

March 27, 2012 L-12-127

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 February 2012 NPDES Discharge Monitoring Report (DMR) for FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station, in accordance with the requirements of the Permit. Attachment 1 to this letter is supplemental monitoring data for Outfall 001 (dissolved oxygen).

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

Included with the report this month are two Supplemental Laboratory Accreditation Forms for analyses performed to support permit requirements as required by 25 Pa. Code § 252.

Should you have any questions regarding the attached and enclosed documents, please direct them to Mr. Bill Cress at 724-682-4218.

Sincerely,

Raymond A. Lieb

Director, Site Operations

I EDS

Beaver Valley Power Station, Unit Nos. 1 and 2 L-12-127 Page 2

Attachment(s):

1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001

Enclosure(s)

- A. Discharge Monitoring Report
- B. Supplemental Laboratory Accreditation Form
- 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-12-127 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

ATTACHMENT 1

Weekly Dissolved Oxygen Monitoring Results at Outfall 001

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

SAMPLE DATE	SAMPLE TIME	VALUE	UNITS
06-Feb-12	0920	8.50	mg/L
13-Feb-12	0835	7.00	mg/L
23-Feb-12	0745	7.00	mg/L
27-Feb-12	0905	7.00	mg/L

- Attachment 1 END -



SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	FirstEnergy	Nuclear Operating Company							
Address:	P.O. Box 4								
	Shippingpor	t, PA 15077							
	Beaver Vall	ey Power Station							
	PERMIT N	JMBER			MONITO Year/	RING F Month/			
	PA0025	615	2012	02	01	то	2012	02	29
			E a approx coper	MARKET OF A PROMET OF	NO. of conductor we say of	ent wind Later 1 4 har		DEPOTERRY IV. GROW	noverties not a constant
PARAMET	ΓER	ANALYSIS METHOD		LAB NAMI			LABI	DNUMBE	R ²
Total Residual	Chlorine	SM 4500-CL G [20 th]	Beaver '	Valley Powe	er Station		(04-2742	
Free Available	Chlorine	SM 4500-CL G [20 th]	Beaver	Valley Pow	er Station			04-2742	
pH		SM 4500-H+ B [20 th]		Valley Powe		7 7	()4-2742	
Temperati	ure -	SM 2550 B [20 th]	Beaver.	Valley Powe	er Station)4-2742	
Flow		NA .	Beaver \	√alley Powe	er Station		. ()4-2742	
Total Suspended S	Solids (TSS)	SM 2540 D [20 th]	Beaver '	Valley Powe	er Station)4-2742	
Quaternary A Compoun		Photometric Determination 1/2-CHM-ANA-4.23H	Beaver '	√alley Powe	er Station		C)4-2742	
Bentonite Det	oxicant	Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645	Beaver	Valley Powe	er Station		C)4-2742	
Hydrazin	ie	ASTM D1385-01	Beaver \	Valley Powe	er Station		C)4-2742	
		·						-	

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

Name/Title Principal Executive Officer	Phone: 724-682-7773	Signature of Principal Executive Officer or Authorized Agent
Raymond A. Lieb Director Site Operations	Date: 03/27/12	Caybel Mitst.
	_	

¹ Submit this form with the first Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes. You do not need to send this form to the Department again UNLESS there has been a change to the lab or method of analysis.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	FirstEnergy	Nuclear Operating Company		,										
Address:	P.O. Box 4		A second											
	Shippingport	, PA 15077												
	Beaver Valle	y Power Station *							Ÿ.					
	PERMIT NU	MBER			MONITOI Year/	RING P			01120 01120 01120					
	PA0025	615	2012	02	01	то	2012	02	29					
PARAMET	ER	ANALYSIS METHOD		LAB NAME			LABI	D NUMBE	R^2					
Zinc		EPA 200.7 Rev 4.4	FirstEne	ergy Corp-E	Beta Lab		6	8-01120						
Copper		EPA 200.7 Rev 4.4	FirstEne	ergy Corp-E	Beta Lab		6	8-01120						
Iron		EPA 200.7 Rev 4.4	FirstEne	ergy Corp-E	Beta Lab		6	8-01120						
Chromiu	m	EPA 200 7 Rev 4.4	FirstEne	ergy Corp-E	Seta Lab		·6	8-01120						
Ammoni	а	EPA 350.1 (discrete)	FirstEne	ergy Corp-E	eta Lab		6	8-01120						
Cyanide		SM 4500-CN E:[18th]	Precis	ion Analytic	cal Inc		6	8-00434						
Chlorobenz	ene	EPA 624	Precis	ion Analytic	cal Inc		6	8-00434						
Oil and Gre	ase	EPA 1664 Rev A	FirstEne	ergy Corp-B	eta Lab		6	3-01120						
Total Dissolved	Solids	SM 2540 C [20 th]	FirstEne	ergy Corp-B	eta Lab		68	3-01120	100					
Total Suspende	d Solids	SM 2540 D [20 th]	FirstEne	ergy Corp-B	eta Lab		68	3-01120						
	26 N			7.7										
I certify under penalty	of law that this	document and all attachments versions of the connection of the con	were prepared	d under my o	direction or	supervis	sion in acco	ordance with	a system					

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

Name/Title Principal Executive Officer	Phone: 724-682-7773	Signature of Principal Executive Officer or Authorized Agent
Raymond A. Lieb Director Site Operations	Date: 03/27/2012	Rayred a hil

