

May 27, 2010 L-10-164

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.</u> PA0025615

Enclosed is the April 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). Attachment 2 to this letter is the quarterly stormwater results as required by Permit Condition C-21. A review of the data indicates no permit parameters were exceeded during the month.

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

Sincerely,

Raymond A. Lieb

Director, Site Operations

IE25 NEA Beaver Valley Power Station, Unit Nos. 1 and 2 L-10-164 Page 2

Attachment(s):

- 1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001
- 2. Permit Part C.21 Iron and Zinc Stormwater Monitoring Results

Enclosure(s)

A. Discharge Monitoring Report

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

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-10-164 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
4/05/10	1020	7.38	mg/L
4/12/10	1010	8.98	mg/L
4/19/10	0840	8.98	mg/L
4/26/10	0915	7.52	mg/L

- Attachment 1 END -

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-10-164 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

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

Sample	Sample			·	
Date	Time	Outfall	Parameter	Result	Units
04-08-10	1440	Outfall #003	Zinc	3150	ug/l
04-08-10	1440	Outfall #003	Iron	10400	ug/l
04-08-10	1410	Outfall #008	Zinc	490	ug/l
04-08-10	1410	Outfall #008	Iron	3420	ug/l
04-08-10	1500	Outfall #011	Zinc	164	ug/l
04-08-10	1500	Outfall #011	Iron	1970	ug/l

⁻ Attachment 2 END -

MONITORING PERIOD

TO

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

04/ 01/ 2010

001A DISCHARGE NUMBER

MM/DD/YYYY

04/ 30/ 2010

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION	·	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER	100	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.0	N/A	8.4	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM: 8	pН	e de la composition della comp	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	Participation of the Control of the	*****	N/A		Req. Mon. MO AVG	Req: Mon: DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG		GG	GG	GG
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		0 MO AVG	0 DAILY MX et	mg/L	25000	When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	26.4	30.5	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	albe states	Daily.	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.11	mg/L	0	4 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		5 AVERAGE	1-25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.1	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		gen a complete d	N/A		2 AVERAGE	5 MAXIMUM	mg/L	a a	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	0 J. DAILY MX.	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	7	0/	/. /	TEL	LEPHONE-	DATE
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		O.L.	JTIVE OFFICER OR	724	682-7773	05/ 27/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	17	AUTHORIZED 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. 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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

002A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Discharge

Γ	MONITORING PERIOD											
	MM/I	DD/Y	/ YY		MM/E	DD/Y	ΥΥ					
FROM	04/	01/	2010	το [04/	30/	2010					

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					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	Req Mon	Req Mon. DAILY,MX	Mgal/d	12 sec 2 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2			N/A		Weekly	ESTIMA-

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1001	/ /	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 fate information,	KOh		724	682-7773	05/ 27/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXEC AUTHORIZED AG		AREA Code	NUMBER	MM/DD/YYYY

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

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

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

FROM.

003A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

003

External Outfall

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/ 30/ 2010 04/ 01/ 2010 TO

No Discharge

PARAMETER	4.00	QUANTITY OR LOADING			(QUALITY OR CONCENTRATION					SAMPLE TYPE
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 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon DAILY MX	Mgal/d		***************************************		N/A		Twice Per- Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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 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.

724 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code AUTHORIZED AGENT

TELEPHONE DATE 682-7773 05/ 27/ 2010 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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

004A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 04/ 01/ 2010 TO 04/ 30/ 2010 DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONC	QUALITY OR CONCENTRATION				
TAIONILI LIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		}	
рН	SAMPLE MEASUREMENT			N/A		_					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	##### ################################	9 MAXIMUM	рН	1/1	Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		-								
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon	Req:Mon DAILY:MX	Mgai/d	*****	**************************************	**************************************	N/A	e e e	Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	_		N/A							
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	******	.5 MO _ž 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	4 · · · · · · · · · · · · · · · · · · ·	.2 AVERAGE	.5. MAXIMUM	mg/L		Weekly	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 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 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.

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

682-7773 05/ 27/ 2010 MM/DD/YYYY

DATE

TELEPHONE

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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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

006A **DISCHARGE NUMBER** DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Discharge

	MONITORING PERIOD										
1	MM/DD/Y	YYY		MM/DD/YYYY							
FROM	04/ 01/	2010	то [04/	30/	2010					

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

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel
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,
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.

TELEPHONE DATE 724 682-7773 05/ 27/ 2010 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER MM/DD/YYYY **AUTHORIZED AGENT**

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:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

007A DISCHARGE NUMBER

AUX, INTAKE SYSTEM External Outfall

MAJOR

(SUBR05)

DMR MAILING ZIP CODE: 150770004

		٨	MONITO	RING F	PERIOD				
	MM/DD/YYYY				MM/DD/YYYY				
FROM	04/	01/	2010	то [04/	30/	2010		

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
- The man and the	1 LE 2	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 (7) MAXIMUM	рН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										27 80 90 90 90 90 90 90 90 90 90 90 90 90 90
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	ReqsMon: MO:AVG	Req Mon. DAILY MX	Mgal/d	*****					Weekly:	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		100 mg 100 m 100 mg 100 mg		- 14 M	.5 MO AVG	≠1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		*****			2 √ - AVERAGE	.5 MAXIMUM	mg/L	3.41	Weekly	L GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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		101	//	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, including the possibility of fine and imprisonment for knowing violations.	Ref.	ANGIDAL EXECU		724	682-7773	05/ 27/ 2010
TYPED OR PRINTED	including the possibility of line and imprisonment for knowing violations.	, v	HORIZED AGE		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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

04/ 01/ 2010 TO

A800 DISCHARGE NUMBER

MM/DD/YYYY

04/ 30/ 2010

DMR MAILING ZIP CODE: 150770004

UNIT 1 COOLING TOWER PUMPHOUSE

MAJOR

(SUBR05)

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
/ / WARE LEA	en e	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			<u> </u>
На	SAMPLE										
0040040	MEASUREMENT		and the state of t								<u> </u>
00400 1 0	PERMIT		*****		6		91,000,00			Twice Per	CRAB
Effluent Gross	REQUIREMENT		in the second		MINIMUM :		MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT							•			
00530 1 0		******	******		*****	30.4	100	 	KI ALAKA	`i⊚Twice Per	
Effluent Gross	REQUIREMENT				hiii.	30 MØ ÅVG	DAILY MX	mg/L		Twice Per Month	.≉ GRAB
Oil & grease	SAMPLE MEASUREMENT						3.00		P No. 1 Broke SKILL, a Be	E CARCOLO CO. C.	Committee description and a Committee of
00556 1 0	PERMIT	******	13035		*****	#155.	5 20% T		24622.4	Twice Per	S. See College
Effluent Gross	REQUIREMENT					15 MO AVG	20 DAILY_MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE										
r low, in conduit or that treatment plant	MEASUREMENT							ŀ	}	ľ	
50050 1 0	PERMIT	Reg Mon	Reg. Mon		G*****	*****	*****	·	15 T. J. Carlo		STREET, BYSY C.
Effluent Gross	REQUIREMENT	Req. Mon MO AVG	DAILY MX	Mgal/d	100 mg		******	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	00/		TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kary	VE 0551055 00	724	682-7773	05/ 27/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE AUTHORIZED AGENT	E OFFICER OR	AREA Code	NUMBER	MM/DD/YYYY

