQUIREMENT	*****	*****	N/A	*****	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	25.3	30.5	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Daily	CONTIN
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.064	0.17	mg/L	0	5 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	N/A	*****	5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available 50064 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.018	0.13	mg/L	0	CONT	RCRD
	PERMIT REQUIREMENT	*****	*****	N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine 81313 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
	PERMIT REQUIREMENT	*****	*****	N/A	*****	0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE 724 682-7773	DATE 04/ 28/ 2009	
			AREA Code	NUMBER
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Kevin L. Ostrowski</i>			

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 Clamcides this period. WMC 4-23-09

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

PA0025615  
PERMIT NUMBER

002A  
DISCHARGE NUMBER

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

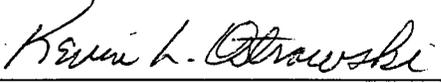
FACILITY: BEAVER VALLEY POWER STATION  
LOCATION: PA ROUTE 168  
SHIPPINGPORT, PA 150770004

MONITORING PERIOD  
MM/DD/YYYY MM/DD/YYYY  
FROM 03/ 01/ 2009 TO 03/ 31/ 2009

ATTN: DONALD J SALERA/MGR ENV & CHEM

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon: MO AVG	Req. Mon: DAILY-MX	Mgal/d	*****	*****	*****	N/A		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	04/ 28/ 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 3

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

PA0025615  
PERMIT NUMBER

003A  
DISCHARGE NUMBER

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

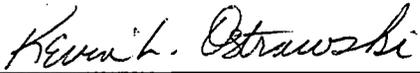
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
FROM 03/ 01/ 2009 TO 03/ 31/ 2009

ATTN: DONALD J SALERA/MGR ENV & CHEM

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.041	0.090	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon: MO:AVG	Req. Mon: DAILY:MX	Mgal/d	*****	*****	*****	N/A		Twice Per Month	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.		<b>TELEPHONE</b>		<b>DATE</b>
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS			724	682-7773	04/ 28/ 2009
<b>TYPED OR PRINTED</b>	<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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  
PERMIT NUMBER

004A  
DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD  
FROM MM/DD/YYYY TO MM/DD/YYYY  
03/ 01/ 2009 TO 03/ 31/ 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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

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Page 5

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

PA0025615
<b>PERMIT NUMBER</b>

006A
<b>DISCHARGE NUMBER</b>

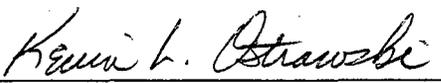
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
AUX. INTAKE SCREEN BACKWASH  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	03/ 01/ 2009	TO	03/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	0.002	0.016	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.		<b>TELEPHONE</b>		<b>DATE</b>
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS			724	682-7773	04/ 28/ 2009
<b>TYPED OR PRINTED</b>	<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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

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

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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  
FROM MM/DD/YYYY TO MM/DD/YYYY  
03/ 01/ 2009 TO 03/ 31/ 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 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon DAILY MX	Mgal/d	*****	*****	*****			Weekly	GRAB
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	5 MO AVG	1/25 INST. MAX	mg/L		Weekly	GRAB
Chlorine, free available 50064 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			724 682-7773	04/ 28/ 2009	
TYPED OR PRINTED			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  
FROM MM/DD/YYYY TO MM/DD/YYYY  
03/ 01/ 2009 TO 03/ 31/ 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	04/ 28/ 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)

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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  
**PERMIT NUMBER**

010A  
**DISCHARGE NUMBER**

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	03/ 01/ 2009	TO	03/ 31/ 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	7.09	N/A	7.57	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	5.18	5.76	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<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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Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	04/ 28/ 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 4-23-09

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
<b>PERMIT NUMBER</b>

011A
<b>DISCHARGE NUMBER</b>

**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	03/ 01/ 2009	TO	03/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	0.004	0.004	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	04/ 28/ 2009
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>

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  
PERMIT NUMBER

012A  
DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

**MONITORING PERIOD**  
FROM MM/DD/YYYY TO MM/DD/YYYY  
03/ 01/ 2009 TO 03/ 31/ 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	7.66	N/A	7.66	pH	0	1 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	5 MINIMUM	*****	9 MAXIMUM	pH		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.103	0.106	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO.AVG	Req. Mon. DAILY.MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.077	0.097	mg/L	0	2 / 31	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 / 31	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	626	628	mg/L	0	2 / 31	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		04/ 28/ 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 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  
FROM MM/DD/YYYY TO MM/DD/YYYY  
03/ 01/ 2009 TO 03/ 31/ 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	6.47	N/A	7.15	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 / 31	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.027	0.030	N/A	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	.05 MO AVG	.1 DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005**	<0.005**	N/A	0	2 / 31	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		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 / 31	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		04/ 28/ 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 4-23-09

