

November 23, 2010 L-10-330

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

SUBJECT:

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

Enclosed is the October 2010 NPDES Discharge Monitoring Report (DMR) for FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station, in accordance with the requirements of the Permit. Attachment 1 to this letter is supplemental monitoring data for Outfall 001 (dissolved oxygen).

A review of the data indicates no permit parameters were exceeded during the month.

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 NRR Beaver Valley Power Station, Unit Nos. 1 and 2 L-10-330 Page 2

Attachment(s):

1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001

Enclosure(s)

A. Discharge Monitoring Report

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

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-10-330 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

ATTACHMENT 1

Weekly Dissolved Oxygen Monitoring Results at Outfall 001

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

SAMPLE DATE	SAMPLE TIME	VALUE	UNITS
04-Oct-10	0830	10.4	mg/L
11-Oct-10	0830	8.30	mg/L
18-Oct-10	0820	9.22	mg/L
25-Oct-10	0825	7.32	mg/L

- Attachment 1 END -

Form Approved OMB No. 2040-0004

Page 1

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2010 TO

001A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY

10/ 31/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNITS 1&2 COOLG, TOWER BLWDN

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		0	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.1	N/A	8.3	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 - MAXIMUM	рН		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	1/7	GRAB
00610 1 0 · Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	*****	Req: Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG		GG	GG	GG
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A -	******	0 MO AVG	0 DAILÝ MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	31.0	54.6	MGD	N/A	N/A	N/A	N/A	-	DAILŸ	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req:Mon. MO:AVG	Req: Mon: DAILY MX	Mgal/d		******	******	N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.02	mg/L	0	4 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	.5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.1	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	.2 AVERAGE	:5 L MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	1 / 7	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	******	0 MO AVG	# 0 DAILY MX	mg/L		Weekly	GRAB.

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, ncluding the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 11/ 23/ 2010 NUMBER AREA Code MM/DD/YYYY

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

The plant was in wet layup during the last three weeks of October. WMC 11-14-10

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/C	DM	YY		MM/DD/YYYY						
FROM[10/	01/	2010	то [10/	31/	2010				

PARAMETER		QUANTI	TY OR LOADING	OR LOADING QUALITY OR CONC			CENTRATION NO			FREQUENCY OF ANALYSIS	SAMPLE TYPE
MANIETEN		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. 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, ncluding the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 11/ 23/ 2010 AREA Code NUMBER MM/DD/YYYY

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

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

	MONITORING PERIOD										
Г	MM/E	DD/Y	/ΥΥ		MM/DD/YYYY						
FROM	10/	01/	2010] то [10/	31/	2010				
_				_			_				

PARAMETER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1 AVAILETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.041	0.090	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 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

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

DATE 724 682-7773 11/ 23/ 2010 **AREA Code** NUMBER MM/DD/YYYY

TELEPHONE

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.

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

ATTN: RAYM

PA0025615 PERMIT NUMBER

004A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Discharge

SHIPPINGPORT, I	PA 150770004	Ī	MONIT	ORING F	PERIOD	•
MOND A LIEB/DIR SITE	E OPER	FROM	MM/DD/YYYY 10/ 01/ 2010	то	MM/DD/Y 10/ 31/	2010
DADAMETED		QUANTITY (OR LOADING			QUALIT

PARAMETER		QUANTITY OR LOADING			(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAIGHELEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.5	N/A	7.9	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	8.99	11.56	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.22	mg/L	0	1 / 7	GRAB
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	N/A	N/A	N/A	0.07	0.08	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*****	N/A		.2 AVERAGE	.5 MAXIMUM	mg/L		Weekiy	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	100/1/1	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 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	11/ 23/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

There was no discharge flow from Outfail 004 during the second and third week of October. WMC 11-15-10

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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										
Γ	MM/D	רא/מכ	YY		MM/DD/YYYY						
FROM[10/	01/	2010	то [10/	31/	2010				