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

010A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 04/ 01/ 2010 TO 04/ 30/ 2010 Page 8

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
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.5	N/A	7.8	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 6 MINIMUM	*****	9 MAXIMUM	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	10 10 10 10 10 10 10 10 10 10 10 10 10 1	0 MO AVG	0 INST MAX	mg/L		When Discharging ∴	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.1	5.8	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req:Mon: MO/AVG	Req. Mon	Mgal/d	*****	******	******* 4 *****************************	N/A		Weekly.	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02	<0.02	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT				**************************************	5 MO AVG	1.25 INST MAX	mg/L	100 mg	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	## 30 Ex. (2)		N/A		2 AVERAGE	5 MAXIMUM	mg/L		Weekly	'-GRAB'

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my		TE	LEPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 1 am aware that there are significant penalties for submitting false information,		724	682-7773	05/ 27/ 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)

Form Approved 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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

011A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Discharge

Г	MONITORING PERIOD									
	MM/C	DD/YY	ΥΥ		MM/C	ראַסכ	YY			
FROM	04/	01/	2010	то	04/	30/	2010			

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel
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,
TYPED OR PRINTED	including the possibility of fine and Imprisonment for knowing violations.

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

TELEPHONE DATE 724 682-7773 05/ 27/ 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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

012A DISCHARGE NUMBER

							_					
		MONITORING PERIOD										
	MM/I	DD/Y	ΥΥ		MM/E	יא/סכ	ΛΥΥ					
FROM	04/	01/	2010	то	04/	30/	2010					

Page 10

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAIVANETEIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.6	N/A	8.1	pН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pН		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1439	0.2110	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	120	Twice Per :: Month::-	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.2	mg/L	0	2 / 30	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT		and the same	N/A		1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon Mon MO AVG	Req: Mon. DAILY MX	Mgal/d		*****		N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	554	708	mg/L	0	2 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req. Mon. MO AVG	Req: Mon: DAILY/MX	mg/L	. e.34 d	Twice Per Month	GRAB

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 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 05/ 27/ 2010 AREA Code NUMBER MM/DD/YYYY

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

TYPED OR PRINTED

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

013A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

OUTFALL 013 External Outfall

No Discharge

MONITORING PERIOD											
	MM/C	אינסכ	YY		MM/C	D/YY	ΥY				
FROM	04/	01/	2010	то	04/	30/	2010				

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CONTRIBUTION		VALUE	VALUE -	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.3	N/A	7.8	N/A	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	****	9 MAXIMUM 🖻	рН		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01	<0.01	N/A	0	2 / 30	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	. V	Req: Mon. MO:AVG	Req. Mon.		201(0)	Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0195	0.0340	N/A	0	2 / 30	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	7 (a	74 100 100 100 100 100 100 100 100 100 10	N/A		Req Mon. MO AVG	Req. Mon.	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005	<0.005	N/A	0	2 / 30.	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT					Req: Mon.	Reg. Mon. DAILY MX			Twice Per Month?	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req.:Mon. MO:AVG	Req. Mon.	Mgal/d		Me challes	•••••	N/A		Twice Per Months	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		0//		TEI	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		Lung		724	682-7773	05/ 27/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIØNATURE ÖF PRI AU	THORIZED AGE	-	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.

MONITORING PERIOD

TO

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

04/ 01/ 2010

101A DISCHARGE NUMBER

MM/DD/YYYY

04/ 30/ 2010

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LAMBLEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		l	
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			6 MINIMUM!	******	9 MAXIMUM	pН	id e	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	The state of the s	COMMENSATION OF THE PROPERTY O			A CONTRACTOR OF THE PROPERTY O	1000 COMPANY 12 COMPAN		erregion in Judge Grae 12 P	Carry Tree sections of the Paris Annual Section 1	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30: +- MO AVG	DAILY MX	mg/L	in de	Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT										- Comment of the Comm
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	26 ************************************				15# MO AVG	20 DAILY MX	mg/L		Weekly	GRAB:
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT					Req. Mon. MO AVG	Req Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			,							
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MØ AVG		Mgal/d	******* ******************************	The state of the s	Ulforest Commence		1550 2013 4 8	DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT			-							
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	••••				Req Mon.	Reg. Mon.	mg/L	dit	Weekly	f 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 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,	Kahul	724	682-7773	05/ 27/ 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)

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 13

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

04/ 01/ 2010 TO

102A DISCHARGE NUMBER

MM/DD/YYYY

04/ 30/ 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
PAINMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.2	, N/A	7.2	pН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 SMINIMUM		9. MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	11	12	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILYMX	mg/L		Twice Per Month	E GRAB∵
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	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 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon. DAILY MX	Mga!/d	*****			N/A	100	Twice Per -: Month	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 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, ncluding the possibility of fine and imprisonment for knowing violations.

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

TELEPHONE DATE 724 682-7773 05/ 27/ 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 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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

04/ 01/ 2010 TO

103A

MM/DD/YYYY

04/ 30/ 2010

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Discharge

PARAMETER	QUANTITY OR LO				DING QUALITY OR CONCENTRATION						SAMPLE TYPE
	VALU	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.5	N/A	7.6	рН	0	4 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		######################################	N/A	6 MINIMUM	******	9 MAXIMUM	Hq		∴ Twice Per ∺ Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	7	9	mg/L	0	2 / 30	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	22.21.2-70.2	30 L MO AVG	100 DAILY MX	mg/L	auto.	Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MOAVG	Req Mon DAILY MX	Mgal/d				N/A		Twice:Per Month	# ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	()A //	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kelluf	724	682-7773	05/ 27/ 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 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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER 111A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Discharge

ļ		N	MONITO	DRING	PERIOD			l
	MM/I	DD/Y	ſΥΥ		MM/I	7		
FROM	04/	01/	2010	то	04/	30/	2010	
				-				

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I Alvanie I El		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			_
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	7.5	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		######################################	N/A	6 MINIMUM	14 (17 17 17 1 7 17 17 17 17 17 17 17 17 17 17 17 17 17	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	100 Signal DAILY MX	mg/L		- Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15.1 MO AVG	20 DAILY MX	mg/L	neralia.	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	MO AVG	Req. Mon. DAILY MX	Mgal/d		100 mg/m		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 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 05/ 27/ 2010 AREA Code NUMBER MM/DD/YYYY

MONITORING PERIOD

TO

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

04/ 01/ 2010

113A DISCHARGE NUMBER

MM/DD/YYYY

04/ 30/ 2010

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		:	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAINMETER	Segul Ald	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT						,				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	рH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		Total Control of the			30 MOFAVG	60.	mg/L			COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		THE STATE OF THE S			The state of the s	an Political Control of the Control	gr_	THE PERSONNEL	AND DE MAN COLORESTO AND	The second secon
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	MO AVG	Req Mon DAILY MX	Mgal/d				N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT				######################################	1.4 MO AVG	3:31 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT				Profession 1	200 MO GEOMN	******	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT		Angliner Com			和 25 MO AVG	50 DAILY/MX	mg/L		Twice Per. Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	() A ()	, T	ELEPHONE	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, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kohu	1	682-7773	05/ 27/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECU AUTHORIZED AGEN	ADEA C	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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

