

Beaver Valley Power Station Route 168 P.O. Box 4 Shippingport, PA 15077-0004

May 24, 2011 L-11-175

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 April 2011 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 guarterly stormwater results as required by Permit Condition C-21.

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

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

Sincerely,

Raymond A. Lieb Director, Site Operations



Beaver Valley Power Station, Unit Nos. 1 and 2 L-11-175 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 in this letter.*) US Environmental Protection Agency

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-11-175 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
06-Apr-11	1500	11.15	mg/L
14-Apr-11	1030	10.85	mg/L
23-Apr-11	1012	8.37	mg/L
28-Apr-11	1300	9.69	mg/L

- Attachment 1 END -

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-11-175 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

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ATTACHMENT 2

Sample	Sample				
Date	Time	Outfall	Parameter	Result	Units
04-12-11	1345	Outfall #003	Zinc	226	ug/l
04-12-11	1345	Outfall #003	Iron	1210	ug/l
04-12-11	1300	Outfall #008	Zinc	537	ug/l
04-12-11	1300	Outfall #008	Iron	11000	ug/l
04-12-11	1330	Outfall #011	Zinc	219	ug/l
04-12-11	1330	Outfall #011	Iron	635	ug/l

Permit Part C.21 Iron and Zinc Stormwater Monitoring Results

- Attachment 2 END -

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

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

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PA0025615	
PERMIT NUMBER	

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Γ	MONITORING PERIOD									
	MM/C	DD/Y	MY		MM/E	DDM	YY			
FROM	04/	01/	2011	то	04/	30/	2011			

DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
UNITS 1&2 COOLG. TOWEI External Outfall	R BLWDN

No Discharge

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.6	N/A	8.0	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pH		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	1 / 30	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	Req. Mon.	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG		GG	GG	GG
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A		0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	24.3	28.5	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO.AVG	Reg. Mon.	Mgal/d				N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.10	mg/L	0	4 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	M 7 7 7 62.	******	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	ND	ND	mg/L	0	1 / 30	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A		0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	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,	A A A	724	682-7773	05/ 24/ 2011
TYPED OR PRINTED	including the possibility of line and imprisonment for knowing violations.	o assure that qualified personnel on my inquiry of the person of possible for gathering the Medge and belief, true, accurate, is submiting false information, patients,			

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

The Unit 2 plant was in wet layup the first week of April. WMC 5-11-11

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

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

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ADDRESS: PA ROUT	DDRESS: PA ROUTE 168 SHIPPINGPORT, PA 150770004			PA0025615 002A PERMIT NUMBER DISCHARGE NUMBER						DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)			
LOCATION: PA ROUT					ONITORI				INTAKE S External (BACKWASH		
ATTN: RAYMOND A LIEB	B/DIR SITE OPER		FRC	MM/DD/YY M 04/ 01/		0 04/ 30/					No Disc	harge	
				· · · · <u>L, · · · · · · · · · · · · · · · · ·</u>	<u></u> .	- <u></u>							
	2.00		····-	TY OR LOADING			QUALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE	
PARAMETI	2.00		····-	<u></u>	UNITS		·····	CENTRATION	UNITS			SAMPLE TYPE	
PARAMETI Flow, in conduit or thru tre	ER	SAMPLE	QUANTI	TY OR LOADING			QUALITY OR CON		UNITS N/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	la III	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE	properly gather and avaluate 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	05/ 24/ 2011
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		AREA Code	NUMBER	MM/DD/YYYY

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

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Page 3

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

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NAME: ADDRESS: FACILITY: LOCATION:	PA ROUTE 168 SHIPPINGPORT, P BEAVER VALLEY F PA ROUTE 168	POWER STATION		PA0025615 PERMIT NUMB	ER	003A DISCHARGE NU	MBER		DMR MAI MAJOR (SUBR05) 003 External C)	CODE: 15077	70004
ATTN: RAYMO	SHIPPINGPORT, P DND A LIEB/DIR SITE		FR	MM/DD/Y	YYY	NG PERIOD MM/DD/YY TO 04/ 30/	YY 2011				No Dise	charge
	PARAMETER		QUANT	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	FARAWIEIER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			

Flow, in conduit or thru treatment plant	SAMPLE	0.041	0.090	MGD	N/A	N/A	N/A	N/A		2/30	FST
Flow, in conduit or thru treatment plant	MEASUREMENT	0.041	0.090	MGD					-	2750	E31
50050 1 0	PERMIT	Reg. Mon.	Req. Mon		*****	*****	100 A *****	N/A		Twice Per	ÉSTIMA
Effluent Gross	REQUIREMENT	MOAVG	DAILY MX	Moal/d					13.	Month	LOTINA

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	$\wedge a$	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	05/ 24/ 2011
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)

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

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

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SAMPLE

MEASUREMENT

REQUIREMENT

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VALUE

N/A

VALUE

N/A

PARAMETER

NAME:

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Effluent Gross

	MEASOREMENT	i			t						
00400 1 0	PERMIT	*****	******	N/A	6 🔬		9			Weekly	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	pН		The second second	San Carl & Carling
Flow, in conduit or thru treatment plant	SAMPLE	5.78	7.71	MGD	N/A	N/A	N/A	N/A		1/7	MEAS
now, in conductor that treatment plant	MEASUREMENT	5.70	1.11						_		WILAU
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		A CARACTER AND A CARACTER	*****	*****	N/A		Weekly	MEASRD
Effluent Gross	REQUIREMENT	😹 MO AVG	DAILY MX	Mgal/d					1. S.	VVCCKIY	
Chlorine, total residual	SAMPLE	N/A	N/A	N/A	N/A	0.0	0.06	mg/L	0	1/7	GRAB
officilite, total residual	MEASUREMENT	11/2	IWA	11/7		0.0	0.00	mg/L	U		UND
50060 1 0	PERMIT	1	*****	N/A	*****	.5	1.25			Weekly	GRAB
Effluent Gross	REQUIREMENT					MOAVG	INST MAX	_mg/L		VCCNIX	
Chlorine, free available	SAMPLE	N/A	N/A	N/A	N/A	0.1	0.1	mg/L	0	1/7	GRAB
Chionne, nee available	MEASUREMENT					0.1	0.1	Ing/L	0		
50064 1 0	PERMIT	1	*****		*******	.2	5.5			Weekly	GRAB
Effluent Gross	REQUIREMENT		「日本」「「「「「」」」	N/A		AVERAGE	MAXIMUM	ma/L	Sec. astro	VVCENIY	I. GUAD

UNITS

N/A

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	Dall	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 1 am aware that there are significant penalties for submitting false information.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	05/ 24/ 2011
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		AREA Code	NUMBER	MM/DD/YYYY

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

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Page

TYPE

GRAB

FIRST ENERGY NUCLEAR OPERATING DMR MAILING ZIP CODE: 150770004 PA0025615 004A MAJOR ADDRESS: PA ROUTE 168 SHIPPINGPORT, PA 150770004 PERMIT NUMBER DISCHARGE NUMBER (SUBR05) UNIT ONE COOLG TOWER OVERFLOW FACILITY: BEAVER VALLEY POWER STATION External Outfall LOCATION: PA ROUTE 168 MONITORING PERIOD SHIPPINGPORT, PA 150770004 MM/DD/YYYY MM/DD/YYYY No Discharge FROM 04/ 01/ 2011 то 04/ 30/ 2011 ATTN: RAYMOND A LIEB/DIR SITE OPER NO FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION OF ANALYSIS EΧ

VALUE

7.4

VALUE

N/A

.2 AVERAGE

VALUE

7.8

MAXIMUM

UNITS

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

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NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 006A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004	MONITORING PERIOD	AUX. INTAKE SCREEN BACKWASH External Outfall
ATTN: RAYMO	OND A LIEB/DIR SITE OPER	MM/DD/YYYY MM/DD/YYYY FROM 04/ 01/ 2011 TO 04/ 30/ 2011	No Discharge

PARAMETER		QUANTITY 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	0.002	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

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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		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,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	05/ 24/ 2011
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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NAME: FIRST ENERGY NUCLEAR OPERATING DMR MAILING ZIP CODE: 150770004 PA0025615 007A ADDRESS: PA ROUTE 168 MAJOR DISCHARGE NUMBER SHIPPINGPORT, PA 150770004 PERMIT NUMBER (SUBR05) FACILITY: BEAVER VALLEY POWER STATION AUX, INTAKE SYSTEM External Outfall LOCATION: PA ROUTE 168 SHIPPINGPORT, PA 150770004 MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY No Discharge ATTN: RAYMOND A LIEB/DIR SITE OPER FROM 04/ 01/ 2011 TO 04/ 30/ 2011

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PARAMETER		QUANTITY OR LOADING			G	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	Réq. Món. MO AVG	Req. Mon. DAILY MX	Mgal/d						Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		*****			.5 MO AVG	1.25 INST MAX	mg/L	and States	Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT					2 ÁVERAGE	.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	Da //	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant peraities for submitting false information,	Kenni	724	682-7773	05/ 24/ 2011
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 (Poterence all at	tachmente here)				

(TS 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.

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

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

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

Req: Mon.

MO AVG

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Effluent Gross

Effluent Gross

Flow, in conduit or thru treatment plant

Oil & grease

00556 1 0

50050 1 0

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NAME: ADDRESS:	FIRST ENERGY NUCLE PA ROUTE 168 SHIPPINGPORT, PA 15			PA0025615 PERMIT NUMBE	R	008A DISCHARGE NU	MBER		DMR MA MAJOR (SUBR05	ILING ZIP	CODE: 15077	0004
FACILITY: LOCATION:	BEAVER VALLEY POW PA ROUTE 168 SHIPPINGPORT, PA 15			M	ONITORI]		UNIT 1 C External		TOWER PUMPH	OUSE
ATTN: RAYM	N: RAYMOND A LIEB/DIR SITE OPER			MM/DD/YY DM 04/ 01/		MM/DD/YY 0 04/ 30/	2011				No Disc	charge X
			QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1		
рН		SAMPLE MEASUREMENT								1		
00400 1 0 Effluent Gross	5	PERMIT REQUIREMENT				6 MINIMUM	*****	9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total si	uspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	5	PERMIT REQUIREMENT	******				30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB

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Mgal/d

<u>15</u>

MO AVG

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Req. Mon.

DAILY MX

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	Dall	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,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	05/ 24/ 2011
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		AREA Code	NUMBER	MM/DD/YYYY

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

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GRAB

ESTIMA

Twice Per.

Month

Weekly

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mg/L

N/A

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S DAILY MX

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No.

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

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NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	P	PA0025615 ERMIT NUMBER	DIS	010A
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004		MONITO		PERIOD
ATTN: RAYM	OND A LIEB/DIR SITE OPER	FROM	MM/DD/YYYY	то	MM/DD/YYYY 04/ 30/ 2011

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рң	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.2	N/A	7.4	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	6 MINIMUM	******	9 MAXIMUM∝	ρН		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG	GG
04251 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	******	0 MO AVG	INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.3	10.1	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT	Req. Mon. MO AVG	Req Mon.	Mgal/d	******	*****		N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.07	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****				.5 MOAVG	1-25 INST MÄX	mg/L		Weekly	GRAB 🗸
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.1	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		2 AVERAĜE	5 MAXIMUM	mg/L		Weekly	GRAB

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	EPHONE	DATE
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TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX)

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OMR MAILING ZIP CODE:	150770004
MAJOR	
SUBR05)	
JNIT 2 COOLING WATER	

External Outfall

No Discharge

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

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NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	011A DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			DIESEL GEN & TURBINE DRAINS External Outfall
ATTN: RAYMO	SHIPPINGPORT, PA 150770004 OND A LIEB/DIR SITE OPER	FROM 04/ 01/ 2011 TC	MM/DD/YYYY	No Discharge
		QUANTITY OR LOADING	QUALITY OR CONCENTRATION	NO. FREQUENCY SAMPL

PARAMETER	2 - 2	QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		- 1 / 7	
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	PERMIT	Req Mon	Req. Mon.		******	*****		N/A		Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	S DAILY MX	Mgal/d	S	The second second		1	i Million and Charles		1

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I ceruly 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	na III	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting fails information,	PIL	724	682-7773	05/ 24/ 2011
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)

Page 9

MONITORING PERIOD

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

.