¹ Submit this form with the first Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes. You do not need to send this form to the Department again UNLESS there has been a change to the lab or method of analysis.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	FirstEnergy	Nuclear Operating Company								
Address:	P.O. Box 4									
	Shippingpor	t, PA 15077	<u></u>							
	Beaver Valle	ey Power Station								
	PERMIT N	JMBER	MONITORING PERIOD Year/Month/Day							
	PA0025	615	2012	02	01	то	2012	02	29	
			<u> </u>				<u>. </u>		· ,	
PARAMET	ER .	ANALYSIS METHOD		LAB NAME			LABI	D NUMBE	R^2	
Total Residual	Chlorine	SM 4500-CL G [20 th]	Beaver \	/alley Powe	r Station		(04-2742	_	
Free Available	Chlorine	SM 4500-CL G [20 th]	Beaver \	/alley Powe	r Station		(04-2742		
рН		SM 4500-H+ B [20 th]	Beaver \	/alley Powe	r Station	,	(04-2742		
Temperati	ire	SM 2550 B [20 ^h]	Beaver \	/alley Powe	r Station		()4-2742		
Flow		NA	Beaver \	/alley Powe	r Station		. ()4-2742		
Total Suspended S	olids (TSS)	SM 2540 D.[20 th]	Beaver \	/alley Powe	r Station		Ć)4-2742		
Quaternary A Compoun		Photometric Determination	Beaver \	/alley Powe	r Station		C)4-2742		
Compoun	us	1⁄₂-CHM-ANA-4.23H								
Bentonite Deto	oxicant	Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645	Beaver \	/alley Powe	r Station		C)4-2742		
Hydrazin	e	ASTM D1385-01	Beaver \	/alley Powe	r Station		C)4-2742		
		`					-			

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

Name/Title Principal Executive Officer	Phone: <u>724-682-7773</u>	Signature of Principal Executive Officer or Authorized Agent
Raymond A. Lieb Director Site Operations	Date: 03/27/12	Caybed Of Ist

¹ Submit this form with the first Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes. You do not need to send this form to the Department again UNLESS there has been a change to the lab or method of analysis.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	<u>FirstEnergy</u>	Nuclear Operating Company							
Address:	P.O. Box 4								
	Shippingpor	t, PA 15077							
,	Beaver Vall	ey Power Station						•	
	PERMIT N	JMBER			MONITO Year/	RING F Month/			
	PA0025	615	2012	02	01	то	2012	02	29
									1
PARAMET	ER	ANALYSIS METHOD		AB NAME			LABI	D NUMBE	R ²
Zinc		EPA 200.7 Rev 4.4	FirstEne	ergy Corp-E	Beta Lab		6	8-01120	
Copper		EPA 200 7 Rev 4.4	FirstEne	rgy Corp-B	Beta Lab		6	8-01120	
Iron		EPA 200.7 Rev 4.4	FirstEne	rgy Corp-B	Beta Lab		68	8-01120	
Chromiui	n.	EPA 200.7 Rev 4.4	FirstEne	rgy Corp-B	Beta Lab			8-01120	
Ammoni	a	EPA 350.1 (discrete)	FirstEne	rgy Corp-B	Beta Lab		68	8-01120	
Cyanide		SM 4500-CN E [18th]		ion Analytic			68	3-00434	
Chlorobenz	ene	EPA 624	Precis	ion Analytic	cal Inc		68	3-00434	
Oil and Gre	ase	EPA 1664 Rev A	FirstEne	rgy Corp-B	eta Lab		68	3-01120	
Total Dissolved	l Solids	SM 2540 C [20 th]	FirstEne	rgy Corp-B	leta Lab		68	3-01120	
Total Suspende	d Solids	SM 2540 D [20 th]	FirstEne	rgy Corp-B	eta Lab		68	3-01120	
	-,	·							
	gerali der Noterali i de Artiga de								
designed to assure th	at qualified pe	is document and all attachments rsonnel properly gather and evalus persons directly responsible fo	uate the inform	nation submi	itted. Base	d on my	inquiry of t	the person	or persons

knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer	Phone: 724-682-7773	Signature of Principal Executive Officer or Authorized Agent
Raymond A. Lieb Director Site Operations	Date: 03/27/2012	Rayred a Kil

¹ Submit this form with the first Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes. You do not need to send this form to the Department again UNLESS there has been a change to the lab or method of analysis.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.

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

001A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 2/ 01/ 2012 2/ 29/ 2012 TO

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAINAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.8	N/A	8.1	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekly f	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		*****	*****	N/A		0 MO AVG	0 DAILY MX	mg/L		When Discharging:	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	27.1	29.9	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	0.05	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	RÇRD
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

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,	KOT		OFFICER OF	724	682-7773	3/ 27/ 2	012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIP. AUTHOR	IZED AGENT	OFFICER OR	AREA Code	NUMBER	MM/DD/YYYY	

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

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

Form Approved OMB No. 2040-0004

Page 2

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

NAME: 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

002A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Discharge

	MONITORING PERIOD									
.	MM/	ראשם	/YY		MM/S	DD/Y	ΥY			
FROM	2/	01/	2012	то	2/	29/	2012			

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	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		
	I certify under penalty of law that this document and all attachments were prepared under my	I I A I		1	TE	LEPHONE
Raymond A. Lieb, DIRECTOR OF SITE	direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true accurate, and complete. I am aware that there are significant penalties for submitting false information,	ROL	1/	,	724	682-7773
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL E AUTHORIZED			AREA Code	NUMBER

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

DATE

MM/DD/YYYY

3/ 27/ 2012

Form Approved OMB No. 2040-0004

Page 3

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER 003A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfall

No Discharge

	MONITORING PERIOD								
Γ	MM/DD/YYYY				MM/E	D/YY	ΥΥ		
FROM	2/	01/	2012	то	2/	29/	2012		

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				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 / 29	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Reg 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or	Γ
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	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,	L
TYPED OR REINTED	including the possibility of fine and imprisonment for knowing violations.	

