



February 26, 2010 L-10-070

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

SUBJECT:

<u>Beaver Valley Power Station Discharge Monitoring Report (NPDES) Permit No. PA0025615</u>

Enclosed is the January 2010 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.

Included with the report this month are two Supplemental Laboratory Accreditation Forms for analyses performed to support permit requirements as required by 25 Pa. Code § 252.

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

Sincerely,

Raymond A. Lieb

Director, Site Operations

IE 25 NRR Beaver Valley Power Station, Unit Nos. 1 and 2 L-10-070 Page 2

# Attachment(s):

1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001

# Enclosure(s)

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

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-10-070 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
04-Jan-10	0900	8.50	mg/L
11-Jan-10	0835	9.20	mg/L
18-Jan-10	0900	9.24	mg/L
25-Jan-10	1005	8.22	mg/L

- Attachment 1 END -

Form Approved OMB No. 2040-0004

Page 1

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

001A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/ 31/ 2010 FROM 01/ 01/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	8.5	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		1 9 MAXIMUM	pН		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG	GG
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req Mon MO AVG	Req: Mon:	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		MO AVG	DAILY MX	ma/L		Whene: Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30.0	34.6	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 · Effluent Gross	PERMIT REQUIREMENT	Req Mon.	Req Mon	Mgal/d				N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.08	mg/L	0	4 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		5 to 1	1.25 ≱#↓ MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.0	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		CHARLES SON THE PROPERTY AND THE	MAXIMUM 4	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG	GG
81313 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		0) MO AVG	DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	
Raymond A. Lieb, DIRECTOR OF SITE	
OPERATIONS	
OPERATIONS	

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

TELEPHONE DATE 724 682-7773 02/ 26/ 2010 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.

Form Approved OMB No. 2040-0004

Page 2

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

01/ 01/ 2010

002A DISCHARGE NUMBER

MM/DD/YYYY

01/ 31/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	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.	Req Mon.	Mgal/d				N/A		Weekly	ESTIMA

MONITORING PERIOD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Raymond A. Lieb, DIRECTOR OF SITE
OPERATIONS
OPERATIONS

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

724 682-7773 02/ 26/ 2010

TELEPHONE

**AREA Code** NUMBER MM/DD/YYYY

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

DATE

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 3

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

003A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfall

No Discharge

,									
. [	MM/DD/YYYY				MM/I	DD/YYYY	1		
FROM	01/	01/	2010	то	01/	31/ 2010	] -		
•									
LANTITY		NINO				OUALI	TY OR CON	CENTRATION	

PARAMETER		QUANTI	TY OR LOADING	OADING QU			QUALITY OR CONCENTRATION			FREQUENCY OF ANALYSIS	SAMPLE TYPE
PANAMETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.041	0.090	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. 7	Req! Mon	Mgal/d				N/A		Twice Peril Month	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		16/1/	1	ELEPHONE
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,		Otal	724	682-77
	including the possibility of fine and imprisonment for knowing violations.	1 // -	RINCIPAL EXECUTIVE OF UTHORIZED AGENT	FFICER OR AREA Cod	e NUMBE

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

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

DATE 02/ 26/ 2010

MM/DD/YYYY

682-7773

NUMBER

MONITORING PERIOD

TO

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: 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

01/ 01/ 2010

004A DISCHARGE NUMBER

MM/DD/YYYY

01/ 31/ 2010

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Dischar

X	
	X

Page 4

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONG	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAINAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT			N/A							
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	**************************************	9 MAXIMUM	На		: Weekly.	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		20.000000000000000000000000000000000000								
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO'AVG	Reg Mon: DAILY MX	Mgal/d			F ******	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT			N/A							
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		5, MO'AVG	INST MAX	mg/L		⇒ Weekly≢	GRAB
Chlorine, free available	SAMPLE MEASUREMENT			N/A							,
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		2 AVERAGE	MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Raymond A. Lieb, DIRECTOR OF SITE
Traymonu A. Lieu, Director of Site
OPERATIONS

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 02/ 26/ 2010 AREA Code NUMBER MM/DD/YYYY

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

PA0025615 PERMIT NUMBER

006A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 01/ 01/ 2010 01/ 31/ 2010 Page 5

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAIMILLEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon.		Mgal/d				N/A		Weekly	JESTIMA -

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	l cert					
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	prop perse infor and inclu					
TYPED OR PRINTED						

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

TELEPHONE DATE 724 682-7773 02/ 26/ 2010 AREA Code NUMBER MM/DD/YYYY

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

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

007A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfall

No Discharge

[	MONITORING PERIOD								
[	MM/DD/YY		MM/C	רא/סכ	/YY				
FROM[	01/ 01/	2010	то	01/	31/	2010			

PARAMETER		QUANTITY OR LOADING			. (	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
, arangier		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE										
	MEASUREMENT										
00400 1 0	PERMIT			}	64	## W. *****	9.5	ļ.	1200	Waakly	GRAR
Effluent Gross	REQUIREMENT				MUMINIM		MAXIMUM	pН		Weekly	
Flow, in conduit or thru treatment plant	SAMPLE										
l conduit or thru treatment plant	MEASUREMENT							[	(		{
50050 1 0	PERMIT	Reg. Mon	∴ Req. Mon		*****	10 10 10 10 10 10 10 10 10 10 10 10 10 1	******				A A BAR
Effluent Gross	REQUIREMENT	MO AVG		Mgal/d				1	300	Weekly	GRAB
Chlorine, total residual	SAMPLE										
Contonic, total residual	MEASUREMENT					_		}	J		
50060 1 0	PERMIT	1	*****		*****	7 5 Feb.	1.25				TODAD.
Effluent Gross	REQUIREMENT					MO AVG	INSTIMAX	mg/L		Weekly	GRAD
Chlorine, free available	SAMPLE										
Chiorine, nee available	MEASUREMENT								1		[
50064 1 0	PERMIT					1 1 2 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	515				30,75
Effluent Gross	REQUIREMENT					AVERAGE	MAXIMUM 1	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		TE	LEPHONE	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	02/ 26/ 2010
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)

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

MONITORING PERIOD

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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

PA0025615
PERMIT NUMBER

FROM

MM/DD/YYYY

01/ 01/ 2010 TO

008A

DISCHARGE NUMBER

MM/DD/YYYY

01/ 31/ 2010

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING  VALUE VALUE UNITS			G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE .	VALUE	UNITS			
рН `	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 P MINIMUM		MAXIMUM'!	рН		Twice Per ::	GRAB.
Solids, total suspended	SAMPLE MEASUREMENT	Province and a construction of the second	Announce Milital St. Service Commission Commission				F House		2.57.5.688.886		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					MO AVG	DAILY MX	mg/L	M. Maria	Twice Per #	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MOYAVG	PDAILY MX	mg/L		Twice Per	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.4	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		TEI	LEPHONE	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	02/ 26/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGN TURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 8

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

01/ 01/ 2010

010A

MM/DD/YYYY

01/ 31/ 2010

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

**UNIT 2 COOLING WATER** 

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAKAMETEK		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	,		
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	7.6	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	66.4 MINIMUMS		9 MEMIXAM	pН		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		0 MO AVG	INST MAX	mg/Ĺ		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.1	10.1	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0	1	Req: Mon	Req Mon		111 **********************************		12.22.22.	N/A		Weekiy	MEASRD
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX*	Mgal/d	14.2						300
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					MO AVG	INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02	<0.02	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		2 AVERAGE	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	10/1-11	TE	LEPHONE	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	02/ 26/ 2010
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)