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  
**PERMIT NUMBER**

101A  
**DISCHARGE NUMBER**

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

**MONITORING PERIOD**  
FROM **MM/DD/YYYY** TO **MM/DD/YYYY**  
03/ 01/ 2009 TO 03/ 31/ 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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		<i>Kevin L. Ostrowski</i>	724	682-7773
<b>TYPED OR PRINTED</b>	<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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  
PERMIT NUMBER

102A  
DISCHARGE NUMBER

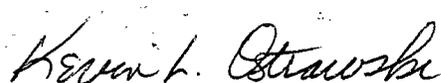
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
102 INTAKE SCREEN HOUSE  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

**MONITORING PERIOD**  
FROM MM/DD/YYYY TO MM/DD/YYYY  
03/ 01/ 2009 TO 03/ 31/ 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 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.23	N/A	7.37	pH	0	2 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	12.1	16.7	mg/L	0	2 / 31	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 / 31	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	-	2 / 31	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS			724 682-7773	04/ 28/ 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 DISCHARGE OF COLLECTED PUMP BEARING LEAKAGE PRIOR TO MIXING WITH ANY OTHER WATER.

\*5 mg/L is minimum detectable level. WMC 4-23-09

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

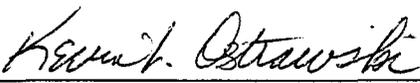
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
SLUDGE SETTLING BASIN  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD  
FROM MM/DD/YYYY TO MM/DD/YYYY  
03/ 01/ 2009 TO 03/ 31/ 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 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.00	N/A	7.62	pH	0	5 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	27.5	45.6	mg/L	0	2 / 31	24 HR COMP
	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO/AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in-conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
	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	04/ 28/ 2009	AREA Code

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)

**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 03/ 01/ 2009	TO	03/ 31/ 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	6.93	N/A	7.45	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	04/ 28/ 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)

\*4 mg/L is minimum detectable level. \*\* 5 mg/L is minimum detectable level. WMC 4-23-09

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**  
FROM MM/DD/YYYY TO MM/DD/YYYY  
03/ 01/ 2009 TO 03/ 31/ 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 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	30 MO.AVG	60 DAILY.MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	.043 MO.AVG	Req. Mon DAILY.MX	Mgal/d	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	1.4 MO.AVG	3.3 INST.MX	mg/L		Twice Per Month	GRAB
Coliform, fecal general 74055 1 1 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	200 MO.GEOMN	*****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	25 MO.AVG	50 DAILY.MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			724 682-7773	04/ 28/ 2009	AREA Code

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  
PERMIT NUMBER

203A  
DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

**MONITORING PERIOD**  
FROM MM/DD/YYYY TO MM/DD/YYYY  
03/ 01/ 2009 TO 03/ 31/ 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 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	30 MO:AVG	60 DAILY:MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	.023 MO:AVG	Req: Mon DAILY:MX	Mgal/d	*****	*****	*****			Weekly	MEASRD
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	1.4 MO:AVG	3.3 INST:MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general 74055 1 1 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	200 MO:GEOMN	*****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	25 MO:AVG	50 DAILY:MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			724 682-7773	04/ 28/ 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 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

PA0025615
PERMIT NUMBER

211A
DISCHARGE NUMBER

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

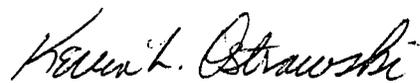
FACILITY: BEAVER VALLEY POWER STATION  
LOCATION: PA ROUTE 168  
SHIPPINGPORT, PA 150770004

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 03/ 01/ 2009	TO 03/ 31/ 2009

ATTN: DONALD J SALERA/MGR ENV & CHEM

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.24	N/A	7.22	pH	0	1 / 7	GRAB
	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4.6	10.4	mg/L	0	1 / 7	GRAB
	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO.AVG	100 DAILY.MX	mg/L		Weekly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO.AVG	20 DAILY.MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.002	0.002	MGD	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
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS			724 682-7773	04/ 28/ 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 4-23-09