203A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

No Discharge

		Ň	MONITO	PERIOD					
	MM/	ראסכ	ΛΥ		MM/I	DD/Y	YY		
FROM	04/	01/	2010	то	04/	30/	2010		

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMETER	a. Data Alland	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	****** 1.500	105 (C. 17) ****** (F. 17)		4 - 6	*****	#######9 P		OF THE PROPERTY.	Twice Per	CDAR
Effluent Gross	REQUIREMENT		•		MINIMUM	******* ******************************	MAXIMUM	рН	THE RESERVE	Month	GRAB
Solids, total suspended	SAMPLE										
•	MEASUREMENT										
00530 1 0	LEIMIN				75	30. MO AVG	60: - · ·			Twice Per Month	COMP-8
Effluent Gross	REQUIREMENT		population of the			MO AVG	DAILY MX	mg/L	Captres	Month	Sin service
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	.023,	Req! Mon.		######################################		*****			Weekly	-MEASRD
Effluent Gross	REQUIREMENT	023 MO AVG	DAILY MX	Mgal/d			分配单生		100	vveekiy	INICAGNO
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0	PERMIT		*****		34 K*****	1.4	3.3		10.753	- Twice Per	CDAD
Effluent Gross	REQUIREMENT	A Committee of the			Barrier Di	1.4 MO AVG	- INST:MAX	mg/L		Twice Per	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1	PERMIT	******	*****		*****	200	11.5*****		35 A. C.	Twice Per	CDAR
Effluent Gross	REQUIREMENT	D. Mark Sales			SHOP TO SEE	200 MO GEOMN	PARTY SERVICE	#/100mL	XXX	. ⊱a Month : ⊕	FURAD
BOD, carbonaceous, 05 day 20 C	SAMPLE										
	MEASUREMENT			_							
80082 1 0 Effluent Gross	PERMIT		*****		*****	25 MO AVG	50		Cartonia.	Twice Per Month	COMP-8
Ellingin Q1088	REQUIREMENT	建筑和 自身共产的分析的	- 10 PART - 10 P	<u> </u>	in the state of th	JAPAN IND AVO	I SAME UNIT WIN	mg/L	STEED SERVICE	I SAN OUT IN THE	7.50

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	1/1/1/1/1/	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	05/ 27/ 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 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: I

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER 211A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

211 TURBINE BLDG Internal Outfall

No Discharge

		٨	ONITO	RING	PERIOD		
	MM/I	ראמכ	ΥY		MM/C	ראַסכ	YY
FROM[04/	01/	2010	TO	04/	30/	2010

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
171101112721		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.9	. N/A	7.2	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	Transfer and the		N/A	6 minimum		9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	5	14	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30	100 LEDAILY MX	mg/L		Weekly	GRAB:
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	**************************************	15 MO AVG	id 20 ☑ DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A		-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon DAILY MX	Mgal/d	*****			N/A		Weekly	ESTIMA:

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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
 05/ 27/ 2010

 AREA Code
 NUMBER
 MM/DD/YYYY

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: LOCATION:

50050 1 0

50060 1 0

Effluent Gross

Effluent Gross

Chlorine, total residual

BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

MM/DD/YYYY

Req. Mon.

DAILY MX

FROM

Req: Mon:

MO AVG

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

04/ 01/ 2010

213A DISCHARGE NUMBER

MM/DD/YYYY

04/ 30/ 2010

5 MO AVG

1°25 INST MAX

mg/L

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	*****	*****		6	*****	9 45		144	Twice Per	CDAR
Effluent Gross	REQUIREMENT	mi cali	a day salasar		MINIMUM		9 MAXIMUM.2.7	ρH	william.	Twice Per "Month	GRAD
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******			*****	30 = 30 =	100 DAILY MX	ma/L		Twice:Per	GRAB
Oil & grease	SAMPLE MEASUREMENT					MOAVO.	DAIEIAMA	ilig/L		See	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15% MO AVG	20 DAILY MX	mg/L		Twice:Rer Month	GRAB.
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										

Mgal/d

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		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,	N / Start	724	682-7773	05/ 27/ 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 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.

ESTIMA

w Weekly

<!⊀Twice Per

MONITORING PERIOD

TO

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

04/ 01/ 2010

301A DISCHARGE NUMBER

MM/DD/YYYY

04/ 30/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			·	QUALITY OR CONCENTRATION					SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******	15 MO AVG	20 g 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 2 DAILY MX	Mgal/d			**************************************	N/A		Weekly	ESTIMA

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

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 05/ 27/ 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.

MONITORING PERIOD

TO

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:

50050 1 0

Effluent Gross

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

Req. Mon.

DAILY MX

FROM

MM/DD/YYYY

04/ 01/ 2010

303A DISCHARGE NUMBER

MM/DD/YYYY

04/ 30/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

N/A

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAISMETER	PORTING TO THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			:
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.1	N/A	7.7	рΗ	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 : - MINIMUM	******	9 MAXIMUM	рН		Weekly	- GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3	6	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY:MX	mg/L		-:::Weekly:::	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	**************************************	15 MO AVG	20Z DAILÝMX	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

Mgal/d

E

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 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 05/ 27/ 2010 AREA Code NUMBER MM/DD/YYYY

Weekly

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.

Req. Mon.

MO AVG

PERMIT

REQUIREMENT

ESTIMA

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 22

SAMPLE

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

313A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Discharge

FREQUENCY

FR	MM/DD/Y 04/ 01/		MM/DD/YY 04/ 30/	YY 2010		
QUANT	TITY OR LOADING	9		UALITY OR CONC	ENTRATION	
VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS
N/A	N/A	N/A	7.3	N/A	7.8	На

PARAMETER	001303	QUANTI	TT OR EDADING			ZUALITI OR CONC	ENTRATION		EX	OF ANALYSIS	TYPE
TAIMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.3	N/A	7.8	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9/ MAXIMUM	pН	L salett	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	14	26	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	***************************************		N/A	******	# 30; ≠0 MO AVG	DAILY MX	mg/L	Company of the Compan	Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon: MO/AVG		Mgal/d				N/A		Weekly	ESTIMA

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

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified 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 05/ 27/ 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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

401A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/ 01/ 2010 04/ 30/ 2010 TO

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.7	N/A	8.8	pН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		Req Mon. MAXIMUM	рН		Twice Per Month	GRAB _*
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	erprese same and the same and t	N/A	7 7 8 10	MO AVG	100 DAILY:MX	mg/L	in the second	Twice Per Month	GRAB-
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	< 5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon. DAILY MX	Mgal/d	11.00 mg	******		N/A	7.5.45	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 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 05/ 27/ 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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

