

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

November 23, 2011 L-11-369

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

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

Enclosed is the October 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). Attachments 2 and 3 to this letter are the quarterly stormwater results as required by Permit Condition C-21.

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

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

Sincerely,

Raymond A. Lieb Director, Site Operations



Attachment(s):

ì

- 1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001
- 2. 3rd Quarter Permit Part C.21 Iron and Zinc Stormwater Monitoring Results
- 3. 4th Quarter 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 Ms. Amanda Schmidt, PA DEP/Bureau of Water Quality Management

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-11-369 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

j

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
03-Oct-11	0915	8.51	mg/L
10-Oct-11	0830	8.46	mg/L
17-Oct-11	0945	8.07	mg/L
25-Oct-11	1125	8.21	mg/L
31-Oct-11	1040	8.66	mg/L

- Attachment 1 END -

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-11-369 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

ATTACHMENT 2

Sample	Sample				
Date	Time	Outfall	Parameter	Result	Units
07-08-11	0950	Outfall #003	Zinc	110	ug/l
07-08-11	0950	Outfall #003	Iron	417	ug/l
07-08-11	0835	Outfall #008	Zinc	189	ug/l
07-08-11	0835	Outfall #008	Iron	1810	ug/l
07-08-11	1110	Outfall #011	Zinc	316	ug/l
07-08-11	1110	Outfall #011	Iron	822	ug/l

Permit Part C.21 Iron and Zinc Stormwater Monitoring Results

- Attachment 2 END -

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-11-369 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

1

ATTACHMENT 3

Sample Date	Sample Time	Outfall	Parameter	Result	Units
10-12-11	0825	Outfall #003	Zinc	639	ug/l
10-12-11	0825	Outfall #003	Iron	2670	ug/l
10-12-11	0900	Outfall #008	Zinc	2310	ug/l
10-12-11	0900	Outfall #008	Iron	8860	ug/l
10-12-11	0930	Outfall #011	Zinc	152	ug/l
10-12-11	0930	Outfall #011	Iron	110	ug/l

Permit Part C.21 Iron and Zinc Stormwater Monitoring Results

- Attachment 3 END -

.



MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 1

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

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2011 TO

001A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2011

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

No Discharge

ATTN: RAYMOND A LIEB/DIR SITE OPER

PARAMETER		QUANTI	TY OR LOADING		G	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	8.4	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM		9 MAXIMUM	pН		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG	GG
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	******	Req. Mon. MO AVG	Req: Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG		GG	GG	GG
04251 1 0 Effluent Gross	PERMIT	*****	******	N/A	*****	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	29.2	30.9	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	0.0	0.10	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	.5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.1	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	2 AVERAGE	.5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG	GG
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	******	***** *	N/A	*****	0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

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

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

- y 👎 ⊳

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

Form Approved OMB No. 2040-0004

Page 2

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	002A DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004	MONITO	RING PERIOD	INTAKE SCREEN BACKWASH External Outfall
ATTN: RAYMO	DND A LIEB/DIR SITE OPER	MM/DD/YYYY FROM 10/ 01/ 2011	MM/DD/YYYY TO 10/ 31/ 2011	No Discharge

PARAMETER		QUANTI	TY OR LOADING		0	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	******	N/A		Weekly	ESTIMA

		~ 1			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	SATT	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	11/ 23/ 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)

No Discharge

Page 3

DMR MAILING ZIP CODE: 150770004 NAME: FIRST ENERGY NUCLEAR OPERATING PA0025615 003A MAJOR ADDRESS: PA ROUTE 168 PERMIT NUMBER DISCHARGE NUMBER (SUBR05) SHIPPINGPORT, PA 150770004 003 FACILITY: BEAVER VALLEY POWER STATION External Outfall LOCATION: PA ROUTE 168 MONITORING PERIOD SHIPPINGPORT, PA 150770004 MM/DD/YYYY MM/DD/YYYY FROM 10/ 01/ 2011 то 10/ 31/ 2011 ATTN: RAYMOND A LIEB/DIR SITE OPER

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.041	0.090	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d		******	******	N/A	142 C	Twice Per Month	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		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 eware that there are significant penalties for submitting false Information.	PIPI	724	682-7773	11/ 23/ 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)

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

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

1

MONITORING PERIOD

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

•

PA0025615 PERMIT NUMBER

MM/DD/YYYY

10/ 01/ 2011 TO

1

FROM

:

004A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2011

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) UNIT ONE COOLG TOWER OVERFLOW External 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			N/A							
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										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	*****	*****	Ņ/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT			N/A							
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	******	.5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT			N/A							
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	.2 AVERAGE	.5 MAXIMUM	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	DAIT	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	11/ 23/ 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 4

Form Approved OMB No. 2040-0004

Page 5

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

1

ATTN: RAYMOND A LIEB/DIR SITE OPER

,

.

PA0025615 PERMIT NUMBER

MM/DD/YYYY

10/ 01/ 2011 **TO**

FROM

006A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2011

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) AUX. INTAKE SCREEN BACKWASH External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		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

MONITORING PERIOD

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

.

Form Approved OMB No. 2040-0004

Page 6

......

1

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

r

. .