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

724 682-7773 AREA Code

TELEPHONE

3/ 27/ 2012

DATE

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

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

2/ 01/ 2012 TO

004A

DISCHARGE NUMBER

MM/DD/YYYY

2/ 29/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

PARAMETER	QUANTITY OR LOADING			(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	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	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT			N/A			-				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	*****	.5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT			N/A							
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	.2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

Raymond A. Lieb, DIRECTOR OF SITE	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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 end belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.

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

724 682-7773 3/ 27/ 2012 AREA Code NUMBER MM/DD/YYYY

TELEPHONE

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

DATE

Form Approved OMB No. 2040-0004

Page 5

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

006A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Discharge

MONITORING PERIOD								
	MM/I	ראמכ	YY		MM/D	DOM	YY	
ROM	2/	01/	2012	то	2/	29/	2012	

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	MGD	N/A	N/A	N/A	N/A		1 / 7	EST
500\$0 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		2/		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,		The state of the s	EXECUTIVE OFFICER OR	724	682-7773	3/ 27/ 20)12
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE	AUTHORIZE		AREA Code	NUMBER	MM/DD/YYYY	

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

Form Approved OMB No. 2040-0004

Page 6

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

007A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfall

	MONITORING PERIOD								
Ţ	MM/DD/YYYY		MM/DD/YYYY						
FROM	2/ 01/ 2012	TO	2/ 29/ 2012						

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION	· · · · ·	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
INVANCE		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			<u> </u>	*****	2 AVERAGE	.5 MAXIMŮM	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	1)0/1/	TE	LEPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	& O had	724	682-7773	3/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL ÉXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

2/ 01/ 2012 TO

DISCHARGE NUMBER

A800

MM/DD/YYYY

2/ 29/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Disc

harge	X
-------	---

Page 7

PARAMETER	Z.	QUANTI	TY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE									·	
рп	MEASUREMENT										
00400 1 0	PERMIT	**************************************	*****		6 MINIMUM	******	9			Twice Per	· * GRAB
Effluent Gross	REQUIREMENT		*****		MINIMUM		MAXIMUM	pН		Month	
Solids, total suspended	SAMPLE										
Solius, totai suspendeu	MEASUREMENT						l				
00530 1 0	PERMIT	Salar Salar	******* ******************************		******	30	100			Twice Per	GRAB
Effluent Gross	REQUIREMENT					MO AVG	S DAILY MX	mg/L		Month	
Oil & grease	SAMPLE										
On a grease	MEASUREMENT										
00556 1 0	PERMIT	******	*****		*****	15	20	í.		Twice Per	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Month	OI OIL
Flow, in conduit or thru treatment plant	SAMPLE										
riow, in conduit of the treatment plant	MEASUREMENT	İ	_					L			
50050 1 0	PERMIT	Req. Mon	Reg. Mon		*****		******	N/A		Weekly	ESTIMA:
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d		1884 S.	STATE OF THE STATE	I WA		VVCERIY	LO 111VIA

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	20/1/	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,	Klaif	724	682-7773	3/ 27/ 2012
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 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

PA0025615 PERMIT NUMBER 010A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOLING WATER

External Outfall

No Discharge

· [MONITORING PERIOD								
	MM/DD	YYYY		MM/DD/YYYY					
FROM	2/ 0	1/ 2012	тоГ	2/ 29/ 2012					

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAINMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.0	N/A	7.7	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	6 MINIMUM	****** *******************************	9 / MAXIMUM	pН	7.	© 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	3.9	4.3	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Req: Mon. DAILY MX	Mgal/d	******	*******	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	· N/A	N/A	N/A	N/A	0.0	0.03	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.0	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 L	/	TE	LEPHONE	D	ATE	
	Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting talse information,	<u> </u>	The	 CUTIVE OFFICER OR	724	682-7773	3/	27/ 2	2012
-	TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		AUTHORIZ		AREA Code	NUMBER	MM/C	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)

MONITORING PERIOD

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

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

011A

MM/DD/YYYY

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05) DIESEL GEN & TURBINE DRAINS

External Outfall

No Discharge

FRO	M 2/ 01/	2012 T	O <u>2/29/</u>	2012	•			115 5,05	
NTIT	Y OR LOADING		(QUALITY OR ÇONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPL
	VALUE	UNITS	VALUE	VALUE	VALŲE	UNITS			

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	OF ANALYSIS	TYPE	
FAISHETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALŲE	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 /	

Raymond A. Lieb, DIRECTOR OF SITE	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my 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,
OPERATIONS	and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
TYPED OR PRINTED	

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

724 682-7773 3/ 27/ 2012 AREA Code NUMBER MM/DD/YYYY

TELEPHONE

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

DATE

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

012A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 2/ 01/ 2012 TO 2/ 29/ 2012 Page 10

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. EX								FREQUENCY OF ANALYSIS	SAMPLE TYPE
T AVAILETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.2	N/A	8.2	рН	0	1 / 29	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	****** *******************************	N/A	6 MINIMUM	******	9 MAXIMUM	pН		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	· N/A	N/A	N/A	N/A	0.1370	0.1540	mg/L	0	2 / 29	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	*****	Reg. 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	0.2	mg/L	0	2 / 29	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	*****	1.5 MO AVG	1.5 DAILY MX	mg/L	12, 37, 14 12, 37, 14	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 / 29	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	492	612	mg/L	0	2 / 29	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	· *****	******	N/A	*****	Req Mon MO AVG	Req: Mon DAILY MX	mg/L		Twice Per Month	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	110.141	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.	Rafil	724	682-7773	3/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