403A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharge

		٨	MONITO	RING	PERIOD		
	MM/I	ראסכ	ΛΥΥ		MM/E	DOM	ŶΥ
FROM	04/	01/	2010	то	04/	30/	2010

PARAMETER		QUANTI	TY OR LOADING		(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 MINIMUM ±	*****	9. E. MAXIMUM	рН		Weekly	GRAB.
Solids, total suspended	SAMPLE MEASUREMENT	1000	200000000000000000000000000000000000000			ACTION CONTROL TO A CONTROL TO A CONTROL CONTR	30.0 Miles				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1				30 MO AVG	100 DAILY MX	mg/L		- Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	200 200 200 200 200 200 200 200 200 200	THE STATE OF THE S		The state of the s	Common words	Construction of the Constr		THE THE STATE OF T	Compared was the segment of the segm	and the second s
00556 1 0 Effluent Gross	PERMIT REQUIREMENT				7 (17) ****** 31	##15 \$ MO:AVG	20 DAILY MX	mg/L		Weekly	GRAB.
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	2000 20000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2000 2				The state of the s	2 2-1-1-2	J	Control of the same grown	The second secon	SAN TO TO AT THE SAN TO AT
00610 1 0 Effluent Gross	PERMIT REQUIREMENT		******			Req Mon.	Reg: Mon.	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT		410 400 400 400 100			Parameter 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			3.2-3.2-3.2-3.2-3.2-3.2-3.2-3.2-3.2-3.2-		
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		AMERICA STATE	0 MO AVG	0 L'DAILY MX	mg/L		- When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	Req:Mon. DAILY MX:	Mgal/d		1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	******			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT			-							
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5 MO AVG	1.25 INST MAX	ma/L	- Strange	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 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 05/ 27/ 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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

403A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharge

[MONITORING PERIOD									
[MM/DD/YYYY				MM/E	D/YY	ΥY			
FROM[04/	01/	2010	то	04/	30/	2010			

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT				**************************************	0 MO AVG	0. DAILY MX	mg/L		Weekly	GRAB

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

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.

I 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 05/ 27/ 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

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

413A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 04/ 01/ 2010 04/ 30/ 2010 TO

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 TYPE
ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A		N/A		рН			
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			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	90 (************************************		N/A		MO/AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A			mg/L			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	######################################	15 MO AVG	20 DAILY MX	mg/L		Weekly	-GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			MGD				N/A			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon!; - MO AVG	Req. Mon DAILY MX	Mgal/d			*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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 05/ 27/ 2010 724 682-7773 **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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

501A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Discharge

	MONITORING PERIOD										
	MM/DD/YYYY				MM/DD/YYYY						
FROM	04/	01/	2010	TO	04/	30/	2010				
-											

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
- ANAMETER	(Page 1)	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2.6			31.5	30 MO AVG	100	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	A THE ACCURACY AND A PROPERTY OF THE PROPERTY AND A STATE	AND THE PERSON OF THE PERSON O								
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon	I. Req. Mon: DAILY MX	Mgal/d	- Port		**************************************		117	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 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 05/ 27/ 2010 724 682-7773 NUMBER MM/DD/YYYY AREA Code

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

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

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER 001A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Discharge

		MONITORING PERIOD							
ſ	MM/DD/YYYY				MM/DD/YYYY				
ROM[04/	01/	2010	то [04/	30/	2010		

	QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
10 4 1 2 2 2 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	N/A	N/A	N/A	8.0	N/A	8.4	рΗ	0	1 / 7	GRAB
PERMIT REQUIREMENT		ere de la companya de	N/A	6 MINIM⊍M		9* -:MAXIMUM ==	рН		Weekly	GRAB
SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG	GG
PERMIT REQUIREMENT			N/A		Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG		GG	GG	GG
PERMIT REQUIREMENT	*****		N/A	******	0 MO AVG	DAILY MX	mg/L	200	When Discharging	COMP24
SAMPLE MEASUREMENT	26.4	30.5	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
PERMIT REQUIREMENT	Req. Mon.	Req Mon. DAILY MX	Mgal/d	******	******		N/A	Altonomic Sales	Daily	CONTIN
SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.11	mg/L	0	4 / 30	GRAB
PERMIT REQUIREMENT			N/A	T.C.	.5 AVERAGE	1.25 MAXIMUM	mg/L		-Weekly / b	GRAB
SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.1	mg/L	0	CONT	RCRD
PERMIT REQUIREMENT			N/A		2 AVERAGE	.5 MAXIMUM	mg/L	Sales-	Continuous	REORDR
SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG	GG
PERMIT REQUIREMENT		Marie de la Company	N/A		0 MOAVG	DAILY MX	mg/L	9	Weekly	GRAB
	MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT	SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT N/A	SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT N/A N/A N/A N/A PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT N/A N/A N/A	VALUE VALUE UNITS SAMPLE MEASUREMENT N/A N/A N/A PERMIT REQUIREMENT N/A N/A N/A SAMPLE MEASUREMENT N/A N/A N/A PERMIT REQUIREMENT N/A N/A N/A MEASUREMENT N/A N/A N/A MEASUREMENT N/A N/A N/A MEASUREMENT N/A N/A N/A PERMIT REQUIREMENT N/A SAMPLE MEASUREMENT N/A PERMIT REQUIREMENT N/A N/A N/A PERMIT REQUIREMENT N/A N/A N/A PERMIT REQUIREMENT N/A N/A N/A MEASUREMENT N/A N/A N/A	SAMPLE MEASUREMENT N/A N/A N/A 8.0 PERMIT REQUIREMENT N/A	SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT N/A N/A N/A N/A N/A N/A N/A N	VALUE	VALUE	VALUE VALUE UNITS VALUE VALUE UNITS	VALUE VALUE UNITS VALUE VALUE VALUE UNITS

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	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Klohul	724	682-7773	05/ 27/ 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)

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

002A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Discharge

	MONITORING PERIOD											
	MM/I	DD/Y\	ſΥΥ		MM/E	DD/YY	ΥY					
FROM	04/	01/	2010	то [04/	30/	2010					

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1001	/ /	TEI	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting lalse information,	W. F		724	682-7773	05/ 27/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AG		AREA Code	NUMBER	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:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER 003A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfall

No Discharge

- 1	MONITORING PERIOD									
Γ	MM/I	DD/Y	γγγ		MM/E	DD/Y	ΥΥ			
ROM	04/	01/	2010	то [04/	30/	2010			

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
TAINMETER		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 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Reg. Mon DAILY MX			•••••• ••••	*****	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 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.

