

December 21, 2010 L-10-346

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

#### SUBJECT: >

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

Enclosed is the November 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,

Ráymond A. Lieb

Director, Site Operations

IESS NFR Beaver Valley Power Station, Unit Nos. 1 and 2 L-10-346 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-10-346 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
02-Nov-10	0815	9.05	mg/L
05-Nov-10	0800	9.70	mg/L
07-Nov-10	1030	9.60	mg/L
19-Nov-10	1130	9.81	mg/L
22-Nov-10	1040	8.50	mg/L
29-Nov-10	0915	9.57	mg/L

- Attachment 1 END -

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-10-346 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
10-26-10	1700	Outfall #003	Zinc	146	ug/l
10-26-10	1700	Outfall #003	Iron	149	ug/l
10-26-10	1715	Outfall #008	Zinc	175	ug/i
10-26-10	1715	Outfall #008	Iron	2560	ug/l
10-26-10	1725	Outfall #011	Zinc	201	ug/l
10-26-10	1725	Outfall #011	Iron	578	ug/l

- Attachment 2 END -

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

FROM

001A

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/ 01/ 2010 TO 11/ 30/ 2010 DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
<u> </u>		VALUE ·	VALUE	UNITS	VALUE VALUE		VALUE	UNITS			,,,,
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.0	N/A	8.7	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	6 MINIMUM	******	9 MAXIMUM	pΗ		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	GG	GG
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 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	21.8	26.7	MGD	N/A	N/A	N/A	N/A		DAILY	CONT
50050 1 0. Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	•••••		******	N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.18	mg/L	0	5 / 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	*****	******	N/A	*****	.2 AVERAGE	.5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A ,	N/A,	GG	GG	mg/L	0	GG	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	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	2 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,	· WTM	724	68,2-7773	12/ 21/ 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.



OMB No. 2040-0004

Page -

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

MM/DD/YYYY

11/ 01/ 2010

FROM

002A

MONITORING PERIOD

TO

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

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			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	0.046	MGD	Ν̈́Α	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 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 NUMBER

**AREA Code** 

12/ 21/ 2010

DATE

MM/DD/YYYY

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

FROM

MM/DD/YYYY

11/ 01/ 2010 TO

003A

PERMIT NUMBER

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2010

DMR MAILING ZIP CODE:

MAJOR

(SUBR05)

003

External Outfall

No Discharge

		•					•				
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	0.041	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

MONITORING PERIOD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne
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** 

724 682-7773 AREA Code NUMBER MM/DD/YYYY

TELEPHONE

12/ 21/ 2010

DATE

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.

MONITORING PERIOD

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

FROM

MM/DD/YYYY

11/ 01/ 2010 TO

004A

MM/DD/YYYY

11/ 30/ 2010

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAINMETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.9	N/A	8.6	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	6.36	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	0.2	0.23	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	0.2	0.4	mg/L	.0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	.2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

NAM	E/TITLE PRIN	ICIPAL EXE	CUTIVE	DEFICER

Raymond A. Lieb, DIRECTOR OF SITE **OPERATIONS** 

TYPED OR PRINTED

firection or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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** 

724 682-7773 **AREA Code** NUMBER

**TELEPHONE** 

12/ 21/ 2010 MM/DD/YYYY

DATE

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

There was no discharge flow from Outfall 004 during the third week of November. WMC 12-16-10

MONITORING PERIOD

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

MM/DD/YYYY

11/ 01/ 2010

FROM

006A

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2010

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Discharge

- ALDANETED		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	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

	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	1011		TELEP	PHONE	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 felse information,	KULY		724	682-7773	12/ 21/ 2010
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVEAUTHORIZED AGENT	E OFFICER OR A	REA Code	NUMBER	MM/DD/YYYY

MONITORING PERIOD

TO

OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

PERMIT

REQUIREMENT

ADDRESS: ( PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

50064 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

FROM

MM/DD/YYYY

11/ 01/ 2010

007A

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2010

.2

AVERAGE

MAXIMUM

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfall

No Discharg

Weekly

GRAB

PARAMETER		QUANTITY OR LOADING			(	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAINMETEN		VALUE		VALUE UNITS		VALUE VALUE		VALUE UNITS			
оН	SAMPLE										
Pi 1	MEASUREMENT	·			J		·				ı .
00400 1 0	PERMIT	*****	*****		6	*****	9		245/310		
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	pН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE								CONTINUE OF THE PROPERTY.	CONTRACTOR CONTRACTOR	11040, 110, 110, 1100, 1
now, in conduit or this treatment plant	MEASUREMENT				J						i
50050 1 0	PERMIT	Reg. Mon.	Req. Mon.		*****	*****	*****		1.0		GRAB
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d			******			Weekly	GRAB
Chlorine, total residual	SAMPLE							i	A	2 man 4 man 2 man	80000410000 (N.Y.C.C.) U.C.S
Chiorine, total residual	MEASUREMENT				<b>!</b>	-	•				j
50060 1 0	PERMIT	*****	****		*****	.5	1.25				State Line State (
Effluent Gross	REQUIREMENT					MOAVG	INST MAX	mg/L		Weekly	GRAB
Chlorina fran quallable	SAMPLE					W. W. (1)			Part (0.00) 3(47.0) 3	er: C00 - er (e. 200 - 70 / 100 - 20 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 /	SPECIAL SECURITIES
Chlorine, free available	MEASUREMENT		•			1					l

	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	100/01	TE	LEPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am eware 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	12/ 21/ 2010
TYPED OR PRINTED		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.