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)

OMB No. 2040-0004

Page 9

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

011A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Discharge

ſ	MONITORING PERIOD									
ſ	MM/DD/YYYY				MM/E	DD/Y	/ΥΥ			
FROM	01/	01/	2010	то [	01/	31/	2010			

PARAMETER	ADAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAWETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.004	0.004	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO AVG	Req:Mon: DAILY MX	Mgal/d	The State of the S			Ņ/A		. Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	direction or supervision
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and ev persons who manage information, the inform and complete. I am as
TYPED OR PRINTED	including the possibilit

of law that this document and all attachments were prepared under my ion in accordance with a system designed to assure that qualified personnel evaluate the information submitted. Based on my inquiry of the person or the system, or those persons directly responsible for gathering the mation submitted is, to the best of my knowledge and belief, true, accurate aware that there are significant penalties for submitting false information, ility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

TELEPHONE DATE 724 682-7773 02/ 26/ 2010 **AREA Code** NUMBER MM/DD/YYYY

Form Approved OMB No. 2040-0004

Page 10

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

012A

DISCHARGE NUMBER

. [	MONITORING PERIOD									
Ī	MM/DD/YYYY		MM/DD/YYYY							
ROM	01/ 01/ 2010	то	01/ 31/ 2010							

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Discharge

PARAMETER		QUANTITY			C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
r Alvanie i Elv		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.0	N/A	7.0	рН	0	1 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		********	N/A	6 MINIMUM		9 MUMIXAM	pН	e gane	Once Per Month	GRABIL
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.2190	0.2630	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req: Mon Salah Mon Salah MO AVG	Req: Mon. DAILY MX	mg/L	e e e e e	Twice Per. Month	GRAB.
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.2	0.2	mg/L	0	2 / 31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MOAVG	1.5L DAILY MX	mg/L		Twice Per Month: -	GRAB 1
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A .	N/A	N/A	N/A	-	1 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req-Mon M0:AVG	Req: Mon DAILY MX	Mgal/d				N/A	The state of	Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	540	552	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Reg Mon Mo AVG	Req Mon	mg/L		Twice Per	- 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	00/1/	TE	LEPHONE	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.	Kohil	724	682-7773	02/ 26/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICE AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 11

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

01/ 01/ 2010 **TO** 

013A DISCHARGE NUMBER

MM/DD/YYYY

01/ 31/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**OUTFALL 013** External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	8.6	N/A	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		MAXIMUM:	pН		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0075	0.01	N/A	0	2 / 31	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req: Mon *** MO AVG	Req. Mon (2.15) DAILY MX	mg/L		Twice Per	GOMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0515	0.0583	N/A	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req Mon MO AVG	Reg Mon A	mg/L	W4	Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005	<0.005	N/A	0	2 / 31	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req Mon MO AVG	Req Mon DAILY MX	mg/L		Twice Per	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req-Mon MO AVG	Req Mon DAILY MX	Mgal/d				N/A		Twice Per Month	ESTIMA

			1		
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		TE	LEPHONE	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 bost 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	02/ 26/ 2010
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.

Form Approved OMB No. 2040-0004

Page 12

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

**FACILITY:** 

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 101A

DISCHARGE NUMBER

[	MONITO	RING	PERIOD
[	MM/DD/YYYY		MM/DD/YYYY
ROM[	01/ 01/ 2010	то	01/ 31/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		į	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.4	N/A	7.2	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 - MINIMUM		9 MAXIMUM	На		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	5	10	mg/L	0	1 / 7	2 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	76.		N/A		130 MO:AVG	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. MOJAVG	20 DAILY:MX	mg/L		Weekly:	:GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG	GG
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Rèq Mon Mo AVG	Req. Mon!	mg/L	Ter Egyla	Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.007	0.007	MGD	N/A	N/A	N/A	N/A	-	DAILY	GRAB
50050 1 0 Effluent Gross		Reg: Mon.	Req Monij DAILY MX	Mgal/d				N/A		DAILY	CONTIN.
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG	GG
81313 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req Mon Mo AVG	El≝Req Mon # 1 DAILY MX ↓ #	mg/L			- GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		0//		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 lhose 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 line and imprisonment for knowing violations.		CIPAL EXEC	UTIVE OFFICER OF	724	682-7773	02/ 26/ 2010
TYPED OR PRINTED	including the possibility of line and antiprisonment for knowing violations.	$\nu$	ORIZED AGE		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.

Form Approved OMB No. 2040-0004

Page 13

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

102A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 01/ 01/ 2010 TO 01/ 31/ 2010 DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Discharge

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	7.2	N/A	7.5	pН	, 0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	i⊒⊒.6 MINIMUM		9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		ati 15 de la	20 DAILY MX	mg/L		Twice Per	d GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	Reg Mon DAILY MX	Mgal/d				N/A	5-p-1275	Twice Per	ESTIMA.

	l certify under per direction or super
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather a persons who man information, the in and complete. I
TYPED OR PRINTED	including the pos

enalty of law that this document and all attachments were prepared under my rvision in accordance with a system designed to assure that qualified personne and evaluate the information submitted. Based on my inquiry of the person or nage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate am aware that there are significant penalties for submitting false information, ssibility of fine and imprisonment for knowing violations.

724 SICHATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code **AUTHORIZED AGENT** 

**TELEPHONE** DATE 682-7773 02/ 26/ 2010 NUMBER MM/DD/YYYY

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 14

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

01/ 01/ 2010

103A DISCHARGE NUMBER

MM/DD/YYYY

01/ 31/ 2010

MAJOR

DMR MAILING ZIP CODE: 150770004

(SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Discharge

PARAMETER		QUANTITY 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	7.2	N/A	7.5	рН	0	4 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	6 6 MINIMUM	1,000	9 MAXIMUM	рН		Twice Per Month	GRAB_
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3	5	mg/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		Tantale ******	N/A		30 MO AVG	100 DAILY:MX	mg/L		Twice Per	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon Mon MO AVG	Req Month	Mgal/d				N/A		Twice Per Month:	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

TELEPHONE DATE 724 682-7773 02/ 26/ 2010 AREA Code NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 15

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615

111A DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAISMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.0	N/A	7.7	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 E4UMINIMUM		9 MAXIMUM	рН	(g)ete	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3	4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross				N/A		30 MO AVG	DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<sup>^</sup> <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
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	Reg. Mon	Req. Mon ## DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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 violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TEL	EPHONE	D.	DATE				
724	682-7773	02/	26/	2010			
AREA Code	NUMBER	MM/C	D/YYY	Y			

Form Approved OMB No. 2040-0004

Page 16

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

113A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/ 01/ 2010 01/ 31/ 2010 FROM TO

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TANAMETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT				,		,				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	рН		Twice Per :: Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					## 74#730\ #M@/AVG	60== 5 DAILY MX	mg/L	6 II	Twice Per	GOMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		2. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	]			311000000	9-	Territor (COT) (Service) X	23394 to	POTAGRAND 4.2== 12. SIT-TO
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	043 MO:AVG	Req Mon DAILY MX	Mgal/d	<b>,</b>			N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					114 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT				,						
74055 1 1 Effluent Gross	PERMIT REQUIREMENT					200 MO GEOMN		#/100mL	100	Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT							,			
80082 1 0 Effluent Gross	PERMIT REQUIREMENT					25 MO AVG	DAILY MX	mg/L			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	2011	TE	LEPHONE	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 befief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kethel	724	682-7773	02/ 26/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNA#URE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 17

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

NAME:

FIRST ENERGY NUCLEAR OPERATING -

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

203A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

No Discharge

	MONITORING PERIOD								
Γ	MM/DD/YYYY				MM/0	D/YY	YY		
FROM	01/	01/	2010	то [	01/	31/	2010		

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAIVWEILER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 Ò	PERMIT		1700 ******		6		9.49		100	Twice Per Month	CPAR
Effluent Gross	REQUIREMENT		nace e partie		MINIMUM		MAXIMUM = 5	pΗ		Month	MI TO STATE
Solids, total suspended	SAMPLE				!			ļ			,
	MEASUREMENT										
00530 1 0	PERMIT		*****			30				Twice Per Month	COMP-8
Effluent Gross	REQUIREMENT	Superior Superior	107		E965 - 35 1985 (446-12)	A MO AVG	DAILY, MX	mg/L	740 × 340	Month	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				!		ļ	<u> </u>			
50050 1 0	PERMIT	023 US	Reg. Mon.				68 - C. C. ***** (1885)		200	SANTA ZUDANA A	MEACOD
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d				·	14.	Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT								-	· —	
50060 1 0	PERMIT		******		*****	4867 1475 1475 128	7.73.3		MEN SE	Twice Per	AND BOOK
Effluent Gross	REQUIREMENT					MO AVG	INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1	PERMIT	300400111111111111111111111111111111111			Z#####################################	200	******			Twice Per	707553.53
Effluent Gross	REQUIREMENT				1444 A	MO GEOMN.	1947	#/100mL	Mun I	TwiceiPer Month	- GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE										
	MEASUREMENT										L
80082 1 0	PERMIT		###*****		Marian ************************************	Sec. 25 1501	DAILYMX :			Twice Per Month	COMP.8
Effluent Gross	REQUIREMENT					MO AVG	DAILYMX	mg/L		Month	COMI-0

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	1/1/1/2	// TE	LEPHONE	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.	KUTU	724	682-7773	02/ 26/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE 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:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

211A

DISCHARGE NUMBER

Г	MONITORING PERIOD										
Γ	MM/DD/YYYY				MM/E	רא/סכ	ſΥΥ				
FROM	01/	01/	2010	то	01/	31/	2010				

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

211 TURBINE BLDG Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			. (	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE VALUE	UNITS	}		<u>;</u>
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	8.0	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross				N/A	6 MINIMUM		9 MAXIMUM.	рН		: Weekly,	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	12	28	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 II DAILY <sub>-</sub> MX	mg/L		Weekly	GRAB!
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<b>&lt;</b> 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
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A		-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req Mon DAILY MX	Mgal/d				N/A		Weekly	JESTIMA.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

TELEPHONE DATE 724 682-7773 02/ 26/ 2010 AREA Code NUMBER MM/DD/YYYY

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

PA0025615

213A DISCHARGE NUMBER

[	MONITORING PERIOD												
[	MM	/DD/Y	YYY		MM/I	DD/Y	ſΥΥ						
ROM	01/	01/	2010	то	01/	31/	2010						

1

DMR MAILING ZIP CODE: 150770004 ·

MAJOR (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No Discharge X

PARAMETER		QUANTI	TY OR LOADING	,		QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT									,	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	<b>建</b> 加油产品			6 MINIMUM		9. MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					開発性 30 Jan MO AVG 時間	7100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		***************************************		10 1141 H	15 MO AVG	DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MONAVG	Regi Mon. DAILY MX	Mgal/d	100					Weekly	FESTIMA.
Chlorine, total residual	SAMPLE MEASUREMENT			•		populari i marini da sa	umina search and the		Hangamer GAT/2 No. April	10 241720043805	1 3 C O C O C O C O C O C O C O C O C O C
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					MO AVG	1.25 L	mg/L		Nice 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		1		TE	LEPHONE	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,	/	Mh.		724	682-7773	02/ 26/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PR	JTHORIZED AGE	 ER OR	AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 20

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

01/ 01/ 2010

301A DISCHARGE NUMBER

MM/DD/YYYY

01/ 31/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**UNIT 2 AUX BOILER BLOWDOWN** 

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		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 / 31	GRAB	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB	
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 31	GRAB	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		115 MO AVG	III JP (20. "DAILY MX::"	mg/L		Twice Rer	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. Mons MO AVG	Req Mon. DAILYMX	Mgal/d				N/A	777	Weekly	ESTIMA	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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 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 nformation, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 02/ 26/ 2010 AREA Code NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 21

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

**FACILITY:** 

**BEAVER VALLEY POWER STATION** 

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

303A DISCHARGE NUMBER

		V	IONITO	ORING PERIOD							
	MM/E	DD/YY	ΥΥ		MM/C	D/YY	YY				
ROM	01/	01/	2010	то	01/	31/	2010				

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05) +

UNIT 1 OIL WATER SEPARATOR

Internal.Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING  VALUE VALUE UNITS					QUALITY OR CONC	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
, , , , , <u> </u>		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.1	N/A	7.1	рḤ	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			, N/A	# 6 MINIMUM		9 ; MAXIMUM	рH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	7	10	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		, 30 MO;AVG	100 a DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4	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	Reg Mon DAILY MX	Mgal/d				N/A	Trans.		ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Raymond A. Lieb, DIRECTOR OF SITE
OPERATIONS

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

TELEPHONE DATE 724 682-7773 02/ 26/ 2010 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER MM/DD/YYYY **AUTHORIZED AGENT** 

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

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

TYPED OR PRINTED

TO

Form Approved OMB No. 2040-0004

Page 22

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

01/ 01/ 2010

313A

DISCHARGE NUMBER

MM/DD/YYYY

01/ 31/ 2010

MONITORING PERIOD

DMR MAILING ZIP CODE: 150770004

313 TURBINE BLDG DRAIN

MAJOR

(SUBR05)

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONC	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
LAIVAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH : .	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	8.5,	рН	0	1, / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM: +	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	14	25	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	≤100 DAILY MX	mg/L		Weekly 1	GRAB!
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4	6	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	45054		N/A		MO AVG	20 DAILY MX	mg/L		i 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 M⊙AVG	Req:Mon DAILY:MX	Mgal/d			**************************************	N/A		Weekly	ESTIMA:

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
evin L. Ostrowski, DIRECTOR OF SITE PERATIONS
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

TELEPHONE DATE 724 682-7773 02/ 26/ 2010 AREA Code NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 23

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

NAME:

FIRST ENERGY NUCLEAR OPERATING . .