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PA0025615	
PERMIT NUMBER	

FROM

MM/DD/YYYY

04/ 01/ 2011 TO

012A DISCHARGE NUMBER

MM/DD/YYYY

04/ 30/ 2011

 \sim

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
BLOWDOWN FROM THE H	VAC UNIT

No Discharge

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS)
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.7	N/A	7.8	рН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	6 MINIMUM	*****	9 MAXIMUM	рН		Orice Per.	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.3285	0.4300	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A		Keq: Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.2	mg/L	0	2 / 30	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	******	A	N/A		1.5 MO AVG	1.5 DAILY MX	mg/L	and the second se	Twice Per	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. (MO AVG	Req. Mon. DAILY MX	Mgal/d	******			N/A	ser series and series	©nce Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	928	1020	mg/L	0	2 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT		******* *******	N/A	**************************************	Req. Mon. MO AVG	Reg. Mon. DAILY MX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		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,	RORA	724	682-7773	05/ 24/ 2011
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 attac	thments here)				

AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments nere) Form Approved OMB No. 2040-0004

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

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

NAME: ADDRESS: FACILITY:	FIRST ENERGY NUC PA ROUTE 168 SHIPPINGPORT, PA BEAVER VALLEY PC	150770004		PA0025615 PERMIT NUMBE	R	013A DISCHARGE NUI	MBER	DMR MAI MAJOR (SUBR05 OUTFALL)	ING ZIP CODE: 150770004		
LOCATION:	PA ROUTE 168 SHIPPINGPORT, PA			MM/DD/YY			~~			[
ATTN: RAYM	OND A LIEB/DIR SITE C	DPER	FRO			O 04/ 30/					No Disc	charge
			QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ĺ	PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рH		SAMPLE MEASUREMENT	N/A	N/A	N/A	6.6	N/A	6.8	N/A	0	1 / 7	GRAB
00400 1 0 Effluent Gross	5	PERMIT REQUIREMENT		******	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
Cvanide total		SAMPLE	N/A	N/A	N/A	N/A			N/A	0	2/30	24 HR

рн	MEASUREMENT	N/A	N/A	N/A	6.6	N/A	6.8	N/A	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	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	0.0259	0.0364	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	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	Rêq. Mon. DAILY MX	mg/L		Twice Per	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT	Req. Mon. MO AVG	Req. Món: DAILY MX	Mgal/d	*****	*****		N/A		Twice Per Month	ESTIMA

_		$\sim \Omega I$		_	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1 all	TEI	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalies for submitting faise information.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	05/ 24/ 2011
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

There was no discharge during the third week of April. WMC 5-11-11.

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)

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NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	101A DISCHARGE NUMBER	DMR MAILING ZIP CODE MAJOR R (SUBR05)	: 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			101 CHEMICAL WASTE 1 Internal Outfall	REATMENT
	SHIPPINGPORT, PA 150770004	MO	NITORING PERIOD		
ATTN: RAYMO	DND A LIEB/DIR SITE OPER	MM/DD/YYY FROM 04/ 01/ 2	Y MM/DD/YYYY 0011 TO 04/ 30/ 2011		No Discharge

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION			NO. FREQUENCY EX OF ANALYSIS		SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	}		
pН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT				6		9			Weekly	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	рН		VICENIY	
Solids, total suspended	SAMPLE MEASUREMENT		_							E	
00530 1 0	PERMIT	******	*****		*****	30	100			Weekly	COMP-2
Effluent Gross	REQUIREMENT					MO AVG 🜌	DAILY MX	mg/L		WOOKIY	
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0	PERMIT		*****		******	15	20			Weekly	GRAB
Effluent Gross	REQUIREMENT	27 MAR CARL STA			<u> Constantine and a</u>	MO AVG	DAILY MX	mg/L	Maria Maria	h an the second	and the second second
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0	PERMIT	******			******	Reg Mon.	Req. Mon. DAIL Y MX		nor and the second	Weekly	GRAB
Effluent Gross	REQUIREMENT					o. MO AVG	DAILY MX	mg/L			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT					· · · · · · · · · · · · · · · · · · ·					
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	*****	*****	ŝ		DAILY	CONTIN
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d						DAILY	
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0	PERMIT		*****			Req. Mon.	Req Mon.			Weekly	GRAB
Effluent Gross	REQUIREMENT			L		MO AVG	DAILY MX 🔬	mg/L		All and and	

		Λ			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE	DATE
	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	05/ 24/ 2011
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.

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

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

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1	PAOC	25	61	5	
PEF	TIMS	ŇI	IM	RF	R

102A DISCHARGE NUMBER

		N	IONITO	RING	PERIOD		
	MM/I	DD/Y	(YY)		MM/E	DDM	(YY
FROM	04/	01/	2011	то	04/	30/	2011

DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
102 INTAKE SCREEN HOUS Internal Outfall	SE

No Discharge

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION		NO. FREQUENCY EX OF ANALYSIS		SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рн	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.5	N/A	8.1	pН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM		9 MAXIMUM	ρН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	6	7	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 ÁVG	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		Twice Per Month	ESTIMA .

		\sim \wedge			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that gualified personnel.	/ n / //	TEI	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personn 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, accurat and complete. I arm avare that there are isofinificant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	f I f - I	724	682-7773	05/ 24/ 2011
Raymond A. Lieb, DIRECTOR OF SITE DPERATIONS 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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 14

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

FROM

MM/DD/YYYY

04/ 01/ 2011 TO

103A DISCHARGE NUMBER

MM/DD/YYYY

04/ 30/ 2011

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) SLUDGE SETTLING BASIN 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			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.7	N/A	7.2	рН	0	3 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM		9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	14	15	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	/ A / / //	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE	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.	Rotail	724	682-7773	05/ 24/ 2011
	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

-

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

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

111A

DISCHARGE NUMBER

3

30. MO AVG

ND

MO AVG

N/A

1285 mg

2015 Jack

N/A

N/A

N/A

. Maryon

323

		$\gamma \Lambda_{I}$			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penables for submitting false information,		724	682-7773	05/ 24/ 2011
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 EXDLANATION OF ANY MOLATIONS (Deferrance of the					

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

6

DAILY MX

ND

20 DAILY MX

N/A

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FACILITY: BEAVER VALLE LOCATION: PA ROUTE 168 SHIPPINGPORT	Y POWER STATION	_	M	IONITORI				111 DIES Internal C		
ATTN: RAYMOND A LIEB/DIR SI	TE OPER	FRO	MM/DD/YY M 04/ 01/		0 04/ 30/	YY 2011				
PARAMETER		QUANTIT	QUANTITY OR LOADING QU				ALITY OR CONCENTRATION			
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.3	N/A	8.3	pН		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	6 MINIMUM	******	9* MAXIMUM	Hq	ľ	

N/A

N/A

0.002

MO AVG

Req. Mon.

192

1.24

28

PA0025615

PERMIT NUMBER

N/A

N/A

0.002

Reg. Mon.

DAILY MX

.

N/A

N/A

N/A

N/A

MGD

Mgal/d

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different) FIRST ENERGY NUCLEAR OPERATING

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SHIPPINGPORT, PA 150770004

PA ROUTE 168

.

NAME:

ADDRESS:

Effluent Gross

Effluent Gross

Effluent Gross

Oil & grease

0055610

50050 1 0

00530 1 0

Solids, total suspended

Flow, in conduit or thru treatment plant

.

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
111 DIESEL GENERATOR E	BLDG
Internal Outfall	

NO.

EX

0

0

0

1

mg/L

mg/L

mg/L

mg/L

N/A

N/A

No Discharge

SAMPLE

TYPE

GRAB

GRAB

GRAB

GRAB

GRAB

GRAB

EST

ESTIMA

FREQUENCY

OF ANALYSIS

1/7

Weekly

1 / 7

Weekly

1/7

Weekly

1 / 7

Weekly

Form Approved OMB No. 2040-0004

MONITORING PERIOD

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

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PA0025	61:	5
PERMIT NU	(NA)	DED

FROM

MM/DD/YYYY

04/ 01/ 2011 TO

113A DISCHARGE NUMBER

MM/DD/YYYY

04/ 30/ 2011

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) UNIT 2 SEWAGE TMT PLANT Internal Outfall



PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******		6 MINIMUM	******	9 MAXIMÚM	рН		Twice Per	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT		******		•••••• •••••	30 MO AVG	60 DAILY MX	mg/L		C Twice Per	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT					· _					
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	043 MO AVG	Req: Mon DAILY MX	Mgal/d	******			N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****				1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT						·				
74055 1 1 Effluent Gross	PERMIT REQUIREMENT					200 MO GEOMN	······	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE										
80082 1 0 Effluent Gross	PERMIT		****** 1		*****	25 MO AVG	50 DAILY MX	mg/L		Twice Per	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 personnet	1 0 1 1 1	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submaring false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	05/ 24/ 2011
	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

MONITORING PERIOD

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

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

.

PA0025615

FROM

MM/DD/YYYY

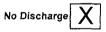
04/ 01/ 2011 TO

203A DISCHARGE NUMBER

MM/DD/YYYY

04/ 30/ 2011

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) MAIN SEWAGE TMT PLANT Internal Outfall



PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
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		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	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT	******	**************************************			25 MO AVG	50 DAILY MX	ma/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	1) a / / /	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	05/ 24/ 2011
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.

-

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

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

N/A

0.002

Req. Mon.

MO AVG

13

N/A

***** ******

0.002

Req. Mon.

DAILY MX

.

.

Effluent Gross

Effluent Gross

Flow, in conduit or thru treatment plant

Oil & grease

0055610

5005010

NAME: FIRST ENERGY NUCLEAR OPERATING ADDRESS: PA ROUTE 168 SHIPPINGPORT, PA 150770004				PA0025615 PERMIT NUMB	ER	211A DISCHARGE NU	MBER		DMR MA MAJOR (SUBR05	i Ling Zip	CODE: 15077	70004	
FACILITY:BEAVER VALLEY POWER STATIONLOCATION:PA ROUTE 168SHIPPINGPORT, PA 150770004									211 TURBINE BLDG Internal Outfall				
ATTN: RAYMO	ATTN: RAYMOND A LIEB/DIR SITE OPER FROM 04/ 01/ 2011 TO 04/ 30/ 2011 No Discharge												
			QUANTI	TY OR LOADING		(QUALITY OR CONCENTRATION		NO. EX		FREQUENCY OF ANALYSIS	SAMPLE	
	PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1	OF ANALYSIS TYPE		
рН		SAMPLE MEASUREMENT	N/A	N/A	N/A	6.6	N/A	7.9	pН	0	1 / 7	GRAB	
00400 1 0 Effluent Gross	,	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	рН		Weekly	GRAB	
Solids, total su	uspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	7	18	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	

N/A

N/A

MGD

Mgal/d

N/A

N/A

-City

ND

MO AVG

N/A

152

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 /	71		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 betef, true, accurate, and complete. I am aware that there are significant penalties for submitting faise information,	R			<u></u>	724	682-7773	05/ 24/ 3	2011
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		AUTHORIZED AG			AREA Code	NUMBER	MM/DD/YYYY	
CONVENTS AND EVEL ANA TON OF ANY INCLASSION (P. C									

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

Form Approved OMB No. 2040-0004

mg/L

mg/L

N/A

0

R.

1 / 7

1 / 7

Weekly

Stark.