//n	TEL	_EPHONE	DATE		
Let his	724	682-7773	05/ 27/ 2010		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY		

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

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

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

004A DISCHARGE NUMBER

[MONITORING PERIOD											
[MM/C	DD/YY	ΥY		MM/C	D/YY	ΥΥ						
FROM[04/	01/	2010	то	04/	30/	2010						

Page 4

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			(QUALITY OR CONC	QUALITY OR CONCENTRATION				
. , , , , , , , , , , , , , , , , , , ,	4.5	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS]		
рН	SAMPLE MEASUREMENT			N/A							
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		Design of the second	N/A	6 MINIMUM		9 MAXIMUM	рH	gers de la co	Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req: Mon.	Mgal/d	*****	ingel sality of a	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT			N/A							
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT			N/A							
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	**************************************	2 AVERAGE	MAXIMUM.	mg/L		Weekly	GRAB

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

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 05/ 27/ 2010 AREA Code NUMBER MM/DD/YYYY

Form Approved OMB No. 2040-0004

Page 5

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615
PERMIT NUMBER

006A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Discharge

	MONITORING PERIOD										
	MM/	DD/Y\	/ YY		MM/DD/YYYY						
FROM	04/	01/	2010	то [04/	30/	2010				

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAMBLE		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon ::	Req. Mon. DAILY MX	Mgal/d	grand life outside			N/A		Weekly	ESTIMA

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

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, 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
 05/ 27/ 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: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

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	YY		MM/C	Y\di	/ YY					
FROM	04/ 01/	2010	то [04/	30/	2010					

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAIMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE										
•••	MEASUREMENT										
00400 1 0	PERMIT		*****		6 4 40		9 MAXIMUM			Weekly	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		*MAXIMUM	pН			
Flow, in conduit or thru treatment plant	SAMPLE					,					1
Flow, in conduit of this treatment plant	MEASUREMENT										
50050 1 0	PERMIT	Reg∗Mon	Reg Mon		******	*****	7725777250		Affect of	Weekly	" GRAR
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d		STANCE SERVICE				F 67	
Chlorine, total residual	SAMPLE										
Chlorine, total residual	MEASUREMENT		·								
50060 1 0	PERMIT	******	4.000		*****	14 15 15 15 15 15 15 15 15 15 15 15 15 15	1.25 Graft		A-1	Mookly	GRAB
Effluent Gross	REQUIREMENT	*****	25.20			MO AVG	1.25 INST MAX	mg/L	10.7	Weekly	Let 1 to 1
Chlorine, free available	SAMPLE				<u> </u>						
Chiornie, nee avanable	MEASUREMENT										
50064 1 0	PERMIT	******	*****			£ .2 .3	5 MAXIMUM		14.5	Weekly	GRAB
Effluent Gross	REQUIREMENT	1.6	22.5		***************************************	AVERAGE	MAXIMUM	mg/L	A Section	VVCCKIY	0.50

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)10/6		TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	the first		724	682-7773	05/ 27/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNAT PRE OF PRINCIPAL EXECUTIVE OF AUTHORIZED AGENT	FICER OR A	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

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

04/ 01/ 2010

A800

MM/DD/YYYY

04/ 30/ 2010

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Disc

harge	X

Effluent Gross Solids, total suspended 00530 1 0 Effluent Gross Oil & grease 00556 1 0 Effluent Gross		QUANTITY OR LOADING			C	QUALITY OR CONC	ENTRATION	QUALITY OR CONCENTRATION				
	The state of the	VALUE VALUE UNITS		VALUE	JE VALUE VALUE		UNITS					
nH	SAMPLE											
P	MEASUREMENT											
00400 1 0	PERMIT	74**** Jajan	*****		- 6	*****	9.		3. P. C.	Twice Per	GRAB	
Effluent Gross	REQUIREMENT	APPROVACE TO S			6 MINIMUM:		MAXIMUM	pН	41.0	Twice Per Month	0.00	
Calida tatal ayanandad	SAMPLE											
Solids, total suspended	MEASUREMENT											
00530 1 0	PERMIT		*****		*****	**************************************	100			Twice Per Month	CDAD	
Effluent Gross	REQUIREMENT				1	: 30 MO AVG	DAILY:MX	mg/L	44 M.	s 's Month		
Oil & grance	SAMPLE											
Oil & grease	MEASUREMENT							İ				
00556 1 0	PERMIT	*****	######################################		*****	2 - En 15/20 - A	€20		CM W.	Twice Per. Expression of the property of the prop	CDAD	
Effluent Gross	REQUIREMENT					15 MO AVG	DAILY MX	mg/L	24 E	Twice Per Month	GIVAD	
Flow in conduit or thru treatment plant	SAMPLE											
Flow, in conduit or thru treatment plant	MEASUREMENT											
50050 1 0	PERMIT	Req. Mon	Reg Mon		*****	\$-255 P	50 32 ******	NUA		A VATA STATE OF	ECTIVA	
Effluent Gross	REQUIREMENT	Req. Mon. Mo. Mo. AVG	DAILYMX	Mgal/d		**************************************		N/A		Weekly	L, EOIIMA	

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 724 682-7773 AREA Code NUMBER

MM/DD/YYYY

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

DATE

05/ 27/ 2010

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

010A

DISCHARGE NUMBER

UNIT 2 COOLING WATER External Outfall

MAJOR

(SUBR05)

DMR MAILING ZIP CODE: 150770004

No Discharge

[MONITORING PERIOD									
[MM/E	רא/סכ	/YY		MM/I	רא/סכ	ΥΥ			
FROM	04/	01/	2010	TO	04/	30/	2010			
_										

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	7.5	N/A	7.8	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	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	0 -INST MAX	mg/L	T P	When Discharging	: COMP241
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.1	5.8	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req:Mon MO/AVG	Req Mon.	Mgal/d	***************************************	******		N/A		Weekly,	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02	<0.02	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					.5 MO/AVG	1.25 INST MAX	mg/L	Partie	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	H. St.	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		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,	Ford	724	682-7773	05/ 27/ 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)

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)

Form Approved 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: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

011A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Discharge

		N	ONITO	RING PERIOD						
	MM/E	רא/סכ	ΛΥ		MM/E	ראסכ	ΛΥ			
FROM	04/	01/	2010	то	04/	30/	2010			

PARAMETER		QUANTITY OR LOA			G QUALITY OR CONCENTRATION						SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.004	0.004	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	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 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 AREA Code NUMBER

TELEPHONE

05/ 27/ 2010 MM/DD/YYYY

DATE

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 10

SAMPLE

TYPE

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

012A

DISCHARGE NUMBER

MM/DD/YYYY

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Discharge

FREQUENCY

OF ANALYSIS

ATTN: RAYMOND A LIEB/DIR SITE	OPER	FR	OM 04/ 01/	2010 T	O 04/ 30/	2010					
DADAMETED		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.6	N/A	8.1	рН	0	T	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	Same III	967 COR	N/A	6 MINIMUM		9 MAXIMUM	pН			
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	· N/A	N/A	N/A	0.1439	0.2110	mg/L	0		