Page 11

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

013A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

OUTFALL 013 External Outfall

No Discharge

Γ		٨	ONITO	RING	PERIOD		
. [MM/D	DD/YY	ΥΥ		MM/C	D/YY	YY
ROM	2/	2/ 01/ 2012 TO 2/ 29/ 20					

PARAMETER		QUANTI	TY OR LOADING	-		QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I Alsome (Ell		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.9	N/A	8.0	N/A	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM		9; MAXIMUM	рΗ		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	N/A	0	2 / 29	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A		Req Mon MO AVG	Req Mon DAILY MX	mg/L		Twice Per >	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0158	0.0173	N/A	0	2 / 29	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 / 29	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	Reg. 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 / 29	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req: Mon. DAILY MX	Mgal/d	******	******	******	N/A		Twice Per Month	ESTIMA

	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	//0///	TEI	LEPHONE	DATE
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system; or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	7 00 10 1	724	682-7773	3/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 12

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

2/ 01/ 2012

101A

DISCHARGE NUMBER

MM/DD/YYYY

2/ 29/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

lo Discharge	X
--------------	---

PARAMETER		QUANTI	TY OR LOADING	***************************************	. (QUALITY OR CONC	CENTRATION		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		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		******	30 MO AVG	100 DAILY MX	·mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		******	Req. Mon. MO AVG.	Req. Mon. DAILY MX	mg/L		Weekiy	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req: Mon. DAILY MX	Mgal/d	*****	*****	*****			DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		*****		Req. Mon. DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		a L	//		TEI	EPHONE	DA	TE	
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	K	12	1		724	682-7773	3/	27/	2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PR	THORIZED		OFFICER OR	AREA Code	NUMBER	MM/D	D/YYYY	,

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

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

Form Approved OMB No. 2040-0004

Page 13

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

102A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Discharge

			IONITO	RING	PERIOD		
	MM/C	D/Y	MY.		MM/E	רא/סכ	ΥΥ
ROM	2/	01/	2012	TO.	2/	29/	2012

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS]	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.6	N/A	7.7	рН	0	2 / 29	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	рН		Twice Per Month	. GRAB∷
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	14	17	mg/L	0	2 / 29	GRAB
00530 1 0 Effluent Gross	PERMIT. REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY: MX	mg/L		Twice Per Month	GRÁB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	2 / 29	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	15 MO AVG	20 DAILY MX	mg/L	3,200	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 / 29	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Réq. Man DAILY MX	Mgal/d	******	******	*****	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	· /)	0.11		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	3/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		AUTHORIZED	ECUTIVE OFFICER OR AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

103A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Discharge

Γ	MONITORING PERIOD											
	MM/C	MM/DD/YYYY										
ROM	2/	01/	2012	то [2/	29/	2012					

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
AMMETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			}
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.0	N/A .	7.1	рН	0	4 / 29	GRAB
00400 1 0	PERMIT		AND CONTRACTOR	N/A	6* MINIMUM	*****	9 MAXIMUM		200	Twice Per	- GRAB
Effluent Gross	REQUIREMENT		200 C		MINIMUM		MAXIMUM	pН		Month	14 Trest (1983)
Solids, total suspended	SAMPLE MEASUREMENT	, N/A	N/A	N/A	N/A	7	12 .	mg/L	0	2 / 29	24 HR COMP
00530 1 0	PERMIT	15 1 2***** 1 15 15 15 15 15 15 15 15 15 15 15 15 1	36 Sept. *****	N/A	2	30	1,00		a ragiones in the second secon	Twice Per	COMP24
Effluent Gross	REQUIREMENT			IN/A		MO AVG	100. DAILY MX	mg/L		Month	COMP 24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	Ņ/A	N/A	-	2 / 29	EST
50050 1 0	PERMIT	Req Mon:	Req. Mon.		******	******	*****	N/A	1200	Twice Per	ECTIMA
Effluent Gross	REQUIREMENT	MO AVG	DÁILY MX	Mgal/d				IVA		Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	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,	& O Til	724	682-7773	3/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXÉCUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 15

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

111A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05) 111 DIESEL GENERATOR BLDG

Internal Outfall

No Discharge

	MONITORING PERIOD										
	MM/DD/YYYY		MM/DD/YYYY								
FROM	2/ 01/ 2012] TO	2/ 29/ 2012								

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
AMBLEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	7.9	рΗ	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	できる。 ******	******	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekly	« GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****** ******	*****	N/A	****** % : 2 *****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	, N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	. MGD	N/A	N/A	N/A	N/A		1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	******	******	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER O	724	682-7773	3/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

2/ 01/ 2012 TO

113A

DISCHARGE NUMBER

MM/DD/YYYY

2/ 29/ 2012

DMR MAILING ZIP CODE: 150770004

Page 16

MAJOR (SUBR05)

UNIT 2 SEWAGE TMT PLANT

internal Outfall

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

DADAMETER		QUANTI	TY OR LOADING		0	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 MINIMÚM	******	9 MAXIMUM	рН	12 to 15 to Language of your tr	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		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		,								
B00B2 1 0 Effluent Gross	PERMIT REQUIREMENT	****	******		*****	25 MO AVG	50 DAILY MX			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		11	7	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	K	1/2	4	724	682-7773	3/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	. •	UTHORIZED	ECUTIVE OFFICER OR AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

OMB No. 2040-0004

Page 17

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

203A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

Γ	MONITORING PERIOD											
	MM/D	D/YY	YY		MM/C	ראסכ	ΥΥ					
ROM	2/	01/	2012	то	2/	29/	2012					

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	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.	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.023 MO AVG	Req Mon DAILY MX	Mgal/d		*****	******			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		*****	1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	******		*****	200 MO GEOMN	******	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT				,						
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		*****	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	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		6/	77		TEL	LEPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	El	T	1	055(055) 05	724	682-7773	3/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATTURE OF F	UTHORIZED		OFFICER OR	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 18

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER 211A

DISCHARGE NUMBER

(SUBR05)