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

PA0025615  
PERMIT NUMBER

213A  
DISCHARGE NUMBER

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

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

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
FROM 03/ 01/ 2009 TO 03/ 31/ 2009

ATTN: DONALD J SALERA/MGR ENV & CHEM

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
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		04/ 28/ 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 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
<b>PERMIT NUMBER</b>

301A
<b>DISCHARGE NUMBER</b>

**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	03/ 01/ 2009	TO	03/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO.AVG	100 DAILY.MX	mg/L		Twice Per Month	GRAB
Oil & grease	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	15 MO.AVG	20 DAILY.MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO.AVG	Req. Mon. DAILY.MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	04/ 28/ 2009
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>

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 4-23-09

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  
PERMIT NUMBER

303A  
DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD  
FROM 03/ 01/ 2009 TO 03/ 31/ 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	6.88	N/A	7.60	pH	-	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4.1	10.6	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	3.7	11.0	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.	TELEPHONE		DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724 682-7773		04/ 28/ 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 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 03/ 01/ 2009	TO 03/ 31/ 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	6.47	N/A	7.15	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	17.7	39.0	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		04/ 28/ 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 4-23-09

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  
PERMIT NUMBER

401A  
DISCHARGE NUMBER

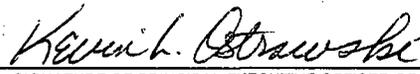
**DMR MAILING ZIP CODE:** 150770004  
MAJOR (SUBR05)  
CHEM.FEED AREA OF AUX BOILERS  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD  
FROM MM/DD/YYYY TO MM/DD/YYYY  
03/ 01/ 2009 TO 03/ 31/ 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	7.50	N/A	7.51	pH	0	2 / 31	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 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO.AVG	100 DAILY.MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS			724 682-7773	04/ 28/ 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 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 4-23-09

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  
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**  
FROM MM/DD/YYYY TO MM/DD/YYYY  
03/ 01/ 2009 TO 03/ 31/ 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	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	04/ 28/ 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  
PERMIT NUMBER

403A  
DISCHARGE NUMBER

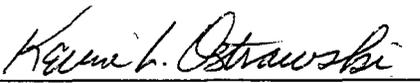
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
CONDENSATE BLOWDOWN & RIVR WAT  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

**MONITORING PERIOD**  
MM/DD/YYYY TO MM/DD/YYYY  
FROM 03/ 01/ 2009 TO 03/ 31/ 2009

No Data Indicator

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine 81313 1 0 Effluent Gross		*****	*****		*****	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	04/ 28/ 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)

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

PA0025615  
PERMIT NUMBER

413A  
DISCHARGE NUMBER

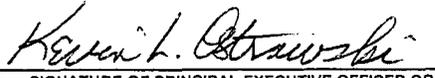
**DMR MAILING ZIP CODE:** 150770004  
MAJOR (SUBR05)  
BULK FUEL STORAGE DRAIN  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD  
FROM MM/DD/YYYY TO MM/DD/YYYY  
03/ 01/ 2009 TO 03/ 31/ 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 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A		N/A		pH			
	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A				mg/L			
	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO:AVG	100 DAILY:MX	mg/L		Weekly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A			mg/L			
	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO:AVG	20 DAILY:MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT			MGD				N/A			
	PERMIT REQUIREMENT	Req. Mon. MO:AVG	Req. Mon. DAILY:MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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	04/ 28/ 2009	AREA Code

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 BLWDWN FILT BW  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 03/ 01/ 2009	TO 03/ 31/ 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										
	PERMIT REQUIREMENT	*****	*****		*****	30 MO:AVG	100 DAILY:MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	Req: Mon. MO:AVG	Req: Mon. DAILY:MX	Mgal/d	*****	*****	*****			Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724 682-7773		04/ 28/ 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 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  
PERMIT NUMBER

001A  
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	
03/ 01/ 2009	FROM	03/ 31/ 2009	TO

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.48	N/A	8.40	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	25.3	30.5	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	0.064	0.17	mg/L	0	5 / 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	0.018	0.13	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 Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		724	682-7773	04/ 28/ 2009
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Kevin L. Ostrowski</i>	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 Clamcides this period. WMC 4-23-09

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

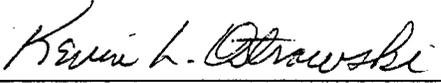
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
INTAKE SCREEN BACKWASH  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	03/ 01/ 2009	TO	03/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon: MO:AVG	Req. Mon: DAILY-MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