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAVAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req.:Mon. DAILY MX	Mgal/d	******	******	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	00/6/	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,	a the	724	682-7773	11/ 23/ 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)

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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 DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfail

[MONITO	PERIOD	
Į	MM/DD/YYYY		MM/DD/YYYY
FROM	10/ 01/ 2010	то	10/ 31/ 2010

PARAMETER		QUANTITY OR LOADING VALUE VALUE UNITS			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT								***************************************		
00400 1 0	PERMIT	*****	*****		6		9			Weekly	GRAB
Effluent Gross	REQUIREMENT SAMPLE				MINIM⊎M		MAXIMUM	pН			
Flow, in conduit or thru treatment plant	MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT		Req. Mon. DAILY MX	Mgal/d	******	*****	******			Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	.5 M©/AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT	•••••	*****		******	.2i AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		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,	Le Tuil	724	682-7773	11/ 23/ 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)

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

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Page 7

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168 SHIPPINGPORT, PA 150

PA0025615 PERMIT NUMBER

A800

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Discharge

SHIPPINGPORT, PA 150770004	MONITORING PERIOD				
		MM/DD/YYYY		MM/DD/YYYY	
ATTN: RAYMOND A LIEB/DIR SITE OPER	FRO	10/ 01/ 2010	то	10/ 31/ 2010	

PARAMETER		QUANTITY OR LOADING			C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I AIVANETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		6 MINIMUM	*****	9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	:				30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT				·						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******			15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	N/A		Weekly	ESTIMA

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

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

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

724	682-7773	11/ 23/ 2010
AREA Code	NUMBER	MM/DD/YYYY

TELEPHONE

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

DATE

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

FACILITY:

SHIPPINGPORT, PA 150770004 BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER 010A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 2 COOLING WATER

External Outfall

No Discharge

MM/DD/YYYY MM/DD/YYY	2
	T_T
FROM 10/ 01/ 2010 TO 10/ 31/	2010

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	SAMPLE TYPE	
AVAILLER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		:	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.3	NİA	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		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.0	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. DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.08	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		******		******	5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.0	mg/L	. 0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	*****	.2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	It certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	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,	fort		724	682-7773	11/ 23/ 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

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

[MONITORING PERIOD										
ĺ	MM/C	D/YY	ΥY		MM/E	D/YY	YY				
ROM	10/	01/	2010	TO	10/	31/	2010				

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAIVIETER		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	1 / 7	EST
50050 1 0 Effluent Gross	1	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 ar
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information subm persons who manage the system, or those person information, the information submitted is, to the be and complete. I am aware that there are significa
TYPED OR PRINTED	including the possibility of fine and imprisonment f

and all attachments were prepared under my tem designed to assure that qualified personnel mitted. Based on my inquiry of the person or sons directly responsible for gathering the best of my knowledge and belief, true, accurate, cant penalties for submitting false information, t for knowing violations.

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

724 682-7773 NUMBER AREA Code

TELEPHONE

11/ 23/ 2010 MM/DD/YYYY

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

DATE

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 10

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

Solids, total dissolved

70295 1 0

Effluent Gross

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

N/A

FROM

MM/DD/YYYY

10/ 01/ 2010

012A

DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Discharge

PARAMETER		QUANT	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
INMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.0	N/A	8.0	рН	0	1 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	6 MINIMUM	*****	9 MUMIXAM	рН		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0246	0.0255	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A		Req: Mon: MO AVG	Req: Mon.	mg/L		Twice:Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	2 / 31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	*****	1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO AVG	Req. Mon. DAILY MX	Mgai/d	*****	*****	*****	N/A		Once Per Month	ESTIMA
Solids total dissolved	SAMPLE	NIΔ	NI/A	NI/Δ	N/A	702	769	mall	^	2 (21	GRAR

N/A

N/A

N/A

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/A

MEASUREMENT

PERMIT

REQUIREMENT

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

702

Req. Mon.