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER 401A

DISCHARGE NUMBER

	MONITORING PERIOD												
	MM/E	D/Y	ſΥΥ		MM/C	D/YY	/ΥΥ						
FROM	01/	01/	2010	то	01/	31/	2010						

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05) CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Discharge

PARAMETER	QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.8	N/A	9.0	рН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	# 6 MINIMUM		Req! Mon	pH		無Twice Per 機関Month	□ GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 Mo AVG	DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<b>&lt;</b> 5	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 M©AVG	20 DAILY MX	mg/L		Twice Per III	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
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

TELEPHONE DATE 724 682-7773 02/ 26/ 2010 AREA Code NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 24

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

403A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 01/ 01/ 2010 01/ 31/ 2010 TO

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharge

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	PERMIT	34,25765***********************************	121-111 ****** M. (C.)			A TAMES WAS A CONTROL OF THE	Ingeria and the Control New York		Service our same	A PRODUCTION OF THE PROPERTY OF THE PARTY.	
Effluent Gross	REQUIREMENT				6 A		9 MAXIMUM	Hq		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	新种性素的 一大小多年 Hotels 计设施设施设施设施			MINIMO	TATA TATA TATA TATA TATA TATA TATA TAT	WEST AND VIOLENCE	<u>pn</u>	#2####################################	Parent de l'action de la communication de l'action de la communication de la communica	
00530 1 0	PERMIT	1008 ******				34.204.30	EEEEEEE 100 STATES		328 20-403	SEADS CHEST CONTRACT	
Effluent Gross	REQUIREMENT					MOTAVG	100 DAILY MX	mg/L		Weekly	GRAB:
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0		*****			***********	39-40 Cartol'5	\$200 20 DESCRIPTION				
Effluent Gross	REQUIREMENT					MO AVG	20 E DAILY MX	ma/L		Weekly	- GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT					AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	The state of the s		THE PARTY OF THE P	Marine 40 SC 1018 Days State Sec.	122 x 3/2 x 2/2 x
00610 1 0	PERMIT	######################################			*****	Rea Mon.	Rea Mon		2.5	Weekly	3/3/21/27/5/1/3/3
Effluent Gross						Reg Mon MOAVG ::	CHEDAILY MX	ma/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	· SAMPLE MEASUREMENT				,	, , , , , , , , , , , , , , , , , , ,			THE REPORT OF	1 1977 Turbi Pebasi Sasar Best Pe	
04251 1 0	PERMIT					ESPARGORA SAM	(i			###When	COMP24
Effluent Gross	REQUIREMENT					MORAVG	DAILY MX	mg/L		Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	-									
50050 1 0	PERMIT	Reg Mon:	Reg Mon		***************************************				RIP CLASS	TIC THUS CLOSES	ALTERNOTISM AFTER
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d		The state of				7 - Weekly	ESTIMA.
Chlorine, total residual	SAMPLE MEASUREMENT						227 300 CHANGE		**************************************	A N N N N N N N N N N N N N N N N N N N	mane men fact in 1 and 20
50060 1 0	PERMIT		[\$4] ******		197997*********	1,12,15,2	1.25		75575	0.419975.00	ALCO POST
Effluent Gross	REQUIREMENT					MO AVG	S 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		TE	LEPHONE	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,		724	682-7773	02/ 26/ 2010
TYPED OR PRINTED	including the possibility of fine and impresonment 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 (24 HR. COMP.); MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

MG/L. (THE LIMIT IS 35

Form Approved OMB No. 2040-0004

Page 25

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

**FACILITY:** 

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

403A

**DISCHARGE NUMBER** 

	MONITO	DRING	PERIOD
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/ 01/ 2010	то	01/ 31/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfail

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
I ANAME I EIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE						: "				
i yurazine	MEASUREMENT		,								
81313 1 0	PERMIT	*****	ent est to a lander			<b>起。 10 设置</b> 。 形	1.0		a de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela comp	1000	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		• Weekly	SHAPE.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Raymond A. Lieb, DIRECTOR OF SITE **OPERATIONS** TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

TELEPHONE DATE 724 682-7773 02/ 26/ 2010 AREA Code NUMBER MM/DD/YYYY

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

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

MG/L. (THE LIMIT IS 35

Form Approved OMB No. 2040-0004

Page 26

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

413A DISCHARGE NUMBER

		N	IONITO	RING	PERIOD		
	MM/E	DD/Y\	/YY		MM/C	DD/Y	/YY
FROM	01/	01/	2010	то	01/	31/	2010

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

**BULK FUEL STORAGE DRAIN** 

Internal Outfall

PARAMETER		QUANTI	TY OR LOADING		· ·	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
FAIVABLIEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A		N/A		pН			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM.	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A				mg/L	199901240174017401940	2 x est seamen no responsable properties	F159 A12 (C10 L 29-61 T-948)
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	The second second	MO AVG	100. BAILY 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		MO'AVG	开加。20 F 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 MOJAVG	Reg Mon.	Mgal/d				N/A		Weekly	ESTIMA

l	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS
3	

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

TELEPHONE DATE 724 682-7773 02/ 26/ 2010 AREA Code NUMBER MM/DD/YYYY

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

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

TYPED OR PRINTED

OMB No. 2040-0004

Page 27

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

501A **DISCHARGE NUMBER** 

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 01/ 01/ 2010 TO 01/ 31/ 2010 DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE										<del> </del>
Solids, total suspended	MEASUREMENT				,	1	,			ļ ,	1
00530 1 0	PERMIT	18 3 TANA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 PH		100 July 1111 11 11 11 11 11 11 11 11 11 11 11	30	100 2568		2000000	ASSOCIATION OF THE RESIDENCE OF THE RESI	SIMPLE CARE SECTION
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	ma/L		Weekly	GRAB
Flow in conduit or thru treatment plant	SAMPLE					V411 2 37 39 64 10 10 10 10 10 10 10 10 10 10 10 10 10			New Control of the Co	NONEXECUTE ANALYSIS OF FURTHER	L Transfermenter Brig. /
Flow, in conduit or thru treatment plant	MEASUREMENT		•						٠		
50050 1 0	PERMIT	Req Mon!	Reg Mon!		ine 1 ****** 1	10 10 10 10 10 10 10 10 10 10 10 10 10 1	177 (F.***** ) (F. F.)		96 (20,000)	26,000,000,000	S10100101010101
Effluent Gross	REQUIREMENT	MO AVG	DAILYMX	Mgal/d			Calabia de 20			Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

TELEPHONE DATE 724 682-7773 02/ 26/ 2010 AREA Code NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 1

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615
PERMIT NUMBER

001A DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			· 
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	8.5	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 -tu:MAXIMUM	рΗ		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG	GG
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Reg Mon.	Reg Mon	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		O	O DAILY MX	mg/L		When; UDischarging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30.0	34.6	MGD	N/A	N/A	N/A	N/A		DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Monicas MO AVG	Reg Mon	Mgal/d				N/A		a _ Daily _	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.08	mg/L	0	4 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		AVERAGE	1.25 MAXIMUM	mg/L		# Weekly.	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.0	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		2. AND	5. MAXIMUM	mg/L		Continuous	*RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG	GG
81313 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	DAILY MX	mg/L		Weekly	GRAB

	It 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 [ ]		TEI	LEPHONE	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,	1 Charl	551050 OD	724	682-7773	02/ 26/ 2010
TYPED OR PRINTED	including the possibility of fine and impresonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OF AUTHORIZED AGENT	FFICER OR	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.