MM/DD/YYYY

SAMPLE MEASUREMENT	N/A	N/A	N/A	7.6	N/A	8.1	рН	0	2 / 30	GRAB
PERMIT			N/A	6.4		14 · 9 (5 / 1			Once Per 💀	GRAB
				MINIMUM	* WEST 19	MAXIMUM	pH_		Month	
	N/A	N/A	N/A	N/A	0.1439	0.2110	mg/L	0	2 / 30	GRAB
PERMIT	*****	******	NI/A	*****	Req. Mon	Reg Mon		10000000	Twice Per	CDAD
REQUIREMENT	6 Jan 1969		IN/A		MO AVG	DAILY MX	mg/L	0.000	- Month	GRAB
SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.2	mg/L	0	2 / 30	GRAB
PERMIT	*****	******	NI/A	*******	1.5	1.5		200 (4.4.7)	Twice Per	Care Land
REQUIREMENT			IN/A		MO AVG		mg/L	W	. Month	GRAB
SAMPLE MEASUREMENT	<0.001	< 0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 30	EST
PERMIT	Reg: Mon	Reg. Mon.		*****		7870 77 ***** TEC 26	11/4	900 Ca \$14	Once Per	Ph. 100 (6.8) (M. 10)
REQUIREMENT	MO AVG	DAILYMX	Mgal/d				N/A		Month	ESTIMA
SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	554	708	mg/L	0	2 / 30	GRAB
PERMIT REQUIREMENT			N/A		Reg. Mon.	Req. Mon.	mg/L	348 SE	Twice Per Month	-GRAB
	MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT PERMIT PERMIT PERMIT PERMIT	MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT PERMIT PERMIT	MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT NO AVG MO DAILYMX N/A N/A MEASUREMENT PERMIT PERMIT PERMIT PERMIT PERMIT PERMIT PERMIT PERMIT	MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT N/A	MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT REQUIREMENT SAMPLE MEASUREMENT N/A N/A N/A N/A N/A N/A N/A N/A N/A	MEASUREMENT N/A N/A N/A 7.6 N/A PERMIT REQUIREMENT N/A N/A N/A MINIMUM 65 100<	MEASUREMENT N/A N/A N/A 7.6 N/A 8.1 PERMIT REQUIREMENT N/A N/A MINIMUM MAXIMUM MAXIMUM SAMPLE MEASUREMENT N/A N/A N/A N/A N/A N/A N/A Req. Mon. Req. Mon. Req. Mon. Dail.Y.MX/s Dail.Y.MX/s Dail.Y.MX/s Dail.Y.MX/s Dail.Y.MX/s Dail.Y.MX/s Dail.Y.MX/s Dail.Y.MX MO.AVG Dail.Y.MX Dail.Y.MX Dail.Y.MX Mon. Mol. Avg Dail.Y.MX N/A N/A	MEASUREMENT N/A N/A N/A 7.6 N/A 8.1 PH PERMIT REQUIREMENT N/A N/A MINIMUM MAXIMUM pH SAMPLE MEASUREMENT N/A MO_AVG DAILY_MX mg/L SAMPLE MEASUREMENT N/A MO_AVG DAILY_MX mg/L SAMPLE MEASUREMENT <0.001	MEASUREMENT N/A N/A N/A 7.6 N/A 8.1 pH 0 PERMIT REQUIREMENT N/A N/A MINIMUM MAXIMUM pH pH	MEASUREMENT N/A N/

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Ray OPE	mond A. Lieb, DIRECTOR OF SITE
	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 05/ 27/ 2010 AREA Code NUMBER MM/DD/YYYY

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

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: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

013A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

OUTFALL 013 External Outfall

No Discharge

	MONITORING PERIOD											
Γ	MM/C	ראמכ	ΥY		MM/E	DM	YY					
FROM	04/	01/	2010	то	04/	30/	2010					

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.3	N/A	7.8	N/A	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pН		Weekly	A CHARLES
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01	<0.01	N/A	0	2 / 30	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	100 (100 to 100	Reg: Mon MO AVG	Req. Mon.	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0195	0.0340	N/A	0	2 / 30	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	el metelent.	Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005	<0.005	N/A	0	2 / 30	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req! Mon. MO AVG	Req! Mon.	mg/L	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO AVG	Req: Mon:	Mgal/d			1962 4 1971 1982 1983 1984	N/A	11.1	Twice Rer. 1.	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		0/		TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	K	I have		724	682-7773	05/ 27/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		AUTHORIZED AGI	UTIVE OFFICER OR ENT	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.

MONITORING PERIOD

TO

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615

FROM

MM/DD/YYYY

04/ 01/ 2010

101A

DISCHARGE NUMBER

MM/DD/YYYY

04/ 30/ 2010

17.

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

101 CHEMICAL WASTE TREATMENT
Internal Outfall

No Discharge X

SAMPLE	VALUE	VALUE		QUALITY OR CONCENTRATION				EX	OF ANALYSIS	TYPE
SAMPLE			UNITS	VALUE	VALUE	VALUE	UNITS	:		
MEASUREMENT										
PERMIT	******	MT *****		664.00	******	. 19			Weekly	GRAB
SAMPLE		194		MINIMUM		MAXIMUM	pH			*
	5 m - 1 m -	15 H. S. ***** (\$ C. V.)		*****	30 %	100			Weekly	COMP-2
REQUIREMENT SAMPLE			-		MO AVG	DAILY MX	mg/L			
MEASUREMENT PERMIT	*****	*****		*****	15/5	20				
REQUIREMENT			-		MOJAVG	DAILY MX	mg/L		vveekiy	GRAB
MEASUREMENT	The Control of the Co	Straig San Straig & Andrew Straig Straig						District and the Control of the Cont	Name and the Carlotte Statements	
					MO AVG	DAILY MX	mg/L		Weekly	GRAB
MEASUREMENT										
			Mgal/d		******	******		2 m	DAILY	CONTIN
SAMPLE			<u> </u>	27.00	The second secon	The second secon		10 Page 100 AV NAME	75-75-75-75-75-75-75-75-75-75-75-75-75-7	
	all the second	******		*****	Req: Mon:	Req: Mon.			Weekly	GRAB
	PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT REQUIREMENT SAMPLE MEASUREMENT	PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT	PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT PERMIT MO AVG DAILLYMX	PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT MO AVG DAILYMX Mgal/d Mgal/d MGAUREMENT	PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT MO AVG DAILLY MX Mgal/d Mgal/d MGAUREMENT	PERMIT REQUIREMENT SAMPLE WEASUREMENT PERMIT REQUIREMENT SAMPLE WEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT MO AVG DAILYMX Mgal/d Mgal/d Mgal/d MGAVG M	PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT REQUIREMEN	PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT PERMIT PERMIT PERMIT PERMIT PERMIT REQUIREMENT PERMIT PERMIT PERMIT REQUIREMENT PERMIT PERMIT PERMIT REQUIREMENT PERMIT PER	PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT PERMIT PERMIT PERMIT PERMIT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUI	PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT SAMPLE MO'AVG DAILY'MX Mgal/d DAILY'MX Mgal/d REQUIREMENT PERMIT PERMIT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT REQ

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	100//	TEI	LEPHONE	DATE
ODEDATIONS	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 intormation,	Kahul	724	682-7773	05/ 27/ 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)

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

BEAVER VALLEY POWER STATION FACILITY:

PA ROUTE 168

LOCATION:

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER 102A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Discharge

	MONITO	MONITORING PERIOD											
	MM/DD/YYYY	MM/DD/YYYY											
FROM	04/ 01/ 2010	TO 04/ 30/ 2010											

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAMILIER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.2	N/A	7.2	pН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************		N/A	6 MINIMUM	*****	9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	11	12	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		****** *******************************	N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A		15 MO AVG	20 DAILY MX	mg/L		Twice:Per: 1 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 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	Req: Mon. DAILY: MX	Mgal/d				N/A	214	Twice Per Month	- ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	DA //c/	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, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information.	Kerhul	724	682-7773	05/ 27/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXEQUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER 103A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Discharge