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 007A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168		AUX. INTAKE SYSTEM External Outfall
	SHIPPINGPORT, PA 150770004	MONITORING PERIOD	
ATTN: RAYM	OND A LIEB/DIR SITE OPER	MM/DD/YYYY MM/DD/YYYY FROM 10/01/2011 TO 10/31/2011	No Discharge X

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 REQUIREMENT	******	*****		6 MINIMUM	*****	9 MAXIMUM	рН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT							· · · ·			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*******	*****	******			Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT				-						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	.5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		******	.2 AVERAGE	.5 MAXIMUM	mg/L		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	AIII	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 faise information,	Refi	724	682-7773	11/ 23/ 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)				

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

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

r

,

PA0025615	
PERMIT NUMBER	

FROM

MM/DD/YYYY

10/ 01/ 2011 TO

008A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 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
·····		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		1	
pH	SAMPLE										
h.,	MEASUREMENT										
00400 1 0	PERMIT	*****	*****		6	*****	9			Twice Per	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	рН		Month	-Oloib
Solids, total suspended	SAMPLE										
	MEASUREMENT										
00530 1 0	PERMIT	******	*****		*****	30	100			Twice Per	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L	1	Month	GNAD
Oil & grease	SAMPLE										
Oli & grease	MEASUREMENT									1	
00556 1 0	PERMIT	******	******		*****	15	20			Twice Per	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Month	GRAD
Flow in conduit or thru treatment plant	SAMPLE										1
Flow, in conduit or thru treatment plant	MEASUREMENT										
50050 1 0	PERMIT	Req. Mon.	Reg. Mon.		******	*****	*****	NUA		Maakki	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

		\circ \cap			
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	$\square \square \square \square$	TEI	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting failse information,	REFE	724	682-7773	11/ 23/ 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)

Page 7

MONITORING PERIOD

Page 8

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

f

.

PA00	25615
PERMIT	NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2011 TO



MM/DD/YYYY

10/ 31/ 2011

~

.

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) UNIT 2 COOLING WATER External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FANAMETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.6	N/A	7.8	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG	GG
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	******	0 MO AVG	0 INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.7	4.3	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Maal/d	*****	*****	******	N/A		Weekly	MEASRD
Chlorine, total residual	REQUIREMENT SAMPLE MEASUREMENT	N/A	N/A	Mgal/d N/A	N/A	0.1	0.08	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	.5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.1	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	.2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

		\sim \sim \sim \sim			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.		724	682-7773	11/ 23/ 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 OMB No. 2040-0004

Page 9

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

,

,

ATTN: RAYMOND A LIEB/DIR SITE OPER

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	011A DISCHARGE NUMBER
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004	MONITO	

	MONITORING PERIOD							
	MM/DD/YYYY				MM/E	DIM	(YY ·	
FROM	10/	01/	2011	то	10/	31/	2011	

DMR MAILING ZIP CODE: MAJOR	150770004
(SUBR05)	
DIESEL GEN & TURBINE DI External Outfall	RAINS



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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that gualified personnel	A / II	TEI	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE DPERATIONS	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 fatse information,	Retuil	724	682-7773	11/ 23/ 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)

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

MONITORING PERIOD

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

BEAVER VALLEY POWER STATION	
PA ROUTE 168	
SHIPPINGPORT, PA 150770004	

ATTN: RAYMOND A LIEB/DIR SITE OPER

.

.

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

10/ 01/ 2011 TO

•

FROM

012A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2011

- i

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



PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.6	N/A	7.6	pН	0	1 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0590	0.0786	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.1	mg/L	0	2 / 31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	*****	N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	975	1070	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	******	Req. Mon MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB

		ΔI				
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 M	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,	Latin	724	682-7773	11/ 23/ 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	
NUMERITE AND EXPLANATION OF ANY MOLATIONS (Performed all other	abmonto horo)	,				

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

MONITORING PERIOD

Page 11

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

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

.

.

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

10/ 01/ 2011 **TO**

FROM

013A **DISCHARGE NUMBER**

MM/DD/YYYY

10/ 31/ 2011

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) OUTFALL 013 External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		c	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.8	N/A	7.8	N/A	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	N/A	0	2 / 31	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0140	0.0147	N/A	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	N/A	0	2 / 31	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	*****	N/A		Twice Per Month	ESTIMA

		\wedge ///			
	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	
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	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	 }
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		There was discharge only in the last wee	k in October.	WMC 11-19-11.	

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. DATE

MM/DD/YYYY

11/ 23/ 2011

Form Approved OMB No. 2040-0004

No Discharge

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 PA ROUTE 168 LOCATION: SHIPPINGPORT, PA 150770004

PA0025615	
PERMIT NUMBER	

101A DISCHARGE NUMBER

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

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 10/ 01/ 2011 то 10/ 31/ 2011

ATTN: RAYMOND A LIEB/DIR SITE OPER

,

.

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										
00400 1 0	PERMIT	*****	*****		6	*****	9		10000 C	1A/2 Shite	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	рH	1.000	Weekly	GRAD
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	*****	*****		*****	30	100			10/a akku	COMP-2
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0	PERMIT	*****	*****		******	15	20			Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		WEEKIY	GIVAD
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0	PERMIT	*****	*****		******	Req. Mon.	Req. Mon.	-		Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Weekiy	GIVAD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	*****	*****			DAILY	CONTIN
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d				(DAILT	CONTIN
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0	PERMIT	*****	*****		*****	Req. Mon.	Req. Mon.			Weekly	GRAB
Effluent Gross	REQUIREMENT		1. Sec.			MO AVG	DAILY MX	mg/L		VVEEKIY	GRAD

		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		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 compilete. I am aware that there are significant penalties for submitting false information,	Chi Fuil	724	682-7773	11/ 23/ 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 MOLATIONS (Perference all att	chments hara)				

- C(ANATION OF ANY VIOLATIONS (Reference all atta

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)

Page 12

, î

.....

MONITORING PERIOD

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

. с

.

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

10/ 01/ 2011 **TO**

FROM

102A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2011

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) **102 INTAKE SCREEN HOUSE** Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		G	NO. EX	FREQUENCY OF ANALYSIS			
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	7.9	pН	0	2 / 31
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	******	9 MAXIMUM	рН	10	Twice Per Month
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	18	29	mg/L	0	2 / 31
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	2 / 31
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 31
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	N/A		Twice Per Month

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	16.1/1	TEL	EPHONE	DATE
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Al Fil	724	682-7773	11/ 23/ 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)

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

Page 13

SAMPLE

TYPE

GRAB

GRAB

GRAB

GRAB

GRAB

GRAB

EST

ESTIMA

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

.