Weekly

GRAB

GRAB

EST

ESTIMA

ND

20

DAILY MX

N/A

X

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				

213A DISCHARGE NUMBER

	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
FROM	04/ 01/ 2011	то	04/ 30/ 2011						

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) UNIT 2 COOL TOWER PUMPHOUSE Internal Outfall



PARAMETER		QUANTITY OR LOADING QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE				
FADANICIER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		6 MINIMUM		9 MAXIMUM	рH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	· · · · · · · · · · · · · · · · · · ·	*****			30 MO AVG	100 DAILY MX	mg/L		Twice Per	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

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	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE	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 bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	IF IST I	724	682-7773	05/ 24/ 2011
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
OMMENTS AND EXPLANATION OF ANY MOLATIONS (Reference of effect	hmonto horo)				

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

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

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: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

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PA0025615	
PERMIT NUMBER	

301A DISCHARGE NUMBER

ſ	MONITORING PERIOD								
	MM/DD/YYYY	MM/DD/YYYY							
FROM	04/ 01/ 2011	TO 04/ 30/ 2011							

DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
UNIT 2 AUX BOILER BLOW Internal Outfall	DOWN

No Discharge

PARAMETER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			ļ
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	9.7	17.3	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******	30 MO AVG	100 DAILY MX	mg/L		Twice Per 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 MO AVG	Reg. Mon DAILY MX	Mgai/d	******			N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel) a // //	TEI	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significent penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	05/ 24/ 2011
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 BOILER BLOWN DOWN PRIOR TO MIXING WITH ANY OTHER WATER.

Form Approved OMB No. 2040-0004

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

NAME: 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

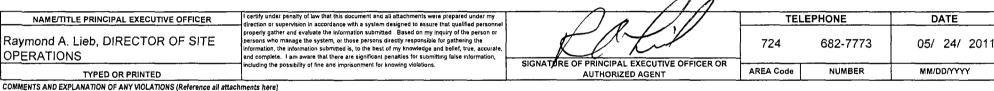
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PA0025615 PERMIT NUMBER

303A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

ł	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
FROM	04/ 01/ 2011	то	04/ 30/ 2011				

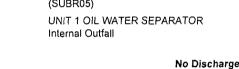
PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.0	N/A	7.0	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	12	21	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	*****	30 MO AVG	DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.019	0.056	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon: MO ÁVG	Req: Mon DAILY MX	Mgal/d	******		*****	N/A		Weekly	ESTIMA



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

There were no samples taken during the second and fourth week of April due to Abnormal Operating Condition-Flood. WMC 5-11-11.

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



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

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PA0025615	
PERMIT NUMBER	

313A DISCHARGE NUMBER

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

	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
FROM	04/ 01/ 2011	то	04/ 30/ 2011				

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.6	N/A	6.8	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	11	18	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3	5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	1	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 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	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 befer, true, accurate, and complete. 1 am aware that there are significant penalities for submitting false information,	f Ali	724	682-7773	05/ 24/ 2011
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EVELANATION OF ANY VIOLATIONS (Deference all atta-					

MENTS 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.

<u>There was no discharge during the third week of April. WMC 5-11-11.</u> Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

No Discharge

MONITORING PERIOD

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

FROM

MM/DD/YYYY

04/ 01/ 2011 TO

401A DISCHARGE NUMBER

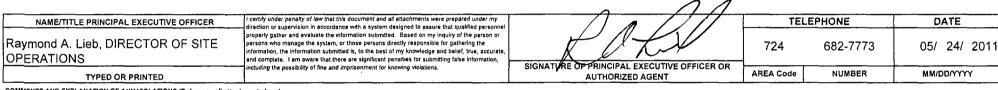
MM/DD/YYYY

04/ 30/ 2011

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

No Discharge

PARAMETER	тер		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	8.1	N/A	9.0	pН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	6 MINIMUM		Req. Mon. MAXIMUM	pН	ter ter Alter ter	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	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



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

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

PA00	25615
PERMIT	NUMBER

403A DISCHARGE NUMBER

	MONITORING PERIOD									
	MM/DD/YYYY		MM/DD/YYYY							
FROM	04/ 01/ 2011	то	04/ 30/ 2011							

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
CONDENSATE BLOWDOW	N & RIVR WAT
Internal Outfall	



Form Approved

OMB No. 2040-0004

		QUANTITY OR LOADING			C	QUALITY OR CONC			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS]		
рН .	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			6 MINIMÚM	******	9 MAXIMUM	рН		Wéékiy	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****			30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT							1			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		****			15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT		******		******	Req. Mon: MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	****** ******			******	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross		Req. Mon MO AVG	Req. Mon DAILY MX	Mgal/d		****** All and a second s				Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT		and the second			.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	A TA	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	- Alt	724	682-7773	05/ 24/ 2011
TYPED OR PRINTED	direction or supervision in accordance with a system designed to assure that qualified person property gather and evaluate the information submitted. Based on my inquiry of the person o 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, accurs and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNAZURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EVELANATION OF ANY MOLATIONS (Reference of etter					

ANATION OF ANY VIOLATIONS (Reference all attachments here)

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

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



PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different) FIRST ENERGY NUCLEAR OPERATING

SHIPPINGPORT, PA 150770004

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

PA ROUTE 168

PA ROUTE 168

ATTN: RAYMOND A LIEB/DIR SITE OPER

.

NAME:

ADDRESS:

FACILITY:

LOCATION:

PA0025615	403A
PERMIT NUMBER	DISCHARGE NUMBER

r										
ŀ	MM/DD/YYYY	RING	MM/DD/YYYY							
FROM	04/ 01/ 2011	то	04/ 30/ 2011							

DMR MAILING ZIP CODE : MAJOR (SUBR05)	150770004
CONDENSATE BLOWDOW	N & RIVR WAT

No Discharge

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE										
i iyulazine	MEASUREMENT				1	[(1			
81313 1 0	PERMIT	*****	*****		1	0	×× 0			Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L	· · · · ·	vveekiy	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	No 1.	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belef, true, accurate, and complete. I am aware that there are significant penalies for submitting false information,	pet-	724	682-7773	05/ 24/ 2011
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

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

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

413A

DISCHARGE NUMBER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

AREA Code

NUMBER

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

SHIPPINGPORT, PA 150770004

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

PA ROUTE 168

PA ROUTE 168

ATTN: RAYMOND A LIEB/DIR SITE OPER

.

NAME:

ADDRESS:

FACILITY:

LOCATION:

.

		Λ Λ		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	10/1/	TELEPH	IONE
Raymond A. Lieb, DIRECTOR OF SITE	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 compilet. I am aware that there are significant penalties for submitting false information,	RAH	724 6	682-7773

ncluding the possibility of fine and imprisonment for knowing violations.

TYPED OR PRINTED 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.

FIRST ENERGY NUCLEAR OPERATING

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		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		Real Property Contraction	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		Weêkly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			MGD				N/A			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	DAILY MX	Mgal/d	*****	*****	******	N/A		Weekly	ESTIMA

	MONITORING PERIOD									
	MM/DD/YYYY				MM/DD/YYYY					
FROM	04/	01/	2011	то	04/ 30/ 2011					

PA0025615

PERMIT NUMBER

DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
BULK FUEL STORAGE DRA	AIN



No Discharge

DATE

MM/DD/YYYY

05/ 24/ 2011

Form Approved OMB No. 2040-0004

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

.

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 501A PERMIT NUMBER DISCHARGE NUMBER
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004	MONITORING PERIOD
ATTN: RAYMO	OND A LIEB/DIR SITE OPER	MM/DD/YYYY MM/DD/YYYY FROM 04/ 01/ 2011 TO 04/ 30/ 2011

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
UNIT 1 GENRTR BLWDWN	FILT BW
Internal Outfall	

No Discharge

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT				*****	30 MO AVG	DAILY MX	mg/L	P 45	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	ÉSTIMA

		$\Lambda \Lambda \Lambda$			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	D_{Λ}	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	RETA	724	682-7773	05/ 24/ 2011
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all att	achments here)				

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

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

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

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PA0025615	
PERMIT NUMBER	

:

001A DISCHARGE NUMBER

	MONITORING PERIOD								
	MM/DD/YYYY			MM/DD/YY			YY		
FROM	04/	01/	2011	то	04/	30/	2011		

DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
UNITS 1&2 COOLG, TOWE	R BLWDN

No Discharge

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	7.6	N/A	8.0	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	ND	ND	mg/L	0	1 / 30	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	*****	Req. Mon. MO AVG	Req. Mon.	mg/L		Weekiy	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	ma/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	24.3	28.5	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	0.10	mg/L	0	4 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	an an g arran an a n an	.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	ND	ND	mg/L	0	1 / 30	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

		111			
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 drectly 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,	POL	724 682-7773		05/ 24/ 2011
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY MOLATIONS (Deferred all the	The I Init 2 plant	was in wet layup the first week of April WMC 5 11 11		······	

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

The Unit 2 plant was in wet layup the first week of April. WMC 5-11-11

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.

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

MEASUREMENT

PERMIT

REQUIREMENT

Reg. Mon. MO AVG

Req. Mon. DAILY MX

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50050 1 0

Effluent Gross

.

NAME: FIRST ENERGY NUCLEAR OPERATING ADDRESS: PA ROUTE 168 SHIPPINGPORT, PA 150770004 FACILITY: BEAVER VALLEY POWER STATION LOCATION: PA ROUTE 168 SUMPPINGPORT PA 150770004				PA0025615 002A PERMIT NUMBER DISCHARGE NUMBER						DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) INTAKE SCREEN BACKWASH External Outfall				
	PA ROUTE 168 SHIPPINGPORT, PA 150 ND A LIEB/DIR SITE OPEI		FF	MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 04/ 01/ 2011 TO 04/ 30/ 2011					External	Juttall	No Disc	harge		
[QUANT		3		QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE		
	PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS					
Flow, in condui	t or thru treatment plant	SAMPLE	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST		

Mgal/d

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35. A.

Sec.

N/A

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1. a // //	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 belef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	RAL	724	682-7773	05/ 24/ 2011
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

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

Page 2

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Page 3

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

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	PARAMETER		QUANTITY OR			QUALIT	Y OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ATTN: RAYMO	SHIPPINGPORT, F OND A LIEB/DIR SITE		FROM	MONITOF MM/DD/YYYY 04/ 01/ 2011		MM/DD/YYYY 04/ 30/ 2011					No Disc	harge
FACILITY: LOCATION:	BEAVER VALLEY I PA ROUTE 168								003 Externa	l Outfall		
NAME: ADDRESS:	FIRST ENERGY NI PA ROUTE 168 SHIPPINGPORT, P	JCLEAR OPERATING PA 150770004		0025615	DISC	003A HARGE NUMBER			DMR M MAJOR (SUBRC		CODE: 15077	0004

PARAMETER					<u> </u>					OF ANALYSIS	TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		0.090	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	*****	*****	N/A		* Twice Per	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d						Month	

	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	$\cap A / A$	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,	Klait	724 682-7773		05/ 24/ 2011
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

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

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PA0025615
PERMIT NUMBER

FROM

MM/DD/YYYY

04/ 01/ 2011 TO

004A DISCHARGE NUMBER

MM/DD/YYYY

04/ 30/ 2011

MAJOR (SUBR05) UNIT ONE COOLG TOWER OVERFLOW External Outfall

DMR MAILING ZIP CODE: 150770004

No Discharge

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION	· ····	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	7.8	рН	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	5.78	7.71	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO AVG	Req. Mon.	Mgal/d	*****	******	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.06	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	ĠRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.1	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	Dall	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.		724	682-7773	05/ 24/ 2011
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

Page 4

Form Approved OMB No. 2040-0004

Page 5

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

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NAME: ADDRESS:	DDRESS: PA ROUTE 168 SHIPPINGPORT, PA 150770004			PA0025615 PERMIT NUMB	006A DISCHARGE NU	MBER	DMR MAILING ZIP CODE: 150770004 MAJOR SUBR05)						
FACILITY: LOCATION:	PA ROUTE 168	MONITORING PERIOD						AUX. INTAKE SCREEN BACKWASH External Outfall					
ATTN: RAYMO	SHIPPINGPORT, F OND A LIEB/DIR SITE		FR	MM/DD/Y	YYY	MM/DD/Y	7Y 2011				No Dise	charge	
	PARAMETER		QUANT	ITY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	PARAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			 	