Γ		MONITORING PERIOD											
Γ	MM/I	DD/Y	YY		MM/E	D/YY	ΥY						
ROM	04/	01/	2010	то	04/	30/	2010						

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
ANGUELEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.5	N/A	7.6	рН	0	4 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******* ******************************	**************************************	N/A	6 MINIMUM		9 MAXIMUM	рΗ	41	Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	7	9	mg/L	0	2 / 30	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************		N/A	******* ##	30 MØ AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	∠ Req. Mon. DAILY MX∌	Mgal/d	******			N/A		Twice Per Month	ESTIMA

	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
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,	KUT
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNA/TURE OF PRINCIPAL AUTHORIZE

TELEPHONE DATE 724 682-7773 05/ 27/ 2010 L EXECUTIVE OFFICER OR AREA Code NUMBER MM/DD/YYYY ZED AGENT

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: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER 111A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Discharge

L	MONITORING PERIOD												
	MM/I	רא/סכ	/YY		MM/C	DD/YY	ΥY						
FROM	04/	01/	2010	TO	04/	30/	2010						

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	7.5	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	<4	<4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	,,,,,	MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	20 DAILY MX	mg/L		Weekly	:-GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX				1000	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**

TEL	EPHONE	DATE					
724	682-7773	05/	27/	2010			
AREA Code	NUMBER	MM/E	D/YYY	Υ			

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

113A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

UNIT 2 SEWAGE TMT PLANT Internal Outfall

	MONITORING PERIOD												
	MM/DD/YYYY		MM/DD/YYYY										
FROM	04/ 01/ 2010	то	04/ 30/ 2010										

PARAMETER	QUANTITY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
7.1.0 time.		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	20 34 ******	0 (E n -1)		6		27.4 9 (A.C.)		72 X	Twice Per 🗁	CDAD
Effluent Gross	REQUIREMENT				MINIMUM			pН		Month	r GRAB
Solids, total suspended	SAMPLE										
'	MEASUREMENT										
00530 1 0	PERMIT				214	30 30 and	60%		MARKET	Twice Per Month	COMPA
Effluent Gross	REQUIREMENT	Life despera	are the second second			# MO AVG	DAILY MX	mg/L	1	Month	Agent Albert
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	.043	Red. Mon		*****	********	2 C C (******	N/A	MODEL COM	Weekly	MEACOD
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d			art care up a	IN/A	Library	vveekiy	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0	PERMIT	partition of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7/*****	44 514	14: 3:3		C. Compa	Twice Per	O DAD
Effluent Gross	REQUIREMENT	THE SECOND	10 C 17 21 2 14			. 1.4 -□MO AVG	INST MAX	mg/L		Twice Per in	GRAD.
Coliform, fecal general	SAMPLE MEASUREMENT					-					
74055 1 1	PERMIT					200	******			Twice Per	CDAD
Effluent Gross	REQUIREMENT					MO GEOMN		#/100mL	Han PF	Twice Per Month	UNAD.
BOD, carbonaceous, 05 day 20 C	SAMPLE										
00000 4 0	MEASUREMENT		ANTONIO CONTRACTOR AND ANTONIO CONTRACTOR CO		This absents of the State of th	Property of the Manager Land Land and the Manager Land Land Land Land Land Land Land Land			12 APPROX 2000 CAR COM 6	Navolno, and the second of the	
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****				£ 25 MO AVG	50 DAILY MX	ma/L	A STATE OF	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	A //	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,	Kelley	724	682-7773	05/ 27/ 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.

MONITORING PERIOD

TO

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615
PERMIT NUMBER

FROM

MM/DD/YYYY

04/ 01/ 2010

203A DISCHARGE NUMBER

MM/DD/YYYY

04/ 30/ 2010

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

No Discharge X

PARAMETER	QUANTITY OR LOADING				C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
AMELEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	рΗ		Twice:Per Month	GRAB 🕾
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****			. ⊯i30 M⊙AVG	60 DAILY'MX	mg/L		Twice Per . Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross			Reg! Mon :: A DAILY MX: 4-1	Mgal/d			All where the proof of			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross		 				1:4 MO/AVG	3.3 INST:MAX	mg/L		Twice Per Month	#-GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	in in the second				200 MO:GEOMN:		#/100mL	224	Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT		,			r 25 MO:AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	.//18///	TE	LEPHONE	DATE
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.	K Chul	724	682-7773	05/ 27/ 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

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

211A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

211 TURBINE BLDG Internal Outfall

No Discharge

[MONITORING PERIOD											
[MM/I	DD/YY	YYY		MM/	ΎΥ						
FROM	04/	01/	2010	TO	04/	30/	2010					

PARAMETER	- 10 TA	QUANTITY OR LOADING			C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAIVAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.9	N/A	7.2	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	5	14	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 m. ***********************************		N/A		30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A			20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A		-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon.	Req. Mon DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	//	A	7.	/	
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 EXEC				
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	<i>U</i>	HORIZED AC		UFF	UER (

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

OR

724 682-7773

AREA Code

TELEPHONE

05/ 27/ 2010 NUMBER MM/DD/YYYY

DATE

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

213A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

	MONITORING PERIOD									
Γ	MM/I	ראמכ	YYY		MM/I	DD/Y	YY			
FROM	04/	01/	2010	то [04/	30/	2010			

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE										
['	MEASUREMENT	L				L	-				·
00400 1 0	PERMIT	*****	*****		6		9			Twice Per	GRAB
Effluent Gross	REQUIREMENT	60 2 7 7 7 7			- MINIMUM :-		MAXIMUM	pН		Month	0,50
Solids, total suspended	SAMPLE			_							
Solius, total susperiueu	MEASUREMENT								İ		
00530 1 0	PERMIT		*****		te by the execution of	- 430 Last	100			Twice Per Month	GRAB'
Effluent Gross	REQUIREMENT	******	Control of the second			30; MO AVG	- DAILY MX	mg/L		Month	GIAD 1
Oil & grease	SAMPLE										
Oil & glease	MEASUREMENT	•						<u> </u>			
00556 1 0	PERMIT	*****	*****		**************************************	7.5 - 7.15 - 7.15	20			Twice Pers	CDAD
Effluent Gross	REQUIREMENT				Section 10	MO AVG	PEDAILY MX	mg/L		Twice Pers- Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE							_			
l low, in conduct of the treatment plant	MEASUREMENT		i				_				
50050 1 0	PERMIT	Req. Mon-	Reg. Mon.		******			i,		T.Washing	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	Mark to the				fring.	Weekly	TO THE
Chlorine, total residual	SAMPLE										
Onionije, total residual	MEASUREMENT										
50060 1 0	PERMIT	*****	*****		******	:5	1.25			Twice Per	CDAD
Effluent Gross	REQUIREMENT	***************************************			2.00	.5 MO/AVG	1.25 INST MAX	mg/L	F 17,000	Twice Per Month	GRAD

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	TEI	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting lase information.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	05/ 27/ 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 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: LOCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

301A DISCHARGE NUMBER

(SUBR05) UNIT 2 AUX BOILER BLOWDOWN Internal Outfall

MAJOR

DMR MAILING ZIP CODE: 150770004

No Discharge

		MONITORING PERIOD									
	MM/E	DD/YY	ΛΥΥ		MM/DD/YYYY						
FROM	04/	01/	2010	TO	04/	30/	2010				

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
17.101.1121.21	11 pr 1 mp44	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			·
Solids, total suspended	SAMPLE MEASUREMENT	· N/A `	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	_100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	< 5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	******	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			•••••• 64 - 1847 - 1848	N/A	open Ta	Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS
TYPED OF 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 05/ 27/ 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.