Form Approved OMB No. 2040-0004

Page 2

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

002A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

INTAKE SCREEN BACKWASH

External Outfail

No Discharge

ſ		MONITORING PERIOD  MM/DD/YYYY MM/DD/YYYY								
	MM/E	DD/YY	ΥΥ		MM/C	DD/Y1	/YY			
FROM	01/	01/	2010	TO	01/	31/	2010			
-										

PARAMETER		QUANTITY OR LOADING			. (	QUALITY OR CONC	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Rèq Mon. ∰M⊕AVG	Req Mon.			1 18 3 44 1 840 - 1 - 1 3 4 4 1		N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Raymond A. Lieb, DIRECTOR OF SITE **OPERATIONS** 

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

724 682-7773

AREA Code

**TELEPHONE** 

NUMBER

02/ 26/ 2010

DATE

MM/DD/YYYY

Form Approved OMB No. 2040-0004

Page 3

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

003A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfall

No Discharge

I	MONITORING PERIOD											
	MM/D	D/Y	/YY		MM/DD/YYYY							
FROM	01/	01/	2010	то	01/	31/	2010					

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

TELEPHONE DATE 724 682-7773 02/ 26/ 2010 AREA Code NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 4

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

004A DISCHARGE NUMBER

L.		ħ	ONITO	ORING PERIOD							
	MM/DD/YYYY				MM/DD/YYYY						
ROM	01/	01/	2010	то	01/	31/	2010				

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Discharge

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							
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM I		9 9 MAXIMUM	pН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MOrAVG	Reg Mon: DAILYMX:	Mgal/d				N/A		. Weekly,	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT			N/A							
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		5 FF 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 2 AVERAGE	5 MAXIMUM=1	mg/L		Weekly	GRAB

		/		.1		and the second s	
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		12//	1	TEI	EPHONE	DATE
ODED ATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		I Lund	CIVE OFFICER OR	724	682-7773	02/ 26/ 2
TYPED OR PRINTED	inclosing the possibility of the and imprisorither to knowing violations.	I	UTHORIZED AGEN		AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

Page 5

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

01/ 01/ 2010

006A DISCHARGE NUMBER

MM/DD/YYYY

01/ 31/ 2010

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
MANETEN		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	Rèq Mon. Mo AVG	Req Mon DAILY MX	Mgal/d		77,49,31.2		N/A		Weekly	JESTIMA

MONITORING PERIOD

Į	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS
I	TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

**TELEPHONE** DATE 724 682-7773 02/ 26/ 2010 AREA Code NUMBER MM/DD/YYYY

Form Approved OMB No. 2040-0004

Page 6

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

007A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

AUX. INTAKE SYSTEM

External Outfall

No Discharge

Γ	MONITORING PERIOD											
MM/DD/YYYY					MM/DD/YYYY							
FROM	01/	01/	2010	тоГ	01/	31/	2010					
LICOM	017	01/	2010	I IO L	017	31/	201					

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE										
	MEASUREMENT				,						
00400 1 0	PERMIT	******	*****		6	31530 ************************************	9.4			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		9 MAXIMUM	pН		Weekly .	GRAB
Flow in conduit or thru treatment plant	SAMPLE										
Flow, in conduit or thru treatment plant	MEASUREMENT										}
50050 1 0	PERMIT	Reg. Mon	. © Req. Mon		2004 2000 8.30	**************************************			10000	Weekly	GRAB"
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d						vveekly	GRAB
Chlorine, total residual	SAMPLE										
Chionne, total residual	MEASUREMENT										1
50060 1 0	PERMIT	*****			******	STORE HEAVE VE	241-258740.				1900
Effluent Gross	REQUIREMENT					MO AVGI.	1.25, 1. INSTIMAX	mg/L		Weekly.	GRAB <sub>4</sub> .
Chlorina from available	SAMPLE					202	And the second s			201-1-21 1-1-2 1-1-2 1-1-2 1-1-2 1-1-2 1-1-2 1-1-2 1-1-2 1-1-2 1-1-2 1-1-2 1-1-2 1-1-2 1-1-2 1-1-2 1-1-2 1-1-2	
Chlorine, free available	MEASUREMENT				)						1
50064 1 0	PERMIT	amer and about	45 16 14 *** * * * * * * * * * * * * * * * *		**************************************	2.2	51895			The second second	0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00
Effluent Gross	REQUIREMENT					AVERAGE	MAXIMUM:	mg/L		Weekly	GRAB

		certify under penalty of law that this document and all attachments were prepared under my		TEI	LEPHONE
	THE THE PARTY OF T	direction or supervision in accordance with a system designed to assure that qualified personnel			CELLIONE
		properly gather and evaluate the information submitted. Based on my inquiry of the person or		ł	
	Raymond A. Lieb, DIRECTOR OF SITE	persons who manage the system, or those persons directly responsible for gathering the		724	600 77
l 1		information, the information submitted is, to the best of my knowledge and belief, true, accurate,		724	682-77
		and complete. I am aware that there are significant penalties for submitting false information,		I	
1		including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR		
	TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBE
	TITED ON TRIVIED		AUTHURIZED AGENT	, ,	

682-7773 NUMBER

02/ 26/ 2010 MM/DD/YYYY

DATE

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

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

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

PA0025615 PERMIT NUMBER

A800 DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 01/ 01/ 2010 01/ 31/ 2010 TO

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
· · · · · · · · · · · · · · · · · · ·		VALUE	VALUE	UNITS	VALUE	VALUE.	VALUE	UNITS		:	
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			·	6 MINIMUM		#19 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		10 00 00 00 00 00 00 00 00 00 00 00 00 0			3318 930 00 8			· ·	Sold in Title	FOR THE RESTRICTION OF THE RESTRICT
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					# 30 ∰ # MO AVG	##100 A DAILY MX	mg/L		Twice Per ⊮ Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MO AVG	Liri∔ai 20 e ≡ EDAILY MX↓	mg/L		Twice Per Month	: GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		_				,			·	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Reg Mon DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
`
Raymond A. Lieb, DIRECTOR OF SITE
OPERATIONS

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 02/ 26/ 2010 AREA Code NUMBER MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

Page 8

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

010A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 01/ 01/ 2010 **TO** 01/ 31/ 2010 DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOLING WATER

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				
TANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	]		
pH .	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	7.6	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	6 MINIMUM		9 MAXIMUM	pΗ		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		0 MO AVG	0 INST MAX	mg/L		When Discharging≘	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.1	10.1	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon	Reg Mon L	Mgal/d		1	******	N/A		Weekly	
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 44 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02	<0.02	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		2.2 MAVERAGE 16.4	.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		TE	LEPHONE	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 penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	02/ 26/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	ΜΜ/DD/ΫΥΥΥ

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)

OMB No. 2040-0004

Page 9

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

FACILITY: LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

011A DISCHARGE NUMBER DMR MAILING ZIP CODE:

150770004

MAJOR (SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Discharge

	MONITORING PERIOD										
Γ	MM/E	DD/YY	YYY .		MM/DD/YYYY						
FROM	01/	01/	2010	то [	01/	31/	2010				

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
MANUELL		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		0.004	MGD	N/A	N/A	N/A	N/A		1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d		******		Ņ/A	SHEET TO ST	* Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Raymond A. Lieb, DIRECTOR OF SITE **OPERATIONS** 

TYPED OR PRINTED

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

724 682-7773

**AREA Code** 

TELEPHONE

NUMBER

02/ 26/ 2010

DATE

MM/DD/YYYY

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 10

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

01/ 01/ 2010

012A DISCHARGE NUMBER

MM/DD/YYYY

01/ 31/ 2010

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Discharge

PARAMETER		QUANTIT	TY OR LOADING		(	QUALITY OR CONCENTRATION					SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH : .	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.0	N/A	7.0	рН	0	1 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	4 6 MINIMUM		9 MAXIMUM	рН		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.2190	0.2630	mg/L	0	2 / 31	;GRAB
01042 1 0 September 1	PERMIT REQUIREMENT			N/A		Rêg Mon MO AVG	Reg: Mon.			Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.2	0.2	mg/L	0	2 / 31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		1.5 MO AVG	1.5 DAILY MX	mg/L,		Twice Per	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon	Req Mon DAILY MX	Mgal/d				N/A	Market State	Once Rer Month	+ ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	540	552	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Reg-Mon. Mon. Mon. Mon. Mon. Mon. Mon. Mon.	Req Mon DAILY MX	mg/L		Twice:Per Month	GRAB .

