

Beaver Valley Power Station Route 168 P.O. Box 4 Shippingport, PA^v15077-0004

December 22, 2009 L-09-332

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

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

Enclosed is the November 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). A review of the data indicates no permit parameters were exceeded during the month.

Should you have any questions regarding the attached and enclosed documents, please direct them to Mr. Michael Banko at 724-682-4117.

Sincerely,

Raymone A. Lieb Director, Site Operations



Beaver Valley Power Station, Unit Nos. 1 and 2 L-09-332 Page 2

Attachment(s):

1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001

Enclosure(s)

A. Discharge Monitoring Report

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

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-09-332 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

ATTACHMENT 1

Weekly Dissolved Oxygen Monitoring Results at Outfall 001

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

SAMPLE DATE	SAMPLE TIME	VALUE	UNITS
11/2/09	0935	8.97	mg/L
11/9/09	1515	8.56	mg/L
11/16/09	0850	9.31	mg/L
11/23/09	1430	8.94	mg/L
11/30/09	0920	8.50	mg/L

- Attachment 1 END -

001A

DISCHARGE NUMBER

Form Approved

OMB No. 2040-0004

Page 1

1

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

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

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 11/ 01/ 2009 11/ 30/ 2009 то

PA0025615

PERMIT NUMBER

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	

UNITS 1&2 COOLG. TOWER BLWDN External Outfall

No Discharge

3. 1

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PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.1	N/A	8.4	pН	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	Hq		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1 ·	<0.1	mg/L	-	1 / 7	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req. Mon MO AVG	Reg. Mon DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG		GG	GG	GG
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		0 MO:AVG: P	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	28.7	35.4	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT	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	0.0	0.02	mg/L	0	7 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		5 AVERAGE	1:25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.5	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	<0.005	<0.005	mg/L	0	1 / 7	GRAB
81313 1 0 ⁻ Effluent Gross	PERMIT REQUIREMENT			N/A		0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

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	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	A	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting talse information.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	, MM/DD/YYYY

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

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

The plant was in wet layup during the first three weeks of this period. WMC 12-10-09

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002A

Page 2

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

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

PERMIT NUMBER	DISCHARGE NUMBER

PA0025615

Г	MONITORING PERIOD						
F	MM/DD/YYYY		MM/DD/YYYY				
FROM	11/ 01/ 2009	то	11/ 30/ 2009				

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



ATTN: DONALD J SALERA/MGR ENV & CHEM

PARAMETER		QUANTI	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		Mgal/d		******		N/A		Weekly	ESTIMA

		\wedge			,
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	Dall	TEL	EPHONE	DATE
aymond A. Lieb, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	- Keltur	724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
MMENTS AND EXTLANATION OF ANY MOLATIONS (Poterones all att	nohmanie hara)				

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

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Form Approved

OMB No. 2040-0004

Page 3

NAME: ADDRESS: FACILITY: LOCATION:	FIRST ENERGY NUCL PA ROUTE 168 SHIPPINGPORT, PA 1 BEAVER VALLEY POV PA ROUTE 168	50770004	[PA0025615 PERMIT NUMBI	ER	003A DISCHARGE NU	JMBER		DMR MAI MAJOR (SUBR05) 003 External ()	CODE: 1507	70004	
ATTN: DONAL	SHIPPINGPORT, PA 1 D J SALERA/MGR ENV		FRO	MM/DD/Y	in the second	IG PERIOD MM/DD/Y D 11/ 30/	YYY 2009				No Dis	scharge	
	PARAMETER		QUANTI	TY OR LOADING	UNITS	VALUE	QUALITY OR CONC	ENTRATION	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	

	A STATE OF A								1.		
Elew in conduit or thru treatment plant	SAMPLE	0.041	0.090	MOD	N/A	N/A	N/A	N/A		2/20	EGT
Flow, in conduit or thru treatment plant	MEASUREMENT	0.041	0.090	NGD	11/7			19/7	-	. 27.30	EST
50050 1 0	PERMIT	Req: Mon	Req. Mon.		1993		1.12 ******	N/A		Twice Per	ESTIMA
Effluent Gross	REQUIREMENT	MOIAVG	DAILY MX	Mgal/d	制动物的制度	建国际的制作的	在這個語。這名時受加		以 常外的	· · · Month I · · ·	LO. MAR

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	A A / /	TEI	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	Robint	724	682-7773	12/ 22/ 200
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all atta	chments here)				;

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

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

Page 1

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Page 4

NAME: FIRST ENERGY NUCLEAR OPERATING DMR MAILING ZIP CODE: 150770004 PA0025615 004A MAJOR . 1, ADDRESS: PA ROUTE 168 PERMIT NUMBER DISCHARGE NUMBER (SUBR05) SHIPPINGPORT, PA 150770004 FACILITY: BEAVER VALLEY POWER STATION UNIT ONE COOLG TOWER OVERFLOW LOCATION: PA ROUTE 168 External Outfall MONITORING PERIOD SHIPPINGPORT, PA 150770004 MM/DD/YYYY MM/DD/YYYY No Discharge FROM 11/ 01/ 2009 11/ 30/ 2009 ATTN: DONALD J SALERA/MGR ENV & CHEM то Sentimetres (Sector) 1.10

PARAMETER		QUANTI	TY OR LOADING					NO. EX	OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT			N/A					A		<u>:</u>
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM: 1-		9 MAXIMUM	рН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	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. m 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		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	DAM 1	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property galther and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for galthering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information.	Kahul	724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all att	achments here)	· · · · · · · · · · · · · · · · · · ·			

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

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Form Approved OMB No. 2040-0004

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

NAME:FIRST ENERGY NUCLEAR OPERATINGADDRESS:PA ROUTE 168SHIPPINGPORT, PA 150770004	PA0025615 006A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: BEAVER VALLEY POWER STATION LOCATION: PA ROUTE 168		AUX. INTAKE SCREEN BACKWASH External Outfall
SHIPPINGPORT, PA 150770004		[]
ATTN: DONALD J SALERA/MGR ENV & CHEM	FROM 11/ 01/ 2009 TO 11/ 30/ 2009	No Discharge

PARAMETER		QUANTI	TY OR LOADING		0	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	MGD	N/A	N/A	N/A	N/A	-	, 1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. Mo AVG	Req Mon: DAILYIMX	Mgal/d				. N/A		Weekly	, ESTIMA

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my
	direction or supervision in accordance with a system designed to assure that qualified personne
	properly gather and evaluate the information submitted. Based on my inquiry of the person or
Raymond A. Lieb, DIRECTOR OF SITE	persons who manage the system, or those persons directly responsible for gathering the
Raymond A. Lieb, DIRECTOR OF OTE	information, the information submitted is, to the best of my knowledge and belief, true, accurate
OPERATIONS	and complete. I am aware that there are significant penalties for submitting false information,
	the structure state and the state of the sta

- 0.			
DAILA	TEI	LÉPHONE	DATE
Kart	724	682-7773	12/ 22/ 200
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

TYPED OR PRINTED

Form Approved

- 1.25 J./

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MAXIMUM

.5 1125 J. MO AVG INST MAX

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AVERAGE

 \mathcal{L}

mg/L

mg/L

Weekly

Weekly

OMB No. 2040-0004

PERMITTEE N	NAME/ADDRESS (include F	acility Name/Location	n if Different)				·					Page 6			
NAME: ADDRESS:	FIRST ENERGY NUCLE/ PA ROUTE 168 SHIPPINGPORT, PA 150		r.	PA0025615 007A PERMIT NUMBER DISCHARGE NUMBER							DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)				
FACILITY: LOCATION:	BEAVER VALLEY POWE PA ROUTE 168	ER STATION									AUX. INTAKE SYSTEM External Outfall				
	SHIPPINGPORT, PA 150	0770004		MM/DD/YY		NG PERIOD MM/DD/YY									
ATTN: DONAL	LD J SALERA/MGR ENV &	CHEM	FR	and the second s		O 11/ 30/					No Disc	charge X			
											•				
			QUANTI	QUANTITY OR LOADING QUALITY OR CO			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
	PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS						
рН		SAMPLE MEASUREMENT													
00400 1 0		PERMIT				6 6		9-14-19-7	· _ · _ ·	REAL		GRAB			
Effluent Gross	3	REQUIREMENT	調査を調査する			MINIMUM		9 MAXIMUM	pH ·		Weekly	GRAD			
Flow, in condu	uit or thru treatment plant	SAMPLE MEASUREMENT		•											
50050 1 0		PERMIT	Red. Mon	Req Mon !!			and the search of the search o	1000 (1-10 + + + + + + + + + + + + + + + + + + +				GRAB			
Effluent Gross	S [,] .	REQUIREMENT	MO AVG		Mgal/d	Statistic Lands, Mr.					Weekly	GRAB			

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all at	tachments 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.