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Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS				724	682-7773	04/ 28/ 2009
<b>TYPED OR PRINTED</b>				<b>AREA Code.</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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**  
FROM MM/DD/YYYY TO MM/DD/YYYY  
03/ 01/ 2009 TO 03/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	0.041	0.090	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Twice Per Month	ESTIMA

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Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	04/ 28/ 2009
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>

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  
PERMIT NUMBER

004A  
DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD  
FROM MM/DD/YYYY TO MM/DD/YYYY  
03/ 01/ 2009 TO 03/ 31/ 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		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 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  
PERMIT NUMBER

006A  
DISCHARGE NUMBER

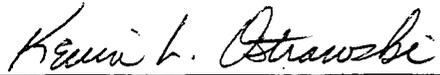
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
AUX. INTAKE SCREEN BACKWASH  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

**MONITORING PERIOD**  
FROM 03/ 01/ 2009 TO 03/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	0.002	0.016	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO:AVG	Req. Mon. DAILY:MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

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Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS			724	682-7773	04/ 28/ 2009
<b>TYPED OR PRINTED</b>	<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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

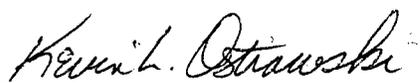
**DMR MAILING ZIP CODE:** 150770004  
MAJOR (SUBR05)  
AUX. INTAKE SYSTEM  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 03/ 01/ 2009	TO 03/ 31/ 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 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	Req. Mon MO/AVG	Req. Mon. DAILY:MX	Mgal/d	*****	*****	*****			Weekly	GRAB
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	.5 MO/AVG	1.25 INST:MAX	mg/L		Weekly	GRAB
Chlorine, free available 50064 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	.2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			724 682-7773	04/ 28/ 2009	
TYPED OR PRINTED			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  
FROM MM/DD/YYYY TO MM/DD/YYYY  
03/ 01/ 2009 TO 03/ 31/ 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 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	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										
	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	04/ 28/ 2009	
TYPED OR PRINTED				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 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  
PERMIT NUMBER

010A  
DISCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD  
FROM MM/DD/YYYY TO MM/DD/YYYY  
03/ 01/ 2009 TO 03/ 31/ 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	7.09	N/A	7.57	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	5.18	5.76	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO/AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<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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Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724 682-7773		04/ 28/ 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)

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 4-23-09

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
<b>PERMIT NUMBER</b>

011A
<b>DISCHARGE NUMBER</b>

**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 03/ 01/ 2009	TO 03/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	0.004	0.004	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO:AVG	Req. Mon. DAILY:MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	04/ 28/ 2009
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>

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

PA0025615  
PERMIT NUMBER

012A  
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004  
MAJOR (SUBR05)

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

BLOWDOWN FROM THE HVAC UNIT  
External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD  
FROM MM/DD/YYYY TO MM/DD/YYYY  
03/ 01/ 2009 TO 03/ 31/ 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	7.66	N/A	7.66	pH	0	1 / 31	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	0.103	0.106	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.077	0.097	mg/L	0	2 / 31	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 / 31	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	626	628	mg/L	0	2 / 31	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		04/ 28/ 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 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  
FROM MM/DD/YYYY TO - MM/DD/YYYY  
03/ 01/ 2009 TO 03/ 31/ 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	6.47	N/A	7.15	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 / 31	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon MO/AVG	Req. Mon DAILY/MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.027	0.030	N/A	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	.05 MO/AVG	.1 DAILY/MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005**	<0.005**	N/A	0	2 / 31	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon MO/AVG	Req. Mon DAILY/MX	mg/L		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 / 31	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	04/ 28/ 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 4-23-09

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
<b>PERMIT NUMBER</b>

101A
<b>DISCHARGE NUMBER</b>

**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 03/ 01/ 2009	TO 03/ 31/ 2009

No Data Indicator

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH											
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended											
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO.AVG	100 DAILY.MX	mg/L		Weekly	COMP-2
Oil & grease											
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO.AVG	20 DAILY.MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)											
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											
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO.AVG	Req. Mon. DAILY.MX	Mgal/d	*****	*****	*****			DAILY	CONTIN
Hydrazine											
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		<i>Kevin L. Ostrowski</i>	724 682-7773	04/ 28/ 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. 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  
**PERMIT NUMBER**