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

TELEPHONE DATE 724 682-7773 02/ 26/ 2010 MM/DD/YYYY **AREA Code** NUMBER

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 11

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

0.002

Req.:Mon:

DAILY-MX

FROM

MM/DD/YYYY

01/ 01/ 2010

013A DISCHARGE NUMBER

MM/DD/YYYY

01/ 31/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**OUTFALL 013** External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			E
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	8.6	N/A	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 SA	pН	1	Weekiy	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0075	0.01	N/A	0	2 / 31	24 HR COMP
00720 1 0 · Effluent Gross	PERMIT REQUIREMENT			N/A		Req: Mon 🙉 j	Req Mon!	mg/L		Twice Per Months	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0515	0.0583	N/A	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req. Mon	Req. Mon S	mg/L	1	Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005	<0.005	N/A	0	2 / 31	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req Mon MO AVG	Reg Mon!	mg/L		Twice Per Month	COMP24
Flow in conduit or thru treatment plant	SAMPLE	0.002	0.002	MGD	NIA	NIΔ	NIΔ	N/A		2 / 21	COT

MGD

Mgal/d

N/A

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

Flow, in conduit or thru treatment plant

50050 1 0

Effluent Gross

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

0.002

Req. Mon. MO AVG:

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

N/A

N/A

N/A

N/A

TELEPHONE DATE 724 682-7773 02/ 26/ 2010 **AREA Code** NUMBER MM/DD/YYYY

2 / 31

Twice Per

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.

**MEASUREMENT** 

PERMIT

REQUIREMENT

**EST** 

ESTIMA

Form Approved OMB No. 2040-0004

Page 12

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

101A DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY FROM 01/ 01/ 2010 **TO** 01/ 31/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Discharge

PARAMETER	thair.	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	6.4	N/A	7.2	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pΗ		Weekly	FGRAB.
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	5	10	mg/L	0	1 / 7	2 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		A MO AVG	1003 DAILY MX	mg/L	- 116 112	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		MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG .	GG	mg/L	GG	GG	GG
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req Mon. Mo AVG	Req. Mon.	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.007	0.007	MGD	N/A	N/A	N/A	N/A	- -	DAILY	GRAB
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Reg Mon. DAILY MX	Mgal/d				N/A		DAILY	. CONTIN
Hydrazine .	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG	GG
81313 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req Mon MO AVG	Req Mon DAILY MX	mg/L	, all pr	Weekly	-GRAB I

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		TE	LEPHONE	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, fure, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Khal	724	682-7773	02/ 26/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER ( AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 13

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

01/ 01/ 2010

102A DISCHARGE NUMBER

MM/DD/YYYY

01/ 31/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAVARETER.		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.2	N/A	7.5	pН	, 0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	*****	9 MAXIMUM	рH	entra de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela composición de la composición dela	Twice Per	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Twice(Rer Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		######################################	N/A	*****	# 15 J MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB.
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	· N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO MO AVG	Req Mon DAILY MX	Mgal/d				N/A	i.	Twice Per	ESTIMA

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
į	Raymond A. Lieb, DIRECTOR OF SITE
	OPERATIONS
	OI LIVATIONS

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TELEPHONE DATE 724 682-7773 02/ 26/ 2010 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER MM/DD/YYYY **AUTHORIZED AGENT** 

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 14

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

01/ 01/ 2010

103A DISCHARGE NUMBER

MM/DD/YYYY

01/ 31/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			ď	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
DH .	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.2	N/A	7.5	рН	0	4 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	310 · · · · · · · · · · · · · · · · · · ·	# (************************************	N/A	MINIMUM		9 MAXIMUM	pН	Men :	Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	1975	19/7	3	5	mg/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2 (2 (2 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4		N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per Months	COMP24
flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon. DAILY-MX	Mgal/d			Telepita e	N/A	45 74	Twice Per.	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFF	ICER
Raymond A. Lieb, DIRECTOR OF	SITE
OPERATIONS	

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

TELEPHONE DATE 724 682-7773 02/ 26/ 2010 AREA Code NUMBER MM/DD/YYYY

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

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

MONITORING PERIOD

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

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

01/ 01/ 2010

111A DISCHARGE NUMBER

MM/DD/YYYY

01/ 31/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANGMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.0	N/A	7.7	рН	0.	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 /: EMINIMUM		9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3	4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	i ili⇒ <sub>q</sub> i100; ili⊾iDAILY:MX	mg/L		= □ Weekly = 1	-: GRAB Z
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		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	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req. Mon. DAILY MX	Mgal/d			14 (* ****** 3. (* ******* * * * * * * * * * * * * * *	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

**TELEPHONE** DATE 724 682-7773 02/ 26/ 2010 AREA Code NUMBER MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

Page 16

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

113A **DISCHARGE NUMBER** 

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 01/ 01/ 2010 TO 01/ 31/ 2010 DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 SEWAGE TMT PLANT .

Internal Outfall

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH ; .	SAMPLE MEASUREMENT		,								
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MUMIXAM -	На		Twice Per	GRAB =
Solids, total suspended	SAMPLE MEASUREMENT						211207	- 1			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					MO AVG	60 = DAILY MX	mg/L	1 9	Twice Per Month	GOMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT		rs Reg. Mon DAILY MX	Mgal/d	parties and the second			N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					MO AVG	3.3 INST MAX	mg/L		≓Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT					MO GEOMN		#/100mL		Twice Per	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT				_						
80082 1 0 Effluent Gross	PERMIT REQUIREMENT					MO AVG	DAILÝ 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	2011	TEI	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,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	02/ 26/ 2010
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 17

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

NAME:

FIRST ENERGY NUCLEAR OPERATING -

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

203A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 01/ 01/ 2010 TO 01/ 31/ 2010 DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I GIONNETEL		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT							,	-		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	рН		Twice Per : Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross		MO'AVG	Reg! Mon: 1 DAILY MX	Mgal/d						Weekly ;	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross						1.4 MO AVG	FINST MAX	· mg/L_		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	Marie Control of the			DAME AND ADMITS	CONTRACTOR OF THE CONTRACTOR O	CHICAGON TOWNS AND THE CONTRACTOR OF THE CONTRAC		12° New Properties (PR)		
74055 1 1 Effluent Gross	PERMIT REQUIREMENT					200		#/100mL		Twice Per Month	GRAB.
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT				*****	25 MO AVG	50 EDAILY 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	///////////////////////////////////////	TEI	LEPHONE	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,	Kelhul	724	682-7773	02/ 26/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

211A

DISCHARGE NUMBER

Γ		N	MONITO	RING	PERIOD		
Γ	MM/C	DD/Y	/YY		MM/C	D/YY	/YY
ROM	01/	01/	2010	то	01/	31/	2010

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DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

211 TURBINE BLDG Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		O	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE .	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Н	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	8.0	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	рH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	12	28	mg/L	0	1 / 7	. GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 ## MO-AVG	100 DAILY MX	mg/L	aran s	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 电路 MO AVG 电	20g ZDAILY MX	mg/L		(Weekly)	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A		-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon: DAILY MX: H	Mgal/d				N/A	less augus	Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

**TELEPHONE** DATE 724 682-7773 02/ 26/ 2010 AREA Code NUMBER MM/DD/YYYY

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 19

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

01/ 01/ 2010

213A DISCHARGE NUMBER

MM/DD/YYYY

01/ 31/ 2010

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

**UNIT 2 COOL TOWER PUMPHOUSE** 

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION	· · · · · · · · · · · · · · · · · · ·	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAINMETER	6 Hell (1997)	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT						,				
00400 1 0 Effluent Gross					6 MINIMUM		. 9. II. MAXIMUM	рН		Twice Per  Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	The professional and the second				MO AVG	DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT				·				_		
00556 1 0 Effluent Gross	PERMIT REQUIREMENT				ne salenpie da 174.	15 MO AVG	DAILY MX	mg/L		Twice Per	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	e Req-Mon M®AVG	Reg Monday DAILY MX	Mgal/d						Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT				*****	MO AVG	1-25 1-4 INST MAX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the formation, 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, ncluding the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