1

PA0025615	
PERMIT NUMBER	

. .

103A DISCHARGE NUMBER

DMR MAILING 2 MAJOR (SUBR05)	IP CODE:	150770004
SLUDGE SETTL Internal Outfall	ING BASIN	

	MONITORING PERIOD										
	MM/DD/YYYY				MM/C	DD/Y	MY				
FROM	10/	01/	2011	то	10/	31/	2011				

No Discharge

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.1	N/A	7.5	pН	0	4 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT	******	******	N/A	6 MINIMUM	*****	9 MAXIMUM	οH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	6	7	mg/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	· N/A		Twice Per Month	ESTIMA

		/						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	1	TELI	EPHONE	DATE	i
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, fue, 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.	$-\mathcal{R}$	hi	/	724	682-7773	11/ 23/ 2011	
TYPED OR PRINTED	SIGNATURE OF PRINC	RIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	l	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all att	achments here)						······	

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

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

.

MONITORING PERIOD

то

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

.

.

PA0025615 PERMIT NUMBER

MM/DD/YYYY

10/ 01/ 2011

FROM

111A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2011

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

No Discharge

SAMPLE

TYPE

GRAB

GRAB

GRAB

GRAB

GRAB

GRAB

EST

ESTIMA

FREQUENCY

OF ANALYSIS

1/7

Weekly

5 / 31

Weekly

1 / 7

Weekly

1 / 7

Weekly

PARAMETER		QUANTI	TY OR LOADING			NO. EX	(
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.2	N/A	7.6	рН	0	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	******	9 MAXIMUM	рН		
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3	4	mg/L	0	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req: Mon. DAILY MX	Mgal/d	*****	*****	******	N/A		

		$\sim \Omega_{I}$			
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		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 failse information,	RALil	724	682-7773	11/ 23/ 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	chments here)	•			

_`

MONITORING PERIOD

то

Page 16

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

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

¢

PA0025615 PERMIT NUMBER

MM/DD/YYYY

10/ 01/ 2011

.

FROM

113A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2011

- Ł

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



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

·					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	DAPT	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 belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Chil	724	682-7773	11/ 23/ 2011
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNALURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 17

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

NAME: 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	2034
PERMIT NUMBER	DISCHARGE

MM/DD/YYYY

10/ 01/ 2011 TO

FROM

MONITORING PERIOD

SCHARGE NUMBER

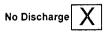
MM/DD/YYYY

10/ 31/ 2011

.

ţ

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



PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FANAINETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рH	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	*****	*****		6	*****	9			Twice Per	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	рН		Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	******	******		*****	30	- 60			Twice Per	COMP-8
Effluent Gross	REQUIREMENT					MOAVG	DAILY MX	mg/L		Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	.023	Req. Mon.		*****	.*****	******		. Contraction of the	Weekly	MEASRD
Effluent Gross	REQUIREMENT	MOAVG	DAILY MX	Mgal/d						VVEENIY	WICAGINE
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0	PERMIT	*****	******		*****	1.4	3.3			Twice Per	GRAB
Effluent Gross	REQUIREMENT					MO ÁVG	INST MAX	mg/L		Month	GIVE.
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1	PERMIT	******	******		*****	200	******			Twice Per	GRAB
Effluent Gross	REQUIREMENT					MØ GEOMN		#/100mL	Sec. Sec.	Month	0.00
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0	PERMIT	*****	*****		******	25	50			Twice Per	COMP-8
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L	· · · · · · · · · · · · · · · · · · ·	Month	COMF-0

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

.

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 18

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

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

.

.

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2011 **TO**

211A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2011

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

No Discharge

PARAMETER		QUANTI	TY OR LOADING		G	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	6.9	N/A	7.3	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	3	6	mg/L	. 0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3	6	mg/L	0	5 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A		-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	******	******	N/A		Weekly	ESTIMA

		$\sim \Lambda a$			
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	Ne 1/1	TEI	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information,	Flbrit	724	682-7773	11/ 23/ 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 19

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

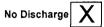
.

PA0025615		
PERMIT NUMBER		

213A DISCHARGE NUMBER

[MONITORING PERIOD				
ĺ	MM/DD/YYYY		MM/DD/YYYY		
FROM	10/ 01/ 2011	то	10/ 31/ 2011		

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) UNIT 2 COOL TOWER PUMPHOUSE 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	нα		Twice Per Month	GRAB
Solids, total suspended	SAMPLE					C C M I MANY MARK I MINI MINI MINI MINI MINI MINI MINI M				, and a strategy of a low of the second s	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT]						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	*****	******			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	.5 MO AVG	1.25 INST MAX	mg/L		Twice Per Month	GRAB

		$\sim \Lambda \Lambda$				
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	///////////////////////////////////////	TEI	EPHONE	DATE	
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	RUTil	724	682-7773	11/ 23/ 201	
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 EVEL ANATION OF ANY MOLATIONS (D. C						

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

Page 20

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

.

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 301A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168		UNIT 2 AUX BOILER BLOWDOWN Internal Outfall
	SHIPPINGPORT, PA 150770004	MONITORING PERIOD	
ATTN: RAYMO	OND A LIEB/DIR SITE OPER	MM/DD/YYYY MM/DD/YYYY FROM 10/ 01/ 2011 TO 10/ 31/ 2011	No Discharge

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	*****	*****		*****	30	100			Twice Per	GRAB
Effluent Gross	REQUIREMENT				******	30 MO AVG	100 DAILY MX	mg/L		Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0	PERMIT	*****	*****		******	15;	20			Twice Per	GRAB
Effluent Gross	REQUIREMENT				******	MO AVG	DAILY MX	mg/L		Month	GRAD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	Req. Mon.	Req. Mon		******	*****	*****	N/A	2.0	Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d						Weekiy	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	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, ¹ to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	THE A	724	682-7773	11/ 23/ 2011
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EYELANATION OF ANY VIOLATIONS (Beferrare all atta	abmonta hero)				

÷

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.

i.