	18 9 m 1 1 1 1 1 8 4 9 9 1 1 1 1 1 1 2 1											
Flow, in conduit or thru treatment plant	SAMPLE	0.002	0.016	MGD	N/A	N/A	N/A	N/A		1/7	FST	
riow, in conductor and rearment plant	MEASUREMENT	0.002	0.010	MGD	1073						EST	
50050 1 0	PERMIT	Req: Mon. ⊘	Reg. Mon.			*****		N/A		Weekly	ESTIMA	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d				11/1	No Same	A CONT	Next Contract	

		$\sim \Omega$			
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	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724 682-7773 AREA Code NUMBER		05/ 24/ 2011
	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT			MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

Page 6

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

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1

SHIPPINGPORT, PA 150770004 PERMIT NUMBER DISCHARGE NUMBER (SUBR05) FACILITY: BEAVER VALLEY POWER STATION AUX. INTAKE SYSTEM LOCATION: PA ROUTE 168 External Outfall SHIPPINGPORT, PA 150770004 MM/IDD/XYXY MM/IDD/XYXY				
SHIPPINGPORT, PA 150770004 PERMIT NUMBER DISCHARGE NUMBER (SUBR05) FACILITY: BEAVER VALLEY POWER STATION AUX. INTAKE SYSTEM LOCATION: PA ROUTE 168 External Outfall	TTN: RAYM		MM/DD/YYYY MM/DD/YY	No Discharge I
		PA ROUTE 168		
	DDRESS:	PA ROUTE 168		MAJOR

							, <u> </u>				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
loH	SAMPLE										
	MEASUREMENT										
00400 1 0	PERMIT	*****	*****		6	24*****	9		is	Weekly	GRAB
Effluent Gross	REQUIREMENT				6 MINIMUM		MAXIMUM	рН		VVECNIY.	S. CIND
Flow, in conduit or thru treatment plant	SAMPLE										
Flow, in conduit or third treatment plant	MEASUREMENT										
50050 1 0	PERMIT	Req. Mon.	Reg. Mon.		*****	*****	*****			Weekly	GRAB
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	******					VVCCKIY	
Chlorine, total residual	SAMPLE										
Chiome, total residual	MEASUREMENT										
50060 1 0	PERMIT	******	******	_	2	.5	1 25 INST MAX			Weekly	GRAB
Effluent Gross	REQUIREMENT		and the second			MOAVG	INST MAX	mg/L	and the second	VEENIY	
Chlorine, free available	SAMPLE										
Chioffile, liee available	MEASUREMENT										
50064 1 0	PERMIT	*****	******		2	2	5 MAXIMUM		1999 - 1999 -	Weekly	GRAB
Effluent Gross	REQUIREMENT	******				AVERAGE	MAXIMUM 🚸	mg/L	1.1 St. 1.1 St.	VVCERIY	

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 / / /	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Rohard	724	682-7773	05/ 24/ 2011
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGN TURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY MOLATIONS (Reference all attac	abmente hora)				

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.

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 7

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

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

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PA00	25615
PERMIT	NUMBER

FROM

MM/DD/YYYY

04/ 01/ 2011 TO

008A DISCHARGE NUMBER

MM/DD/YYYY

04/ 30/ 2011

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) UNIT 1 COOLING TOWER PUMPHOUSE External Outfall



PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE										
	MEASUREMENT								L		
00400 1 0	PERMIT	*****	*****		6	*****	9		Sec. 1	Twice Per	GRAB
Effluent Gross	REQUIREMENT	*****			MINIMUM		MAXIMUM	pH		Month	
Solids, total susponded	SAMPLE										
Solids, total suspended	MEASUREMENT								l		
00530 1 0	PERMIT	alan an a	****		A *****	30	24 100			Twice Per	GŔAB
Effluent Gross	REQUIREMENT		******			MO AVG	DAILY MX	mg/L		Month	
	SAMPLE										
Oil & grease	MEASUREMENT			[({		([
00556 1 0	PERMIT		*****		*****	15	20			Twice Per.	GRAB
Effluent Gross	REQUIREMENT				******	MO AVG	DAILY MX	mg/L		Month	GRAD
Eleve in conduit or thru treatment plant	SAMPLE										
Flow, in conduit or thru treatment plant	MEASUREMENT							1			Į
50050 1 0	PERMIT	Req: Mon.	Reg. Mon.		******	*****		N/A		Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MÔ AVG	DAILY MX	Mgal/d		******	*****	I N/A		vveekiy	

	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	TEI	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	05/ 24/ 2011
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)

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

.

,

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	010A DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY:	BEAVER VALLEY POWER STATION PA ROUTE 168		-	UNIT 2 COOLING WATER External Outfall
	SHIPPINGPORT, PA 150770004	MONITORI MM/DD/YYYY		
ATTN: RAYMO	OND A LIEB/DIR SITE OPER		TO 04/ 30/ 2011	No Discharge
			<u>г</u>	

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	7.2	N/A	7.4	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	******	N/A	6 MINIMUM		9 MAXIMUM	pН		Weeklý	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG	GG
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		0 MO AVG	0 INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.3	10.1	MGD	N/A	N/A	N/A	N/A	-	1/7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. Mon. Mon. Mon. Mon. Mon. Mon. Mon	Mgal/d	******	******	******	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.07	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			2.55°C (******)	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	0.1	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******	2 AVERAGE	5. MAXIMUM	mg/L		Weekly	GRAB

	I certify under penaity of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	\square	TEI	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	05/ 24/ 2011
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

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

. .

NAME: FIRST ENERGY NUCLEAR OPERATING ADDRESS: PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 011A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY:BEAVER VALLEY POWER STATIONLOCATION:PA ROUTE 168SHIPPINGPORT, PA 150770004		DIESEL GEN & TURBINE DRAINS External Outfall
ATTN: RAYMOND A LIEB/DIR SITE OPER	MM/DD/YYYY MM/DD/YYYY FROM 04/ 01/ 2011 TO 04/ 30/ 2011	No Discharge

1

PARAMETER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.004	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

		$\bigcap A$			
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	na III	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	05/ 24/ 2011
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)

Form Approved OMB No. 2040-0004

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 10

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

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

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l	F	PAO	0256	615	
5	FR	MIT	'NIJ	MBE	R

FROM

MM/DD/YYYY

04/ 01/ 2011 **TO**

012A DISCHARGE NUMBER

MM/DD/YYYY

04/ 30/ 2011

DMR MAILING ZIP CODE: MAJOR	150770004
(SUBR05)	
BLOWDOWN FROM THE H	VAC UNIT



PARAMETER		QUANTITY OR LOADING			(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.7	N/A	7.8	pН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****** 1970 - Angel States (************************************	******	N/A	6 MINIMÚM	*****	9 MAXIMUM	pН		Once Per	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.3285	0.4300	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	5732	Twice Per	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.2	mg/L	0	2 / 30	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A		1.5 MO AVG	€ 1:5 DAILY-MX	mg/L		C Twice Per	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req Mon. DAILY MX	Mgal/d				N/A		Once Per	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	928	1020	mg/L	0	2 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE	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,	Rohit	724	682-7773	05/ 24/ 2011
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)

Form Approved OMB No. 2040-0004

Page 11

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

. .

NAME: ADDRESS:	FIRST ENERGY NUC PA ROUTE 168 SHIPPINGPORT, PA			PA0025615		013A DISCHARGE NU	MBER		DMR MA MAJOR (SUBR05		CODE: 15077	0004
FACILITY: LOCATION:	BEAVER VALLEY PO PA ROUTE 168					0.05010.0			OUTFALI External (
	SHIPPINGPORT, PA	150770004		MM/DD/Y		IG PERIOD	m -				No Disc	haraa
ATTN: RAYMO	OND A LIEB/DIR SITE C	PER	FRO	OM 04/01/	2011 T	O 04/ 30/	2011				NO DISC	
							<u></u>		<u> </u>			
	PARAMETER		QUANTI		;		QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
		SAMPLE	NI/A	NI/A	ΝΙΑ	6.6	N//A	6.9	NI/A	0	1/7	CDAR

	1200 (Marine)	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.6	N/A	6.8	N/A	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM 💊	pН	2 20 00	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	State of the second	Twice Per	COMP24 /
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0259	0.0364	N/A	0	2 / 30	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	*****	Req: Mon. MO AVG	Req. Mon.	mg/L		Twice Per	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	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	Raff. ****** (S) Raff Fig Fig.			N/A		Twice Per Month	ESTIMA

		$\sim \Lambda$			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that gualified personnel	all	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, rue, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	05/ 24/ 2011
TYPED OR PRINTED	including the possibility of line and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY MOLATIONS (Performance all atte	nahmania hasa)				

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.

There was no discharge during the third week of April. WMC 5-11-11.

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 12

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

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PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

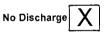
04/ 01/ 2011 TO

101A DISCHARGE NUMBER

MM/DD/YYYY

04/ 30/ 2011

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) 101 CHEMICAL WASTE TREATMENT Internal Outfall



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT	*****	577 *****		6 MINIMUM		9 MAXIMUM	рН		Weekly	GRAB 🔌
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******			******	30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******				15 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.	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		Wéekly	GRAB

		Λ			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penaty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that gualified personnel	AII	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belef, true, accurate, and complete. I am aware that there are significant penalties for submitting faise information.	ROLil	724	682-7773	05/ 24/ 2011
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

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

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 / li	TEI	LEPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting failse information,	RUTil	724	682-7773	05/ 24/ 2011
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.

SAMPLE

N/A

N/A

< 0.001

Reg. Mon.

MO AVG

125

25

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

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

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00400 1 0

00530 1 0

Effluent Gross

Effluent Gross

Oil & grease

Effluent Gross

Effluent Gross

0055610

50050 1 0

Solids, total suspended

Flow, in conduit or thru treatment plant

.

PA0025615 PERMIT NUMBER

N/A

ź

N/A

< 0.001

Reg. Mon.

DAILY MX

*

100

102A DISCHARGE NUMBER

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
102 INTAKE SCREEN HOUS	SE
Internal Outfall	

-20. s

0

0

3

mg/L

mg/L

mg/L

mg/L

N/A

N/A

7

DAILY MX

ND

DAILY MX

N/A

1

20.....

100**

harge

2 / 30

Month

2 / 30

Twice Per

Month

2 / 30

Twice Per

Month

Twice Per

SAMPLE TYPE

GRAB

GRAB

GRAB

GRAB

GRAB

GRAB

EST

ESTIMA.

								internal o	attan		
SHIPPINGPORT, PA	150770004 MONITORING PERIOD										
MOND A LIEB/DIR SITE	OPER	FR	MM/DD/YY OM 04/ 01/		MM/DD/YY 0 04/ 30/	YY 2011				No Disc	:ha
		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	T
PARAMETER	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.5	N/A	8.1	pН	0	2 / 30	
SS	PERMIT REQUIREMENT	******* *******		N/A	6 MINIMUM		9 MAXIMUM	рН		Twice Per	
	CAMPLE			<u> </u>	1				· · · · · · · · · · · · · · · · · · ·	1	T

N/A

N/A

N/A

****** 7

See.

6

30

ND

MOÁVG

N/A

ð.