102A  
**DISCHARGE NUMBER**

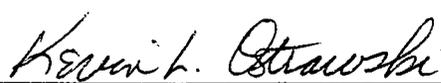
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
102 INTAKE SCREEN HOUSE  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
03/ 01/ 2009	FROM	03/ 31/ 2009	TO

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.23	N/A	7.37	pH	0	2 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	12.1	16.7	mg/L	0	2 / 31	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 / 31	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	-	2 / 31	EST
	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.		TELEPHONE		DATE
			724	682-7773	04/ 28/ 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 THE DISCHARGE OF COLLECTED PUMP BEARING LEAKAGE PRIOR TO MIXING WITH ANY OTHER WATER.

\*5 mg/L is minimum detectable level. WMC 4-23-09

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**

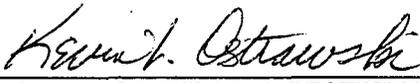
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
SLUDGE SETTLING BASIN  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

**MONITORING PERIOD**  
FROM **MM/DD/YYYY** 03/ 01/ 2009 TO **MM/DD/YYYY** 03/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	7.00	N/A	7.62	pH	0	5 / 31	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	27.5	45.6	mg/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	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.		TELEPHONE		DATE
			724	682-7773	04/ 28/ 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 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  
FROM MM/DD/YYYY TO MM/DD/YYYY  
03/ 01/ 2009 TO 03/ 31/ 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	6.93	N/A	7.45	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO.AVG.	100 DAILY.MX.	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO.AVG.	20 DAILY.MX.	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO.AVG.	Req. Mon. DAILY.MX.	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724	682-7773	04/ 28/ 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)

\*4 mg/L is minimum detectable level. \*\* 5 mg/L is minimum detectable level. WMC 4-23-09

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	03/ 01/ 2009	TO	03/ 31/ 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  Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			724	682-7773	04/ 28/ 2009
		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
<b>PERMIT NUMBER</b>

203A
<b>DISCHARGE NUMBER</b>

**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 03/ 01/ 2009	TO 03/ 31/ 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	*****	*****		*****	1.4 MO.AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	200 MO.GEOMN.	*****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	25 MO.AVG	50 DAILY.MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			724 682-7773	04/ 28/ 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 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
<b>PERMIT NUMBER</b>

211A
<b>DISCHARGE NUMBER</b>

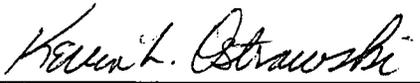
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
211 TURBINE BLDG  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 03/ 01/ 2009	TO 03/ 31/ 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	6.24	N/A	7.22	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4.6	10.4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO:AVG	100 DAILY:MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO:AVG	20 DAILY:MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A		-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO:AVG	Req. Mon. DAILY:MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			724 682-7773	04/ 28/ 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 4-23-09

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  
**PERMIT NUMBER**

213A  
**DISCHARGE NUMBER**

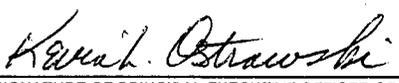
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
UNIT 2 COOL TOWER PUMPHOUSE  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

**MONITORING PERIOD**  
FROM **MM/DD/YYYY** 03/ 01/ 2009 TO **MM/DD/YYYY** 03/ 31/ 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 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	30 MO.AVG	100 DAILY.MX	mg/L		Twice Per Month	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	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										
	PERMIT REQUIREMENT	Req. Mon MO.AVG	Req. Mon DAILY.MX	Mgal/d	*****	*****	*****			Weekly	ESTIMA
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	5 MO.AVG	1.25 INST.MAX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			724	682-7773	04/ 28/ 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  
**PERMIT NUMBER**

301A  
**DISCHARGE NUMBER**

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

**MONITORING PERIOD**  
FROM **MM/DD/YYYY** 03/ 01/ 2009 TO **MM/DD/YYYY** 03/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.		<b>TELEPHONE</b>		<b>DATE</b>
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS			724	682-7773	04/ 28/ 2009
<b>TYPED OR PRINTED</b>	<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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 4-23-09

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 03/ 01/ 2009	TO 03/ 31/ 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	6.88	N/A	7.60	pH	-	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4.1	10.6	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	3.7	11.0	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.	TELEPHONE		DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS		724 682-7773		04/ 28/ 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 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	TO	MM/DD/YYYY	
03/ 01/ 2009	TO	03/ 31/ 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	6.47	N/A	7.15	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	17.7	39.0	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		04/ 28/ 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 4-23-09