MAJOR

211 TURBINE BLDG Internal Outfall

DMR MAILING ZIP CODE: 150770004

No Discharge

[MONITORING PERIOD											
Г	MM/E	7V/QC	ΥY		MM/C	OD/YY	/ΥΥ					
ROM	2/ 01/ 2012		то Г	2/	29/	2012						
_				_			-					

PARAMETER		QUANTI	TY OR LOADING		Ç	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I AWARE LEIV		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.2	N/A	7.8	рH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		net in allen	N/A	6 MINIMUM	****	9 MAXIMUM	pH	e ing Interest of the second Interest of the second	Weekly	«GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	· N/A	3	5	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****** *< - 3/7/10/14/14	東京東京市	N/A	*****	30 MO AVG	100 DAILY MX	mg/L	Garage 15.6	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 Ally MX	mg/L	ATT 设备	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	Reg Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	******	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	It certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	16-11	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,	El Til	724	682-7773	3/ 27/ 2012
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

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

FROM

MM/DD/YYYY

2/ 01/ 2012

213A

DISCHARGE NUMBER

MM/DD/YYYY

2/ 29/ 2012

UNIT 2 COOL TOWER PUMPHOUSE

MAJOR

(SUBR05)

Internal Outfall

DMR MAILING ZIP CODE: 150770004

No Discharge

PARAMETER		QUANTI	TY OR LOADING		. (QUALITY OR CONC	ENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER	5	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****** 		6 MINIMUM		9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L	1	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

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		10	.//		TEL	EPHONE	DATE
Raymond A. Lieb. DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and betief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	K	9-K	if		724	682-7773	3/ 27/ 20
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF P	JTHORIZED		FFICER OR	AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

Form Approved QMB No. 2040-0004

Page 20

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

2/ 01/ 2012

301A

DISCHARGE NUMBER

MM/DD/YYYY

2/ 29/ 2012

UNIT 2 AUX BOILER BLOWDOWN Internal Outfall

MAJOR

(SUBR05)

DMR MAILING ZIP CODE: 150770004

No Discharge

PARAMETER		QUANTI	TY OR LOADING	·		QUALITY OR CONC	ENTRATION	,	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4.7	5.3	mg/L	0	2 / 29	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	8 ****** 8 8 4 8 5 5 5 5 5 5 6 7 5 7 8	N/A		30 MO AVG	100 DAILY MX	mg/L	Den Service As	Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	2 / 29	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 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon.* MO AVG	Req Mon. DAILY MX	Mgal/d	******	******	******	N/A	¥i.	Weekly	ESTIMA

	I certify under penalty of law that this document and all at direction or supervision in accordance with a system desired.
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted persons who manage the system, or those persons direct information, the information submitted is, to the best of m and complete. I am aware that there are significant pena
TARES OF PRINTER	including the possibility of fine and imprisonment for know

attachments were prepared under my signed to assure that qualified personne Based on my inquiry of the person or ectly responsible for gathering the my knowledge and belief, true, accurate, natties for submitting false information.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

724 682-7773 AREA Code NUMBER

TELEPHONE

3/ 27/ 2012

DATE

AUTHORIZED AGENT

MM/DD/YYYY

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

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

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

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:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER 303A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

No Discharge

	MONITORING PERIOD												
	MM/C	YYIGC	YY		MM/E	D/YY	ΥY						
FROM	2/	01/	2012	то Г	2/	29/	2012						

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAINMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		,	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.9	N/A	7.2	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	******	9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3	5	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A		30 MO AVG	100 CAILY 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/Á	******	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	00//	TEL	LEPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Eltis	724	682-7773	3/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATIFRE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 22

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

2/ 01/ 2012

313A

DISCHARGE NUMBER

MM/DD/YYYY

2/ 29/ 2012

internal Outfall

MAJOR

(SUBR05)

No Discharge

DMR MAILING ZIP CODE: 150770004

313 TURBINE BLDG DRAIN

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARANCIER		VALUE	VALUE	UNITS	VALUE	VALUE .	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.9	N/A	8.0	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		\$25 (****** See Starteys	N/A	6 MINIMÚM	******* ******************************	9 MAXIMUM	рΗ	des in the	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	13	30	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****** \$2.000	*****	N/A	******	30 MO:AVG	100 DAILY MX	mg/L	- 202	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	******	######################################	N/Å		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. *	The second secon	Mgal/d		******		N/A		Weekly	ESTIMA

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

IVE OFFICER OR

724 682-7773 3/ 27/ 2012 **AREA Code** NUMBER MM/DD/YYYY

TELEPHONE

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

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

DATE

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 23

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

2/ 01/ 2012

401A DISCHARGE NUMBER

MM/DD/YYYY

2/ 29/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			i
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	9.0	· N/A	9.0	рН	0	2 / 29	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	10 A	N/A	6 MINIMUM	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Req. Mon. MAXIMUM	pН	X-7-0-1-7-10	Twice Per Month	∝ GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A .	ND	ND .	mg/L	0	2 / 29	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	**************************************	30. MO AVG	100 DAILY MX	mg/L		Twice Per	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	2 / 29	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	MGĎ	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req Mon: JOAILY 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	10/1	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting faise information,	Land	724	682-7773	3/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTI AUTHORIZED AGENT	 AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 24

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

NAME: 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 403A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

	MONITORING PERIOD										
	MM/DD/YYYY		MM/DD/YYYY								
FROM[2/ 01/ 2012	то	2/ 29/ 2012								

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			•
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*******		6 MINIMUM	**************************************	9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				1						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****			30 MO AVG	100 DAILY MX	mg/L) (0.2 4 (0.5	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	数数数	Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		******	0 MO AVG	0 DAILY MX	mg/L	3	When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	******	*****			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		******	.5 MO:AVG	1.25 INST MAX	mg/L		Weekly	GRAB
						1.					