15

MO AVG

3. 1

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N/A

N/A

N/A

N/A

MGD

Mgal/d

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER                     | I certify under penaty of few that this document and all attachments were prepared under my<br>direction or supervision in accordance with a system designed to assure that qualified personnel<br>properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>and complete. I am aware that there are significant penalties for submitting false information,<br>including the possibility of fine and imprisonment for knowing violations. | 1 n / li                    | TELEPHONE |          | DATE        |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------|----------|-------------|
| ond A. Lieb, DIRECTOR OF SITE                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             | 724       | 682-7773 | 05/ 24/ 201 |
| TYPED OR PRINTED                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AUTHORIZED AGENT            | AREA Code | NUMBER   | MM/DD/YYYY  |
| IS AND EXPLANATION OF ANY VIOLATIONS (Reference all attach | hments here)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |           |          |             |
| ES SHALL BE TAKEN AT THE DISCHARGE                         | OF COLLECTED PUMP BEARING LEAKAGE PRIOR TO M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AIXING WITH ANY OTHER WATER |           |          |             |

Page 1

Form Approved OMB No. 2040-0004

MONITORING PERIOD

103A

DISCHARGE NUMBER

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different) FIRST ENERGY NUCLEAR OPERATING

SHIPPINGPORT PA 150770004

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

PA ROUTE 168

PA ROUTE 168

Flow, in conduit or thru treatment plant

.

NAME:

ADDRESS:

FACILITY: LOCATION:

50050 1 0

Effluent Gross

.

|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                 | $\Lambda_{\Lambda}$                         |          |          |              |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------|----------|--------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER          | I certify under penalty of law that this document and all attachments were prepared under my<br>direction or supervision in accordance with a system designed to assure that qualified personnel                                                                                                                                                                                                | 1 A ////                                    | TEL      | EPHONE   | DATE         |
| Raymond A. Lieb, DIRECTOR OF SITE<br>OPERATIONS | properly gather and avaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>and complete. I am aware that there are significant penalties for submitting false information, | KCTul                                       | 724      | 682-7773 | 05/ 24/ 2011 |
|                                                 | including the possibility of fine and imprisonment for knowing violations.                                                                                                                                                                                                                                                                                                                      | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | 1051 0 1 |          |              |

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

MEASUREMENT

REQUIREMENT

PERMIT

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

| ATTN: RAYMOND A LIEB/DIR SITE OPE       | R                     | FRO                 | MM/DD/YY<br>OM 04/ 01/ |       | MM/DD/YY<br>O 04/ 30/    |              |                 |       |           |
|-----------------------------------------|-----------------------|---------------------|------------------------|-------|--------------------------|--------------|-----------------|-------|-----------|
|                                         |                       | QUANTITY OR LOADING |                        |       | QUALITY OR CONCENTRATION |              |                 |       | NO.<br>EX |
| PARAMETER                               |                       | VALUE               | VALUE                  | UNITS | VALUE                    | VALUE        | VALUE           | UNITS |           |
| рН                                      | SAMPLE<br>MEASUREMENT | N/A                 | N/A                    | N/A   | 6.7                      | N/A          | 7.2             | pН    | 0         |
| 00400 1 0<br>Effluent Gross             | PERMIT<br>REQUIREMENT | ******              | ******                 | N/A   | 6<br>MINIMUM             | *****        | 9<br>MAXIMUM    | pН    |           |
| Solids, total suspended                 | SAMPLE<br>MEASUREMENT | N/A                 | N/A                    | N/A   | N/A                      | 14           | 15              | mg/L  | 0         |
| 00530 1 0<br>Effluent Gross             | PERMIT<br>REQUIREMENT | ******              | *******<br>7           | N/A   |                          | 30<br>MO AVG | 100<br>DAILY MX | mg/L  |           |
| Elow in conduit or thru treatment plant | SAMPLE                | 0.022               | 0.034                  | MGD   | N1/A                     | Ν/Δ          | N/A             | Ν/Δ   |           |

0.034

Req Mon.

DAILY MX

MGD

Mgal/d

N/A

\*\*\*\*\*\*

-X-X

N/A

\*\*\*\*\*\*

AUTHORIZED AGENT

N/A

\*\*\*\*\*

N/A

N/A

94

AREA Code

0.022

Req. Mon.

MO AVG

PA0025615

PERMIT NUMBER

| DMR MAILING ZIP CODE:<br>MAJOR<br>(SUBR05) | 1507700 |
|--------------------------------------------|---------|
| SLUDGE SETTLING BASIN                      |         |

| No | Discharge |  |
|----|-----------|--|
|----|-----------|--|

SAMPLE

TYPE

GRAB

GRAB

24 HR

COMP

COMP24

EST

ESTIMA

FREQUENCY

OF ANALYSIS

3 / 30

Twice Per

Month

2 / 30

Twice:Per@

Month

2 / 30

Twice Per

Month

Č.

NUMBER

MM/DD/YYYY

Form Approved OMB No. 2040-0004

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

| NAME:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |
|------------------------|------------------------------------------------------------------------------|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004    |

ATTN: RAYMOND A LIEB/DIR SITE OPER

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PA0025615

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111A DISCHARGE NUMBER .7

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) 111 DIESEL GENERATOR BLDG Internal Outfall

| [    | MONITORING PERIOD |     |      |    |      |     |      |  |
|------|-------------------|-----|------|----|------|-----|------|--|
|      | MM/DD/YYYY        |     |      |    | MM/E | D/Y | ΥΥ T |  |
| FROM | 04/               | 01/ | 2011 | то | 04/  | 30/ | 2011 |  |

| No | Discharge |  |
|----|-----------|--|
| NO | Discharge |  |

| PARAMETER                                |                       | QUANTI               | JANTITY OR LOADING |        | (            | QUALITY OR CONCENTRATION |                 |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|------------------------------------------|-----------------------|----------------------|--------------------|--------|--------------|--------------------------|-----------------|-------|-----------|--------------------------|----------------|
| PANAMETER                                |                       | VALUE                | VALUE              | UNITS  | VALUE        | VALUE                    | VALUE           | UNITS |           |                          |                |
| рН                                       | SAMPLE<br>MEASUREMENT | N/A                  | N/A                | N/A    | 7.3          | N/A                      | 8.3             | рН    | 0         | 1 / 7                    | GRAB           |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                      |                    | N/A    | 6<br>MINIMUM |                          | 9<br>MAXIMUM    | рН    |           | Weekly                   | GRAB           |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT | N/A                  | N/A                | N/A    | N/A          | 3                        | 6               | mg/L  | 0         | 1 / 7                    | GRAB           |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                      | ******             | N/A    | ******       | 30<br>MO AVG             | 100<br>DAILY MX | mg/L  |           | Weekly                   | GRAB           |
| Oil & grease                             | SAMPLE<br>MEASUREMENT | N/A                  | N/A                | N/A    | N/A          | ND                       | ND              | mg/L  | 0         | 1 / 7                    | GRAB           |
| 00556 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******               |                    | N/A    |              | 15<br>MO AVG             | 20<br>DAILY MX  | mg/L  |           | Weekly                   | GRAB           |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | 0.002                | 0.002              | MGD    | N/A          | N/A                      | N/A             | N/A   | -         | 1 / 7                    | EST            |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG. | Req. Mon.          | Mgal/d |              | ******                   |                 | N/A   |           | Weekly                   | ESTIMA         |

|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                 | $\gamma \Lambda_{I}$ |           |          |              |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------|----------|--------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER                         | I certify under penalty of law that this document and all attachments were prepared under my<br>direction or supervision in accordance with a system designed to assure that qualified personnel                                                                                                                                                                                                | 10/1                 | TEL       | EPHONE   | DATE         |
| Raymond A. Lieb, DIRECTOR OF SITE<br>OPERATIONS                | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>and complete. I am aware that there are significant penalties for submitting false information, | AUT                  | 724       | 682-7773 | 05/ 24/ 2011 |
| 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 MOLATIONS (Deferrance of other |                                                                                                                                                                                                                                                                                                                                                                                                 |                      |           |          |              |

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

Form Approved OMB No. 2040-0004

MONITORING PERIOD

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

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| PA0025615     |
|---------------|
| PERMIT NUMBER |

MM/DD/YYYY

04/ 01/ 2011 TO

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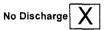
FROM

113A DISCHARGE NUMBER

MM/DD/YYYY

04/ 30/ 2011

| DMR MAILING ZIP CODE:<br>MAJOR<br>(SUBR05) | 150770004 |
|--------------------------------------------|-----------|
| UNIT 2 SEWAGE TMT PLAI<br>Internal Outfall | ΝŤ        |



| PARAMETER                                |                       | QUANTITY OR LOADING |                      |        | QUALITY OR CONCENTRATION |                                       |                 |         | NO.<br>EX               | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|------------------------------------------|-----------------------|---------------------|----------------------|--------|--------------------------|---------------------------------------|-----------------|---------|-------------------------|--------------------------|----------------|
| FARAMETER                                |                       | VALUE               | VALUE                | UNITS  | VALUE                    | VALUE                                 | VALUE           | UNITS   |                         |                          |                |
| рН                                       | SAMPLE<br>MEASUREMENT |                     |                      |        |                          | · · · · · · · · · · · · · · · · · · · |                 |         |                         |                          |                |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     | ******               |        | 6<br>MINIMUM             | ******                                | 9<br>MAXIMUM    |         | negative states and the | Twice Per<br>Month       | GRAB           |
| Solids, total suspended                  | SAMPLE                |                     |                      |        |                          |                                       |                 |         |                         |                          |                |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     |                      |        |                          | 30<br>MO AVG                          | 60<br>DAILY MX  | mg/L    |                         | Twice Per<br>Month       | COMP-8         |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT |                     |                      |        |                          |                                       |                 |         |                         |                          |                |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | :043<br>MO/AVG      | Req. Mon<br>DAILY MX | Mgal/d |                          |                                       |                 | N/A     |                         | Weekly                   | MEASRD         |
| Chlorine, total residual                 | SAMPLE<br>MEASUREMENT |                     |                      |        |                          |                                       |                 |         |                         |                          |                |
| 50060 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     |                      |        |                          | 1.4<br>MO AVG                         | 3.3<br>INST MAX | mg/L    |                         | Wice Per<br>Month        | ĜRAB           |
| Coliform, fecal general                  | SAMPLE<br>MEASUREMENT |                     |                      |        |                          |                                       |                 |         |                         |                          |                |
| 74055 1 1<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ******               |        |                          | 200<br><u>MØ GEOMN</u>                |                 | #/100mL |                         | Twice Per                | GRAB           |
| BOD, carbonaceous, 05 day 20 C           | SAMPLE<br>MEASUREMENT |                     |                      |        |                          |                                       |                 |         |                         |                          |                |
| 80082 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     | *****                |        | ******                   | 25<br>MO AVG                          | 50<br>DAILY MX  | mg/L    |                         | Twice Per<br>Month       | COMP-8         |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certity under penalty of law that this document and all attachments were prepared under my<br>direction or supervision in accordance with a system designed to assure that qualified personnel                                                                                                                                                                                                | 10/1/                                       | TEI       | EPHONE   | DATE         |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------|----------|--------------|
| Raymond A. Lieb, DIRECTOR OF SITE      | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>and complete. I am aware that there are significant penalties for submitting false information, | Rohn                                        | 724       | 682-7773 | 05/ 24/ 2011 |
| TYPED OR PRINTED                       | including the possibility of fine and imprisonment for knowing violations.                                                                                                                                                                                                                                                                                                                      | SIGN TURE OF PRINCIPAL EXECUTIVE OFFICER OR | AREA Code | NUMBER   | MM/DD/YYYY   |

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

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

Form Approved OMB No. 2040-0004

MONITORING PERIOD

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

| NAME:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |
|------------------------|------------------------------------------------------------------------------|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004    |

ATTN: RAYMOND A LIEB/DIR SITE OPER

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| PA0025615    |   |  |  |  |
|--------------|---|--|--|--|
| PERMIT NUMBE | R |  |  |  |