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

DISCHARGE NUMBER

A800

MONITORING PERIOD

MM/DD/YYYY FROM 11/ 01/ 2010 TO

MM/DD/YYYY 11/ 30/ 2010 DMR MAILING ZIP CODE:

150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

Discha	rge	X
	•	

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION	_	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
INVINETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Hq	SAMPLE											
pii .	MEASUREMENT		·			'			L			
00400 1 0	PERMIT	*****	*****		6	*****	9			Twice Per	GRAB	
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	pН		Month	GRAB	
Solids, total suspended	SAMPLE											
Solids, total suspended	MEASUREMENT	, i	,		,							
00530 1 0	PERMIT	*****	*****		*****	30	100			Twice Per	GRAB	
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Month	GRAB	
Oil 8 grange	SAMPLE											
Oil & grease	MEASUREMENT							1				
00556 1 0	PERMIT	*****	*****		*****	15	20			Twice Per	GRAB	
Effluent Gross	REQUIREMENT					15 MO AVG	DAILY MX	mg/L		Month	GRAB	
Flow is conduit as they treatment plant	SAMPLE							<u> </u>				
Flow, in conduit or thru treatment plant	MEASUREMENT							1				
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	*****	*****	N/A		WAY SELL	ESTIMA	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	******			IN/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) 6	//			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,	KOT	~ / ~ /	// TIVE 0	ALEICED OF	724	682-7773	12/ 21/ 2010
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL AUTHORIZ			PFICER OR	AREA Code	NUMBER	MM/DD/YYYY

MONITORING PERIOD

TO

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

FROM

MM/DD/YYYY

11/ 01/ 2010

010A

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**UNIT 2 COOLING WATER** 

External Outfall

No Discharge

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	7.6	N/A	7.7	pН	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	5.1	5.4	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	0.24	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	0.1	0.2	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	******	N/A <sub>,</sub>	******	.2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	\\ \all \  \  \  \  \  \  \  \  \  \  \  \  \	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,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	12/ 21/ 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

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

MAJOR (SUBR05)

DIESEL GEN & TURBINE DRAINS

DMR MAILING ZIP CODE: 150770004

External Outfall

No Discharge

Γ	MONITORING PERIOD									
Γ	MM/E	רצ/סכ	ΥΥ		MM/I	ſΥΥ	] `.			
FROM	11/	01/	2010	TO	11/	30/	2010	].		
								-		

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.004	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	110111	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 exert that there are significant penalties for submitting false information,	KUTU	724	682-7773	12/ 21/ 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

OMB No. 2040-0004

Page 10

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615

FROM

012A

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/ 01/ 2010 11/ 30/ 2010 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
PARAMETER	and the second	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.3	N/A	8.3	рН	0,	1 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	рΗ		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0275	0.0289	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.0	mg/L	0 -	2 / 30	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 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	******	N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	1003	2090	mg/L	0	3 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	ar i	Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	00////		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,	1-1-1	724	682-7773	12/ 21/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Cod	e NUMBER	MM/DD/YYYY

OMB No. 2040-0004

Page

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/DD/YYYY		MM/DD/YYYY								
FROM	11/ 01/ 2010	TO	11/ 30/ 2010								

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I AVAILER		. VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.1	N/A	7.3	N/A	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	******	9 MAXIMUM	pН		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	N/A	0.	2 / 30	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	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		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	· N/A	ND	ND	N/A	0	2 / 30	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 / 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

NAM		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/		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,	K	The state of the s	TIVE OFFICER OR	724	682-7773	12/ 21/ 2010
	TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRING AUTH	ORIZED AGEN		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

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

FROM

MM/DD/YYYY

11/ 01/ 2010 TO

101A

MM/DD/YYYY

11/ 30/ 2010

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 **MAJOR** 

(SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Discharg

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	:		
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******		6 MINIMUM	******	9 MUMIXAM	рH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT					_			ι		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			******	30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	•••••	******		******	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		*****	Reg. Mon. MO AVG	Req Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	:									,
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******			DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT		·		,						
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	Req: Mon: MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB

	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	7	///	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,	SIGNATURE OF PRINCIPAL EX	ECUTIVE OFFICER OR	724	682-7773	12/ 21/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED A		AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

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

11/ 01/ 2010

102A

DISCHARGE NUMBER

MM/DD/YYYY 11/ 30/ 2010

No Discharge

DMR MAILING ZIP CODE: 150770004

102 INTAKE SCREEN HOUSE

MAJOR

(SUBR05)

Internal Outfall

PARAMETER		QUANTITY OR LOADING			C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	· N/A	N/A	7.7	N/A	8.1	рН	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	4	5	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	ND	ND	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	<u>.</u>	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	******	*****	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	0 2		TEL	LEPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE	E OFFICER OR	724	682-7773	12/ 21/ 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 THE DISCHARGE OF COLLECTED PUMP BEARING LEAKAGE PRIOR TO MIXING WITH ANY OTHER WATER.