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  
PERMIT NUMBER

401A  
DISCHARGE NUMBER

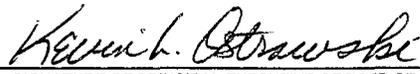
**DMR MAILING ZIP CODE:** 150770004  
MAJOR (SUBR05)  
CHEM.FEED AREA OF AUX BOILERS  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	03/ 01/ 2009	TO	03/ 31/ 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	7.50	N/A	7.51	pH	0	2 / 31	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 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO.AVG	100 DAILY.MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS			724. 682-7773	04/ 28/ 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 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 4-23-09

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  
**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**  
FROM **MM/DD/YYYY** 03/ 01/ 2009 TO **MM/DD/YYYY** 03/ 31/ 2009

No Data Indicator



PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH											
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended											
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease											
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)											
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER											
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											
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Weekly	ESTIMA
Chlorine, total residual											
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	.5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			724	682-7773	04/ 28/ 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 (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

PA0025615  
**PERMIT NUMBER**

403A  
**DISCHARGE NUMBER**

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

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

CONDENSATE BLOWDOWN & RIVR WAT  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

**MONITORING PERIOD**  
FROM **MM/DD/YYYY** TO **MM/DD/YYYY**  
03/ 01/ 2009 TO 03/ 31/ 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 81313 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	0 MO.AVG.	0 DAILY.MX.	mg/L		Weekly	GRAB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.		<b>TELEPHONE</b>		<b>DATE</b>
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS			724	682-7773	04/ 28/ 2009
<b>TYPED OR PRINTED</b>	<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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

PA0025615  
PERMIT NUMBER

413A  
DISCHARGE NUMBER

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

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

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
FROM 03/ 01/ 2009 TO 03/ 31/ 2009

ATTN: DONALD J SALERA/MGR ENV & CHEM

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A		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 Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		724	682-7773	04/ 28/ 2009
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Kevin L. Ostrowski</i>	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
<b>PERMIT NUMBER</b>

501A
<b>DISCHARGE NUMBER</b>

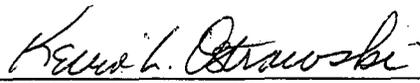
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
UNIT 1 GENRTR BLWDWN FILT BW  
Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 03/ 01/ 2009	TO 03/ 31/ 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										
	PERMIT REQUIREMENT	*****	*****		*****	30 MO.AVG	100 DAILY.MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY.MX	Mgal/d	*****	*****	*****			Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			724 682-7773	04/ 28/ 2009	AREA Code

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.



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

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	03	01	TO	2009	03	31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>							
Powerline 3627 (Clamtrol)	Photometric Determination	Beaver Valley Power Station	04-2742							
Bentonite Detoxicant (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 <sup>th</sup> ]	Beaver Valley Power Station	04-2742							
Free Available Chlorine	EPA 330.5	Beaver Valley Power Station	04-2742							
pH	SM 4500-H+ B [20 <sup>th</sup> ]	Beaver Valley Power Station	04-2742							
Temperature	SM 2550 B [20 <sup>th</sup> ]	Beaver Valley Power Station	04-2742							
Flow	NA	Beaver Valley Power Station	04-2742							
Total Suspended Solids	SM 2540 D [20 <sup>th</sup> ]	Beaver Valley Power Station	04-2742							
Hydrazine	ASTM D1385-01	Beaver Valley Power Station	04-2742							
Fecal Coliform <sup>3</sup>	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 <sup>th</sup> ]	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: 724-682-7773Date: 04/28/09

Signature of Principal Executive Officer or Authorized Agent

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

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

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



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

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

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	03	01	TO 2009 03 31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>				
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 <sup>th</sup> ]	FirstEnergy Corp-Beta Lab	68-01120				
CBOD-5 Day	SM5210 B	Precision Analytical Inc.	68-00434				
Cyanide	SM 4500-CN E [20 <sup>th</sup> ]	Precision Analytical Inc.	68-00434				
Chlorobenzene	EPA 624	Precision Analytical Inc.	68-00434				

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

Name/Title Principal Executive Officer

Phone: 724-682-7773

Signature of Principal Executive Officer or  
Authorized Agent

Kevin L. Ostrowski  
Director, Site Operations

Date: 04/28/09

*Kevin L. Ostrowski*

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

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