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 21

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

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

MM/DD/YYYY

FROM

10/ 01/ 2011 **TO**

303A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2011

- 1

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

No Discharge

PARAMETER		QUANTI	QUANTITY OR LOADING		Ç	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.0	N/A	7.1	рН	0	3 / 31	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	4	8	mg/L	0	3 / 31	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	6	9	mg/L	0	3 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.019	0.056	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req: Mon. DAILY MX	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	A.I.II	TEL	EPHONE	DATE
	direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or	Refu	724	682-7773	11/ 23/ 2011
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
		There was no discharge offer the first three	unalia in C	states 14/040 dd	10 11

COMMENTS AND EXPLANATION OF ANY VOLATIONS (Reference all attachments here) There was no discharge SAMPLES SHALL BE TAKEN AT THE OVERFLOW FROM THE OIL WATER SEPARATOR PRIOR TO MIXING WITH ANY OTHER WATER.

There was no discharge after the first three weeks in October. WMC 11-19-11.

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 22

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

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

.

.,

PAOC	25615
PERMIT	NUMBER

MM/DD/YYYY

10/ 01/ 2011 TO

.

FROM

313A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2011

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

No Discharge

PARAMETER		QUANTITY OR LOADING			G	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.8	N/A	7.8	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	6	6	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	1	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	excert.	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******			N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	no!!!	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,	Petrif	724	682-7773	11/ 23/ 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)	There was discharge only in the last week in Octob	ber. WMC 11-1	9-11.	

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

1

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

٦,

.

DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2011

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

No Discharge

PARAMETER			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	8.9	N/A	9.4	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	6 MINIMUM	*****	Req. Mon. MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	9	16	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon: DAILY MX	Mgal/d	*****	*****	******	N/A	994- 1997 - 199 1997 - 199	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	10/1	TEL	EPHONE	DATE	
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am everse that there are significant penatives for submitting false information.	Kethin	724	682-7773	11/ 23/ 201	1
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLES SHALL BE TAKEN AT CHEMICAL FEED AREA DRAINS PRIOR TO MIXING WITH ANY OTHER WATER.

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

10/ 01/ 2011 TO

MM/DD/YYYY

- 2

FROM

Page 23

•••

MONITORING PERIOD

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

.1

۰.

PA0025615 PERMIT NUMBER

MM/DD/YYYY

10/ 01/ 2011 TO

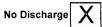
FROM

403A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2011

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) CONDENSATE BLOWDOWN & RIVR WAT Internai Outfall



Page 24

PARAMETER	da anti-	QUANTITY OR LOADING			C	QUALITY OR CONC	ENTRATION	QUALITY OR CONCENTRATION			
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		6 MINIMUM	******	9 MAXIMUM	рH	1	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				<u></u>						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT				······································						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. MO/AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT									:	
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO.AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		******	.5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB

		$\sim \Lambda 1$			
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		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,		724	682-7773	11/ 23/ 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. 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

Page 25

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168	PA0025615	403
	SHIPPINGPORT, PA 150770004	PERMIT NUMBER	DISCHARGE
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168		
	SHIPPINGPORT, PA 150770004	MONITO	RING PERIOD
		MM/DD/YYYY	MM/DI

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615	
PERMIT NUMBER	

FROM

10/ 01/ 2011 **TO**

403A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2011

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

Internal Outfall



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

		$\sim \Lambda$			
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 qualified personnel	// 0///	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	PARTI	724	682-7773	11/ 23/ 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 at	tachments here)				

C

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)

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 26

,

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

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

•

.

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2011 TO

413A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2011

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) BULK FUEL STORAGE DRAIN Internal Outfall



PARAMETER		QUANTITY OR LOADING			0	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
FANAMETEN		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 MAXIMŬM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A				mg/L			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A			mg/L			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	15 MO AVG	20 DAILY MX	mg/L	C. Marcall	Weeklÿ	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			MGD				N/A			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req: Mon. DAILY MX	Mgal/d	******	******	******	N/A		Weekiy	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellet, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Phil	724	682-7773	11/ 23/ 2011
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations. TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY MOLATIONS (Performed all attac	hmonte horo)				

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.

- 2

ł

· ·

Form Approved OMB No. 2040-0004

Page 27

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

.

......

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	501A DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			UNIT 1 GENRTR BLWDWN FILT BW Internal Outfall
ATTN: RAYMO	SHIPPINGPORT, PA 150770004 OND A LIEB/DIR SITE OPER	MONITORIN MM/DD/YYYY FROM 10/ 01/ 2011 TC	MM/DD/YYYY	No Discharge X
	PARAMETER	QUANTITY OR LOADING	QUALITY OR CONCENTRAT	TION NO. FREQUENCY SAMPLE EX OF ANALYSIS TYPE

PARAMETER		QUANTI	TITY OR LOADING		QUALITY OR CONCENTRATION			EX	OF ANALYSIS	TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			•
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	*****	******		*****	30 MO'AVG	100 DAILY MX			Weekly	GRAB
Effluent Gross	REQUIREMENT SAMPLE					MO'AVG	DAILY MX	mg/L		, veekiy	
Flow, in conduit or thru treatment plant	MEASUREMENT										
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		******	*****	*****			Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	and a state of the						

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		TELEPHONE		DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penaties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	ADT-	724	682-7773	11/ 23/ 2011
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all atta	achments here)		·		

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

MONITORING PERIOD

то

Form Approved OMB No. 2040-0004

Page 1

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

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

MM/DD/YYYY

10/ 01/ 2011

1

FROM

001A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2011

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

No Discharge

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAMILIEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.7	N/A	8.4	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG ·	GG
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG		GG	GG	GG
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	29.2	30.9	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	0.0	0.10	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	*****	5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.1	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	*****	.2 AVERAGE	.5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG	GG
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	0 MO/AVG	0 DAILY MX	mg/L		Weekly	GRAB

		Λ			
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne!	Dell	TEI	LEPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	11/ 23/ 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. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX.