Form Approved
OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: P.

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615

103A

DISCHARGE NUMBER

DMR MAILING ZIP CODE:

150770004

MAJOR

(SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Discharge

	MONITORING PERIOD											
[	MM/E	DD/Y\	YYY		MM/DD/YYYY							
ROM[	11/ 01/ 2010		то	11/	30/	2010						

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.0	N/A	7.6	рН	0	3 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	******	9 MUMIXAM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	14	23	mg/L	0	2 / 30	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A		30 MO AVG	100 DAILY MX	mg/L		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

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	001		TEI	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, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information,	HAT.	(FOSEIGER OR	724	682-7773	12/ 21/ 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)

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

MONITORING PERIOD

OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

Effluent Gross

Oil & grease

Effluent Gross

Effluent Gross

00556 1 0

50050 1 0

BEAVER VALLEY POWER STATION

REQUIREMENT

SAMPLE

**MEASUREMENT** 

PERMIT

REQUIREMENT

SAMPLE

**MEASUREMENT** 

PERMIT

REQUIREMENT

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

Flow, in conduit or thru treatment plant

PA0025615 PERMIT NUMBER

N/A

\*\*\*\*\*

0.002

Req. Mon.

DAILY MX

FROM

N/A

\*\*\*\*

0.002

Req. Mon.

MO AVG

MM/DD/YYYY

11/ 01/ 2010

111A

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2010

MO AVG

ND

15

MO AVG

N/A

\*\*\*\*

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

DAILY MX

ND

20

N/A

DAILY MX

111 DIESEL GENERATOR BLDG

Internal Outfall

mg/L

mg/L

mg/L

N/A

N/A

0

1 / 7

Weekly

1 / 7

Weekly

**GRAB** 

**GRAB** 

**EST** 

**ESTIMA** 

No Discharge

			<del></del>		,		·				-
		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	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	pH_		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	PERMIT	*****	******	N/A	*****	30 MO AVC	100	mail		Weekly	GRAB

N/A

N/A

N/A

N/A

MGD

Mgal/d

	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	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,	RUTH	724	682-7773	12/ 21/ 2010
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

FROM

113A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/ 01/ 2010 TO 11/ 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
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		ر	
pH	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	••••	******		******		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	*****	******		*****	1.45 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	******		******	200 MO GEOMN	*****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT						·				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	25 MO AVG	50, DAILY MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	00.11.1	TE	LEPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	W / b f	724	682-7773	12/ 21/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER -	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 17

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

203A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAIN SEWAGE TMT PLANT

MAJOR

(SUBR05)

Internal Outfall

No Discharge

ĺ		N	ONITO	RING	PERIOD		
	MM/C	DM	ΛΥ		MIM/E	DD/YY	ΛΛ
FROM	11/	01/	2010	то	11/	30/	2010

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
· Alvanteren		VALUE	VALUE.	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		6 MINIMUM	******	9 MAXIMUM	Hq		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	The second secon	6.7 mm er	-		100 To			4980.0.000.2.1	The state of the s	NAMES AND POST OF STREET
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		*****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.023 MO AVG	Req. Mon. DAILY MX	Mgal/d		******	*******			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT		,		`	,					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		******	·	******	1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******		•••••	200 MO GEOMN	******	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE . MEASUREMENT							],	,		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	GOMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	( certify under pensity 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			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,	1/L	<b>Y</b>	TEICER OR	724	682-7773	12/ 21/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	 UTHORIZED A		FFICER OR	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: 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/DD/YYYY		MM/DD/YYYY									
FROM[	11/ 01/ 2010	то	11/ 30/ 2010									

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAISMETER	37.4.10	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		'	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.6	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	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	0.002	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	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) 0 //	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	12/ 21/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

OMB No 2040-000

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

213A

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY

MM/DD/YYYY 11/ 01/ 2010 11/ 30/ 2010 DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

**UNIT 2 COOL TOWER PUMPHOUSE** 

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		ď	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALÜE	VALUE	VALUE	UNITS		•	
рН	SAMPLE MEASUREMENT		·	***************************************			,				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		6 MINIMUM	******	9. MAXIMUM	-11		Twice Per	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				MINIMOM		<u> </u>	pН		<u>Month</u>	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		******	-30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT							·			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		******	15 MO AVG	20° DAILY:MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		·								
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	•••••	•			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT					·					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	.5 MO AVG	1.25 INST MAX	mg/L		Twice Per Month	GRAB