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SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

Effluent Gross

Effluent Gross

50060 1 0

50064 1 0

Chlorine, total residual

Chlorine, free available

GRAB

GRAB

008A

DISCHARGE NUMBER

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

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Г	MONITORING PERIOD									
Г	MM/DD/YYYY		MM/DD/YYYY							
FROM	11/ 01/ 2009	то	11/ 30/ 2009							

PA0025615

PERMIT NUMBER

· DMR MAILING ZIP CODE: 150770004 MAJOR-(SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE External Outfall



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FANAMETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
nH	SAMPLE											
pri (,	MEASUREMENT		. 1		<u>+</u>				t t			
00400 1 0	PERMIT	11	State ******		6 24	100 ***** */2004	9 MAXIMUM:			Twice Per - Month*	GRAB	
Effluent Gross	REQUIREMENT		的 自己的问题。		MINIMUM	「「「「「」」	A MAXIMUM	pН	的编制。	Month		
Colida, total supported	SAMPLE											
Solids, total suspended	MEASUREMENT											
00530 1 0	PERMIT					30 × 1 × 1	100 DAILY MXIII		Sec. Sec.	Twice Per Month	CPAR	
Effluent Gross	REQUIREMENT				B ER AND	MO:AVG	DAILY MX	mg/L	514C	Month		
	SAMPLE											
Oil & grease	MEASUREMENT									_		
00556 1 0	PERMIT	1. 1	******		1	15	20 20 20 11 11		100.0	Twice Per en	CDAR	
Effluent Gross	REQUIREMENT					MO AVG	20 DAILY MX	mg/L		Twice Per Month	GINAD -	
Flave in conduit on three to other a last	SAMPLE								1		1	
Flow, in conduit or thru treatment plant	MEASUREMENT]										
50050 1 0	PERMIT	Rég. Mon	Reg. Mon.	- ·	A PRODUCTION AND A PROVIDENT		10 ************************************	N/A		Mookly	COTIMA	
Effluent Gross	REQUIREMENT	Req: Mon MO AVG	DAILY MX	Mgai/d				N/A	HE SA	Weekly	C LONG	

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	Datt	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting fates information.	Robin	724	682-7773	12/ 22/ 2009
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all att.	achments here)			;	

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

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

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PA0025615	010A		DI M			
PERMIT NUMBER	DISCHARGE NUMBER	·	(S			
			U			
MONITORING PERIOD						

MM/DD/YYYY

11/ 30/ 2009

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

External Outfall

No Discharge

ATTN: DONALD J SALERA/MGR ENV & CHEM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.9	N/A	7.9	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	рН		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG	GG
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	0 INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.2	10.1	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO:AVG		Mgal/d	***************************************			N/A		Weekiy	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02	<0.02	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5 MO AVG	1.25 JINST/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		AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

MM/DD/YYYY

11/ 01/ 2009 TO

FROM

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1 Allal	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting faise information,		724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all atta	schments 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)

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	011A DISCHARGE NUMBER	
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			i X
	SHIPPINGPORT, PA 150770004	MONITOF	RING PERIOD	
		MM/DD/YYYY	MM/DD/YYYY	

FROM

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

No Discharge

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.004	0.004	MGD	N/A	N/A	N/A	N/A	-	1/7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Regi Mon en MO AVG	Req Mon 1 - DAILY MX	Mgal/d				N/A		Weekly	ÊSTIMA".

11/ 30/ 2009

11/ 01/ 2009 TO

certify under penalty of law that this document and all attachments were prepared under my TELEPHONE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER DATE 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 Raymond A. Lieb, DIRECTOR OF SITE ersons who manage the system, or those persons directly responsible for gathering the 724 682-7773 12/ 22/ 2009 nformation, the information submitted is, to the best of my knowledge and belief, true, accurate **OPERATIONS** and complete. I am aware that there are significant penalties for submitting false information, SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR ncluding the possibility of fine and imprisonment for knowing violations. AREA Code NUMBER MM/DD/YYYY TYPED OR PRINTED AUTHORIZED AGENT COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) :

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MONITORING PERIOD

No Discharge

OMB No. 2040-0004

Page 10

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

4

PA00	25615
PERMIT	NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2009 TO

012A DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2009

DMR MAILING ZIP C	ODE:	150770004
MAJOR		

(SUBR05) BLOWDOWN FROM THE HVAC UNIT

External Outfall

							•				
PARAMETER		QUANTITY OR LOADING			C	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS]	-	
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.5	N/A	8.5	рН	0	1 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	рН		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1152	0.1610	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req: Mon MO:AVG	Reg. Mon. DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.2	mg/L	0	2 / 30	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		1.5 MO/AVG tr	1:5 DAILY MX	mg/L		Twice Per.	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon: MO AVG	Req. Mon. DAILY MX					N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	608	632	mg/L	0	2 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req. Mon. MO AVG	Req: Mon: DAILY/MX	mg/L		Twice Per Month	GRAB

•	·	\mathcal{A}			
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	<u>Nall</u>	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all att	achments here)	· · ·	· ·	L	· · · · · · · · · · · · · · · · · · ·

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Page 11

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PE	PA0025615 RMIT NUMBER	DIS	013A SCHARGE NUMBER	•	DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004	•
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168	. –					OUTFALL 013 External Outfall		
	SHIPPINGPORT, PA 150770004		MONITOR	ING	PERIOD				
ATTN: DONALE) J SALERA/MGR ENV & CHEM	FROM	MM/DD/YYYY 11/ 01/ 2009	то	MM/DD/YYYY 11/ 30/ 2009	i	i	No Discharge	e

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	64 19	VALŲE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH t	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.7	N/A	7.2	N/A	<u>,</u> 0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 • MINIMUM		9 MAXIMUM-i	· pH	Cales	Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01	<0.01	N/A	0	2 / 30	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req. Mon. • MO/AVG	Req: Mon DAILY MX	mg/L		Twice Rer Month	-COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.01	0.0	N/A	0	2 / 30	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		05 MO AVG	DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005	<0.005	N/A	0	2 / 30	24 HR COMP
34301 1 0 Effluent Gross				N/A		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 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MOIAVG	Req: Mon- DAILY MX	Mgal/d		100		N/A		Twice Per Monthi	ESTIMA

		Λ			
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	Dali	TÉL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.		724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

No Discharge

OMB No. 2040-0004

Page 12

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

NAME:	FIRST ENERGY NUCLEAR OPERATING
ADDRESS:	PA ROUTE 168
	SHIPPINGPORT, PA 150770004
FACILITY:	BEAVER VALLEY POWER STATION
LOCATION:	PA ROUTE 168
	SHIPPINGPORT, PA 150770004
1	·

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615
PERMIT NUMBER

101A DISCHARGE NUMBER

DMR MAILING ZIP CODE	: 150770004
MAJOR	

(SUBR05)

101 CHEMICAL WASTE TREATMENT Internal Outfall

	MONITORING PERIOD							
	MM/DD/YYYY				MM/DD/YYYY		(1)1	
FROM	11/	01/	2009	то	11/	30/	2009	

PARAMETER		QUANTI	TY 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	6.2	N/A	7.4	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 <u>MIN</u> IM⊍M		9 MAXIMUM	рН	。 第111章 第111章	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	28	75	mg/L	0	1 / 7	2 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MOIAVG	100 DAILY MX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.844	2.040	mg/L	-	1 / 7	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req. Mon. MO AVGI	Req. Mon DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.007	0.010	MGD	N/A	N/A	N/A	N/A	-	DAILY	GRAB
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req Mon DAILY MX	Mgal/d				N/A		DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.021	0.057	mg/L	-	1 / 7	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Rèq Mon : MO AVG	Req. Mon. DAILY MX-	mg/L		Weekly	GRAB

		Λ			
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	Dall	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I arm aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. SAMPLES SHALL BE TAKEN AT THE DISCHARGE FROM THE CHEMICAL WASTE SUMP PRIOR TO MIXING WITH ANY OTHER WATER. Plant in wet layup during the first three weeks of this period. WMC 12-10-09

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Bioonarioe montre

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

		į	
	PERMIT NUMBER		D
L.,			

PA0025615

102A DISCHARGE NUMBER

DMR MAILING ZIP CODE:	150770004
MAJOR ,	

(SUBR05)

102 INTAKE SCREEN HOUSE Internal Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

	MONITO			RING	PERIOD		-
	MM/D	D/YY	YY I		MM/C	DD/YY	YY
FROM	11/	01/	2009	то	11/	30/	2009

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS]		
рН (SAMPLE MEASUREMENT	N/A	N/A	N/A	7.8	N/A	7.8	pН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM		9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	8.7	15.3	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per 1: Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG≀ ⊷	20 DAILY MX	mg/L		Twice Per.	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req: Mon: DAILY MX	Mgal/d				N/A		Twice Per Month	ESTIMA

				• .	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to accord that publiced excorded		TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE	direction or supervision in accordance with a system designed to assure that qualified personnel property galather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for galhering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information, the person state is that the early accurate is personalities for submitting false information.	Robit	724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all atta	chments here)	· · · · · · · · · · · · · · · · · · ·		:	

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

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Form Approved OMB No. 2040-0004

No Discharge

гауе	1.0

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Form Approved

Twice Per

Month

Twice Per

Month

2 / 30

<u>Óřena</u>t

mg/L

N/A

N/A

OMB No. 2040-0004

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COMP24

EST

ESTIMA

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

ADDRESS: FIRST ENERGY N ADDRESS: PA ROUTE 168 SHIPPINGPORT,	UCLEAR OPERATING PA 150770004	,	PA0025615 PERMIT NUMBE	R	103A DISCHARGE NU	MBER	•	DMR MAI MAJOR (SUBR05		CODE: 15077	0004
LOCATION: PA ROUTE 168	POWER STATION							SLUDGE Internal C	SETTLIN(outfall	G BASIN	
SHIPPINGPORT, ATTN: DONALD J SALERA/MGR E		FRG	MM/DD/YY	YY	0 11/ 30/					No Disc	harge
							· · · · · · · · · · · · · · · · · · ·	,	NO	FREQUENCY	SAMPL
PARAMETER		QUANTI VALUE	TY OR LOADING VALUE	UNITS	VALUE	QUALITY OR CONC	ENTRATION	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	SAMPLE MEASUREMENT			UNITS	VALUE 7.2	VALUE N/A	VALUE 7.7	pH			ТҮРЕ
PARAMETER pH 00400 1 0 Effluent Gross			VALUE	UNITS	VALUE 7.2	VALUE	VALUE 7.7	pH	ЕХ О	OF ANALYSIS	SAMPLE TYPE GRAB

N/A

MGD

Mgal/d

N/A

.....

0.034

Reg. Mon.