MO AVG

768

DAILY MX

Req. Mon.

mg/L

ma/L

724 682-7773 11/ 23/ 2010 NUMBER AREA.Code MM/DD/YYYY

TELEPHONE

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

DATE

GRAB

GRAB

2 / 31

Month

Twice Per

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

No Discharge

MAJOR

(SUBR05)

OUTFALL 013 External Outfall

[MONITORING PERIOD											
[MM/DD/YYYY		MM/DD/YYYY									
FROM	10/ 01/ 20	10 TO	10/ 31/ 2010									

PARAMETER	50.00	QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.2	N/A	7.4	N/A	. 0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	6 MINIM⊎M	******	9 MAXIMUM	рΗ		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND .	N/A	0	2 / 31	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A		Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GØMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0190	0.0195	N/A	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	N/A	0	2 / 31	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	****		N/A	*****	Req. Mon. MO AVG	Req: Mon. DAILY MX	mg/L		Twice Per × Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon: MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	N/A		Twice Per Month	ESTIMA

	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	Oa /	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 penaties for submitting false information,		724	682-7773	11/ 23/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2010

101A

DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2010

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

101 CHEMICAL WASTE TREATMENT

internal Outfall

No

o Discharge	X
-------------	---

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAMILIEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										-
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT							•			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		******	30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MÖ 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	1	Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT		Req Mon. DAILY MX	Mgal/d	*****	******	*****			DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT			_							
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB-

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	() A (//	TEI	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Robil	724	682-7773	11/ 23/ 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: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2010 TO

102A

DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2010

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Discharge

	To California vina annominataria								NO.		· · · · · · · · · · · · · · · · · · ·
DADAMETED		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.6	N/A	7.9	pН	0	2 / 31	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	13	24	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	•	*****	N/A	; ;	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRĄB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month:	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross		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

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, ncluding the possibility of line and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

724 682-7773 11/ 23/ 2010 NUMBER AREA Code MM/DD/YYYY

TELEPHONE

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.

DATE

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 14

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2010

103A

MM/DD/YYYY

10/ 31/ 2010

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Discharge

PARAMETER	QUANTI	NTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PAINMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.6	N/A	7.8	pН	0	4 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3	5	mg/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Twice Per	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	13011.1	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,	to tuil	724	682-7773	11/ 23/ 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.

MONITORING PERIOD

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: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2010 TO

111A

DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1 AVAILETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.5	N/A	7.8	рH	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	ND	ND	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO:AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3	5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	_	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon: MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	******	N/A		Weekly	ESTIMA

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

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

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

TELEPHONE DATE 724 682-7773 11/ 23/ 2010 AREA Code NUMBER MM/DD/YYYY

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 16

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

FROM

MM/DD/YYYY

10/ 01/ 2010 TO

113A

MM/DD/YYYY

10/ 31/ 2010

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

No

Discharge	X
-----------	---

PARAMETER		QUANTITY OR LOADING			G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH .	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT	******	******		6	******	9	рН		Twice Per Month	GRAB
	REQUIREMENT				MINIMUM		MAXIMUM	pn pn		WOITH	
Solids, total suspended	MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.043 MO:AVG	Req Mon DAILY MX	Mgal/d	******		*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT			-							
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	******		*****	200 MO GEOMN	*****			Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE										
80082 1 0	PERMIT	*****	*****		******	25 MO AVG	50 DAILY MX			Twice Per Month	COMP-8
Effluent Gross	REQUIREMENT			<u> </u>		I NO AVG	DAILY MX	mg/L		I MOUNT	

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	00/21	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 peneties for submitting false information,	Alter	724	682-7773	11/ 23/ 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