\* Due to extraordinary conditions, a temporary sump pump was briefly placed in the basement of the Unit 2 Cooling Tower Basement to protect vital equipment during this month. Water was discharged to the combined process/stormwater piping on 11/09/2010. Due diligence monitoring was performed using parameters established for the now non-existent Internal Outfall 213. Monitoring results- pH: 7.95 SU and 7.95 SU; TSS average and daily maximum: 17.0 mg/L; TRC average: 0.2 mg/L and instantaneous Maximum of 0.16 mg/L; Oil and grease: ND. Approximately 4,500 gallons was discharged. The normal flow to Unit 2 Circulating Water was restored on 11/20/2010. MDB 12/21/2010

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

TYPED OR PRINTED

irection 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 mation, 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, cluding the possibility of fine and imprisonment for knowing violations

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

TEL	EPHONE	DATE	
724	682-7773	12/ 21/ 20	)10
AREA Code	NUMBER	MM/DD/YYYY	

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

See note above, WMC 12-17-10

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

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

11/ 01/ 2010 TO

301A

PERMIT NUMBER

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

**UNIT 2 AUX BOILER BLOWDOWN** 

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			· ·	QUALITY OR CONC	ENTRATION	<del> </del>	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
, AVAIRE LEIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			'
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	3 / 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	ND	ND	mg/L	0	3 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	******	15 MO AVG	20 DAILY MX	mg/L		Twice Per #	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	· N/A	N/A	N/A	N/A	-	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 cartify under penalty of law that this document and all attachments were prepared under my	
Raymond A. Lieb, DIRECTOR OF SITE	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,	K
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF

F PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

TELEPHONE DATE 724 682-7773 12/ 21/ 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.

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

303A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**UNIT 1 OIL WATER SEPARATOR** 

Internal Outfall

No Discharge

	MONITORING PERIOD										
	MM/DD/YYYY				MM/E	DD/YY	M				
ROM	11/	01/	2010	,TO	11/	30/	2010				

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION	,	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUĘ	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	Ę		<b>E</b> ,	pН	E	E	Е
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	******	9 MAXIMUM	Hq		.Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	E	E	mg/L	E	E	E
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*******	N/A	*	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASÚREMENT	. N/A	N/A	N/A	N/A	Е	Е	mg/L	E	E	Е
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY:MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.019	0.056	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	******	N/A		Weekly	* ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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 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 12/ 21/ 2010 AREA Code NUMBER MM/DD/YYYY

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

The Unit 1 oil separator was refilled with clean water to minimize environmental impact. WMC 12-17-10.

SAMPLES SHALL BE TAKEN AT THE OVERFLOW FROM THE OIL WATER SEPARATOR PRIOR TO MIXING WITH ANY OTHER WATER. after the oil separator was returned to service from maintenance. Samples were not taken for balance of the week due to Abnormal Operating Condition-Flooding. WMC 12-17-10.

Flow resumed the last day of November.

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

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

FROM

313A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/ 01/ 2010 11/ 30/ 2010 DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING			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	7.1	N/A	7.3	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	7	15	mg/L	O	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4	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. DAILY MX		******	*****	******	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		A	/ //	·	TEL	LEPHONE	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, securate, and complete. I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRI		5/	FIGER OR	724	682-7773	12/ 21/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		HORIZED AG		FFICER OR	AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 23

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

NAME: 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

11/ 01/ 2010

401A DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2010

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
AVAILETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.9	N/A	7.9	pН	0	2 / 30	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 / 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	ND	ND	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. 4 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	() 6 [] []	TELE	PHONE
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,	ROTH	724	682-7773
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

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

DATE

MM/DD/YYYY

12/ 21/ 2010

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

403A DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharge

	MONITORING PERIOD									
٠.	MM/DD/YYYY				MM/C	ראסמ	YY			
FROM	11/	01/	2010	то	11/	30/	2010			

PARAMETER		QUANTI	TY OR LOADING	·		QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAINMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	<b>,,,,,</b>	******		6 MINIMUM	******	9 MAXIMUM	рH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT							<b>P</b> 11	20,284:300,000,000,000	<u> </u>	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	**************************************	remain and the second and the second and second and second as a second and second as a second and second as a seco		a marin o a transfer a marine a a marin o a marin		The second section of the second seco	,g/	yeş e vektoregeste elleş i e		Take weeks to contribute to
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	••••	******		******	15 MO AVG	20 C DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	•••••		******	Req: Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		*****	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	******	*****			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		******	.5 MO AVG	.1.25 INST MAX	mg/L		Weekly	GRAB*
						1					

	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1 / A / / /	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 penalities for submitting false information,	Kliffing	724	682-7773	12/ 21/ 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

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

Form Approved

OMB No. 2040-0004

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

**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

11/ 01/ 2010

403A

MONITORING PERIOD

TO

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

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

PARAMETER		QUANTI	NTITY OR LOADING QUALITY OR CONCE				ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMETER		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

	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TELEPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	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,	KUTUI	724 682-7773	12/ 21/ 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.