100

N/A

DAILY MX

30

MOXAVG

N/A

		\wedge			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that gualified personnel.		TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	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,	Rohm	724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all atta	chments here)	:	· ·		:

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

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

0.022

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00530 1 0

50050 1 0

Effluent Gross

Effluent Gross

Flow, in conduit or thru treatment plant

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different) NAME: FIRST ENERGY NUCLEAR OPERATING DMR MAILING ZIP CODE: 150770004 PA0025615 111A ADDRESS: PA ROUTE 168 MAJOR SHIPPINGPORT, PA 150770004 PERMIT NUMBER DISCHARGE NUMBER (SUBR05) FACILITY: BEAVER VALLEY POWER STATION **111 DIESEL GENERATOR BLDG** LOCATION: PA ROUTE 168 Internal Outfall SHIPPINGPORT, PA 150770004 MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY No Discharge ATTN: DONALD J SALERA/MGR ENV & CHEM FROM 11/ 01/ 2009 TO 11/ 30/ 2009

PARAMETER		QUANTI	TY OR LOADING		G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VAĻUE	UNITS			
рН ţ,	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.3	N/A	7.7	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUMU		9. MAXIMUM⊹aa	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<u>.</u> <4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO:AVG	DAILY MX	mg/L		Weeklý	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4	9	mg/L	0	1/7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX C	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	D'A //	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	— direction or supervision in accordance with a system designed to assure that qualified personnel property galifier and evaluate 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 beint, true, accurate, and complete. I am aware that there are significant penalities for submitting false information.	Robhit	724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all att	achments here)			· .	

MONITORING PERIOD

то

Form Approved OMB No. 2040-0004

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615
PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2009

113A DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2009

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

UNIT 2 SEWAGE TMT PLANT Internal Outfall



PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE										
	MEASUREMENT	Series and a contract of the series	TREASURED AT A A A A A YOUR DESIGN	·	AN ADDRESS A POSSIBLE TARS	Constant of the second of the	CONTRACTOR OF A LOSS OF A	<u>.</u>	VILLAND IT CHERRICH	A STREAM TO A STREAM TO A STREAM	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	pН		Month	GRAB
Solids, total suspended	SAMPLE										
	MEASUREMENT	Conservation and the second second second	-		THE PLANATE THE ACCOUNTS OF THE PLANATE				ol was administration of the	Statistical and the statement and metalemeters	AMERICA, IS AND ADDRESS AND THE
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	DAILY MX	mg/L		Twice Per.	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	,043 MO AVG	Reg. Mon	Mgal/d				N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE	In comment of the contraction of	CALL CONTINUES	Mganu		1880759887435256857546535774353488387	873-2502-14,247923-2524-747-275924-18278		Open Care and a second		MARCHITZLIGATIONPLACES
50060 1 0	PERMIT				*****	1 4 MO AVG	3.3			Twice Per-	GPAB
Effluent Gross	REQUIREMENT				te support see gradient	MO AVG	INST MAX	mg/L		Monthia	
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		Barandaran Karangan Sangaran Karangan Karangan Karangan Karangan Karangan Karangan Karangan Karangan Karangan K		In the state strate of the second state of the	PERMITICACE OTHINKIE	I HAR HER WERE THE REPORT OF	# roome		SERVICE FOR THE PERSON OF T	
20022 1 0	MEASUREMENT					MEANING STORE OF STREET, STREE			A STREET STREET		INT CASES AND ADDRESS OF A COMMENCE
80082 1 0 Effluent Gross	PERMIT REQUIREMENT					25 MO AVG	DAILY MX	mg/L		Twice Per: * Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	DALL	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penatives for submitting false information.	Chil	724 682-7773		12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATÜRE 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.

OMB No. 2040-0004

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OFOMITTEE	NAMERADODEOO	C	N/- ////	if Differential
	NAME/ADDRESS			

PERMITTEEN	AME/ADDRESS (Include F	acinty Name/Location	li Dillerent)									Page 17
NAME: ADDRESS:	FIRST ENERGY NUCLE/ PA ROUTE 168 SHIPPINGPORT, PA 150	4	MAJOR					000 4				
FACILITY: LOCATION:	BEAVER VALLEY POWE PA ROUTE 168								MAIN SE Internal C		IT PLANT	
ATTN: DONALI	SHIPPINGPORT, PA 150 D J SALERA/MGR ENV & (FR	MM/DD/YY	YY	NG PERIOD MM/DD/YY 0 11/ 30/					No Disc	harge X
	ARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
P P	ARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	¢ .	SAMPLE MEASUREMENT		1		4.						
00400 1 0 Effluent Gross		PERMIT REQUIREMENT				6 MINIMUM		9/ ⊡≪MAXIMUM: •.	рН		Twice Per Month	GRAB
Solids, total sus	spended	SAMPLE MEASUREMENT						-				
00530 1 0 Effluent Gross		PERMIT REQUIREMENT					30 MOJAVG	60 DAILÝ MX	mg/L		Twice Per Month	COMP-8
	t or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross		PERMIT REQUIREMENT	i MO AVGr	Reg Mon	Mgal/d						Weekly	MEASRD
Chlorine, total r	esidual	SAMPLE MEASUREMENT	NUMBER OF STREET, TOPS OF STREET	and a state of the second state of the		Restances a surger state	ALV DUNING STATES IT STATES	- Marking subjective A in the proposition associated		In succession in the second		Hereius Proteiner and Bergenstor (D
50060 1 0 Effluent Gross		PERMIT REQUIREMENT					114 MO/AVG	3 3 INST MAX	mg/L_		Twice Per-	GRAB
Coliform, fecal	general	SAMPLE MEASUREMENT		alaristi deputut ala ala alar alternisi de				Caracterization and a second se				101 101 100 100 000 000 000 000 000 000
74055 1 1 Effluent Gross		PERMIT				and press of a great manage and a second state of which which and	200 MO GEOMN		#/100mL		Month	GRAB
	ceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross		PERMIT REQUIREMENT					25 MO AVG	50 E DAILY MX	mg/L		Twice Per-	COMP-8

* ·	,	\wedge			
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	Dall	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and beild, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724 682-7773		12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved

OMB No. 2040-0004

Page 18

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

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

211A SCHARGE NUMBER

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

ATTN: DONALD J SALERA/MGR ENV & CHEM	

[MONITORING PERIOD										
	MM/DD/YYYY		MM/DD/YYYY								
FROM	11/ 01/ 2009	то	11/ 30/ 2009								

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
рН t .	SAMPLE MEASUREMENT	N/A	N/A	N/A	, 7.2	N/A	8.0	рН	ò	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 In MINIMUM		9 Meximum *	pН	d. An an an	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3	5	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MOJAVG	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	Reg Mon: 3. MO AVG		Mgal/d				N/A		Weekly	ESTIMA

		$ \sim $ $ \land $.			•
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	Dall	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	RALI	724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all atta	achments here)	:		:	ş

213À

DISCHARGE NUMBER

Form Approved OMB No. 2040-0004

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

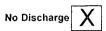
NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168	PA0025615
	SHIPPINGPORT, PA 150770004	PERMIT NUMBER
FACILITY:	BEAVER VALLEY POWER STATION	
LOCATION:	PA ROUTE 168 SHIPPINGPORT, PA 150770004	MON

[MONITORING PERIOD				
	MM/DD/YYYY		MM/DD/YYYY		
FROM	11/ 01/ 2009	то	11/ 30/ 2009		

DMR MAILING ZIP CODE:	150770004
MAJOR	•

(SUBR05) UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall



PARAMETER		QUANTI	QUANTITY OR LOADING QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE				
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рн	SAMPLE MEASUREMENT					÷		6	_		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				.6 MINIMUM		9 MAXIMUM	pН		Twice Per	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	100 DAILY MX	mg/Ŀ.	IS NOT	Twice Per	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MOAVG	DAILY MX	mg/L		Twice Person 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	n 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	DALLA	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penatties for submitting false information.	Kahi	724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all att	achments here)	:	· · · · ·		;
SAMPLES SHALL BE TAKEN AT DISCHARGE FR	ROM THE PUMP HOUSE PRIOR TO MIXING WITH ANY OTH	IER WATER. NOTE: THE MONITORING OF THIS	DISCHARGE	IS NOT REQUIRED	WHEN EFFLUENT
	USE FLOOR & EQUIPMENT DRAINS IS BEING RECYCLED				1
Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)					Page 1

Form Approved OMB No.:2040-0004

No Discharge

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

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

				1	
ERATING	PA0025615	301A	· · ·	DMR MAILING ZIP CODE: 150770004 MAJOR	
4	PERMIT NUMBER	DISCHARGE NUMBER		(SUBR05)	
TION		·		UNIT 2 AUX BOILER BLOWDOWN Internal Outfall	
4	MONITO				

ATTN: DONALD J SALERA/MGR EN	/ &	CHEM	
------------------------------	-----	------	--

	MONITORING PERIOD						
	MM/I	DD/Y	ΥY		MM/E	DD/Y	(YY: _
FROM	11/	01/	2009	то	11/	30/	2009

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	,		
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2/30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	DAILY MX	mg/L	Chinese and the second s	Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	2015 DAILY MX	mg/L		Twice Per-	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon 5 - MO AVGL	Req. Mon	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.	DALA	TEL	EPHONE	DATE	
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	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 submitted. Existence and a submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false hiformation.	Retrief	724	682-7773	12/ 22/ 2009	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATINE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all atta	chments here)		:			

SAMPLES SHALL BE TAKEN AT THE DISCHARGE OF BOILER BLOWN DOWN PRIOR TO MIXING WITH ANY OTHER WATER.

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MONITORING PERIOD

.

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615

MM/DD/YYYY

11/ 01/ 2009 TO

FROM

303A DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2009

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

No Discharge

PARAMETER		QUANTI	TY OR LOADING		G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.2	N/A	7.4	pН	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	Hq		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	'N/A	N/A	N/A	N/A	5	13	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX-	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.019	0.056	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d			Harris and Arrest and A	N/A	an to the second se	Weekly	ESTIMA

	' '	$\land \land$			
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	VAL.	ŤEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Altri	724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY MOLATIONS (Paterones all off					

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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.