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	116 12.1	TEI	LEPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	Klay	724	682-7773	3/ 27/ 2012
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

MG/L. (THE LIMIT IS 35

Form Approved OMB No. 2040-0004

Page 25

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615

FROM

MM/DD/YYYY

2/ 01/ 2012

403A

PERMIT NUMBER

MONITORING PERIOD

TO

DISCHARGE NUMBER

MM/DD/YYYY

2/ 29/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharge

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

	l certify under direction or su
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gathe persons who n information, th and complete.
TYPED OR PRINTED	including the p

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-7773 AREA Code NUMBER

3/ 27/ 2012 MM/DD/YYYY

DATE

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

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

MG/L. (THE LIMIT IS 35

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 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

2/ 01/ 2012

413A

DISCHARGE NUMBER

MM/DD/YYYY

2/ 29/ 2012

MAJOR

DMR MAILING ZIP CODE: 150770004

(SUBR05)

BULK FUEL STORAGE DRAIN

Internal Outfall

No	Discharge	X
	Diodilargo	

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
·		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	. N/A		N/A		рН			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	******	9 MAXIMUM	рН	42	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A				mg/L			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A			mg/L		, .	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	******* ***** ***** ****** ******* *****	N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			MGD		,		N/A			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon: MO AVG	Req Mon DAILY MX	Mgal/d		*****	******	N/A		Weekly	ESŤIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1/0//	TE	EPHONE	
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 bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	/ U W	724	682-7773	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNÁTURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	

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

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

DATE

MM/DD/YYYY

3/ 27/ 2012

MONITORING PERIOD

TO

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

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

2/ 01/ 2012

501A

DISCHARGE NUMBER

MM/DD/YYYY

2/ 29/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

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

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	\$200 4 00 \$200 \$100 \$100 \$100 \$100 \$100 \$100 \$1	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS] .		
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 .	PERMIT	*****	Section Colors Colors		**************************************	ું ∂ેંે 30	100		and the strongs	Weekly	GRAB
Effluent Gross	REQUIREMENT	36025	Service Commence		Semilaria de la companya de la comp La companya de la companya dela companya de la companya de la companya de la companya dela companya dela companya de la companya dela companya	MO AVG	DAILY MX	mg/L		-vveekiy	GINAD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*******	******	*****		3.3	Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	A Section of the second					vveekiy.	/ S. M.

	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, including the possibility of fine and imprisonment for knowing violations.	KOT V	724	682-7773
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER

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

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

DATE

MM/DD/YYYY

3/ 27/ 2012

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 001A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 2/ 01/ 2012 2/ 29/ 2012 DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Discharge

PARAMETER		QUANTI'	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE:	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.8	N/A	8.1	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	6 MINIMUM	*****	9 MAXIMUM	рH		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	****** \$3.50	******	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	27.1	29.9	MGD	N/A	, N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Req. Mon	Mgal/d	******	******	*****	N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.05	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 personnel		2///		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,		Til		724	682-7773	3/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRING AUTH	ORIZED AGENT	OFFICEROR	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 2

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

002A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Discharge

Γ	MONITORING PERIOD										
Γ	MM/DD/YYYY				ł	MM/	רא/סס	ΥΥ			
ROM		2/	01/	2012	то	2/	29/	2012			

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		•	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	. 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

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 3/ 27/ 2012 AREA Code NUMBER MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

Page 3

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

003A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

003 External Outfall

No Discharge

	MONITORING PERIOD										
[MM/DD/YYYY		MM/DD/YYYY								
FROM[2/ 01/ 2012	то	2/ 29/ 2012								

PARAMETER		QUANTI	TY OR LOADING	R LOADING		QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMETER		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 / 29	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	10/1/	TE	LEPHONE	DATE
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Chul	724	682-7773	3/ 27/ 2
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)

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

2012

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:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

2/ 01/ 2012

004A

DISCHARGE NUMBER

MM/DD/YYYY

2/ 29/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Discharge

Page 4

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS]		
рН	SAMPLE MEASUREMENT			N/A]	
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 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

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

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

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

TELEPHONE DATE 724 682-7773 3/ 27/ 2012 AREA Code NUMBER MM/DD/YYYY

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

006A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Discharge

	MONITORING PERIOD										
	MM/C	D/Y	YY		MM/C	D/Y	/YY				
FROM	2/	01/	2012	то	2/	29/	2012				

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

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.	MA	724	682-7773	3/ 27/ 2012
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

Form Approved OMB No. 2040-0004

Page 6

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

007A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

AUX. INTAKE SYSTEM

External Outfall

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 2/ 01/ 2012 TO 2/ 29/ 2012

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION					SAMPLE TYPE
FARAINETER .		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		į	
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. DAILYMX	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

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1)0/1/	TE	LEPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.		724	682-7773	3/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	· MM/DD/YYYY

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 7

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

2/ 01/ 2012

008A

DISCHARGE NUMBER

MM/DD/YYYY

2/ 29/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No

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

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
AVAILETEN	10. 24. 1.	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT									·	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	,	6 MINIMUM	******	9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		,								
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******			*******	30 MO AVG	100 DAILY MX:	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	15 MO AVG	20 DAILY MX:	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			,		-					
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. "MO.AVG	Req: Mon. DAILY MX	Mgal/d	******	******	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	20/1	TEI	LEPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my Inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the Information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	Klail	724	682-7773	3/ 27/ 2012
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