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 413A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

**BULK FUEL STORAGE DRAIN** 

Internal Outfall

No Discharge

[		Ŋ	MONITO	RING	PERIOD		
[	MM/I	ראסכ	ſΥΥ		MM/E	DM	YY
FROM	11/	01/	2010	то	11/	30/	2010

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
AMAILILIN		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	****		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

	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 menage 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 labs information,		724	682-7773	12/ 21/ 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 OWS #24 PRIOR TO MIXING WITH ANY OTHER WATER.

Form Approved

OMB No. 2040-0004

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: 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

		λ	ONITO	RING	PERIOD		
	MM/C	D/Y	ΥΥ .		MM/E	DIY	/YY
FROM	11/	01/	2010	то	11/	30/	2010

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. FREQUENCY EX OF ANALYSIS		
CONTRACTOR		VALUE	VALUE	UNITS	VALUE	VAĻUE	VALUE	UNITS			
Solids, total suspended	SAMPLE										
Solids, total suspended	MEASUREMENT	_	·						ii		
00530 1 0	PERMIT	*****	*****		*****	30	100			Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		vveekiy	GRAD.
Flow in conduit or thru treatment plant	SAMPLE										
Flow, in conduit or thru treatment plant	MEASUREMENT							Į _	] .		<b>,</b>
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	*****	*****			Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d						vveekiy	ESTIMA

			a				
	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	77	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, frue, occurate, and complete. I am aware that there are significant penalities for submitting faise information,	K	DELINICIPAL EX	ECUTIVE OFFICER OR	724	682-7773	12/ 21/ 2
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		AUTHORIZED A		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.

Page

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

11/ 01/ 2010 TO

001A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY

11/ 30/ 2010

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAISMETER .		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	,		
pH	SAMPLE MEASUREMENT	· N/A	N/A	N/A	8.0	N/A	8.7	рН	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	, GG	GG	mg/L	0	GG	GG
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	GĠ
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	*****	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	21.8	26.7	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******		******	N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.18	mg/L	0	5 / 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/Å	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 MAXIMUM	mg/L		Continuous -	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	GG	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	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	04/1/	TELEPHONE	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,	Atil	724 682-7773	12/ 21/ 2010
TYPED OR PRINTED	including the possibility of fine end 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.

OMB No. 2040-0004

Page

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

002A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

**MAJOR** 

(SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Discharge

Γ		V	ONITO	RING F	ERIOD		
Г	MM/C	D/Y	YYY		MM/C	ראים כ	YY
ROM	11/	01/	2010	то [	11/	30/	2010

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAXABLE LEIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			·
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req Mon. DAILY MX	Mgal/d	*****	*****	******	N/A		Weeklÿ	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 12/ 21/ 2010 **AREA Code** NUMBER MM/DD/YYYY

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

003A DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfall

No Discharge

[		N	IONITO	RING	PERIOD		
` [	MM/	DD/Y\	ΥΥ		MM/C	DD/YY	ΥY
ROM	11/	01/	2010	то	11/	30/	2010

PARAMETER		QUANTI	TY OR LOADING		d	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.041	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 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 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 12/ 21/ 2010 AREA Code NUMBER MM/DD/YYYY

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

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

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**  DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Discharge

[	MONITORING PERIOD								
	MM/DD/YYYY				MM/E	Mac	YY		
FROM[	11/	01/	2010	то [	11/	30/	2010		

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAIMMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.9	N/A	8.6	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT- REQUIREMENT	******	******	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.36	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	0.2	0.23	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	0.2	0.4	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	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	20111	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	12/ 21/ 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 Outfall 004 during the third week of November. WMC 12-16-10

OMB No. 2040-0004

Page

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									
	MM/C	D/YY	Ϋ́Y.		MM/DD/YYYY					
FROM	11/	01/	2010	то	11/	30/	2010			

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
FANAMETER		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
	1										

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.

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

TELEPHONE DATE 724 682-7773 12/ 21/ 2010 **AREA Code** NUMBER MM/DD/YYYY

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

FROM

007A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/ 01/ 2010 TO 11/ 30/ 2010 DMR MAILING ZIP CODE: 150770004

**MAJOR** 

(SUBR05)

AUX. INTAKE SYSTEM

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB.
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				,						
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon: MO AVG	Req. Mon. DAILY MX	Mgal/d	**	******	**			Weekly	GRAB :
Chlorine, total residual	SAMPLE MEASUREMENT							,			
50060 1 0 Effluent Gross.	PERMIT REQUIREMENT	*****	******		******		1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		*****	2 AVERAGE	:5 MAXIMUM	mg/L		Weekly	GRAB

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

direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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** 

AREA Code	NUMBER	MM/DD/YYYY
724	682-7773	12/ 21/ 2010
I E	LEPHONE	DATE

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

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

OMB No. 2040-0004

Page 7

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

A800

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Discharge

	MONITORING PERIOD										
	MM/E	Mac	<b>YYY</b>		MM/C	MO	ſΥΥ				
ROM	11/	01/	2010	TO	11/	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								r	-	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MUMIXAM	рН		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	12.7	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 / X //	TELEPHONE	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, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724 682-7773	12/ 21/ 2010
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code NUMBER	MM/DD/YYYY