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31'3A

Page 22

.OMB No. 2040-0004

1

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

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

PERMIT NUMBER	DIS	CHARGE N	UMBER

PA0025615

ATTN: DONALD .I	SALERA/MGR ENV & CHEM
ATTN. DOMALD 0	

	MONITO	RING	PERIOD
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/ 01/ 2009	то	11/ 30/ 2009

DMR MAILING ZIP CODE:	150770004
MAJOR	•
(SUBR05)	

313 TURBINE BLDG DRAIN Internal Outfall

No	Discharge	
	Distinuigo	

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рн	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.7	N/A	7.2	рH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			, N/A	6 MINIMUM		9 MAXIMUM	ⁱ pH		:-Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	15	23	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	4	8	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/Ľ		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.	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 	A I.A	TEL	EPHONE	DATE
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and beliet, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of time and imprisonment for knowing violations.	I AT	724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of line and imprisonment for knowing violations,	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments here)	:		······	······································

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

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MONITORING PERIOD

то

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

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

PERMIT NUMBER DISCI

MM/DD/YYYY

FROM

11/ 01/ 2009

401A HARGE NUMBER

MM/DD/YYYY

11/ 30/ 2009

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

Internal Outfall

No Discharge

ATTN: DONALD J SALERA/MGR ENV & CHEM

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	8.5	рН	Q	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6. MINIMUM		Reg Mon MAXIMUM	рН		Twice:Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	15	24	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 UL DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX T	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	Reg. Mon: DAILY MX	Mgal/d				N/A	se i sta Cumul S	Weekly	ESTIMA-

·		Λ Λ			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that gualified personnel	alt	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted Is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	ROT.	724 .	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all atta	chments here)	; ;		:	· · ·

nents here)

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

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Form Approved OMB No. 2040-0004

E:	150770004	

Form Approved OMB No. 2040-0004

Page 24

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

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

PA0025615 PERMIT NUMBER 403A DISCHARGE NUMBER

DMR MAILING ZIP-CODE:	150770004
MAJOR	5
(SUBR05)	

CONDENSATE BLOWDOWN & RIVR WAT



ATTN: DONALD J SALERA/MGR ENV & CHEM

ļ	MONITORING PERIOD							
	MM/DD/Y	(1)		MM/I	DD/Y	MY		
FROM	11/ 01/	2009	то [11/	30/	2009		

PARAMETER	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
	SAMPLE										
	MEASUREMENT			¢		1		<u> </u>			^
00400 1 0	PERMIT		*****		6 . C		9			Weekly	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	рН	保護 (1)	A CONTRACTOR OF	CIT D
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	NATIONAL COLUMN AND AND AND AND AND AND AND AND AND AN	ARABELLING & CONTRACTOR			HINTER MARKEN AND AND AND AND AND AND AND AND AND AN		i	18826306000104882902	AND ADDRESS AND A TRUCK OF A REPORT OF	and a fail for the second first section of
Effluent Gross	REQUIREMENT				建筑的建筑	30 MO AVG				Weekly	GRAB
	SAMPLE				halan ti sa ta katati ka sa j			mg/L		STOCKED STREET	ACCINE MECHANINGSE
Oil & grease	MEASUREMENT										
00556 1 0	PERMIT	Letter at the second	****			6.44.45	「「「「「「」」」		(BSW000275724		Format Bangaran States
Effluent Gross	REQUIREMENT					15 MO AVG	DAILY MX	ma/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE	And DOT'S connectiments of the second state of the second s	Million and a subsection of the subsection of th		AND REAL PLACE AND	and an and the second	International Control of the State of Control of States and States		CITUDERS CARDADE	CALCULATION OF CALCULATIO	TING CRACKERS COMPLEX.
	MEASUREMENT							ļ			
00610 1 0	PERMIT	The second states of the secon				Req. Mon:	Req. Mon		REFERENCE OF		OD AD
Effluent Gross	REQUIREMENT					MOAVG	DAILY MX	mg/L .		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0	PERMIT	100	被完 定####################################		NEPHRALASS DOM:	0.04	0.72			When	Manager one
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L	1999 - 1948 -	Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT					1					LOSS - CONTINUE OF STATE STORE STATE -
50050 1 0	PERMIT	Reg Mon	Req Mon:		*****		(144411) (144411) (144411)		中心的时间是		
Effluent Gross	REQUIREMENT	MOIAVG	DAILY MX	Mgai/d						Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0	PERMIT	2	******		******	5	1.25			STEPHENING ST	
Effluent Gross.	REQUIREMENT	新市门的 第三人称				.5 MO:AVG	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 gualified personnel	al.	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penatives for submitting false information.	Plohit	724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATIORE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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Form Approved OMB No. 2040-0004

Page 25

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	· P	PA0025615 ERMIT NUMBER	DI	403A SCHARGE NUMBER	· · · · · · · · · · · · · · · · · · ·	DMR MAJC (SUBI
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168	'					CONE Intern
	SHIPPINGPORT, PA 150770004		MONITO	DRING	PERIOD		
			MM/DD/YYYY		MM/DD/YYYY	1	
ATTN: DONAL	D J SALERA/MGR ENV & CHEM	FROM	11/ 01/ 2009	то	11/ 30/ 2009		

MR MAILING ZIP CODE:	150770004
IAJOR	

(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT nternal Outfall

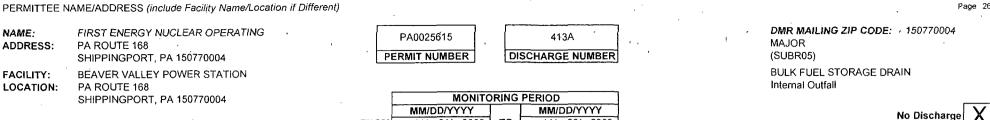


PARAMETER			QUANTI	TY OR LOADING		0	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine		SAMPLE										
riyurazine	f .	MEASUREMENT		<u>.</u>		t.					<u>.</u>	
81313 1 0	• •	PERMIT		★★★★★★ ★★★★★★★ ★★★★★★★ ★★★★★★★ ★★★★★★★ ★★★★			Q	0.			Weekly	GRAB
Effluent Gros	SS '	REQUIREMENT	al an	的。他认为这些问题的		CLEAR STATE OF BELLEVILLE	MO:AVG	DAILY MX	mg/L		WEEKIY.	

		$\sim \sim $				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certity under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE	
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	Phil	724	682-7773	12/ 22/ 2009	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNA/TURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all at	Lachments here)	: :		• • •	1	
HYDRAZINE AND AMMONIA MONITORING TO A	APPLY DURING PERIODS OF WET LAYUP. REPORT THE DA	AILY MAXIMUM FOR BETZ DT-1 WHEN DISCHAF	RGING (24 HR.	COMP.): MG/L	(THE LIMIT IS 35	
MG/L AS A DAILY MAX.) SAMPLES SHALL BE T.	AKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WA	TER.				

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Page 26



ATTN: DONALD J SALERA/MGR ENV & CHEM

	MONITORING PERIOD						
MM/DD/YYYY				MM/DD/YYYY			
FROM	11/	01/	2009	то	11/	30/	2009

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION NO. EX				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	•	N/A		рН	÷		
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	DAILY MX	_mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	Ņ/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	DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

				4	
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	Dola	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly galher and evaluate 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 penaities for submitting false information,	Roh	724	682-7773	1 <mark>,</mark> 2/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all at	ttachments here)	· · · · · · · · · · · · · · · · · · ·		;	: .
CAMPLES QUALL DE TAKEN AT DISCUADOE E	DOM OMS #24 DRIOR TO MIXING WITH ANY OTHER WATE	: D			

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

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Form Approved OMB No. 2040-0004

Page 27

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBE	501A DISCHARGE NUMBER	,	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			i	UNIT 1 GENRTR BLWDWN FILT BW Internal Outfall
	SHIPPINGPORT, PA 150770004	MM/DD/YY			ſ
ATTN: DONALI	D J SALERA/MGR ENV & CHEM	and a second	2009 TO 11/ 30/ 2009		No Discharge

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PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT			<u> </u>		1.20 30 30 to the	100) DAILYIMX	┞	Report to	Mooklu	CPAR
Effluent Gross			Enter Property			CIMEMO AVG	DAILY MX	mg/L		Weekly .	UND
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT									ļ	
50050 1 0	PERMIT	Req iMon MO AVG	Req*Mon.			R SPR STOR	1 (2011) *******		1.12	Weekly	ECTIMA
Effluent Gross	REQUIREMENT	MO/AVG	DAILY MX	Mgal/d	民主要利益的法律的	同時國家主義的基礎				, WEEKIY	LOTIVIA

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	DAL.	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations,	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all at	Lachments here)	:	:		
SAMPLES SHALL BE TAKEN AT INTERNAL MP	501 PRIOR TO MIXING WITH ANY OTHER WATER.	· .			