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

FROM

MM/DD/YYYY

2/ 01/ 2012

010A

DISCHARGE NUMBER

MM/DD/YYYY

2/ 29/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOLING WATER

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING	-	0	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
INVINCTER	4,000	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	}		
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.0	N/A	7.7	рН	0	1 / 7	GRAB
00400 1 0 , Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 % MINIMUM	******	9 MUMIXAM	рΗ		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	3.9	4.3	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0	PERMIT	Req. Mon.	Req: Mon.		*****	******	*****	N/A		Weekly	MEASRD
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d							Archive States
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.03	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****		*****	5 MO AVG	1.25 INST MAX	mg/L		Weekly	.₂ GRAB_
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.0	mg/L	0	1 / 7.	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	*****	.2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

	If 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 L		TE	EPHONE	DA'	TE
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,	Pl	The		724	682-7773	3/ 2	27/ 2012
TYPED OR PRINTED	including the possibility of fine and Imprisonment for knowing violations.	SIGNATURE	AUTHORIZ	LEXECUTIVE OFFICER OR ED AGENT	AREA Code	NUMBER	MM/DD	YYYY

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

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

Form Approved OMB No. 2040-0004

Page 9

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

2/ 01/ 2012

011A

DISCHARGE NUMBER

MM/DD/YYYY

2/ 29/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Discharge

PARAMETER		QUANTIT	Y OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	 - -		
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.004	0.004	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO.AVG	Req Mon. (1)	Mgal/d	7.7.5	*****	·******	N/A		Weekly	ESTIMA

MONITORING PERIOD

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

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

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

TELEPHONE DATE 724 682-7773 3/ 27/ 2012 AREA Code NUMBER MM/DD/YYYY

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 10

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

FACILITY: LOCATION:

Effluent Gross

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

2/ 01/ 2012

012A

DISCHARGE NUMBER

MM/DD/YYYY

2/ 29/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Discharge

PARAMETER	77	QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.2	N/A	8.2	рН	0	1 / 29	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	0.1370	0.1540	mg/L	0	2 / 29	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	0.2	mg/L	0	2 / 29	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 / 29	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req. Môn DAILY MX	Mgal/d	*****	*****	*****	N/A		- Once Per - Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	492	612	mg/L	0	2 / 29	GRAB
70295 1 0	PERMIT	*****	******	N/A	*****	Req. Mon:	Req. Mon.		76.9	Twice Per	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	//	0.11.1	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,	K		724	682-7773	3/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		PRINCIPAL EXECUTIVE OFFICER UTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

REQUIREMENT

Form Approved OMB No. 2040-0004

Page 11

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER 013A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

OUTFALL 013 External Outfall

No Discharge

Γ		MONITO	RING F	PERIOD		
Γ	MM/DD/Y	ΥΥ		MM/C	D/YY	ΥY
ROM	2/ 01/	2012	то [2/	29/	2012

PARAMETER		QUANTI	TY OR LOADING	·	(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.9	N/A	8.0	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 / 29	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	*****	Reg 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	0.0158	0.0173	N/A	0	2 / 29	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 / 29	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 / 29	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Twice Per Month	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	7 ,	10/	71		TEL	EPHONE	
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.	Kl			TIVE OFFICER OR	724	682-7773	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE	AUTHORIZI			AREA Code	NUMBER	

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

3/ 27/ 2012

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 12

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

2/ 01/ 2012

101A

DISCHARGE NUMBER

MM/DD/YYYY

2/ 29/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

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

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1)6 1/2	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,	KOZIJ	724	682-7773	3/ 27/ 2012
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)

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

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

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

2/ 01/ 2012

102A

DISCHARGE NUMBER

MM/DD/YYYY

2/ 29/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			.(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.6	N/A	7.7	рН	0	2 / 29	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	N/A	6 MINIMUM	******	9 MAXIMUM	pН		Twice Per Month	/ GRÅB>
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	14	17	mg/L	0	2 / 29	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 / 29	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 / 29	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon DAILY MX	Mgal/d	*****	******	******	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		0.		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.	Fl	A LOUIS AND A LE	XECUTIVE OFFICER OR	724	682-7773	3/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		UTHORIZED		AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 14

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

103A

DISCHARGE NUMBER

DMR MAILING ZIP CODE:

150770004

MAJOR

(SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Discharge

Γ	MONITORING PERIOD									
[MM/DD/YYYY		MM/DD/YYYY							
FROM	2/ 01/ 2012	ТО	2/ 29/ 2012							

PARAMETER			TY OR LOADING	OR LOADING		QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
AVAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			İ	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.0	N/A	7.1	pН	0	4 / 29	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	******	9 MAXIMUM	рН	i deservice	Twice Per Month	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	7	12	mg/L	0	2 / 29	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 / 29	EST	
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	10///	T	ELEPHONE	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,	t O Til	724	682-7773	3/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXÉCUTIVE OF AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 15

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

111A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Discharge

Ì	MONITORING PERIOD								
Γ	MM/DD/YYYY		MM/DD/YYYY						
ROM	2/ 01/ 2012	TO	2/ 29/ 2012						

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	7.9	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******** *****************************	******	N/A	6 MINIMUM		9 MAXIMUM	рН		Weekly	. GRAB :≊
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****** ******	*****	N/A	7.6	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	*****	15 MO:AVG	20 DAILY MX	mg/L		Weekly	(GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req Mon. * DAILY,MX	Mgal/d	******	******		N/A	,	Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	11/	//	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,		7	724	682-7773	3/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNA/TURE OF PRINCIPAL I AUTHORIZEI		AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

Page 16

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

PA0025615 PERMIT NUMBER 113A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05).