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

_,**7**7 1

з

NAME: FIRST ENERGY NUCLEAR OPERATING ADDRESS: PA ROUTE 168 SHIPPINGPORT, PA 150770004 FACILITY: BEAVER VALLEY POWER STATION				PA0025615 PERMIT NUMBE	R	002A DISCHARGE NU	MBER		MAJOR (SUBR05			0004
LOCATION:	PA ROUTE 168 SHIPPINGPORT, PA 1507	E 168 External Outfail OPORT, PA 150770004 MM/DD/YYYY						ACKWASH				
ATTN: RAYMON	ND A LIEB/DIR SITE OPER		FRO		2011 T						No Disc	harge
			QUANTITY OR LOADING									
	ADAMETED		QUANTI	TY OR LOADING		(QUALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
P/	ARAMETER		QUANTI	TY OR LOADING	UNITS	VALUE	QUALITY OR CON	CENTRATION	UNITS			
	or thru treatment plant	SAMPLE MEASUREMENT			UNITS MGD			1	UNITS N/A			

		~ 0			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	SATT	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	11/ 23/ 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 VIOLATIONS (Reference all atta	chmonts here)				

;

Page 2

Form Approved OMB No. 2040-0004

Page 3

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

r

9

.

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 003A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004		003 External Outfall
ATTN: RAYMO	DND A LIEB/DIR SITE OPER	MM/DD/YYYY MM/DD/YYYY FROM 10/ 01/ 2011 TO 10/ 31/ 2011	No Discharge
Г			NO FREQUENCY SAMPLE

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALÚE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.041	0.090	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	N/A		Twice Per Month	ESTIMA

		$\sim \Lambda I$			
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		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 belef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	FIL-	724	682-7773	11/ 23/ 2011
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations. TYPED OR PRINTED		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

Form Approved OMB No. 2040-0004

Page 4

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

e

.

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

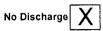
10/ 01/ 2011 **TO**

004A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2011

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) UNIT ONE COOLG TOWER OVERFLOW External Outfall



PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE			N/A							
	MEASUREMENT	*****	*****			*****	A 100	ļ	WARDON STRAT		
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										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	*****	******	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT			N/A							
50060 1 0	PERMIT	*****	*****	N/A	*****	.5	1.25			Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	INST MAX	mg/L		Veekiy	GRAD
Chlorine, free available	SAMPLE MEASUREMENT			N/A							
50064 1 0	PERMIT	******	******		******	.2	.5,		100000000	Weekly	GRAB
Effluent Gross	REQUIREMENT			N/A		AVERAGE	MAXIMUM	mg/L		weekiy	

		Ω.			
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	DAII	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 fatse information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	11/ 23/ 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)

Form Approved OMB No. 2040-0004

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

	PARAMETER	QUANTITY OR LOADING	QUALITY OR CONCENTRATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
ATTN: RAYMO	OND A LIEB/DIR SITE OPER	MM/DD/YYYY	MM/DD/YYYY 0 10/ 31/ 2011		No Disc	harge	
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004	MONITOPI	NG PERIOD	AUX. INTAKE SC External Outfall	REEN BACKWAS	Н	
NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	006A DISCHARGE NUMBER	DMR MAILING Z MAJOR (SUBR05)	IP CODE: 15077	0004	

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION			EX	OF ANALYSIS	TYPE	
FARAMETER		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	PERMIT	Req. Mon.	Req. Mon.		******	*****	*****	N/A		Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d							

		$\sim \Lambda$			
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 qualified personnel	lall	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	11/ 23/ 2011
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER O AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all atta	chments here)				

1

Page 5

Form Approved OMB No. 2040-0004

Page 6

• •

.....

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	007A DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY:	BEAVER VALLEY POWER STATION PA ROUTE 168			AUX. INTAKE SYSTEM External Outfall
	SHIPPINGPORT, PA 150770004	MONIT	ORING PERIOD	
		MM/DD/YYYY FROM 10/ 01/ 2011	MM/DD/YYYY TO 10/ 31/ 2011	No Discharge

ATTN: RAYMOND A LIEB/DIR SITE OPER

6

,

Γ	MM/DD/Y	YYY		MM/DD/YYYY					
FROM	10/ 01/	2011) то [10/	31/	2011			

PARAMETER		QUANTITY OR LOADING		(QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	рН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******			Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	.5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		****** 	.2 AVERAGE	.5 MAXIMUM	mg/L		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	AIII	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,	Kerti	724	682-7773	11/ 23/ 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
CUMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all atta	chmente horo)				

EXPLANATION OF ANY VIOLATIONS (Reference all attac nts 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

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

FIRST ENERGY NUCLEAR OPERATING
PA ROUTE 168
SHIPPINGPORT, PA 150770004
BEAVER VALLEY POWER STATION
PA ROUTE 168
SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

.

.

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

10/ 01/ 2011 TO

÷

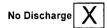
FROM

008A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2011

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



PARAMETER		QUANTITY OR LOADING		C	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE										
	MEASUREMENT		Same and the data as the start of a restarch from the				The star manage is a factor of the sector in the star of the	ļ	Description of the Advertision		NO. 127700 V. 5 True (1980) 00110
00400 1 0	PERMIT	******	*****		6 MINIMUM	******	9		1	Twice Per	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	pH		Month	
Solids, total suspended	SAMPLE										
Solids, total suspended	MEASUREMENT										
00530 1 0	PERMIT	*****	*****		******	30	100			Twice Per	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Month	GRAB
Oil & grease	SAMPLE										
Oll & grease	MEASUREMENT										
00556 1 0	PERMIT	*****	*****		*****	15	20			Twice Per	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Month	- OKAD
Flow in conduit or thru tractment clent	SAMPLE										
Flow, in conduit or thru treatment plant	MEASUREMENT										
50050 1 0	PERMIT	Req: Mon.	Req. Mon.		*****	*****	*****	N/A	0.2.2.33	Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d		*****		IN/A		VVEEKIY	LOTIMA

		$\cap \cap$		_	
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	DATT	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	11/ 23/ 2011
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
		AUTIONIZED AGEN I	1		

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

Page 7

1....