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

MONITORING PERIOD

то

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OMB No. 2040-0004

Page 1

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

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

PA0025615
PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2009

001A **DISCHARGE NUMBER**

MM/DD/YYYY

11/ 30/ 2009

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	

UNITS 1&2 COOLG. TOWER BLWDN External Outfall

No Discharge

ATTN: DONALD J SALERA/MGR ENV & CHEM

PARAMETER		QŲANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.1	N/A	8.4 ,	pН	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	remeren and a second of the		N/A	i 6 MINIMUM		9 MAXIMUM	рH		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1	<0.1	mg/L	-	1 / 7	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req. Mon. MO AVG	Reg. Mon DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG		GG	GG	GG
04251 1 0 Effluent Gross	PERMIT			N/A		0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	28.7	35.4	MGD	N/A	N/A .	N/A	N/A		DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon MO AVG	Req Mon	Mgal/d				N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE	N/A	N/A	N/A	N/A	0.0	0.02	mg/L	0	7 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		5 AVERAGE:	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.5	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	<0.005	<0.005	mg/L	0	1/7	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

		\sim \sim \sim			
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	DAI.	TE	LEPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	Kartuit	724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

The plant was in wet layup during the first three weeks of this period. WMC 12-10-09

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

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	ME: DRESS:	FIRST ENERGY NUC PA ROUTE 168 SHIPPINGPORT, PA	•		PA0025615 PERMIT NUMBER	002A DISCHARGE NUME	ER	DMR MA MAJOR (SUBR05		CODE: 15077	70004
	CILITY:	BEAVER VALLEY PO PA ROUTE 168	WER STATION					INTAKE External		BACKWASH	
ΑT	TN: DONAL	SHIPPINGPORT, PA D J SALERA/MGR ENV		FR	MON MM/DD/YYYY DM 11/ 01/ 20	NG PERIOD MM/DD/YYYY D 11/ 30/ 20				No Disc	charge
		PARAMETER		QUANTI	TY OR LOADING	QU,	ALITY OR CONC		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE

PARAMETER		QUANTI	IT OR LUADING			JUALITY UK CONC			EX	OF ANALYSIS	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	PERMIT	Req. Mon.	Req. Mon.		*****	**************************************		N/A		Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO;AVG	DAILYAMX	Mgal/d	Y22.00112月3月6日	1999年3月1日前1月1日		T W/ Y	A. Carles		S. C.

					•
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	Dall	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OF	724 682-7773		12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	. MM/DD/YYYY

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

.

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Page 3

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	003A DISCHARGE NUMBER	DMR MA MAJOR (SUBROS	ILING ZIP COD	E: 150770)004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			003 External	Outfall	•	
ATTN: DONAL	SHIPPINGPORT, PA 150770004 D J SALERA/MGR ENV & CHEM	MM/DD/YYYY	ING PERIOD MM/DD/YYYY TO 11/ 30/ 2009			No Discl	harge
[QUANTITY OR LOADING	QUALITY OR CONCENTRATION		NO. FR	EQUENCY	SAMPLE

RAMETER -		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	0.041	0.090	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
PERMIT	Req: Mon MO AVG	Req. Mon:	Moal/d	******		******	N/A		Twice Per Month	ESTIMA
	MEASUREMENT PERMIT	SAMPLE 0.041 MEASUREMENT #Reg-Monitors	VALUE VALUE SAMPLE 0.041 0.090 MEASUREMENT See Monitorial Control Contron Control Control Contron Control Contro Control Co	VALUE VALUE UNITS SAMPLE MEASUREMENT 0.041 0.090 MGD PERMIT Seq. Mont Req. Mont Seq. Mont	VALUE VALUE UNITS VALUE SAMPLE MEASUREMENT 0.041 0.090 MGD N/A PERMIT Reg. Montal St. Reg. Notal St. Reg. Montal St. Reg. Montal St. Reg. Montal St. Reg. Reg. Reg. Reg. Reg. Reg. Reg. Reg	VALUE VALUE UNITS VALUE VALUE SAMPLE MEASUREMENT 0.041 0.090 MGD N/A N/A PERMIT Reg. Monto Reg. Monto Monto Monto Monto Monto	VALUE VALUE UNITS VALUE VALUE VALUE SAMPLE MEASUREMENT 0.041 0.090 MGD N/A N/A PERMIT Reg. Montol Reg. Montol Reg. Montol Montol Montol	VALUE VALUE UNITS VALUE VALUE VALUE UNITS SAMPLE MEASUREMENT 0.041 0.090 MGD N/A N/A N/A PERMIT Reg. Monto Reg. Monto Reg. Monto N/A N/A N/A	VALUE VALUE UNITS VALUE VALUE VALUE UNITS SAMPLE MEASUREMENT 0.041 0.090 MGD N/A N/A N/A N/A PERMIT Reg. Monte Reg. Monte Image: Monte Image: Monte Image: Monte Image: Monte Image: Monte	QUALITY OR COADING QUALITY OR CONCENTRATION EX OF ANALYSIS VALUE VALUE UNITS VALUE VALUE UNITS EX OF ANALYSIS SAMPLE MEASUREMENT 0.041 0.090 MGD N/A N/A N/A N/A - 2 / 30 PERMIT FReq. Montests Seq. Montests

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	<u>Nall</u>	TEL	EPHONE	DATE	
Raymond A. Lieb, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Robin	724 682-7773		12/ 22/ 2009	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all att	achments here)		:	·····		
THE FLOWS FOR OUTFALLS 103, 203, 303 AN	D 403 ARE TO BE TOTALED AND REPORTED AS THE 003	FLOW				

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303. AND 403 ARE TO BE TOTALED AND REPORTED AS THE 003 FLOW.

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Page

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

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

NG	PA0025615 PERMIT NUMBER		D4A SE NUMBER	DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
· ·				UNIT ONE COOLG TOWER External Outfail	OVERFLOW
	MONITO	RING PERIOD			_
FRO	MM/DD/YYYY M 11/ 01/ 2009	TO 11/	DD/YYYY 30/ 2009		No Discharge

ATTN: DONALD J SALERA/MGR ENV & CHEM

1

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAMABLIEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рн	SAMPLE MEASUREMENT			N/A			·		4		
00400 1 0 Effluent Gross	PERMIT			N/A	6 MINIMUM		9 MAXIMUM	рН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Reg: Mon DAILY MX	Mgal/d_				N/A	学习	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	ΛΑΙΙ	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	ICAR I	724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	chments here)	;		i ,	, ;;

Form Approved

Weekly

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N/A

OMB No. 2040-0004

ESTIMA

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different) Page 5 FIRST ENERGY NUCLEAR OPERATING DMR MAILING ZIP CODE: 150770004 NAME: PA0025615 006A ADDRESS: PA ROUTE 168 MAJOR PERMIT NUMBER DISCHARGE NUMBER SHIPPINGPORT, PA 150770004 (SUBR05) BEAVER VALLEY POWER STATION AUX. INTAKE SCREEN BACKWASH FACILITY: External Outfall LOCATION: PA ROUTE 168 SHIPPINGPORT, PA 150770004 MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY No Discharge FROM 11/ 01/ 2009 ATTN: DONALD J SALERA/MGR ENV & CHEM то 11/ 30/ 2009 NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION OF ANALYSIS ĒΧ TYPE PARAMETER VALUE VALUE UNITS VALUE VALUE VALUE UNITS SAMPLE Flow, in conduit or thru treatment plant 0.002 0.016 MGD N/A N/A N/A N/A 1/7 EST MEASUREMENT ι. Req. Mon. Req. Mon. MO/AVG DAILY/MX 50050 1 0 ****** ----PERMIT

Mgal/d

	•				
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	$\square \square \square$	TEL	EPHONE	DATE
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TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all atta	chments here)			;	

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Effluent Gross

REQUIREMENT

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

•

NAME: FIRST ENERGY NUCLEAR OPERATING ADDRESS: PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 007A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: BEAVER VALLEY POWER STATION LOCATION: PA ROUTE 168		AUX. INTAKE SYSTEM External Outfall
SHIPPINGPORT, PA 150770004		
ATTN: DONALD J SALERA/MGR ENV & CHEM	FROM 11/ 01/ 2009 TO 11/ 30/ 2009	No Discharge X
		NO. FREQUENCY SAMPLE

PARAMETER	n Olaansi ka	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS]		
pH	SAMPLE MEASUREMENT	,			:				,		4
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	, Hq		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	******* Liste of the second					Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT)			
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					MOIAVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT					2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

		Λ				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TELEPHONE		DATE	
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penatities for submitting failse information,		724	682-7773	12/ 22/ 2009	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all att.	achments here)		- <u></u>	:		

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.

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

11/ 30/ 2009

PA0025615

PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2009 TO

Form Approved OMB No. 2040-0004

Page 7

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

,

.

 5
 008A

 BER
 DISCHARGE NUMBER

 OBSCHARGE NUMBER
 (SUBR05)

 UNIT 1 COOLING TOWER PUMPHOUSE

 External Outfall

 MONITORING PERIOD

 (YYY



PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE	
· · · · · · · · · · · · · · · · · · ·		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
σH	SAMPLE								<u> </u>		
μι. ε.	MEASUREMENT		<i>.</i>		÷		t.				
00400 1 0	PERMIT	*****			an a star 6 - star st	*****	19:11 P		C. KILLER	Twice Per	
Effluent Gross	REQUIREMENT				MINIMUM		9 MAXIMUM	pН	1 11	Twice Per. Month	GRAB
Solids, total suspended	SAMPLE									TRAINING OF THE COLUMN STREET	Deposition and Defound the Doctor
Solids, total suspended	MEASUREMENT										
00530 1 0	PERMIT	104 V *****	100 540 *********************************		To all the second s	10 - 30 - 30 - 10 - 10 - 10 - 10 - 10 -	100.		CONTRACTO	Twice Per-	STATISTICS PROFILE
Effluent Gross	REQUIREMENT					MO AVG	100 DAILY MX	mg/L		Twice Per-	GRAB -
Oil & grease	SAMPLE								CALCULATION AND PROVIDE	A REAL PROPERTY AND A REAL	
On a grease	MEASUREMENT										
00556 1 0	PERMIT				G	6 1 0 M 15 M	20.4		0.00	E Twice Pers	
Effluent Gross	REQUIREMENT				3 - S - S - S - S - S - S - S - S - S -	C MO AVG	20 DAILY MX	mg/L		Twice Person Month	GRAB
Elow in conduit or thru treatment plant	SAMPLE						A STATE OF THE OWNER AND A STATE OF THE OWNER AND A		1074 (H) / W (C) / W (C) /	PARTICLES	Contraction of the second s
Flow, in conduit or thru treatment plant	MEASUREMENT										
50050 1 0	PERMIT	Reg Mon.	Reg		******	WIR ALL ******			6.91957-2330	IN SHARE SHOWING THE REAL	NUMBER OF STREET
Effluent Gross	REQUIREMENT	Req: Mon. MO AVG	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	DALKI	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	WILL !!	724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all att	achments here)	; ;		;	;

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Form Approved . OMB No. 2040-0004

Page 8

.