**TELEPHONE** DATE 724 682-7773 02/ 26/ 2010 AREA Code NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 20

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615

301A

DISCHARGE NUMBER

Γ		N	ONITO	RING F	PERIOD		
	MM/I	DD/Y\	/YY		MM/D	DD/YY	/YY
FROM	01/	01/	2010	то [	01/	31/	2010

-DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**UNIT 2 AUX BOILER BLOWDOWN** 

Internal Outfall

No Discharge

PARAMETER	QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE TYPE	
THIS WILLEN		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 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	entre la la companya de la companya	30 MO AVG	100 DAILY MX	mg/L		Twice Per, Months	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	# 20↓ ⊭⊭ DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Monray Mo AVG	Req.Mon:	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Raymond A. Lieb, DIRECTOR OF SITE
OPERATIONS

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

 TELEPHONE
 DATE

 724
 682-7773
 02/ 26/ 2010

 AREA Code
 NUMBER
 MM/DD/YYYY

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

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

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

PA0025615 PERMIT NUMBER

303A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 01/ 01/ 2010 01/ 31/ 2010 Page 21

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
· · · · · · · · · · · · · · · · · · ·		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		!	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.1	N/A	7.1	рḤ	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 (1) MAXIMUM	рH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	7	10	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	1002 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4	5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A		MO AVG	20. (1) DAILY MX	mg/L		Weekly	+ GRAB*;
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.019	0.056	MGD	^ N/A	N/A	N/A	N/A	_	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. 64 MO AVG	Req Mon. U	Mgal/d			The series	N/A		Weekly	ESTIMA

ı	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS
ı	TYPED OR PRINTED

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

724 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code **AUTHORIZED AGENT** 

TELEPHONE DATE 682-7773 02/ 26/ 2010 NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 22

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

313A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 01/ 01/ 2010 01/ 31/ 2010 TO

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING QUALITY OR CONCENTRATION						NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		_	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	8.5	pН	0	1, / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		State of	N/A	6 MINIMUM	L. Design	9 MAXIMUM	рН	AND SECURITY.	Weekly	GRAB :
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	14	25	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30. MO:AVG	MAILY MX	mg/L		Weekly	GRAB!
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	Ň/A	N/A	4	6	mg/L	0.	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 i MO:AVG	DAILY MX	mg/L	e je bog de	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
Kevin L. Ostrowski, DIRECTOR OF SITE
OPERATIONS
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

**TELEPHONE** DATE 724 682-7773 02/ 26/ 2010 AREA Code NUMBER MM/DD/YYYY

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 23

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: PARG

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615

FROM

MM/DD/YYYY

01/ 01/ 2010

401A

DISCHARGE NUMBER

MM/DD/YYYY

01/ 31/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONCENTRATION					SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	}		
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.8	N/A	9.0	pН	<u>,</u> 0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	10177 mg/m		N/A	6 MINIMUM		Req. Mon. MAXIMUM	рН·	## N	Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		+30 MO:AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<b>&lt;</b> 5	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A		15. MO AVG	20. DAILY MX	mg/L		Twice Per Month	GRAB .
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	_	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req Mon. DAILY MX	Mgal/d		##***** ### ###########################		N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

 TELEPHONE
 DATE

 724
 682-7773
 02/ 26/ 2010

 AREA Code
 NUMBER
 MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 24

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

403A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 01/ 01/ 2010 **TO** 01/ 31/ 2010 DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
i divanta i bil		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	,		
рН	SAMPLE MEASUREMENT			ļ							
00400 1 0	PERMIT	*****	*****		6	******	9		K. A. Carriero		
Effluent Gross	REQUIREMENT	AND THE PARTY OF T	APPENDENCE OF THE SECONDARY			Buella Maria (Tar	MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT								S	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
00530 1 0	PERMIT	*****	* *****		*****	30	100			A Part of the Control	GRAB
Effluent Gross	REQUIREMENT				1000007	MOAVG	DAILY MX	mg/L		- Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0	PERMIT	*****	*****		*****	15	20				GRAB
Effluent Gross	REQUIREMENT		and the state of t	İ		MO AVG	DAILY MX	mg/L	100	Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0	PERMIT	*****	******		*****	Req. Mon.	Req. Mon.		10.50		
Effluent Gross	REQUIREMENT		Marie III			MOAVG	DAILYMX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT		,								
04251 1 0	PERMIT	- 00 (F 2000)	******		*****		0		14.7	- When	COMBON
Effluent Gross	REQUIREMENT				(Carthones)	MO AVG □	DAILY MX	mg/L	Bellac	Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT						,				
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	*****	*****				
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d		rad Edit	and the second			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT		,								
50060 1 0	PERMIT				*****	5	1.25		920		ODAD
Effluent Gross	REQUIREMENT					5 MO AVG	INST MAX	mg/L	Tars.	Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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 ersons who manage the system, or those persons directly responsible for gathering the nformation, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, ncluding the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

TELEPHONE DATE 724 682-7773 02/ 26/ 2010 AREA Code NUMBER MM/DD/YYYY

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

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

MG/L. (THE LIMIT IS 35

Form Approved OMB No. 2040-0004

Page 25

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

01/ 01/ 2010

403A **DISCHARGE NUMBER** 

MM/DD/YYYY

01/ 31/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharge	X
--------------	---

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANNIETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE		73								
: .	MEASUREMENT		£			i				l	L]
81313 1 0	PERMIT		******		*****	- 0	0.77			Weekly	CDAR
Effluent Gross	REQUIREMENT					MO AVG	11 DAILY MX	mg/L		vvcekiy	

MONITORING PERIOD

TO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Raymond A. Lieb, DIRECTOR OF SITE **OPERATIONS** TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 02/ 26/ 2010 **AREA Code** NUMBER MM/DD/YYYY

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

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

MG/L. (THE LIMIT IS 35

Form Approved OMB No. 2040-0004

Page 26

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

413A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 01/ 01/ 2010 01/ 31/ 2010 DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**BULK FUEL STORAGE DRAIN** 

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE ! TYPE
PAIAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A		N/A		pH			٠.
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM 15		9 WITH 9 WITH STATE OF THE STAT	· pH		Weekly	1 GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A				mg/L			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	DAILY MX	mg/L	10	Weekiy	- GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A			mg/L			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		* * * * * * * * * * * * * * * * * * *	N/A	******	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 Mon Mon Mon AVG	Reg. Mon- DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

**TELEPHONE** DATE 724 682-7773 02/ 26/ 2010 AREA Code NUMBER MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

Page 27

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615 PERMIT NUMBER

501A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Discharge

		N	MONITO	RING	PERIOD				
	MM/DD/YYYY				MM/E	DD/YY	ΛΫ́Υ		
FROM	01/ 01/ 2010			то	01/	31/	2010		

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT		<u>.</u>				,			,	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	100 DAILY MX	mg/L	19.4	Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon. DAILY MX	Mgal/d						Weekly.	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TEI	.EPHONE	DATE
724	682-7773	02/ 26/ 2010
AREA Code	NUMBER	MM/DD/YYYY