FROM

MM/DD/YYYY

04/ 01/ 2011 TO

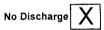
203A DISCHARGE NUMBER

MM/DD/YYYY

04/ 30/ 2011

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) MAIN SEWAGE TMT PLANT

Internal Outfall



| PARAMETER                                |                       | QUANTITY OR LOADING |                       | QUALITY OR CONCENTRATION |              |                                           |                 | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE     |        |
|------------------------------------------|-----------------------|---------------------|-----------------------|--------------------------|--------------|-------------------------------------------|-----------------|-----------|--------------------------|--------------------|--------|
| FARAINE ! ER                             |                       | VALUE               | VALUE                 | UNITS                    | VALUE        | VALUE                                     | VALUE           | UNITS     |                          |                    |        |
| pH                                       | SAMPLE<br>MEASUREMENT |                     |                       |                          |              |                                           |                 |           |                          |                    |        |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     |                       |                          | 6<br>MINIMUM |                                           | 9<br>MAXIMUM    | pН        |                          | Twice Per          | GRAB   |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT |                     |                       |                          |              |                                           |                 |           |                          |                    |        |
| 00530 1 0<br>Effluent Gross              | PERMIT                |                     | *****                 |                          | *****        | 30<br>MO AVG                              | 60<br>DAILY MX  | mg/L      |                          | Month              | COMP-8 |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT |                     |                       |                          |              |                                           |                 |           |                          |                    |        |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | 023<br>MO AVG       | Req. Mon.<br>DAILY MX | Mgal/d                   | ******       |                                           |                 |           |                          | Weekly             | MEASRD |
| Chlorine, total residual                 | SAMPLE<br>MEASUREMENT |                     |                       |                          |              |                                           |                 |           |                          |                    |        |
| 50060 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******              | *****                 |                          |              | 1.4 % /////////////////////////////////// | 3.3<br>INST MAX | mg/L      |                          | Twice Per<br>Month | GRAB   |
| Coliform, fecal general                  | SAMPLE<br>MEASUREMENT |                     |                       |                          |              |                                           |                 |           |                          |                    |        |
| 74055 1 1<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******              | ******                |                          |              | 200<br>MO GEOMN                           |                 | #/100mL   |                          | Twice Per          | GRAB   |
| BOD, carbonaceous, 05 day 20 C           | SAMPLE<br>MEASUREMENT |                     |                       |                          |              |                                           |                 |           | 1                        |                    |        |
| 80082 1 0<br>Effluent Gross              | PERMIT                |                     |                       |                          |              | 25<br>MO AVG                              | 50<br>DAILY MX  | mg/L      |                          | Twice Per<br>Month | COMP-8 |

|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                 | $\sim \Lambda$                              |           |          |              |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------|----------|--------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER          | I certify under penalty of law that this document and all attachments were prepared under my<br>direction or supervision in accordance with a system designed to assure that qualified personnel                                                                                                                                                                                                | 12/1                                        | TE        | LEPHONE  | DATE         |
| Raymond A. Lieb, DIRECTOR OF SITE<br>OPERATIONS | property gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>and complete. I am aware that there are significant penalties for submitting false information, | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | 724       | 682-7773 | 05/ 24/ 2011 |
| 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.

| Page 1 | 7 |
|--------|---|
|--------|---|

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

| NAME:                  | FIRST ENERGY NUCLEAR OPERATING              |      | PA0025615    |      | 211A           |
|------------------------|---------------------------------------------|------|--------------|------|----------------|
| ADDRESS:               | PA ROUTE 168<br>SHIPPINGPORT, PA 150770004  |      |              | DI   | SCHARGE NUMBER |
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168 |      |              |      |                |
|                        | SHIPPINGPORT, PA 150770004                  |      | MONITO       | RING | PERIOD         |
|                        |                                             |      | MM/DD/YYYY   |      | MM/DD/YYYY     |
| ATTN: RAYMO            | OND A LIEB/DIR SITE OPER                    | FROM | 04/ 01/ 2011 | то   | 04/ 30/ 2011   |

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

No Discharge

| PARAMETER                                |                       | QUANTI              | TY OR LOADING         |        | Q            | QUALITY OR CONC | ENTRATION       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|------------------------------------------|-----------------------|---------------------|-----------------------|--------|--------------|-----------------|-----------------|-------|-----------|--------------------------|----------------|
|                                          |                       | VALUE               | VALUE                 | UNITS  | VALUE        | VALUE           | VALUE           | UNITS |           |                          |                |
| рН                                       | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A    | 6.6          | N/A             | 7.9             | pН    | 0         | 1 / 7                    | GRAB           |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******              | ******                | N/A    | 6<br>MINIMUM |                 | 9<br>MAXIMUM    | рН    |           | Weekly                   | GRAB           |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A    | N/A          | 7               | 18              | mg/L  | 0         | 1 / 7                    | GRAB           |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******              |                       | N/A    |              | 30<br>MO AVG    | 100<br>DAILY MX | mg/L  |           | Weekly                   | GRAB           |
| Oil & grease                             | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A    | N/A          | ND              | ND              | mg/L  | 0         | 1 / 7                    | GRAB           |
| 00556 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     |                       | N/A    |              | 15<br>MO AVG    | 20<br>DAILY MX  | mg/L  |           | Weekly                   | GRÁB           |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | 0.002               | 0.002                 | MGD    | N/A          | N/A             | N/A             |       | -         | 1 / 7                    | EST            |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req: Mon:<br>DAILY MX | Mga1/d | <b>*****</b> |                 |                 | N/A   |           | ₩eekly                   | ESTIMA         |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER                        | I certify under penalty of law that this document and all attachments were prepared under my<br>direction or supervision in accordance with a system designed to assure that qualified personnel                                                                                                                                                                                                |                  | TEL       | EPHONE   | DATE         |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|----------|--------------|
| Raymond A. Lieb, DIRECTOR OF SITE<br>OPERATIONS               | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>and complete. I am aware that there are significant penalties for submitting false information, | A A A            | 724       | 682-7773 | 05/ 24/ 2011 |
| TYPED OR PRINTED                                              | including the possibility of fine and imprisonment for knowing violations.                                                                                                                                                                                                                                                                                                                      | AUTHORIZED AGENT | AREA Code | NUMBER   | MM/DD/YYYY   |
| COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all att | achments here)                                                                                                                                                                                                                                                                                                                                                                                  |                  |           |          |              |

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FIRST ENERGY NUCLEAR OPERATING NAME:

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IONS (Reference all att

Form Approved OMB No. 2040-0004

MONITORING PERIOD

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

| NAME:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |
|------------------------|------------------------------------------------------------------------------|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004    |

ATTN: RAYMOND A LIEB/DIR SITE OPER

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PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

04/ 01/ 2011 TO

213A DISCHARGE NUMBER

MM/DD/YYYY

04/ 30/ 2011

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) UNIT 2 COOL TOWER PUMPHOUSE Internal Outfall



| PARAMETER                                |                       | QUANTI             | TY OR LOADING         |        | (                 | QUALITY OR CONC                                                                                                | ENTRATION         |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|------------------------------------------|-----------------------|--------------------|-----------------------|--------|-------------------|----------------------------------------------------------------------------------------------------------------|-------------------|-------|-----------|--------------------------|----------------|
|                                          |                       | VALUE              | VALUE                 | UNITS  | VALUE             | VALUE                                                                                                          | VALUE             | UNITS |           |                          |                |
| pH                                       | SAMPLE<br>MEASUREMENT |                    |                       |        |                   |                                                                                                                |                   |       |           |                          |                |
| 00400 1 0<br>Effluent Gross              | PERMIT                |                    | *****                 |        | 6<br>MINIMUM      | ******                                                                                                         | 9<br>MAXIMUM      | рН    |           | Twice Per<br>Month       | GRAB 🥢         |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT |                    |                       |        |                   | and a second |                   |       |           |                          |                |
| 00530 1 0<br>Effluent Gross              | PERMIT                |                    |                       |        | 3 X               | 30<br>MO AVG                                                                                                   | 100<br>DAILY MX   | mg/L  |           | Twice Per<br>Month       | GRAB           |
| Oil & grease                             | SAMPLE<br>MEASUREMENT |                    |                       |        | · · · · · · · · · |                                                                                                                |                   | ¥     |           |                          |                |
| 00556 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                    |                       |        |                   | 15<br>MO AVG                                                                                                   | 20<br>DAILY MX    | mg/L  |           | Twice Per<br>Month       | GRÁB           |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT |                    |                       |        |                   |                                                                                                                |                   |       |           |                          |                |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon<br>MO AVG | Req. Mon.<br>DAILY MX | Mgai/d |                   |                                                                                                                |                   |       |           | Weekly                   | S-ESTIMA       |
| Chlorine, total residual                 | SAMPLE<br>MEASUREMENT |                    |                       |        |                   |                                                                                                                |                   |       |           |                          |                |
| 50060 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****              | ******                |        |                   | 5<br>MO AVG                                                                                                    | 1.25<br>INST: MAX | mg/L  |           | Twice Per<br>Month       | GRAB           |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my<br>direction or supervision in accordance with a system designed to assure that qualified personnel                                                                                                                                                                                                | 10/1/                                                           | TEL          | EPHONE | DATE         |  |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------|--------|--------------|--|
| Raymond A. Lieb, DIRECTOR OF SITE      | property gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>and complete. I am aware that there are significant penalties for submitting false information. |                                                                 | 724 682-7773 |        | 05/ 24/ 2011 |  |
| TYPED OR PRINTED                       | including the possibility of fine and imprisonment for knowing violations.                                                                                                                                                                                                                                                                                                                      | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br>AUTHORIZED AGENT | AREA Code    | NUMBER | MM/DD/YYYY   |  |
|                                        |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 |              |        |              |  |

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

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

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

Form Approved OMB No. 2040-0004

MONITORING PERIOD

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

| NAME:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |
|------------------------|------------------------------------------------------------------------------|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004    |

ATTN: RAYMOND A LIEB/DIR SITE OPER

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| PA0025615     |
|---------------|
| PERMIT NUMBER |

MM/DD/YYYY

04/ 01/ 2011 **TO** 

FROM

301A DISCHARGE NUMBER

MM/DD/YYYY

04/ 30/ 2011

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DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) UNIT 2 AUX BOILER BLOWDOWN Internal Outfall

No Discharge

| PARAMETER                                |                       | QUANTI              | ITY OR LOADING        |        | QUALITY OR CONCENTRATION |              |                 | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE          |        |
|------------------------------------------|-----------------------|---------------------|-----------------------|--------|--------------------------|--------------|-----------------|-----------|--------------------------|-----------------|--------|
| PARAMETER                                |                       | VALUE               | VALUE                 | UNITS  | VALUE                    | VALUE        | VALUE           | UNITS     | Í                        |                 |        |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A    | N/A                      | 9.7          | 17.3            | mg/L      | 0                        | 2 / 30          | GRAB   |
| 00530 1 0<br>Effluent Gross              | PERMIT                | ******              | *****                 | N/A    | ******                   | 30<br>MO AVG | 100<br>DAILY MX | mg/L      |                          | Twice Per Month | GRAB   |
| Oil & grease                             | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A    | N/A                      | ND           | ND              | mg/L      | 0                        | 2 / 30          | GRAB   |
| 00556 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******              |                       | N/A    | *****                    | 15<br>MO AVG | 20<br>DAILY MX  | mg/L      |                          | Twice Per       | GRAB   |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | <0.001              | <0.001                | MGD    | N/A                      | N/A          | N/A             | N/A       | -                        | 1 / 7           | EST    |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req: Mon.<br>DAILY MX | Mgal/d |                          |              |                 | N/A       |                          | Weekly          | ESTIMA |

|                                   |                                                                                                                                                                                                                                                                                                                                                                                               | $\sim \Lambda$                              |           |          |              |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------|----------|--------------|
|                                   | I certify under penalty of law that this document and all attachments were prepared under my<br>direction or supervision in accordance with a system designed to assure that qualified personnel                                                                                                                                                                                              | () A // //                                  | TEI       | LEPHONE  | DATE         |
| Raymond A. Lieb, DIRECTOR OF SITE | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belef, true, acculate,<br>and complete. I am aware that there are significant penaties for submitting false information, | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | 724       | 682-7773 | 05/ 24/ 2011 |
| TYPED OR PRINTED                  | including the possibility of fine and imprisonment for knowing violations                                                                                                                                                                                                                                                                                                                     |                                             | AREA Code | NUMBER   | MM/DD/YYYY   |

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

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

Form Approved OMB No. 2040-0004

# Page 20

...