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

NAME: ADDRESS:	FIRST ENERGY NUCLEA PA ROUTE 168 SHIPPINGPORT, PA 150	,		PA0025615 PERMIT NUMBE	R	010A	MBER		DMR MA MAJOR (SUBR05	ILING ZIP	CODE: 15077	70004 ·
FACILITY: LOCATION:	BEAVER VALLEY POWE PA ROUTE 168 SHIPPINGPORT, PA 150				IONITORI				UNIT 2 C External	OOLING \ Outfall	WATER	
ATTN: DONAL	D J SALERA/MGR ENV & (CHEM	FR	MM/DD/YY DM 11/ 01/		0 11/ 30/		ł			No Disc	;harge
	PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
	FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	-		
рН		SAMPLE MEASUREMENT	N/A	N/A	N/A	7.9	N/A	7.9	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross		PERMIT REQUIREMENT	******		N/A	6 MINIMUM		9 MAXIMUM	рН		Weekly	GRAB
		SAMPLE							1		1	1

Effluent Gross	REQUIREMENT			N/A	MINIMUM		MAXIMUM	pН		, weekiy	GRAB.
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG	GG
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	7.2	10.1	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0	PERMIT	Reg: Mon.	Req: Mon.4		A STATE OF	*****	1	N/A		Weekly	MEASPO
Effluent Gross	REQUIREMENT	MO'AVG	DAILY MX	Mgal/d				11/7		vveekiy	AMEASILD
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	PERMIT	105 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100	14.4****		1988	5 . D.	1.25		QUE LES	Weekly	GRAB
Effluent Gross	REQUIREMENT				的问题。	MO AVG	INST MAX	mg/L	South P	NUVEEKI Y	GIAD
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

_		A			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	sons who manage the system, or those persons directly responsible for gathering the ormation, the information submitted is, to the best of my knowledge and belief, true, accurate,	D A // 1	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting faise information.	Refut	724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
OMMENTS AND EXPLANATION OF ANY MOLATIONS (Poterongo all off	anhmante hara)				

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 Discharge

Weekly

N/A

Page 9

SAMPLE

TYPE

EST

ESTIMA

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different) DMR MAILING ZIP CODE: 150770004 NAME: FIRST ENERGY NUCLEAR OPERATING PA0025615 011A ADDRESS: PA ROUTE 168 MAJOR PERMIT NUMBER DISCHARGE NUMBER (SUBR05) SHIPPINGPORT, PA 150770004 **DIESEL GEN & TURBINE DRAINS** FACILITY: BEAVER VALLEY POWER STATION LOCATION: PA ROUTE 168 External Outfall MONITORING PERIOD SHIPPINGPORT, PA 150770004 MM/DD/YYYY MM/DD/YYYY 11/ 01/ 2009 11/ 30/ 2009 ATTN: DONALD J SALERA/MGR ENV & CHEM FROM то FREQUENCY NO. QUANTITY OR LOADING QUALITY OR CONCENTRATION EΧ OF ANALYSIS PARAMETER VALUE VALUE UNITS VALUE VALUE VALUE UNITS SAMPLE 0.004 0.004 MGD 1/7 Flow, in conduit or thru treatment plant N/A N/A N/A N/A

Mgal/d

Req. Mon

DAILY:MX

I certify under penalty of law that this document and all attachments were prepared under my TELEPHONE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER DATE direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or Raymond A. Lieb, DIRECTOR OF SITE persons who manage the system, or those persons directly responsible for gathering the 724 682-7773 12/ 22/ 2009 nformation, the information submitted is, to the best of my knowledge and belief, true, accurate **OPERATIONS** and complete. I am aware that there are significant penalties for submitting false information, SIGNATORE OF PRINCIPAL EXECUTIVE OFFICER OR cluding the possibility of fine and imprisonment for knowing violations. AREA Code NUMBER MM/DD/YYYY TYPED OR PRINTED AUTHORIZED AGENT COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MEASUREMENT

PERMIT

REQUIREMENT

Reg. Mon.

MOAVG

t. . .

5005010

Effluent Gross

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

Page 1

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 10

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

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

·	PA0025615	
	PERMIT NUMBER	

MM/DD/YYYY

11/ 01/ 2009 TO

1

FROM

012A DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2009

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	

ę.

BLOWDOWN FROM THE HVAC UNIT External Outfall

No Discharge

ATTN: DONALD J SALERA/MGR ENV & CHEM

ţ

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.5	, N/A	8.5	рН	0	1 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pН		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1152	0.1610	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req. Mon MO:AVG	Req Mon. DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.2	mg/L	0	2 / 30	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A			1.5. DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req Mon DAILY MX	Mgal/d				N/A		Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	608	632	mg/L	0	2 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Reg: Mon. MO AVG	Req: Mon DAILY MX	mg/L		Twice Per Month	GRAB

		Λ			
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	Nall	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	roperly gather and evaluate the information submitted. Based on my inquiry of the person or arsons who manage the system, or those persons directly responsible for gathering the formation, the information submitted is, to the best of my knowledge and beilef, true, accurate, ind complete. I am aware that there are significant penalities for submitting false information.	Rohin	724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATORE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all att	achments here)	· · · · · · · · · · · · · · · · · · ·			

Form Approved OMB No. 2040-0004

No Discharge

Page 11

. .

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 013A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY:	BEAVER VALLEY POWER STATION		OUTFALL 013
LOCATION:	PA ROUTE 168		External Outfall
	SHIPPINGPORT, PA 150770004		

ATTN: DONALD J SALERA/MGR ENV & CHEM

		ĪV	IONITO	RING	PERIOD
	MM/E	DD/YY	YY		MM/DD/YYYY
FROM	11/	01/	2009	то	11/ 30/ 2009

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.7	N/A	7.2	N/A	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			_ N/A	6 MINIMUM		9 MAXIMUM	· pH		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01	<0.01	N/A	0	2 / 30	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req. Mon: MO AVG	Req: Mon . DAILY MX	mg/L		Twice Per-	
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.01	0.0	N/A	0	2 / 30	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		05 MO:AVG	1 DAILY MX	mg/L		Twice Per-	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005	<0.005	N/A	0	2 / 30	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Reg. Mon. + MOIAVG	Reg 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 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d		******* ******		N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing voltations. SIGNATORE OF PRINCIPAL EXECUTIVE OFFICER OR	EPHONE	DATE		
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kathir	724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	· · · · · · · · · · · · · · · · · · ·	AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 12

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615					
PERMIT NUME	ER				

FROM

MM/DD/YYYY

11/ 01/ 2009 TO

101A DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2009

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	

101 CHEMICAL WASTE TREATMENT Internal Outfall



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH ()	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.2	N/A	7.4	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MÄXIMUM	pН		Weekly	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	28	75	mg/L	0	1 / 7	2 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO:AVG	100 DAILY MX	mg/L		Weekly	COMP-2
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	DAILLY MX	mg/L		4 - Weekly	GRAB**
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.844	2.040	mg/L	-	1 / 7	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req: Mon- MO AVGI	Reg: Mon DAILY MX	mg/L		Weeklý	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.007	0.010	MGD	N/A	N/A	N/A	N/A	-	DAILY	GRAB
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d				N/A		DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.021	0.057	mg/L	-	1 / 7	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		N. Req Mon: MO AVG	Reg Mon DAILY MX	mg/L	4-40 <u>-5</u> -6	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	Doll	TEL	EPHONE	DATE 12/ 22/ 2009	
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information,	Kohil	724	682-7773		
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGMATURE 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. Plant in wet layup during the first three weeks of this period. WMC 12-10-09

MONITORING PERIOD

то

Form Approved OMB No. 2040-0004

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

۰.

PAO	025615
PERMIT	NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2009

102A DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2009

DMR MAILING ZIP CODE: 150770004 MAJOR · (SUBR05)

102 INTAKE SCREEN HOUSE Internal Outfall

No Discharge	
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.8	N/A	7.8	рН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pН		Twice Per Month	IGRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	8.7	15.3	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO/AVG	100 DAILY MX	mg/L	650195199 6400155	Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	**************************************	15 MO AVG	201 Se DAILY MX	mg/L		Twice/Per Month	- <u>Ģ</u> ŖAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req: Mon DAILY MX	Mgal/d				N/A		Twice Per Month	ESTIMA

		\mathcal{O} ,			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that gualified personnel		TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	RAM	724	682-7773 12/	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all at	ttachments here)			;	:

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

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 [,] SHIPPINGPORT, PA 150770004	PA00256		DMR MAILING MAJOR (SUBR05)	ZIP CODE: 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168	· · · · · · · · · · · · · · · · · · ·		SLUDGE SETTI Internal Outfall	LING BASIN
ATTN: DONAL	SHIPPINGPORT, PA 150770004 D J SALERA/MGR ENV & CHEM	FROM 11/ (No Discharge
		QUANTITY OR LOADI	NG QUALITY (OR CONCENTRATION FX	

PARAMETER										OF ANALYSIS	TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.2	N/A	7.7	pH	0	3 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			Ņ/A	6 MINIMUM		9 MAXIMUM	[;] pH		Twice Per.	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	8	13	mg/L	0	2 / 30	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L	4.39	Twice Per 11 Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	Req. Mon DAILY MX	Mgal/d		••••••• •••••		N/A		Month	ESTIMA