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

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



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

Permittee Name: FirstEnd	ergy Nuclear Operating Company						
Address: P.O. Box 4							
<u>Shippin</u>	gport, PA 15077						
<u>Beaver</u>	Valley Power Station						
PERMI	TNUMBER	N	MONITORI Year/M				
PA	0025615	2010 01	01	то	2010	01	31
PARAMETER	ANALYSIS METHOD	LAB NAME			LABI	DNUMBE	R <sup>2</sup>
Zinc	EPA 200.7 Rev 4.4	FirstEnergy Corp-Be	ta Lab		6	8-01120	
Copper	EPA 200.7 Rev 4.4	FirstEnergy Corp-Be	ta Lab		6	8-01120	
lron .	EPA 200.7 Rev 4.4	FirstEnergy Corp-Be	ta Lab		6	8-01120	
Chromium	EPA 200.7 Rev 4.4	FirstEnergy Corp-Be	ta Lab		6	8-01120	
Ammonia	SM 4500-NH3 D [20th]	FirstEnergy Corp-Be	ta Lab		6	8-01120	
Cyanide	SM 4500-CN E [18th]	Precision Analytica	il Inc		6	8-00434	
Chlorobenzene	EPA 624	Precision Analytica	ıl Inc		6	8-00434	
		;			3.4 3.4 3.5		
				Sem = 6			
HONG A SHOP TO A VICE A APPLICATION ON THE PR	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a comment of the	1 2	et essi ja Real -		

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Name/Title Principal Executive Officer	Phone: 724-682-7773	Signature of Principal Executive Officer or Authorized Agent
Raymond A. Leib Director Site Operations	Date: <u>02/26/2010</u>	Reuperd Of List

<sup>&</sup>lt;sup>1</sup> Submit this form with the first Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes. You do not need to send this form to the Department again UNLESS there has been a change to the lab or method of analysis.

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



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

Permittee Name:	FirstEnergy Nuclear Operating Company							
Address:	P.O. Box 4							
	Shippingport, PA 15077							
	Beaver Valley Power Station					•		
	PERMIT NUMBER			MONITO Year	RING P			
	PA0025615	2010	01	01	то	2010	01	31
								L

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
Powerline 3627 (Clamtrol)	Photometric Determination	Beaver Valley Power Station	04-2742
Bentonite Detoxicant (Betz DT-1)	Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645	Beaver Valley Power Station	04-2742
Total Residual Chlorine	SM 4500-CL G [20 <sup>th</sup> ]	Beaver Valley Power Station	04-2742
Free Available Chlorine	SM 4500-CL G [20 <sup>th</sup> ]	Beaver Valley Power Station	04-2742
рН	SM 4500-H+ B [20 <sup>th</sup> ]	Beaver Valley Power Station	04-2742
Temperature	SM 2550 B [20 <sup>th</sup> ]	Beaver Valley Power Station	04-2742
Flow	NA	Beaver Valley Power Station	04-2742
Total Suspended Solids	SM 2540 D [20 <sup>th</sup> ]	Beaver Valley Power Station	04-2742
Hydrazine	ASTM D1385-07	Beaver Valley Power Station	04-2742
Fecal Coliform <sup>3</sup>	SM 9222D	Beaver Valley Power Station	04-2742
Oil and Grease	EPA 1664 Rev A	Beaver Valley Power Station	68-01120
Total Dissolved Solids	SM 2540 C [20 <sup>th</sup> ]	Beaver Valley Power Station	68-01120

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Name/Title Principal Executive Officer Phone: 724-682-7773

Signature of Principal Executive Officer or
Authorized Agents

Raymond A. Leib
Director Site Operations

Date: 02/26/10

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

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



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

Permittee Name: FirstEnergy Nuclear Operating Company										
Address: P.O. Box 4										
Shippingport, PA 15077						•				
<u>Beaver Vall</u>	ey Power Station									
PERMIT NUMBER			MONITORING PERIOD  Year/Month/Day							
PA0025	2010	01	01	то	2010	01	31			
PARAMETER	ANALYSIS METHOD.	\$1.416 m	LAB NAME			LABI	D NUMBE	R <sup>2</sup>		
Zinc	EPA 200.7 Rev 4.4	FirstEnergy Corp-Beta Lab				68-01120				
Copper	EPA 200.7 Rev 4.4	FirstEnergy Corp-Beta Lab 68-01120								
Iron	EPA 200.7 Rev 4.4	FirstEnergy Corp-Beta Lab				68-01120				
Chromium	EPA 200.7 Rev 4.4	FirstEnergy Corp-Beta Lab				68-01120				
Ammonia	SM 4500-NH3 D [20th]	FirstEnergy Corp-Beta Lab				68-01120				
Cyanide	SM 4500-CN E [18th]	Precis	ion Analyti	cal Inc		6	8-00434			
Chlorobenzene	,EPA 624	Precis	ion Analyti	cat Inc		. 6	8-00434			
			. 1							
	·									

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Name/Title Principal Executive Officer	Phone: <u>724-682-7773</u>	Signature of Principal Executive Officer or Authorized Agent
Raymond A. Leib Director Site Operations	Date: 02/26/2010	Capuch Offini

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

_									
Permittee Name:	ame: FirstEnergy Nuclear Operating Company								<del></del>
Address:	P.O. Box 4								
	Shippingport, PA 15077								
	Beaver Valley Power Station								
	PERMIT N	JMBER			MONITOI Year/	RING F Month/			
	PA0025	615	2010	01 .	01	то	2010	01	31
				<u></u>				<u></u>	
PARAMET	ER	ANALYSIS METHOD//	9 (1) 19 (1)	LAB NAME			LABI	D NUMBE	$\mathbb{R}^{2^{2}}$
Powerline 3627	(Clamtrol)	Photometric Determination	Beaver \	/alley Powe	er Station		(	04-2742	
Bentonite Detoxi DT-1)		Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645	Beaver	/alley Powe	er Station		C	04-2742	
Total Residual	Chlorine	SM 4500-CL G [20 <sup>th</sup> ]	Beaver \	/alley Powe	er Station	[1] \$   X, 1]08-	[managed]	04-2742	
Free Available	Chlorine	SM 4500-CL G [20 <sup>th</sup> ]	Beaver \	/alley Powe	er Station.			04-2742	
рН		SM 4500-H+ B [20 <sup>th</sup> ]	Beaver \	/alley Powe	er Station		C	04-2742	
Temperati	ure	SM 2550 B [20 <sup>th</sup> ]	Beaver \	/alley Powe	er Station			)4-2742	
Flow		. NA	Beaver \	/alley Powe	er Station		(	)4-2742	
Total Suspende	ed Solids	SM 2540 D [20 <sup>th</sup> ]	Beaver \	/alley Powe	er Station			04-2742	
Hydrazin	е	ASTM D1385-07	Beaver \	/alley Powe	er Station		C	04-2742	
Fecal Colife	orm <sup>3</sup>	SM 9222D	Beaver \	/alley Powe	er Station		C	)4-2742	
Oil and Gre	ease	EPA 1664 Rev A	Beaver \	/alley Powe	er Station		6	8-01120	
Total Dissolved	d Solids	SM 2540 C [20 <sup>th</sup> ]	Beaver \	/alley Powe	er Station		6	8-01120	

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Name/Title Principal Executive Officer	Phone: <u>724-682-7773</u>	Signature of Principal Executive Officer or Authorized Agent			
Raymond A. Leib Director Site Operations	Date: 02/26/10	Authorized Agent Server That			

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

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