Form Approved OMB No. 2040-0004

Page 17

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2010 TO

203A

DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

PARAMETER		QUANTITY O			. (QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	*****	*****	-	6	******	. 9			Twice Per	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	pН		Month	GRAB
Solida total suspended	SAMPLE										
Solids, total suspended	MEASUREMENT	-						· '			
00530 1 0	PERMIT	*****	*****		*****	30	60			Twice Per	COMP
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	.023	Req: Mon.		*****	*****	*****			VA I - L.I.	MEASRD
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d		******		:		Weekly	MEASRU
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0	PERMIT	*****	******		*****	1.4	3.3			Twice Per	GRAB
Effluent Gross	REQUIREMENT					MO AVG	INST MAX	mg/L		Month	GIVAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1	PERMIT	*****	*****		*****	200	*****			Twice Per	GRAB
Effluent Gross	REQUIREMENT					MO GEOMN		#/100mL		Month	GIVAD
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0	PERMIT	******	*****		*****	25	50		######################################	Twice Per	
Effluent Gross	REQUIREMENT						DAILY MX	mg/L		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		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.	100	724	682-7773	11/ 23/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTION AUTHORIZED AGE	 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: LOCATION: BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

211A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

211 TURBINE BLDG Internal Outfall

No Discharge

FROM ATTN: RAYMOND A LIEB/DIR SITE OPER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/ 01/ 2010 10/ 31/ 2010 TO

PARAMETER		QUANTITY OR LOADING			(QUALITY OR CONC		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PAIMILIEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.9	N/A	8.0	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	5	9	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	ND	ND	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A		_	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon: MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

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

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

TELEPHONE DATE 724 682-7773 11/ 23/ 2010 AREA Code NUMBER MM/DD/YYYY

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

MONITORING PERIOD

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

FROM

MM/DD/YYYY

10/ 01/ 2010 TO

213A

MM/DD/YYYY

10/ 31/ 2010

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No Di

ischarge	X
----------	---

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAILANCIEN		VALUE	VALUE	UNITS	VALUE	VALUE VALUE UNITS					
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	****	*****		6 MINIMUM	******	-9	į – – – –		Twice Per	CDAR
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	pН		Twice Per Month	GRAD
Solids, total suspended	SAMPLE MEASUREMENT				,						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	-	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT							:g/ =		5. American, 1900	280 C 1400 C 160 30
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	_	*****	15. MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT						ALC: NAME OF THE PARTY OF THE P	ing/L		WOULTS	
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	*****	*****				507114
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d						Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0	PERMIT	*****	*****		******	.5	1.25			Twice Per	CDAD
Effluent Gross	REQUIREMENT						INST MAX	mg/L		Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	00///	TE	LEPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	11/ 23/ 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.

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 20

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

Effluent Gross

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2010 **TO**

301A

DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2010

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

No Discharge

Weekly

PARAMETER		QUANT	QUANTITY OR LOADING QUALITY OR CONCENTRATION						NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			İ
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	******	30 MO/AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	******	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	*****	*****	NI/A		Waakk	ECTIMA

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/			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,	Ft	PRINCIPAL EXE	//	50.00	724	682-7773	11/ 23/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		AUTHORIZED AC		ERUR	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.

REQUIREMENT

Form Approved OMB No. 2040-0004

Page 21

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

PA0025615 PERMIT NUMBER 303A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

NO.

EX

MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfail

No Discharge

SAMPLE

TYPE

FREQUENCY

OF ANALYSIS

SHIPPINGPORT, I	PA 150770004		N	ONITORIN	G PERIOD		
ATTN: RAYMOND A LIEB/DIR SITE	E OPER	FRO	MM/DD/YY OM 10/ 01/	YY 2010 TO	MM/DD/Y 10/ 31/	YYY 2010	
PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION
FARAMETER						T	

PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.2	N/A	7.2	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	******	9 MUMIXAM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	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	ND	ND	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	15 MO/AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.019	0.056	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req: Mon. DAILY MX	Mgai/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	1)61	TE	LEPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EX	 724	682-7773	11/ 23/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED	 AREA Code	NUMBER	MM/DD/YYYY

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

There was no discharge during the last three weeks in October. WMC 11-16-10.