,		<u> </u>			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel.		TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penatities for submitting false information.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	12/ 22/. 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	chments here)	:	:		;

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

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Participation of the second

1

mg/L

mg/L

N/A

N/A

0

1 / 7

Weekly

1 / 7

GRAB

GRAB

EST

Weekly

9

20 DAILY MX

N/A

							, ,					
PERMITTEE N	NAME/ADDRESS (include	Facility Name/Location	if Different)					i				Page 15
NAME: ADDRESS:	ADDRESS: PA ROUTE 168 SHIPPINGPORT, PA 150770004			PA0025615 111A PERMIT NUMBER DISCHARGE NUMBER					DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)			
FACILITY: BEAVER VALLEY POWER STATION LOCATION: PA ROUTE 168 SHIPPINGPORT, PA 150770004									111 DIESEL GENERATOR BLDG Internal Outfall			
ATTN: DONAL	D J SALERA/MGR ENV &	CHEM	FR	MM/DD/YY OM 11/ 01/		0 MM/DD/YY 0 11/ 30/	2009	:			No Disc	harge
	PARAMETER		QUANTI	QUANTITY OR LOADING QUALITY				TY OR CONCENTRATION			FREQUENCY OF ANALYSIS	SAMPLE TYPE
	PARANIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	t.	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.3	N/A	7.7	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	• •	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM		9 MAXIMUM	рН		· Weekly	GRAB
,	olids, 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			N/A		30 MOIAVG	DAILY MX	mg/L		Weekly	GRAB

N/A

N/A

MGD

Mgal/d

N/A

N/A

4

15 I S

N/A

MOAVGH

N/A

0.002

Reg. Mon

MO AVG

N/A

0.002

Reg Mon. DAILY MX

NO.

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	\square	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property galher and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for galhering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that hare are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	chments here)	; ;			

Effluent Gross

Effluent Gross

Flow, in conduit or thru treatment plant

Oil & grease

00556 1 0

50050 1 0

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004		A0025615 MIT NUMBER	DIS	113A CHARGE NUMBER	,	DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168					: t	UNIT 2 SEWAGE TMT PLAN Internal Outfall	NT
	SHIPPINGPORT, PA 150770004	_	MONITO	RING	PERIOD MM/DD/YYYY			
		EPOM -	11/ 01/ 2009	TO	11/ 20/ 2000		1	No Discharge

ATTN: DONALD J SALERA/MGR ENV & CHEM

	MONITORING PERIOD										
	MM/DD/YYYY		MM/DD/YYYY								
FROM	11/ 01/ 2009	то	11/ 30/ 2009								

PARAMETER	alan nika sar Mananan Mananan	QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рн	SAMPLE MEASUREMENT	*					_				
00400 1 0	PERMIT	1			6	1	9			Twice Per	March 1
Effluent Gross	REQUIREMENT				MINIMUM	gan ann ann	9 MAXIMUM	pН		Twice Per Month	CORAD
Solids, total suspended	SAMPLE										
	MEASUREMENT							ļ			
00530 1 0	PERMIT					30 (Jan 1997)	с — 60 — н. н.			Twice Per.	COMP-8+
Effluent Gross		科教授的法律的法律的	制造现的時间時間的影响以		the second second	MOAVG	DAILY MX	mg/L	the second	En Montheater	Essent and
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	.043	Reg. Mon				*****	N/A	See and	1A/column	MEACOD
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d				N/A		Weeklyz	WIEASKER
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0	PERMIT	11	******			1.4 MO AVG	3.3			Twice Per Month	CPAR
Effluent Gross	REQUIREMENT		新生产的 新 达 (1993)		建制成的主要 法能够	MÓ AVG	INST MAX	mg/L		Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1	PERMIT	PHIL ******			100 100 100 100 100 100 100 100 100 100	200 MOIGEOMN	1			Twice Per-	CPAR
Effluent Gross	REQUIREMENT					MOIGEOMN		#/100mL		Twice Per- Month	GINAD
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0	PERMIT	140 C 144444 (1412)	******* *****************************		******	25	50			Twice Per	COLID
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Month	COMP-8

				•		
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	Dal.	TEL	EPHONE	DATE	
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	roperly gather and evaluate the information submitted. Based on my inquiry of the person or ersons who manage the system, or those persons directly responsible for gathering the normation, the information submitted is, to the best of my knowledge and belief, true, accurate, nd complete. Tam aware that there are significant penalties for submitting false information,		724	682-7773	12/ 22/ 2009	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	APEA Cada		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.

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Page 17

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

	NAME: ADDRESS:			,	PA0025615 PERMIT NUMBE	R	203A DISCHARGE NU	MBER		DMR MA MAJOR (SUBR05	70004 ,		
	FACILITY: LOCATION:	BEAVER VALLEY POWE PA ROUTE 168 SHIPPINGPORT, PA 150'	,							MAIN SE Internal C	-	IT PLANT	
ŀ	ATTN: DONAL	D J SALERA/MGR ENV & C		FR	MM/DD/YY OM 11/ 01/	YY	0 11/ 30/					No Disc	harge X
		PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CON	CENTRATION	•	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
				VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
	рН	£ .	SAMPLE MEASUREMENT		£		4		6				
	00400 1 0	-	DEDMIT	*****	1137年1月11日本+++++大201日日日本	1		12 50 to + + + + + + + = = = = = = = = = = = =		See.		Twice Per	(合品) 网络黑黑星尾属

		VALUE	VALUE	01113	VALUE	VALUE	VALUE	UNITS	L		
pH	SAMPLE										
6 .	MEASUREMENT		<u>t</u> ,		1		<u>t</u>			i.	
00400 1 0	PERMIT	14 10 10 10 10 10 10 10 10 10 10 10 10 10	****** *******************************		6	*****	9			Twice Per.	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MUMIXIMUM	рН		Twice Per Month	act restricts
Solids, total suspended	SAMPLE				ļ						
	MEASUREMENT										
00530 1 0	PERMIT	200 A 10 A			******	30 1	60, 60, 60, 60, 60, 60, 60, 60, 60, 60,			Twice Per	COMP 8
Effluent Gross	REQUIREMENT					30 MO AVG	DAILY MX	mg/L		Twice Per Month	Sector Sector
Flow, in conduit or thru treatment plant	SAMPLE										
i low, in conduit of and reatment plant	MEASUREMENT										
50050 1 0	PERMIT		Req Moni.			******				Mookly	MEASRD
Effluent Gross	REQUIREMENT	1	DAILY MX	Mgal/d	· 学习和 · · · · · ·					-Weekly	INCAULD?
Chlorine, total residual	SAMPLE										
	MEASUREMENT										
50060 1 0	PERMIT				******	1.4 MO AVG	3.3			Twice Per Month	CPAR
Effluent Gross	REQUIREMENT					MO AVG	INST MAX	mg/L		Month	OI GIO
Coliform, fecal general	SAMPLE										
Comorni, iccai general	MEASUREMENT										
74055 1 1	PERMIT	0)************************************				200	A STATE OF ST		354407	Twice Per	CPAR
Effluent Gross	REQUIREMENT					200 MO GEOMN		#/100mL	建設加強	Twice Per Month	SILLE
BOD, carbonaceous, 05 day 20 C	SAMPLE										
	MEASUREMENT										
80082 1 0	PERMIT		******		1. State 1.	25	50 DAILY MX		STREES.	Twice Per	COMP
Effluent Gross	REQUIREMENT				CASE CASE	25 MO AVG	DAILY MX	mg/L	222.05	Twice Per Month	COME-0

		\wedge			
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	PALL	TEL	EPHONE	DATE
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting faise information,	Rethind	724	682-7773	12/ 22/ 2009
	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

No Discharge

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

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

PA0025615 PERMIT NUMBER

.

211A	
DISCHARGE NUMBER	

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

ATTN: DONALD J SALERA/MGR ENV & CHEM FROM 1

	MONITORING PERIOD									
	MM/C	DD/Y	(YY		MM/E	DD/Y	/YY			
FROM	11/	01/	2009	то	11/	30/	2009			

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH t	SAMPLE MEASUREMENT	. N/A	N/A	N/A	, 7.2	N/A	8.0	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT			N/A	6 MINIMUM		9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3	5	mg/L	. 0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		i 30, 1 MOIAVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		1'5 MO'AVG	DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A		-	1 / 7	EST
50050 1 0 Effluent Gross		Req. Mon. MO AVG	Req. Mon. DAILY MX 1	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	\square	TEL	EPHONE	DATE	
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Rohit	724	682-7773	773 12/ 22/ 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 at	achments here)				:	

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Form Approved OMB No. 2040-0004

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

NAME: FIRST ENERGY NUCLEAR OPERATING ADDRESS: PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 213A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: BEAVER VALLEY POWER STATION LOCATION: PA ROUTE 168	· · · · · · · · · · · · · · · · · · ·	UNIT 2 COOL TOWER PUMPHOUSE Internal Outfail
SHIPPINGPORT, PA 150770004	MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/-02/-0000 TO 11/-02/-00000	No Discharge X

ATTN: DONALD J SALERA/MGR ENV & CHEM

Γ		٨	IONITO	RING	PERIOD		
· · · [MM/I	DD/Y	(YY		MM/C	DD/Y	ΩYY
FROM	11/	01/	2009	то [11/	30/	2009

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	,						6		-	r
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		1		6 MINIMUM		9 MAXIMUM	рН		Twice Per	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	A COLORADO DE LA			a na a na an						and a comparison of the second se
00530 1 0 Effluent Gross	PERMIT					30 MO AVG	100 DAII-Y MX	mg/L		Twice Per	GRAB
Oil & grease	SAMPLE MEASUREMENT	Traparos - tours providence in the more set of the set of the							1145.50877 2173-00.8007		Contraction of the sector of t
00556 1 0 Effluent Gross	PERMIT					15 MO AVG	20 DAILY MX	mg/L		Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		nav z "szyna z Menselezőköntöntén" nel telezőnéketetetetetetetetetetetetetetetetetetet						1222220 00000 0000 FE 14 9 44 9		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	Req Mon DAILY MX	Mgai/d						Weekiy	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5 MO AVG	1.25 INST MAX	mg/L		Twice Per Month	GRAB

	· · · ·		•			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	$- \Omega A \Pi A$	ŤEL	EPHONE	DATE	
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	Direction or supervision in accoroance win a system designed to assure that quarined personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724 682-7773		12/ 22/ 2009	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all atta	chments 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.