Form Approved OMB No. 2040-0004

Page 8

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

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

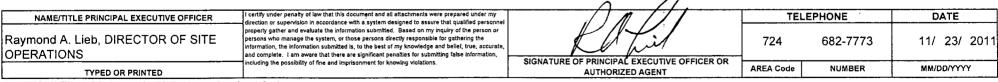
PA0025615 PERMIT NUMBER 010A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) UNIT 2 COOLING WATER External Outfall

No Discharge

ATTN: RAYMOND A LIEB/DIR SITE OPER	

	MONITORING PERIOD						
	MM/DD/YYYY				MM/C	DD/Y	MY .
FROM	10/	01/	2011	то	10/	31/	2011

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.6	N/A	7.8	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	******	9 MAXIMUM	pН		Weekly	GRAB
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	3.7	4.3	MGD	N/A	N/A	N/A	N/A	-	177	MEAS
50050 1 0 Effluent Gross	PERMIT	Req: Mon. MO/AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.08	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		******	.5 MO AVG	1.25 INST MAX	mg/L	÷.,	Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.1	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	******	.2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB



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 LI

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

Form Approved OMB No. 2040-0004

Page 9

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

.

.

NAME: 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: RAYM	SHIPPINGPORT, PA 150770004 OND A LIEB/DIR SITE OPER	MM/DD/YYYY	ING PERIOD MM/DD/YYYY TO 10/ 31/ 2011	No Discharge
[NO. FREQUENCY SAMPLE

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

		$\sim \Lambda_{1}$				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1 1 11	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,	Rotai	724	682-7773	11/ 23/ 2011	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OF AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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

MONITORING PERIOD

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

.

.

PA0025615
PERMIT NUMBER

MM/DD/YYYY

10/ 01/ 2011 **TO**

Г

FROM

012A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2011

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) BLOWDOWN FROM THE HVAC UNIT External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.6	N/A	7.6	pН	0	1 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	******	9 MAXIMUM	рH		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0590	0.0786	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.1	mg/L	0	2 / 31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	******	1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	******	******	N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	. N/A	N/A	975	1070	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	Req. Mon. MO AVG	Req. 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	$ \land \land$	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		11/ 23/ 2011	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	
ONMENTS AND EXPLANATION OF ANY MOLATIONS (Belerance all atte	abmonte borol				•	

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

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

MONITORING PERIOD

то

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

PA0025615
PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2011

013A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2011

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) OUTFALL 013 External Outfall

No Discharge

SAMPLE TYPE

GRAB

GRAB

24 HR

COMP

COMP24

24 HR

COMP

COMP24

24 HR

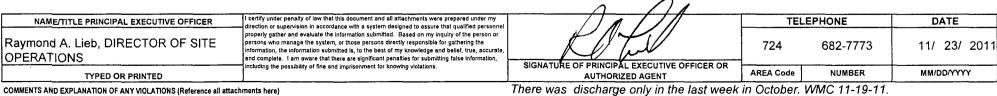
COMP

COMP24

EST

ESTIMA

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	Γ
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.8	N/A	7.8	N/A	0	1 / 7	Γ
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekly	
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	N/A	0	2 / 31	
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0140	0.0147	N/A	0	2 / 31	
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	1.12.000
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	N/A	0	2 / 31	
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	1	Twice Per Month	1000
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	2 / 31	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	*****	N/A		Twice Per Month	No. of Lot



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

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

MONITORING PERIOD

то

Form Approved OMB No. 2040-0004

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

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 LIEB/DIR SITE OPER

,

Hydrazine

81313 1 0

Effluent Gross

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2011

101A DISCHARGE NUMBER

MM/DD/YYYY

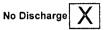
10/ 31/ 2011

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

FREQUENCY

Weekly

Internal Outfall



SAMPLE

TYPE

GRAB

COMP-2

GRAB

GRAB

CONTIN

GRAB

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS
PATAMETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
рН	SAMPLE MEASUREMENT									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		6 MINIMUM	*****	9 MAXIMUM	pН		Weekly
Solids, total suspended	SAMPLE MEASUREMENT									
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Weekly
Oil & grease	SAMPLE MEASUREMENT									
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	15 MO AVG	20 DAILY MX	mg/L		Weekly
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
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

		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		TEI	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	11/ 23/ 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

Reg. Mon.

MO AVG

Req. Mon.

DAILY MX

mg/L

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)

102A

DISCHARGE NUMBER

1

Page 13

.

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

.

.

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 10/ 01/ 2011 TO 10/ 31/ 2011

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

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	7.4	N/A	7.9	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	6 MINIMUM	******	9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	18	29	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgai/d		275 ha a	******	N/A		Twice Per Month	ESTIMA

		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		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 evere that there are significant penalties for submitting false information,	Rt Fil	724	682-7773	11/ 23/ 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
CONNENTS AND EVELANATION OF ANY LOOP ATIONS (D. C					

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.

1

PA0025615 PERMIT NUMBER

MONITORING PERIOD

то

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

3

3

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

10/ 01/ 2011

FROM

103A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2011

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) SLUDGE SETTLING BASIN Internal Outfall



PARAMETER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.1	N/A	7.5	pН	0	4 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	рН		Twice Per Month	GRÀB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	6	7	mg/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgai/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		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	11/ 23/ 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)				

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.