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

MONITORING PERIOD

TO

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

11/ 01/ 2010

010A

**DISCHARGE NUMBER** 

MM/DD/YYYY

11/ 30/ 2010

DMR MAILING ZIP CODE: 150770004

**MAJOR** 

(SUBR05)

**UNIT 2 COOLING WATER** 

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
! VIVAIIT! FIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	·		
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.6	N/A	7.7	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	5.1	5.4	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	0.24	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		*****		1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.2	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
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 12/ 21/ 2010 AREA Code NUMBÈR MM/DD/YYYY

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

REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.):

MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX)

OMB No. 2040-0004

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

11/ 01/ 2010 **TO** 

011A

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAINETER		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

MONITORING PERIOD

	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/	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.	K	/ fun	 724	682-7773	12/ 21/ 2010
TYPED OR PRINTED	including the possibility of fine and Imprisonment for knowing violations.	SIGNATÜRE OF PRI	HORIZED AGENT	 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 10

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

70295 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

FROM

MM/DD/YYYY

11/ 01/ 2010 **TO** 

012A

MM/DD/YYYY

11/, 30/ 2010

Req. Mon: 👒

MO AVG

Reg. Mon.

DAILY MX

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Discharge

Twice Per

Month

PARAMETER		QUANTI	TY OR LOADING		G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.3	N/A	8.3	рН	0	1 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	******	9 MAXIMUM	рΗ		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0275	0.0289	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.0	mg/L	0	2 / 30	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 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req Mon. DAILY MX	Mgal/d	******	******	******	N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	1003	2090	mg/L	. 0	3 / 30	GRAB

N/A

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	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	12/ 21/ 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)

PERMIT

REQUIREMENT

GRAB

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/DD/YYYY				MM/D	D/YY	<b>YY</b> ]		
FROM	11/	01/	2010	то [	11/	30/	2010		
_				_					

PARAMETER		QUANTITY OR LOADING			G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAWETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	· 7.1	N/A	7.3	N/A	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 · MINIMUM	******	9 MAXIMUM	pН		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	N/A	0	2 / 30	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	Req Mon: MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	NĎ	ND	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		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/Ą	N/A	ND	ND	N/A	0	2 / 30	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 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon: DAILY MX	Mgal/d	******	******	*****	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		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.	Klity	724	682-7773	12/ 21/ 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)

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

Form Approveti 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

101A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Discharge

	MONITORING PERIOD									
	MM/E	DD/YY	ſΥΥ		MM/E	N/QC	ΥY			
FROM	11/	01/	2010	то	11/	30/	2010			

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
, AMARIE EN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM		9 MAXIMUM	Hq		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT					J					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******			30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT									•	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT					, , ,					
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		******	Req. Mon. :MO AVG	Req: Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	,				·					
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon: MO AVG	Req. Mon: DAILY MX	Mgal/d	*****	*****	******			DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		******	Reg. 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		, 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	12/ 21/ 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)

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.

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

102A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 11/ 01/ 2010 TO 11/ 30/ 2010 Page 13

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
TAISMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.7	N/A	8.1	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	4	5	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	ND	ND	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	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	N/A	y hit	Twice Per Month	ESTIMA

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

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified 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 12/ 21/ 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.

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

BEAVER VALLEY POWER STATION

FACILITY: LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

103A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/ 01/ 2010 11/ 30/ 2010

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING	,	C	QUALITY OR CONC	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.0	N/A	7.6	рН	0,	3 / 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	14	. 23	mg/L	0	2 / 30	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		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. 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 a
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,	
TYPED OF PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNÆTURE ÖF PRINCIPA

PAL EXECUTIVE OFFICER OR RIZED AGENT

TELEPHONE DATE 724 682-7773 12/ 21/ 2010 AREA Code NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 15

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168 SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

FACILITY: LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2010

111A

11/ 30/ 2010

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY DMR MAILING ZIP CODE: 150770004

**MAJOR** 

(SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			Q	UALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
/ PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		ľ	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.5	N/A	7.8	pН	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	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	0.002	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

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** 

IEL	EPHUNE	DATE
724	682-7773	12/ 21/ 2010
AREA Code	NUMBER	MM/DDAXXX

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

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

113A

**DISCHARGE NUMBER** 

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/ 01/ 2010 **TO** 11/ 30/ 2010 DMR MAILING ZIP CODE: 150770004

**MAJOR** 

(SUBR05)

**UNIT 2 SEWAGE TMT PLANT** 

Internal Outfall

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH ·	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	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT								٠		
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		******	******		******	MO AVG	3.3 INST MAX	mg/L	100	Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT		·								
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*******	*****		*****	200 MO GEOMN	******	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT		,		,				- 1	į	
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		*****	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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//		TELEPHONE	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,	Klother	724	682-7773	12/ 21/ 2010
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUT AUTHORIZED AGENT	ADEA	ode 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: LOCATION: BEAVER VALLEY POWER STATION PA ROUTE 168