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

| NAME:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |
|------------------------|------------------------------------------------------------------------------|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004    |

ATTN: RAYMOND A LIEB/DIR SITE OPER

.

.

PA0025615

303A DISCHARGE NUMBER

|      | MONITORING PERIOD |    |              |  |  |  |  |  |  |  |  |  |  |
|------|-------------------|----|--------------|--|--|--|--|--|--|--|--|--|--|
|      | MM/DD/YYYY        |    | MM/DD/YYYY   |  |  |  |  |  |  |  |  |  |  |
| FROM | 04/ 01/ 2011      | то | 04/ 30/ 2011 |  |  |  |  |  |  |  |  |  |  |

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

No Discharge

| PARAMETER                                |                       | QUANTITY OR LOADING |                       |        | QUALITY OR CONCENTRATION |              |                |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|------------------------------------------|-----------------------|---------------------|-----------------------|--------|--------------------------|--------------|----------------|-------|-----------|--------------------------|----------------|
|                                          |                       | VALUE               | VALUE                 | UNITS  | VALUE                    | VALUE        | VALUE          | UNITS |           |                          |                |
| рН                                       | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A    | 7.0                      | N/A          | 7.0            | рН    | 0         | 1 / 7                    | GRAB           |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     | *****                 | N/A    | 6<br>MINIMUM             |              | 9<br>MAXIMUM   | pН    |           | Weekly                   | GRAB           |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A    | N/A                      | 12           | 21             | mg/L  | 0         | 1 / 7                    | GRAB           |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     |                       | N/A    |                          | 30<br>MO AVG | DAILY/MX       | mg/L  |           | Weekly                   | GRAB.          |
| Oil & grease                             | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A    | N/A                      | ND           | ND             | mg/L  | 0         | 1 / 7                    | GRAB           |
| 00556 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     | 2                     | N/A    | ******                   | 15<br>MO AVG | 20<br>DAILY MX | mg/L  |           | Weekly                   | GRAB           |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | 0.019               | 0.056                 | MGD    | N/A                      | N/A          | N/A            | N/A   | -         | 1 / 7                    | EST            |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req Mon.<br>MO AVG  | Req. Mon.<br>DAILY MX | Mgal/d | ******                   | ******       | *****          | N/A   |           | Weekly                   | ESTIMA         |

|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                 | $\sim \Lambda \Lambda$                                           |           |          |              |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------|----------|--------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER                     | I certify under penalty of law that this document and all attachments were prepared under my<br>direction or supervision in accordance with a system designed to assure that qualified personnel                                                                                                                                                                                                | 1 a ////                                                         | TEI       | EPHONE   | DATE         |
| Raymond A. Lieb, DIRECTOR OF SITE<br>OPERATIONS            | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>and complete. I am aware that there are significant penalties for submitting false information, | - RA-Fil                                                         | 724       | 682-7773 | 05/ 24/ 2011 |
| TYPED OR PRINTED                                           | including the possibility of fine and imprisonment for knowing violations.                                                                                                                                                                                                                                                                                                                      | SIGNATIORE OF PRINCIPAL EXECUTIVE OFFICER OR<br>AUTHORIZED AGENT | AREA Code | NUMBER   | MM/DD/YYYY   |
| CONNENTS AND EXELANATION OF ANY MOLATIONS (Defenses all of |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |           |          |              |

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

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

There were no samples taken during the second and fourth week of April due to Abnormal Operating Condition-Flood. WMC 5-11-11.

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 |  |

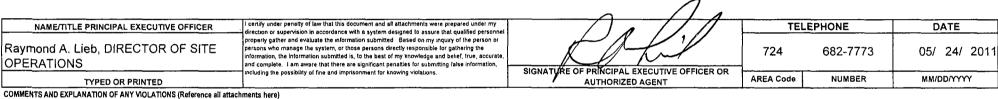
313A DISCHARGE NUMBER

| <b>DMR MAILIN</b><br>MAJOR<br>(SUBR05) | IG ZIP CODE:        | 150770004 |
|----------------------------------------|---------------------|-----------|
| 313 TURBIN                             | E BLDG DRAIN<br>all |           |

|      | MONITORING PERIOD |    |              |  |  |  |  |  |  |  |  |
|------|-------------------|----|--------------|--|--|--|--|--|--|--|--|
|      | MM/DD/YYYY        |    | MM/DD/YYYY   |  |  |  |  |  |  |  |  |
| FROM | 04/ 01/ 2011      | то | 04/ 30/ 2011 |  |  |  |  |  |  |  |  |

| No Discharge |
|--------------|
|--------------|

| PARAMETER                                |                       | QUANTITY OR LOADING |                      |        | QUALITY OR CONCENTRATION |              |                 |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|------------------------------------------|-----------------------|---------------------|----------------------|--------|--------------------------|--------------|-----------------|-------|-----------|--------------------------|----------------|
|                                          |                       | VALUE               | VALUE                | UNITS  | VALUE                    | VALUE        | VALUE           | UNITS |           |                          |                |
| рН                                       | SAMPLE<br>MEASUREMENT | N/A                 | N/A                  | N/A    | 6.6                      | N/A          | 6.8             | рН    | 0         | 1 / 7                    | GRAB           |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     | *****                | N/A    | 6<br>MINIMUM             |              | 9<br>MAXIMUM    | рН    |           | Weekly                   | GRAB           |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT | N/A                 | N/A                  | N/A    | N/A                      | 11           | 18              | mg/L  | 0         | 1 / 7                    | GRAB           |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******              | *****                | N/A    |                          | 30<br>MO AVG | 100<br>DAILY MX | mg/L  |           | Weekly                   | GRAB           |
| Oil & grease                             | SAMPLE<br>MEASUREMENT | N/A                 | N/A                  | N/A    | N/A                      | 3            | 5               | mg/L  | 0         | 1 / 7                    | GRAB           |
| 00556 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******              | *****                | N/A    | *****                    | 15<br>MO AVG | 20<br>DAILY MX  | mg/L  |           | Weekly                   | GRAB           |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | 0.002               | 0.002                | MGD    | N/A                      | N/A          | N/A             | N/A   | -         | 1 / 7                    | EST            |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | MO AVG              | Req Mon.<br>DAILY MX | Mgai/d |                          |              | <b>******</b>   | N/A   |           | Weekly                   | ESTIMA         |



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

There was no discharge during the third week of April. WMC 5-11-11.

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

Form Approved OMB No. 2040-0004

MONITORING PERIOD

то

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

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

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| PA0025615     |  |
|---------------|--|
| PERMIT NUMBER |  |

MM/DD/YYYY

04/ 01/ 2011

FROM

401A DISCHARGE NUMBER

MM/DD/YYYY

04/ 30/ 2011

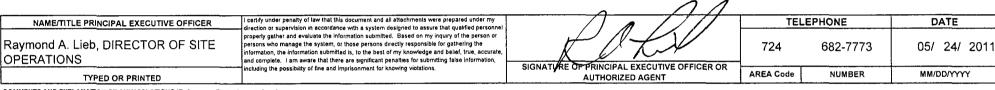
DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) CHEM.FEED AREA OF AUX BOILERS Internal Outfall

No Discharge

NO. FREQUENCY SAMPLE

| PARAMETER                   |                       | QUANTITY OR LOADING |        |        | QUALITY OR CONCENTRATION |              |                      |       |   | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|-----------------------------|-----------------------|---------------------|--------|--------|--------------------------|--------------|----------------------|-------|---|--------------------------|----------------|
|                             |                       | VALUE               | VALUE  | UNITS  | VALUE                    | VALUE        | VALUE                | UNITS | ĺ |                          |                |
| рН                          | SAMPLE<br>MEASUREMENT | N/A                 | N/A    | N/A    | 8.1                      | N/A          | 9.0                  | pН    | 0 | 2 / 30                   | GRAB           |
| 00400 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT |                     |        | N/A    | 6<br>MINIMUM             |              | Req. Mon.<br>MAXIMUM | рН    |   | Twice Per                | GRAB           |
| Solids, total suspended     | SAMPLE<br>MEASUREMENT | N/A                 | N/A    | N/A    | N/A                      | ND           | ND                   | mg/L  | 0 | 2 / 30                   | GRAB           |
| 00530 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ****** | - NI/A |                          | 30<br>MO.AVG | 100<br>DAILY MX      | mg/L  |   | Twice Per<br>Month       | GRAB           |
| Oil & grease                | SAMPLE<br>MEASUREMENT | N/A                 | N/A    | N/A    | N/A                      | ND           | ND                   | mg/L  | 0 | 2 / 30                   | GRAB           |
| 00556 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT |                     |        | N/A    |                          | 15<br>MO AVG | 20 X<br>DAILY MX     | mg/L  |   | Twice Per                | GRAB           |
|                             |                       |                     |        |        |                          |              |                      |       |   |                          |                |

| 00556 1 0                                | PERMIT                | S. (      | 1.2. *********************************** | N/A    | 1000 ****** | <b>15</b> | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |                | Twice Per | GRAB   |
|------------------------------------------|-----------------------|-----------|------------------------------------------|--------|-------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------|-----------|--------|
| Effluent Gross                           | REQUIREMENT           |           |                                          |        |             | MOAVG     | DAILY MX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | mg/L     | Station of the | Month     |        |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | <0.001    | <0.001                                   | MGD    | N/A         | N/A       | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | N/A      | -              | 1 / 7     | EST    |
| 50050 1 0                                | PERMIT                | Reg. Mon. | Req. Mon.                                |        | *****       | *****     | ******                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -<br>N/A | 1. Q.x.        | Weekly    | ESTIMA |
| Effluent Gross                           | REQUIREMENT           | MO AVG    | DAILY MX                                 | Mgal/d | Mr. Without |           | Conversion of the Conversion o | 10/7     |                | Weekly.   |        |



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 Annroved OMB No. 2040-0004

Form Approved OMB No. 2040-0004

Page 24

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

| NAME:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |
|------------------------|------------------------------------------------------------------------------|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004    |

ATTN: RAYMOND A LIEB/DIR SITE OPER

.