1

Page 14

- 74

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 15

A. A. .

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

τ

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2011 **TO**

111A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2011

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

No Discharge

PARAMETER		QUANTI	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	7.6	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	•******	9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3	4	mg/L	0	5 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	******	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

		$\sim \Omega_{I}$				
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		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 faise information,	Rohi	724	682-7773	11/ 23/ 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	
COMPANYS AND EXCLANATION OF ADVISOU ATIONS (2						

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

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	PA0025615 113A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168		UNIT 2 SEWAGE TMT PLANT Internal Outfall
		MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/ 01/ 2011 TO 10/ 21/ 2011	No Discharge

ATTN: RAYMOND A LIEB/DIR SITE OPER

•

.

	MONITORING PERIOD								
	MM/DD/YYYY				MM/C	DD/Y	(YY		
FROM	10/	01/	2011	то	10/	31/	2011		

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	*****	******		6	******	9			Twice Per	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	рН		Month	SIGD.
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	*****	*****		*****	30	60	à		Twice Per	00110.0
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	.043	Req. Mon		******	******	*****	N/A		Weekly	MEASRD
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d				NVA		Weekiy	WIEAGRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0	PERMIT	*****	******		*****	1.4	3.3			Twice Per	GRAB
Effluent Gross	REQUIREMENT					MO AVG	INST MAX	mg/L		Month	GIVAD
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1	PERMIT	*****	*****		******	200	*****			Twice Per	GRAB
Effluent Gross	REQUIREMENT					MO GEOMN		#/100mL		Month	01010
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0	PERMIT	*****	*****	· ·	*****	25	50		10530-30	Twice Per	COMP-8
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Month	50WF-0

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

 \sim

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

1

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

1-1

.... . . - ---

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved OMB No. 2040-0004

Page 17

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

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

۰,

PA0025615	
PERMIT NUMBER	DISC

4

203A SCHARGE NUMBER DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) MAIN SEWAGE TMT PLANT Internal Outfall



Г	MONITORING PERIOD						
T I	MM/I	DDM	MY		MM/C	DDAY	ΥY
FROM	10/	01/	2011	то	10/	31/	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										
00400 1 0	PERMIT	*****	*****		6	*****	9			Twice Per	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	рН		Month	GRAB
Solids, total suspended	SAMPLE										
00520 4 0	MEASUREMENT	Same and a state of the second	*****	2	*****		0.0		Carlos - Albanatic	Turner	a latin, and the restorements of the
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			6		30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				,		· · · · · · · · · · · · · · · · · · ·				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.023 MO AVG	Req: Mon. DAILY MX	Mgai/d	******	******	******			Weekly	MEASRD
Chlorine, total residual	SAMPLE			Wigal/u							
50060 1 0 Effluent Gross	PERMIT	******	******		*****	1.4 MO AVG	3.3 INST MAX	ma/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT	******	******		*****	200 MO GEOMN	******	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE	9999 01 1 10 972 1 1097 1 1097 1 1097 1 1097 1 1097 1 1097 1 1097 1 1097 1 1097 1 1097 1 1097 1 1097 1 1097 1 1097 1		<u> </u>	yngersegeneringen ommennen in folger dieft, ein heedde is		<u> </u>		Look, we with SPELSE (1994		Party Prog. No. 1 (1999)
80082 1 0 Effluent Gross	PERMIT	******	******		******	25 MO AVG T	50 DAILY MX	mg/L		Twice Per Month	COMP-8

	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 //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 eware that there are significant penalties for submitting false information,	Plot.1	724	682-7773	11/ 23/ 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.

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 18

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

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

.

.

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2011 **TO**

211A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2011

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

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	6.9	N/A	7.3	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	******	9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3	6	mg/L	. 0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3	6	mg/L	0	5 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	******	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A		-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	*****	******	N/A		Weekly	ESTIMA

		$\sim \Lambda$			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	i certify under penatty 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	Sell1	TELEPHONE 724 682-7773 R AREA Code NUMBER	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.	Flfuil	724	682-7773	11/ 23/ 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)

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
PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2011 **TO**

213A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2011

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
UNIT 2 COOL TOWER PUM	PHOUSE



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 REQUIREMENT	*****	*****		6 MINIMUM	******	9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	*****	+*****			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	.5 MO AVG	1.25 INST MAX	mg/L		Twice Per Month	GRAB

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. 1 am aware that there are significant penalties for submitting false information,	LUTil	724	682-7773	11/ 23/ 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
OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all atta	chments here)				

C

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

Page 20

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

.

r

PA0025615	
PERMIT NUMBER	

FROM

MM/DD/YYYY

10/ 01/ 2011 **TO**

301A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2011

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



PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	*****	*****		******	30	100			Twice Per	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Month	GRAD
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0	PERMIT	*****	*****		******	15	20			Twice Per	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Month	GRAD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050-1 0	PERMIT	Req. Mon.	Req. Mon.		*****	*****	*****	N/A		Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d				11/74		VEENIY	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 personnet	Na 1/1	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, ito the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting faise information,	Albert	724	682-7773	11/ 23/ 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
ONMENTS AND EXPLANATION OF ANY MOLATIONS (Reference all other	mente horo)	,			

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.

.