MONITORING PERIOD

TO

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:

Effluent Gross

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

04/ 01/ 2010

303A DISCHARGE NUMBER

MM/DD/YYYY

04/ 30/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONCENTRATION					SAMPLE TYPE
I GIVAING LEIX		VALUE	VALUE	UNITS	VALUE	VALUE VALUE		UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.1	N/A	7.7	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	6 : MINIMUM	******	9 I MAXIMUM	ρH	- J	. Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3	6	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	N/A	**************************************	MO AVG	1005 DAILY:MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	177. (417.)		N/A	Policy and an in-	4 15 MO AVG	20 DAILY/MX	mg/L	18.56	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	PERMIT	Reg. Mon	Rea Mon.		******	*****	6 C C 174 6 C		50 (1.		STATES IN

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 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 05/ 27/ 2010 NUMBER AREA Code 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.

MO AVG

REQUIREMENT

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

313A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Discharge

	MONITORING PERIOD									
	MM/L	רא/סכ	γγγ		MM/DD/YYYY					
FROM	04/	01/	2010	то	04/	30/	2010			

PARAMETER	QUANTITY OR LOADING QUALITY OR CONCENTRATION						NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
TAVAMETER		VALUE	VALUE	UNITS	VALUĖ	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.3	N/A	7.8	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	***************************************		N/A	5 6 MINIMUM.⊸		9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	14	26	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	DAILY MX	mg/L	- 12 - 12	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	****** GRET	**************************************	N/A	1	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon: MO AVG	Req. Mon. DAILY MX	Mgal/d		******	- in the second	N/A		Weekly	ESTIMA

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

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified 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 05/ 27/ 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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

401A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Discharge

	MONITORING PERIOD									
	MM/DD/YYYY				MM/C	DDM	ΥΥ			
FROM	04/	01/	2010	то	04/	30/	2010			
-										

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	8.7	N/A	8.8	pН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	*****	Req. Mon: ** MAXIMUM	рН	Turks.	Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	. <4	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		***************************************	N/A	the public	MO AVG	DAILY MX	mg/L	a service	Twice Per. Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L	1.5	Twice Per-	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon: MO AVG	Reg. Môn DAILY MX	Mgai/d	**************************************	cano the f	****	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 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

TEL	EPHONE	DATE
724	682-7773	05/ 27/ 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.

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

403A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/ 01/ 2010 04/ 30/ 2010 FROM TO

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING	OR LOADING QUALITY OR CONCENTRATION				NO. FREQUENCY EX OF ANALYSIS		SAMPLE TYPE	
PARAMETER	100 (100 (100 (100 (100 (100 (100 (100	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross					6 MINIMUM	*****	9 MAXIMUM	На	F-1	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT					The state of the s					200 900 900 200 200 200 200 200 200 200
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	propes refutation	12 % Carbon		######################################	30 Table 1	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					# 15 ° 15 ° MO AVG.	20 DAILY MX	mg/L	110	Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross					Nacialist as	Req Mon MO AVG	Req. Mon DAILY MX	mg/L	100	Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										·
04251 1 0 Effluent Gross	PERMIT REQUIREMENT					0 / ≟r⊊. MO AVG	DAILY MX	mg/L		When : Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX:	Mgal/d	100					Weekly	/ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT				1						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5 MO AVG	1:25 INST MAX	mg/L	entre t	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 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 05/ 27/ 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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

403A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharge

	MONITORING PERIOD									
	MM/C	DD/Y	/YY		MM/C	DIYY	YY			
FROM[04/	01/	2010	то [04/	30/	2010			

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I AIVAILETEIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lludenzino	SAMPLE										
Hydrazine	MEASUREMENT										
81313 1 0	PERMIT	******	***********		747. ***** 744.	###### O #############################	0 0		14.5	A Mackley	GRAB
Effluent Gross	REQUIREMENT		the or an area			MO AVG	DAILY MX	mg/L		Weekly	GRAD

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 05/ 27/ 2010 682-7773 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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

413A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

BULK FUEL STORAGE DRAIN

Internal Outfall

		٨	IONITO	RING P	PERIOD					
	MM/0	DD/Y	ΥY		MM/(DD/YY	/YY			
FROM	04/	01/	2010	то [04/	30/	2010			

PARAMETER	440	QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A		N/A		рН			
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			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		Change Co.	N/A		30 MO MO	100° DAILY MX	mg/L	- 3.35	Weekly	, GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A			mg/L			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****		N/A		-15 MO:AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			MGD				N/A			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	⊭Req. Mon ∌DAILY MX	Mgal/d	# ***** *******************************	******		N/A		Weekly =	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER						
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

TEL	EPHONE	DATE
724	682-7773	05/ 27/ 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.

MONITORING PERIOD

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: RAYMOND A LIEB/DIR SITE OPER

PARAMETER

PA0025615 PERMIT NUMBER

MM/DD/YYYY

501A DISCHARGE NUMBER

MM/DD/YYYY

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Discharge

FROM 047 017 2010 10 047 307 2010										
n Luis Luis Luis Luis Luis Luis Luis Luis Luis Luis Luis	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
MPLE										
JREMENT								{		
RMIT	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	Navigation ****		3.4 ************************************	THE PROPERTY OF THE PARTY OF TH	E-2003 100 100 100 100 100 100 100 100 100		AND RESIDENCE	MICHAEL SALES	WEST STREET

	ACCUPATION OF THE PROPERTY OF				1		1		1		
Solids, total suspended	SAMPLE							· · · · · · · · · · · · · · · · · · ·			
Solids, total suspended	MEASUREMENT								1		
00530 1 0	PERMIT	62 (4*****			*****	30	100			Control of the contro	" GRAB
Effluent Gross	REQUIREMENT	1	person and the			- MOTAVG	100 DAILY MX	mg/L		Weekly	GRAB.
Flow, in conduit or thru treatment plant	SAMPLE							 ×			
riow, in conduit or thru treatment plant	MEASUREMENT										
50050 1 0	PERMIT	Req Mon	Reg. Mon::		******	7.00/2000	******				CCTINA
Effluent Gross	REQUIREMENT	¢Req Mon M⊙AVG	DAILY MX	Mgal/d		- 1 - Aug - 1 - 1			200	- 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	//	R	8 / / /		ELEPHONE	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, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			724	682-7773	05/ 27/ 2010	
TYPED OR PRINTED		•	NCIPAL EXECU HORIZED AGEI		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.