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

Form Approved OMB No. 2040-0004

Page 22

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: 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/DD/YYYY		MM/DD/YYYY								
FROM	10/ 01/ 2010	TO	10/ 31/ 2010								

PARAMETER		QUANTI	QUANTITY OR LOADING QUALITY OR CONCENTRATION 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	7.4	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	12	18	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	30 MØ AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4	6	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	·N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req: Mon. DAILÝ MX	Mgal/d	••••	******	******	N/A		Weekly	ESTIMA

Į	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 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 682-7773 724 11/ 23/ 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.

TO

Form Approved OMB No. 2040-0004

Page 23

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168 SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2010

401A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/ 31/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05) CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		. (QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ACCIPATION		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.7	N/A	8.0	рН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	******	Req. Mon. MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	· N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	******	*****	N/A		Weekly	ESTIMA

	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/		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 lalse information.	K		1050.00	724	682-7773	11/ 23/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF	AUTHORIZED	ICER OR	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

FROM

403A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

		PERIOD	MONITORING PERIOD		
No Discharge X		MM/DD/YYYY	MM/DD/YYYY MM/DD/YYYY		
No Discharge		10/ 31/ 2010	TO	2010	10/ 01/
·			•		
FOUENCY CAMPLE	NO				

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARABLIER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	}		
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	*****	*****		6	******	9			Weekly	GRAB
Effluent Gross	REQUIREMENT SAMPLE				MINIMUM		MAXIMUM	рН			
Solids, total suspended	MEASUREMENT		100		230000000000000000000000000000000000000		TO STATE OF THE PARTY OF THE PA				What is a second second second
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*******	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	-	******	Req: Mon MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		*******	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	Req. Mon.	Req. Mon. DAILY MX	Manle	*****	*****	******			Weekly	ESTIMA
Effluent Gross Chlorine, total residual	REQUIREMENT SAMPLE	MO/AVG	UAILY MX	Mgal/d							
50060 1 0	MEASUREMENT PERMIT	*****	*****		*****	.5	1:25 INST MAX			Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	INST MAX	mg/L			

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	11/1	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,	ROTI	724	682-7773	11/ 23/ 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 (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

MONITORING PERIOD

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

FROM

MM/DD/YYYY

10/ 01/ 2010 TO

403A

DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

PARAMETER		QUANTITY OR LOADING		(QUALITY OR CONCENTRATION					SAMPLE TYPE	
AVAINETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lhudranina	SAMPLE										
Hydrazine	MEASUREMENT				<u> </u>						
81313 1 0	PERMIT	*****	*****		*****	- 30	0			Weekly	GRAB
Effluent Gross	REQUIREMENT	2.5		1		MO AVG	DAILY MX	mg/L		vveekly-	GIVAD

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 11/ 23/ 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

MONITORING PERIOD

TO

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

FROM

MM/DD/YYYY

10/ 01/ 2010

413A

DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05) **BULK FUEL STORAGE DRAIN**

Internal Outfall

No	Discharge	X
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PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
AVAMETER		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	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A				mg/L			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*****	N/A	*****	30 ± MO AVG	100 DAILY MX	mg/L		-Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A			mg/L			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			MGD				N/A			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req.:Mon: MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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 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.

TELEPHONE 724 682-7773 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER **AUTHORIZED AGENT**

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.

DATE

MM/DD/YYYY

11/ 23/ 2010

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615

501A

PERMIT NUMBER

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/C	D/YY	YY				
FROM	10/	01/	2010	то	10/	31/	2010				

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAINMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO AVG	Req: Mon: DAILY MX	Mgal/d	*****	******	*****			Weekly	ESTIMA

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

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

TELEPHONE DATE 724 682-7773 11/ 23/ 2010 AREA Code NUMBER MM/DD/YYYY

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

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