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

NAME: ADDRESS:	FIRST ENERGY NUCLEA PA ROUTE 168 SHIPPINGPORT, PA 1507			PA0025615 PERMIT NUMBE	R	303A DISCHARGE NU	MBER	DMR MAILING ZIP CODE: 150770004 MAJOR R (SUBR05)				0004
FACILITY: LOCATION:	BEAVER VALLEY POWER PA ROUTE 168							UNIT 1 OIL WATER SEPARATOR				
ATTN: RAYMO	SHIPPINGPORT, PA 150 ND A LIEB/DIR SITE OPER		FRO	MM/DD/YY	ΥY	NG PERIOD MM/DD/YY O 10/ 31/	DD/YYYY				No Disc	harge
	ARAMETER		QUANTI	ANTITY OR LOADING QUALITY		QUALITY OR CONC	OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	ARAMETER		VALUE -	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН		SAMPLE MEASUREMENT	N/A	N/A	N/A	7.0	N/A	7.1	pН	0	3 / 31	GRAB
00400 1 0 Effluent Gross		PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
Solids, total sus	spended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4	8	mg/L	0	3 / 31	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	6	9	mg/L	0	3 / 31	GRAB
00556 1 0 Effluent Gross		PERMIT REQUIREMENT	*****	******	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
	t or thru treatment plant	SAMPLE MEASUREMENT	0.019	0.056	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross		PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of faw that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	RTTT R	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,	ROFT	724	682-7773	11/ 23/ 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
OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	chments here)	There was no discharge after the first three	weeks in O	ctober. WMC 11	-19-11.

11

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.

Page 21

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

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

.

.

PA0025615	
PERMIT NUMBER	

313A DISCHARGE NUMBER

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
313 TURBINE BLDG DRAIN	
internal Outfali	

ſ	MONITORING PERIOD								
Ī	MM/DD/YYYY		MM/DD/YYYY						
FROM	10/ 01/ 2011] то	10/ 31/ 2011						

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
r Anameren		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.8	N/A	7.8	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	6	6	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekiy	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	1	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	******	******	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	nall	TEI	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Refui	724	682-7773	11/ 23/ 2011
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER C AUTHORIZED AGENT	R AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all att	achments here)	There was discharge only in the last week in C	ctober. WMC 11-1	9-11.	

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

Form Approved OMB No. 2040-0004

No Discharge

Page 22

. ...

.

Form Approved OMB No. 2040-0004

N/A

N/A

-

1/7

Weekly

EST

ESTIMA

N/A

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

•

Effluent Gross

50050 1 0

Flow, in conduit or thru treatment plant

.

NAME: ADDRESS:	FIRST ENERGY NUCLEA PA ROUTE 168 SHIPPINGPORT, PA 150			PA0025615 PERMIT NUMBE	R	401A DISCHARGE NU	401A MAJOR				CODE: 15077	0004
FACILITY: LOCATION:	BEAVER VALLEY POWE PA ROUTE 168			Internal Out						ED AREA OF AUX BOILERS utfall		
ATTN: RAYMO	SHIPPINGPORT, PA 150 DND A LIEB/DIR SITE OPEF	MM/DD/YYYY MM/DD/YYYY					No Disc	harge				
		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН		SAMPLE MEASUREMENT	N/A	N/A	N/A	8.9	N/A	9.4	рН	0	2 / 31	GRAB
00400 1 0 Effluent Gross		PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	*****	Req. Mon. MAXIMUM	рH		Twice Per Month	GRAB
Solids, total su	spended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	9	16	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross		PERMIT REQUIREMENT	*****	******	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease		SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross		PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB

MGD

Mgal/d

N/A

N/A

		$\sim \Omega I$			
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	//0///	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penaltiles for submitting false information,	Retail	724	682-7773	11/ 23/ 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)

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

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

< 0.001

Req. Mon.

MOAVG

< 0.001

Req. Mon.

DAILY MX

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

------.....

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 24

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

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

٠

٠

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2011 TO

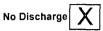
403A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2011

1.

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



PARAMETER	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	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	рН		Weekly	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	<u></u>									
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	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	****	*****	******			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		******	.5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB

	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	Anta	TEI	LEPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.		724	682-7773	11/ 23/ 2011
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AG	 AREA Code	NUMBER	MM/DD/YYYY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (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)

.

۲

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 403A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004		CONDENSATE BLOWDOWN & RIVR WAT Internal Outfall
ATTN: RAYMO	OND A LIEB/DIR SITE OPER	MM/DD/YYYY MM/DD/YYYY FROM 10/ 01/ 2011 TO 10/ 31/ 2011	No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my	- A An	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	— direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information watter that there are significant penalities for submitting false information,	Roha	724	682-7773	11/ 23/ 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 at	achments here)				
HYDRAZINE AND AMMONIA MONITORING TO A	PPLY DURING PERIODS OF WET LAYUP. REPORT THE D	AILY MAXIMUM FOR BETZ DT-1 WHEN DISCHAR	GING (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)

Page 25

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	

413A DISCHARGE NUMBER

DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
BULK FUEL STORAGE DRA Internal Outfall	IN



Page 26

[MONITORING PERIOD								
[MM/C	DD/Y	(YY		MM/C	DD/Y	YY		
FROM	10/	01/	2011	то	10/	31/	2011		

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		N/A		рН			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekiy	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A				mg/L			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A) ******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A			mg/L			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			MGD				N/A			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	•••••• 1 1 2	N/A		Weekly	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 qualified personnel	10/1	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Rethind	724	682-7773	11/ 23/ 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 EXEL ANATION OF ANY USOL ATIONS (B. (all att	and a second s				

.

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

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

Form Approved OMB No, 2040-0004

Page 27

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

.

٠

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 501A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168		UNIT 1 GENRTR BLWDWN FILT BW Internal Outfall
	SHIPPINGPORT, PA 150770004		
ATTN: RAYMOND A LIEB/DIR SITE OPER		FROM 10/ 01/ 2011 TO 10/ 31/ 2011	No Discharge

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	*****	*****		******	30	100		100.00	Weekly	CRAR
Effluent Gross	REQUIREMENT			_		MO AVG	100 DAILY MX	mg/L		WEEKIY	GIVAD
Flow, in conduit or thru treatment plant	SAMPLE										
riow, in conduct of this treatment plant	MEASUREMENT										
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		******	******	******		2019 COL:	Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d						VVEEKIY	CONIVIA

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	14/1	TEL	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 penalities for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	11/ 23/ 2011	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all at	tachments here)					

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