Page 20

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

,

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA00256 PERMIT NU		R	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			_	UNIT 2 AUX BOILER BLOWDOWN Internal Outfail
ATTN: DONAL	SHIPPINGPORT, PA 150770004 LD J SALERA/MGR ENV & CHEM	FROM 11/ 0	MONITORING PERIOD /YYYY MM/DD/YYYY 1/ 2009 TO 11/ 30/ 2009		No Discharge
[:			

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2/30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	`<5	<5	mg/L	0	2/30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross		Reg Mon. MO AVG		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.	DAIL	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	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 archibility for a difference in the significant penalties for submitting false information.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all att	achments here)	:			

SAMPLES SHALL BE TAKEN AT THE DISCHARGE OF BOILER BLOWN DOWN PRIOR TO MIXING WITH ANY OTHER WATER.

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نيو د د

MONITORING PERIOD

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615
PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2009 TO

303A DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2009

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR Internal Outfall

No Discharge	
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PARAMETER pH 00400 1 0 Effluent Gross Solids, total suspended 00530 1 0 Effluent Gross Oil & grease 00556 1 0 Effluent Gross Flow, in conduit or thru treatment plant		QUANTITY OR LOADING			(QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.2	N/A	7.4	pH'	0	1 / 7	GRAB
	PERMIT REQUIREMENT			N/A	6. MINIMUM!		9 MAXIMUM	рН		Weekly	GRAB
	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	5	13	mg/L	0	1 / 7	GRAB
	PERMIT REQUIREMENT			N/A		30 MO ^r AVG	100 DAILY MX	mg/L	anen de Griffande	Weekly	GRAB
Oil & grease	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.
	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	Reg Mon MO AVG	Reg Mon DAILY MX	Mgal/d		*****		N/A	i Mayori San Shah	Weekly	ESTIMA

		$\land \land$				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or superplayed in accordance with a system designed to accord the accordance with a system designed to accord the accordance with a system designed to accord to according to a	I A L. A	TEI	EPHONE	DATE	
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	Altri	724	682-7773	12/ 22/ 2009	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	
CONSTRAINTS AND EXPLANATION OF ANY MOLATIONS (Defenses of the						

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.

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 313A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168		313 TURBINE BLDG DRAIN Internal Outfall
	SHIPPINGPORT, PA 150770004	MONITORING PERIOD	
ATTN: DONAL	D J SALERA/MGR ENV & CHEM	FROM 11/ 01/ 2009 TO 11/ 30/ 2009	No Discharge

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH t	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.7	N/A	7.2	рH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM a		9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	15	23	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	4	8	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 gualified personnel		EPHONE	NE DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penatities for submitting false information.	Katul	724 682-7773		12/ 22/ 2009	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all atta	chments here)	:	;		\$ <u>.</u>	

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

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Page 1

No Discharge

Page 23

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

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

PA0025615	•	401A DISCHARGE NUMBER	•
PERMIT NUMBER		DISCHARGE NUMBER	

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
FROM	11/ 01/ 2009	TO	11/ 30/ 2009					

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	8.5	pН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		Reg. Mon: MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	15	24	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	· <5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MOAVG	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	direction or supervision in accordance with a system designed to assure that qualitied 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 ant imprisonment for knowng violations. BIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	DATE			
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS		Karl	724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	-	AREA Code	NUMBER	MM/DD/YYYY
			-		

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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.

то

MM/DD/YYYY

11/ 30/ 2009

Form Approved OMB No. 2040-0004

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004		PA0025615 PERMIT NUMBER	403A DISCHARGE NUMBER	· ·	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168					CONDENSATE BLOWDOWN & RIVR WAT
	SHIPPINGPORT, PA 150770004	•	MONITO	RING PERIOD		

FROM

MM/DD/YYYY

11/ 01/ 2009



PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН .	SAMPLE MEASUREMENT	•		*							
00400 1 0 Effluent Gross	PERMIT			• <u>•</u>	61, 1.61, 1.9		9	<u> </u>		Weekly	GRAB
Solids, total suspended	SAMPLE			·			MAXIMUM	<u>р</u> Н	Gertaen de		
00530 1 0	MEASUREMENT PERMIT	THE REAL PROPERTY	R. R. CAASAA CONTRACT		an and a state of the second	30.37	100		12/10/12	CERTIFICATION STATES	NER MARKEN PARTY
Effluent Gross	REQUIREMENT					30 MO AVG	DAILY_MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 M0 AVG	20 DAILY MX	mg/L	ofic Second	Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	•			THE CONTRACTOR AND A CONTRACTOR OF A CONTRACT OF A CONTRACT OF	Contraction and a second second second second	Concernants and a second s		FORENCE POINT OF 1CS	17720119-19-19-19-19-19-19-19-19-19-19-19-19-	TTAKEN ACOUNT AND MARKING
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					<u> </u>			AN OTH PURCHASE	CONTRACT NOT CONTRACT OF CALL	
04251 1 0 Effluent Gross	PERMIT REQUIREMENT					MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT							<u></u>	Contra de C		1444 Good Strate 4 47 2 (1777 1 Sale 22)
50050 1 0 Effluent Gross		Req Mon: MO AVG	Req. Mon.	Mgal/d						Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	nersen om kange og en sondelige fan keinen fik.	and and an and the state of the		<u>inen martan soospeen 43 Potteren karden karden di</u>	AND REAL OF COMPACT AND	-reasoning of a link of the states of the second		AND	olar several and rear and the Address of Ca	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT						1125 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	RIA	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 1 am aware that there are significant penalties for submitting false information,	Allahi	724	682-7773	12/ 22/ 2009
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all atta	ichments here)	······································	· · · · · · · · · · · · · · · · · · ·		

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

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Form Approved OMB No. 2040-0004

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

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

PA0025615	
PERMIT NUMBER	

FROM

MM/DD/YYYY

11/ 01/ 2009

403A DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2009

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT Internal Outfall



ATTN: DONALD J SALERA/MGR ENV & CHEM

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT									÷	
81313 1 0 Effluent Gross	PERMIT REQUIREMENT					0. MO AVG	0 DAILY/MX	mg/L		Weekly	GRAB

MONITORING PERIOD

то

			/	1
	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			7
Raymond A. Lieb, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penaties for submitting lake information.	A	AL	1
	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF	PRINCIPAL EX	KECUTIV
TYPED OR PRINTED			AUTHORIZED	AGENT

 TELEPHONE
 DATE

 724
 682-7773
 12/ 22/ 2009

 AUTHORIZE ACCUTIVE OFFICER OR AUTHORIZED ACENT

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

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

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Page 2

Page 25

MONITORING PERIOD

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Form Approved OMB No. 2040-0004

Page 26

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

.

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

PA0025615
PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2009

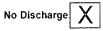
413A DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2009

DMR MAILING ZIP CODE:		150770	004
MAJOR			
(SUBR05)			
	۸ ۱	N	

BULK FUEL STORAGE DRAIN



ATTN: DONALD J SALERA/MGR ENV & CHEM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН Ĺ	SAMPLE MEASUREMENT	N/A	N/A	N/A	ŧ	N/A	. <u>.</u>	pН			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	******** ********	9 MAXIMUM	pH ⁴		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	ĠŖĂ₿
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

		Λ .				
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	(A / A	TEL	EPHONE	DATE	
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	direction or supervision in accoration with a system designed to assure that quanties personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that later are resignificant penalties for submitting false information,	Roh	724 682-7773		12/ 22/ 2009	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all a	tachments here)					

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

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Page 1

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Form Approved OMB No. 2040-0004

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

ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 501A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168		UNIT 1 GENRTR BLWDWN FILT BW Internal Outfall
ATTŃ: DONAI	SHIPPINGPORT, PA 150770004 LD J SALERA/MGR ENV & CHEM	MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 11/ 01/ 2009 TO 11/ 30/ 2009	No Discharge
	Talawa ayo nanga akanani yanani	· · · · · · · · · · · · · · · · · · ·	

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE										
	MEASUREMENT	· · · · · · · · · · · · · · · · · · ·		•		<u>.</u>		L.			
00530 1 0	PERMIT		经管理#### ###			30	1.00		· · · · · · · · · · · · · · · · · · ·		CDAD
Effluent Gross	REQUIREMENT				北京市地址市民	-!> MO AVG = *	100 DAILY MX	mg/L		Weekly	BONAD
Flow, in conduit or thru treatment plant	SAMPLE										
	MEASUREMENT										
50050 1 0	PERMIT	Reg. Mon:	Req: Mon:		CONTRACTOR CONTRACTOR	1			20 AUR 16 - 5	A STATE	E C TIMAN
Effluent Gross	REQUIREMENT	Reg Mon MO AVG	DAILY MX	Mgal/d	REAL PROPERTY AND					Weekly	ESTIIVIA:

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	DAL.	TEL	EPHONE	DATE	
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penatives for submitting false information.		724	682-7773	12/ 22/ 2009	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all an	tachments here)		:		:	
CAMPLES OVALL DE TAKEN AT INTERNAL MO	FAL DRIOD TO HIVING WITH DRV OTHER WATER					

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