PA0025615 PERMIT NUMBER

203A

DISCHARGE NUMBER

MAJOR

DMR MAILING ZIP CODE: 150770004

(SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

No Discharge

SHIPPINGPORT, P.	A 150770004			MONITO	RING F	PERIOD		
ATTN: RAYMOND A LIEB/DIR SITE	OPER	FROM	MM/DD/Y 11/ 01/		то	MM/DD 11/ 3		Y 010
PARAMETER		· ~ QUANTITY	OR LOADING	·		<del></del> .	QU	JALI
PARAMETER		VALUE	VALUE	LIMITS	$\Box$	1/41 115		

PARAMETER		- QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
· Alsaineren		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	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				, -					/ .	2
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.023 MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT				`						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	1.4 MO AVG	3:3 INST/MAX	mg/L		Twice Per Month	GRAB:
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******		•••••	200 MO GEOMN	*****	#/100mL		<ul> <li>Twice Per</li> <li>Month</li> </ul>	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT		:	·	) ·						
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		******	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	Dall	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,	W WYY	724	682-7773	12/ 21/ 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.

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

211A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MA.JOR (SUBR05)

211 TURBINE BLDG Internal Outfall

No Discharge

	MONITO	RING	PERIOD
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/ 01/ 2010	TO	11/ 30/ 2010

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAMILIEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.6	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 MEASURÉMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	Ņ/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	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	\\ \alpha \  \  \	TEI	EPHONE	DATE
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	12/ 21/ 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 PERIOD

TO

OMB No. 2040-0004

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

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

11/ 01/ 2010

213A

MM/DD/YYYY

11/ 30/ 2010

DISCHARGE NUMBER

DMR MAILING ZIP CODE:

150770004

**MAJOR** (SUBR05)

**UNIT 2 COOL TOWER PUMPHOUSE** 

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARMINETER		VALUE	VALUE VALUE UNIT	UNITS	VALUE	VALUE	VALUE	UNITS			
iH	SAMPLE MEASUREMENT			-						-	
0400 1 0	PERMIT	*****	*****		6	*****	9			Twice Per	GRAB
ffluent Gross	REQUIREMENT	6.0			MINIMUM		MAXIMUM	pH	200	Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT					'				,	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per	GRAB
Dil & grease	SAMPLE MEASUREMENT		<u> </u>								
00556 1 0	PERMIT	*****	*****		*****	.15	20			Twice Per	GRAB
Effluent Gross	REQUIREMENT		Allen Harris			MO AVG	DAILY MX	mg/L	50.00	Month.	Section 1
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		<u>'</u>	,							
50050 1 0	PERMIT	Reg. Mon.	Reg. Mon.		*****	****	*****		Maria A	Was ald	CCTING
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		100					Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT				,						
50060 1 0	PERMIT	******	*****		*****	.5	1.25		No.	Twice Per	CDAD

\* Due to extraordinary conditions, a temporary sump pump was briefly placed in the basement of the Unit 2 Cooling Tower Basement to protect vital equipment during this month. Water was discharged to the combined process/stormwater piping on 11/09/2010. Due diligence monitoring was performed using parameters established for the now non-existent Internal Outfall 213. Monitoring results- pH: 7.95 SU and 7.95 SU; TSS average and daily maximum: 17.0 mg/L; TRC average: 0.2 mg/L and instantaneous Maximum of 0.16 mg/L; Oil and grease: ND. Approximately 4,500 gallons was discharged. The normal flow to Unit 2 Circulating Water was restored on 11/20/2010. MDB 12/21/2010

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

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

**TELEPHONE** DATE 724 682-7773 12/ 21/ 2010 AREA Code NUMBER MM/DD/YYYY

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

REQUIREMENT

See note above, WMC 12-17-10

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.

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

SHIPPINGPORT, PA 150770004

PERMIT NUMBER

301A DISCHARGE NUMBER

TO

PA0025615

FROM

MM/DD/YYYY

11/ 01/ 2010

MONITORING PERIOD MM/DD/YYYY

11/ 30/ 2010

Page 20

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**UNIT 2 AUX BOILER BLOWDOWN** 

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	ÚNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	· N/A	ND	ND	mg/L	0	3 / 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	ND	ND	mg/L	0	3 / 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	******	*****	*****	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 nformation, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, ncluding the possibility of fine and imprisonment for knowing violations.