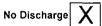
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| PA0025615     |  |
|---------------|--|
| PERMIT NUMBER |  |

403A DISCHARGE NUMBER

|      | MONITORING PERIOD |      |    |      |       |      |  |  |  |  |
|------|-------------------|------|----|------|-------|------|--|--|--|--|
|      | MM/DD/            | YYY  |    | MM/C | DD/YY | ΥY   |  |  |  |  |
| FROM | 04/ 01            | 2011 | то | 04/  | 30/   | 2011 |  |  |  |  |

| <b>DMR MAILING ZIP CODE:</b><br>MAJOR<br>(SUBR05) | 150770004    |
|---------------------------------------------------|--------------|
| CONDENSATE BLOWDOW                                | N & RIVR WAT |



. .

| PARAMETER                                |                       | QUANTITY OR LOADING |                      |        |              | QUALITY OR CONC     | ENTRATION             |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|------------------------------------------|-----------------------|---------------------|----------------------|--------|--------------|---------------------|-----------------------|-------|-----------|--------------------------|----------------|
|                                          |                       | VALUE               | VALUE                | UNITS  | VALUE        | VALUE               | VALUE                 | UNITS |           |                          |                |
| рН                                       | SAMPLE<br>MEASUREMENT |                     |                      |        |              |                     |                       |       |           |                          |                |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     |                      | _      | 6<br>MINIMUM |                     | 9<br>MAXIMUM          | рH    |           | Weèkly                   | GRAB           |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT |                     |                      |        |              |                     |                       |       |           |                          |                |
| 00530 1 0<br>Effluent Gross              | PERMIT                | *****               |                      |        |              | 30<br>MO AVG        | 100<br>DAILY MX       | mg/L  |           | Weekly                   | GRAB           |
| Oil & grease                             | SAMPLE<br>MEASUREMENT |                     |                      |        | <u></u>      |                     |                       |       |           | <u></u>                  |                |
| 00556 1 0<br>Effluent Gross              | PERMIT                |                     |                      |        |              | 15<br>MO AVG        | 20<br>DAILY MX        | mg/L  |           | Weekly                   | GRAB           |
| Nitrogen, ammonia total (as N)           | SAMPLE<br>MEASUREMENT |                     |                      |        |              |                     |                       |       |           | <u></u>                  |                |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******              |                      |        |              | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | mg/L  |           | Weekly                   | GRAB           |
| CLAMTROL CT-1, TOTAL WATER               | SAMPLE<br>MEASUREMENT | <u> </u>            |                      |        |              |                     |                       |       |           |                          |                |
| 04251 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     |                      |        | ******       | 0<br>MO AVG         | 0<br>DAILY MX         | mg/L  |           | When<br>Discharging      | COMP24         |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT |                     |                      |        |              |                     |                       |       |           |                          |                |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon<br>MO AVG  | Reg Mon.<br>DAILY MX | Mgal/d | ******       |                     |                       |       |           | Weekly                   | ESTIMA         |
| Chlorine, total residual                 | SAMPLE<br>MEASUREMENT |                     |                      |        |              |                     |                       |       |           |                          |                |
| 50060 1 0<br>Effluent Gross              | PERMIT                | ******              |                      |        | *****        | .5<br>MO AVG        | 1-25<br>INST MAX      | mg/L  |           | Weekly                   | GRAB           |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my<br>direction or supervision in accordance with a system designed to assure that qualified personnel                                                                                                                                                                                              | na//                                                                     | TEL       | EPHONE   | DATE         |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------|----------|--------------|
| Raymond A. Lieb, DIRECTOR OF SITE      | property gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>and complete 1 am aware that there are significant penalties for submitting fase information, | Pahi                                                                     | 724       | 682-7773 | 05/ 24/ 2011 |
| TYPED OR PRINTED                       | including the possibility of fine and imprisonment for knowing violations.                                                                                                                                                                                                                                                                                                                    | SIGNA <b>#</b> URE OF PRINCIPAL EXECUTIVE OFFICER OR<br>AUTHORIZED AGENT | AREA Code | NUMBER   | MM/DD/YYYY   |

 $\sim$ 

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

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

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)

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|                        | PARAMETER                                         |                                  | QUANT | ITY OR LOADING |    |                                   |      | ENTRATION |                                     | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|------------------------|---------------------------------------------------|----------------------------------|-------|----------------|----|-----------------------------------|------|-----------|-------------------------------------|-----------|--------------------------|----------------|
| ATTN: RAYMO            | SHIPPINGPORT, I<br>OND A LIEB/DIR SITE            |                                  | FR    | MM/DD/Y        | MY | NG PERIOD<br>MM/DD/Y<br>O 04/ 30/ |      |           |                                     |           | No Dise                  | charge X       |
| FACILITY:<br>LOCATION: | BEAVER VALLEY<br>PA ROUTE 168                     | POWER STATION                    |       |                |    |                                   |      |           | CONDEN<br>Internal O                |           | OWDOWN & RIV             | /R WAT         |
| NAME:<br>ADDRESS:      | FIRST ENERGY N<br>PA ROUTE 168<br>SHIPPINGPORT, F | UCLEAR OPERATING<br>PA 150770004 |       | PA0025615      | ER | 403A<br>DISCHARGE NU              | MBER |           | <b>DMR MAI</b><br>MAJOR<br>(SUBR05) |           | CODE: 15077              | 70004          |

|                  |             | VALUE | VALUE | UNITS | VALUE | VALUE  | VALUE    | UNITS |          |      |
|------------------|-------------|-------|-------|-------|-------|--------|----------|-------|----------|------|
| Hydrazine        | SAMPLE      |       |       |       |       |        |          |       |          |      |
| , i y di dezinio | MEASUREMENT |       |       |       |       |        |          |       |          |      |
| 81313 1 0        | PERMIT      | ***** |       |       | ***** | 0      | 0        |       | Weekly   | GRAB |
| Effluent Gross   | REQUIREMENT |       |       |       |       | MO AVG | DAILY MX | ma/L  | A NECKIY |      |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER                       | I certify under penalty of law that this document and all attachments were prepared under my<br>direction or supervision in accordance with a system designed to assure that qualified personnel                                                                                                                                                                                                | The Latter                                                      | TEL       | EPHONE   | DATE         |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------|----------|--------------|
| Raymond A. Lieb, DIRECTOR OF SITE<br>OPERATIONS              | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>and complete. I am aware that there are significant penalties for submitting false information. | RA                                                              | 724       | 682-7773 | 05/ 24/ 2011 |
| TYPED OR PRINTED                                             | including the possibility of fine and imprisonment for knowing violations.                                                                                                                                                                                                                                                                                                                      | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br>AUTHORIZED AGENT | AREA Code | NUMBER   | MM/DD/YYYY   |
| COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all at |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 |           |          |              |

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

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

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

| NAME:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |
|------------------------|------------------------------------------------------------------------------|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004    |

ATTN: RAYMOND A LIEB/DIR SITE OPER

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| PA0025615     |  |
|---------------|--|
| PERMIT NUMBER |  |

413A DISCHARGE NUMBER

|      | MONITORING PERIOD |      |      |    |            |     |      |  |  |  |  |
|------|-------------------|------|------|----|------------|-----|------|--|--|--|--|
|      | MM/E              | DD/Y | MY   |    | MM/DD/YYYY |     |      |  |  |  |  |
| FROM | 04/               | 01/  | 2011 | то | 04/        | 30/ | 2011 |  |  |  |  |

| DMR MAILING ZIP CODE: | 150770004 |
|-----------------------|-----------|
| MAJOR                 |           |
| (SUBR05)              |           |
| BULK FUEL STORAGE DR  | AIN       |



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| PARAMETER                                | QUANTITY OR L         |                    | TY OR LOADING         | R LOADING QU |              | QUALITY OR CONCENTRATION |                 |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|------------------------------------------|-----------------------|--------------------|-----------------------|--------------|--------------|--------------------------|-----------------|-------|-----------|--------------------------|----------------|
|                                          | Γ                     | VALUE              | VALUE                 | UNITS        | VALUE        | VALUE                    | VALUE           | UNITS |           |                          |                |
| рН                                       | SAMPLE<br>MEASUREMENT | N/A                | N/A                   | N/A          |              | N/A                      |                 | pН    |           |                          |                |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****              | *****                 | N/A          | 6<br>MINIMUM | *****                    | 9<br>MAXIMUM    | рН    |           | Weekly                   | GRAB           |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT | N/A                | N/A                   | N/A          |              |                          |                 | mg/L  |           |                          |                |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                    |                       | N/A          |              | 30<br>MO AVG             | 100<br>DAILY MX | mg/L  |           | Wéekly                   | GRAB           |
| Oil & grease                             | SAMPLE<br>MEASUREMENT | N/A                | N/A                   | N/A          | N/A          |                          |                 | mg/L  |           |                          |                |
| 00556 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                    |                       | N/A          | *****        | 15<br>MÕ AVG             | 20<br>DAILY MX  | mg/L  |           | Weekly                   | GRAB           |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT |                    |                       | MGD          |              |                          |                 | N/A   |           |                          |                |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon<br>MO AVG | Req. Mon.<br>DAILY MX | Mgal/d       |              |                          |                 | N/A   |           | Weekly                   | ESTIMA         |

|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                  | $\Lambda$ $\Lambda$                                             |           |          |              |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------|----------|--------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER                      | I certify under penalty of law that this document and all attachments were prepared under my<br>direction or supervision in accordance with a system designed to assure that qualified personnel                                                                                                                                                                                                 | //0////                                                         | TEL       | EPHONE   | DATE         |
| Raymond A. Lieb, DIRECTOR OF SITE<br>OPERATIONS             | property gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>and complete. I am aware that there are significant penalties for submitting failse information. | RAH                                                             | 724       | 682-7773 | 05/ 24/ 2011 |
| TYPED OR PRINTED                                            | including the possibility of fine and imprisonment for knowing violations.                                                                                                                                                                                                                                                                                                                       | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br>AUTHORIZED AGENT | AREA Code | NUMBER   | MM/DD/YYYY   |
| CONNENTS AND EXDLANATION OF ANY MOLATIONS (Deferrant of the |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                 |           |          |              |

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.

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

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| NAME:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 | PA0025615 501A PERMIT NUMBER DISCHARGE NUMBER                                                                                     | DMR MAILING ZIP CODE: 150770004<br>MAJOR<br>(SUBR05) |
|------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004    | MONITORING PERIOD                                                                                                                 | UNIT 1 GENRTR BLWDWN FILT BW<br>Internal Outfall     |
| ATTN: RAYMO            | OND A LIEB/DIR SITE OPER                                                     | MM/DD/YYYY         MM/DD/YYYY           FROM         04/         01/         2011         TO         04/         30/         2011 | No Discharge X                                       |

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| PARAMETER                                   |             | QUANTITY OR LOADING |           | QUALITY OR CONCENTRATION |               |        |          | NO.<br>EX | FREQUENCY<br>OF ANALYSIS                 | SAMPLE<br>TYPE |          |
|---------------------------------------------|-------------|---------------------|-----------|--------------------------|---------------|--------|----------|-----------|------------------------------------------|----------------|----------|
|                                             |             | VALUE               | VALUE     | UNITS                    | VALUE         | VALUE  | VALUE    | UNITS     |                                          |                |          |
| Solids, total suspended                     | SAMPLE      |                     |           |                          |               |        |          |           |                                          |                |          |
|                                             | MEASUREMENT |                     |           |                          |               |        |          |           |                                          |                | 1        |
| 00530 1 0                                   | PERMIT      | *****               | *****     |                          | ******        | 30     | 100      |           | an a | Weekly         | GRAB     |
| Effluent Gross                              | REQUIREMENT |                     |           |                          | <u>就是我们的。</u> | MOAVG  | DAILY MX | mg/L      |                                          | WVEEKIY 34 %   | GRAD     |
| Flow, in conduit or thru treatment plant    | SAMPLE      |                     |           |                          |               |        |          |           |                                          |                |          |
| in low, in conduct of third treatment plant | MEASUREMENT |                     |           |                          |               |        |          |           | ]                                        |                |          |
| 50050 1 0                                   | PERMIT      | Req. Mon.           | Req: Mon. |                          |               | ****** | *****    |           |                                          | Weekly         | ESTIMA - |
| Effluent Gross                              | REQUIREMENT | MOAVG               | DAILY MX  | Mgal/d                   |               |        |          |           |                                          | VVEEKIY        | ESTIMA   |

|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                 | $n \Lambda \Lambda$                                             |           |          |              |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------|----------|--------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER                        | i certify under penalty of law that this document and all attachments were prepared under my<br>direction or supervision in accordance with a system designed to assure that qualified personnel                                                                                                                                                                                                | DATIT                                                           | TEL       | EPHONE   | DATE         |
| Raymond A. Lieb, DIRECTOR OF SITE<br>OPERATIONS               | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>and complete. I am aware that there are significant penalties for submitting faise information, | RATI                                                            | 724       | 682-7773 | 05/ 24/ 2011 |
| TYPED OR PRINTED                                              | Including the possibility of fine and imprisonment for knowing violations.                                                                                                                                                                                                                                                                                                                      | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br>AUTHORIZED AGENT | AREA Code | NUMBER   | MM/DD/YYYY   |
| COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all att | achments here)                                                                                                                                                                                                                                                                                                                                                                                  |                                                                 |           |          |              |

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