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

**TELEPHONE** DATE 724 682-7773 12/ 21/ 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.

QMB No. 2040-0004

Page 21

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER 303A

DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 

150770004

**MAJOR** (SUBR05)

UNIT 1 OIL WATER SEPARATOR

internal Outfall

No Discharge

		ħ	MONITO	RING	G PERIOD					
	MM/E	ראסכ	<b>/YY</b>		MM/DD/YYYY					
ROM	11/	01/	2010	TO	11/	30/	2010			

PARAMETER		QUANTI	ITY OR LOADING QUALITY OR CONCENTRATION						NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
, AMAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	, 、 <b>VALUE</b>	UNITS	. '		
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	Ш		E.	pΉ	Ε	E	E
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	•	*****	N/A	6 MINIMUM	******	9 MAXIMUM	рH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	E	Έ	mg/L	E	E	E
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Weekiy	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	Е	E	mg/L	E	E	E
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. DAILÝ MX	Mgal/d	******	*****	******	N/A		Weekly	ESTIMA

Raymond A. Lieb, DIRECTOR OF SITE	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquity 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.	
TYPED OR PRINTED		AUTHORIZED AGENT

ED AGENT The Unit 1 oil separator was refilled with clean water to minimize environmental impact. WMC 12-17-10.

724

AREA Code

TELEPHONE

682-7773

NUMBER

Flow resumed the last day of November,

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

after the oil separator was returned to service from maintenance. Samples were not taken for balance of the week due to Abnormal Operating Condition-Flooding. WMC 12-17-10.

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

DATE

MM/DD/YYYY

12/ 21/ 2010

Form Approved OMB No. 2040-0004

Page 22

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 313A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Discharge

		N	MONITO	RING	PERIOD
	MM/I	DD/Y	ΛΥΥ		MM/DD/YYYY
FROM	11/	01/	2010	то	11/ 30/ 2010

PARAMETER		QUANTI	QUANTITY OR LOADING QUALITY				ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
, , , , , , , , , , , , , , , , , , ,	SAMDLE	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			-
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.1	N/A	7.3	рΗ	0	1 7 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	7	15	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4	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. 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		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.	KOTY	724	682-7773	12/ 21/ 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 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/E	MQC	<b>/</b> YY		MM/C	DOYY	Ϋ́						
FROM[	11/	01/	2010	TO	11/	30/	2010						

PARAMETER		QUANTI	TY OR LOADING		G	QUALITY OR CONC	UALITY OR CONCENTRATION				SAMPLE TYPE
TAWARETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.9	N/A	7.9	pН	,0	2 / 30	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 / 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	ND	ND	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	*****	*****	*****	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	() n () ()	TEI	LEPHONE	DATE
JOPERATIONS	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.	KAN	724	682-7773	12/ 21/ 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 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

[		_ N	MONITO	RING	PERIOD			
[	MM/C	DD/Y	ſΥΥ		MM/C	רא/סכ	YYY	
FROM[	11/	01/	2010	TO	11/	30/	2010	

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER .		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	••••	*****		6 MINIMUM	*******	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		- 100 - 0 100 <u>0</u> 10100 1000 100 100 100 100 100 100 10		33.5	-	<u> </u>				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		•****	30 MO AVG		mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	and the second of the second o	The control of the co		The same of the sa	and the second s				Section of the sectio	The Control of the Co
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	·						,		1	
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT						,				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	******	*****			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		******	.5 MO AVG	1:25 INST MAX	mg/L		Weekly	GRAB
	· · · · · · ·					1					

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	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 false information,	Klothing	724	682-7773	12/ 21/ 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

Form Approved OMB No. 2040-0004

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

Page 25

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

FACILITY: LOCATION:

PA ROUTE 168

ATTN: RAYMOND A LIEB/DIR SITE OPER

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2010

403A DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2010

DMR MAILING ZIP CODE:

150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharge

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

MONITORING PERIOD

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 12/ 21/ 2010 **AREA Code** NUMBER MM/DD/YYYY

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

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

MG/L. (THE LIMIT IS 35

Form Approved.
OMB No. 2040-0004

Page 26

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615

413A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

BULK FUEL STORAGE DRAIN

Internal Outfall

No Discharge

MONITORING PERIOD											
	MM/E	Y/QC	<b>/</b> YY		MM/E	D/YY	$\Upsilon \Upsilon $				
FROM	11/	01/	2010	то	11/	30/	2010				

PARAMETER		QUANTITY OR LOADING			(	QUALITY OR CONC	ENTRATION	NO.	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	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	******		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

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
 12/ 21/ 2010

 AREA Code
 NUMBER
 MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

501A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/ 01/- 2010 TO 11/ 30/ 2010 DMR MAILING ZIP CODE: 150770004

**MAJOR** 

(SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			*
Colide total augmented	SAMPLE										
Solids, total suspended	MEASUREMENT					,	•				ĺ
00530 1 0	PERMIT	*****	*****		*****	30	100			1002211	GRAB
Effluent Gross	REQUIREMENT					30 MO'AVG	DAILY MX	'. mg/L		Weekly	GRAB
Claus in conduit as they treatment plaint	SAMPLE										
Flow, in conduit or thru treatment plaint	MEASUREMENT				. `						ĺ
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	******	*****			Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG		Mgal/d						vveekiy	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	70/1	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,	Robert	724	682-7773	12/ 21/ 2
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGMATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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