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

No Discharge

SHIPPINGPORT, PA 150770004		MONITO	PRING	PERIOD		
,	MM/I	YYYYOC		MM/I	YYY/dc	Y
ATTN: RAYMOND A LIEB/DIR SITE OPER	FROM 2/	01/ 2012	то	2/	29/ 2	012
	QUANTITY OR LOA	DING			Qi	JALI

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAMILIEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										·
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		6 MINIMUM	*****	9 MAXIMUM	рН	e napropii e li	Twice Per Month	- GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2.03.40.03.00.00.490.00.00.00	299000								
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******		******	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	CÓMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				·						
50050 1 0 Effluent Gross	PERMIT REQUIREMENT		Réq: 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	100	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		1	7 /	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, but information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	K	M		724	682-7773	3/ 27/ 2012
TYPED OR PRINTED .	including the possibility of fine and imprisonment for knowing violations.	,	UTHORIZED A	ECUTIVE OFFICER OR 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

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

203A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 2/ 01/ 2012 TO 2/ 29/ 2012 Page 17

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

PARAMETER		QUANTITY OR LOADING QUALITY OR CONCENTRATION					NO. EX		SAMPLE TYPE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	77 ****** 37		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	4.6	Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT)									
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	023 MO AVG	Req Mon DAILY MX	Mgal/d	*****		******			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		*****	1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	******	******		*****	200 MO GEOMN		#/100mL	7.5	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

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		6	77	·	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	Kl		Y		724	682-7773	3/ 27/ 2012
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF P	JTHORIZED			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 18

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615

211A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

211 TURBINE BLDG

Internal Outfall

No Discharge

	MONITORING PERIOD										
Ī	MM/DD/YYYY		MM/DD/YYYY								
ROM[2/ 01/ 2012	TO	2/ 29/ 2012								

PARAMETER		QUANTI	TY OR LOADING		. (QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.2	N/A	7.8	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross		*****	Sand Market	N/A	6 MINIMUM	###### ####### #######################	9 MAXIMUM	рН	fill	Weekly->	- GRAB ∕₁.
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3	5	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****** ******	****** ******** **********************	N/A	******** *****************************	30 MO AVG	100 DAILY MX	mg/L	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	. N/A	N/A	. N/A	ND	ND	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A		-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgai/d	*****	**************************************	******	N/A	Was a star	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		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,	FULLY	724	682-7773	3/ 27/ 2012
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

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:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

213A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 2/ 01/ 2012 TO 2/ 29/ 2012 DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE										
Pil	MEASUREMENT										
00400 1 0	PERMIT	******	\$2.50 \(\frac{1}{2} \) \(\frac{1} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac^		6	**************************************	9 %		The second second	Twice Per	GRAB.
Effluent Gross	REQUIREMENT	727 (400)	Angel Angel Angel Angel Angel Angel Angel Angel Angel Angel Angel Angel Angel Angel Angel Angel Angel Angel An	'	6 MINIMUM		MAXIMUM.	pН	TO STANKE	Month	GIVAD
Colida total suspended	SAMPLE	,									
Solids, total suspended	MEASUREMENT			•						,	_
00530 1 0	PERMIT	*****	*****		*****	30	100		2130,200	Twice Per	CDAR
Effluent Gross	REQUIREMENT		*****			∌⊘ MO AVG.	MX DAILY MX	mg/L		Month.	GRAB,
Oil 9	SAMPLE										1
Oil & grease	MEASUREMENT										
00556 1 0	PERMIT	##### 1 Program	******		************	15	20			Twice Per	GRAB
Effluent Gross	REQUIREMENT					15 MO AVG	DAILY MX	mg/L		Month	GRAD.
	SAMPLE									<u> </u>	
Flow, in conduit or thru treatment plant	MEASUREMENT										ļ
50050 1 0	PERMIT	Req: Mon.	Reg Mon.		******	*****	******		CONTRACT.	Weekly,	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILYMX	Mgal/d	*****					vveekiy	S CONTRACT
Chlorina total residual	SAMPLE										
Chlorine, total residual	MEASUREMENT	•			1						
50060 1 0	PERMIT	*****	*****		*****	.5	1.25			Twice Per	GRAB
Effluent Gross	REQUIREMENT			1		MO AVG	INST MAX	mg/L		Month	GRAD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I) certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	a //		TE	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,	I fi	/	724	682-7773	3/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	 HORIZED AGE		AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 20

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: **BEAVER VALLEY POWER STATION**

PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

301A

DISCHARGE NUMBER

UNIT 2 AUX BOILER BLOWDOWN Internal Outfall

MAJOR

(SUBR05)

DMR MAILING ZIP CODE: 150770004

No Discharge

Г	MONITORING PERIOD											
Γ	MM/E	DOM	ΥY		MM/E	D/YY	YY					
ROM	2/	01/	2012	то	2/	29/	2012					

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4.7	5.3	mg/L	0	2 / 29	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******* * // // // // // // // // // // // // //	Market Ma	N/A	*******		100 DAILY MX	mg/L	perior res	Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	. ND	mg/L	0	2 / 29	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	****** 3	N/A	*****	15 MO AVG	20 DAILY:MX	mg/L	y	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 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*******	******	N/A	Spiral of	Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.		724	682-7773	3/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

TO

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:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

2/ 01/ 2012

303A

DISCHARGE NUMBER

MM/DD/YYYY

2/ 29/ 2012

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.9	N/A	7.2	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	6 MINIMUM	******	9 MAXIMUM	- pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3	5	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A		30 MO AVG	100 DAILY MX	mġ/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	1/7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	******	15 MO AVG	20 DAILY.MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.019	0.056	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Reg 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	Da L	//	TEI	LEPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	SIGNATURE OF PRINCIPAL EXEC	<u>/</u>	724	682-7773	3/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGE		AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 22

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

NAME: 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

313A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05) 313 TURBINE BLDG DRAIN

Internal Outfall

No Discharge

[MONITORING PERIOD									
	MM/DD/YYYY				MM/E	D/Y	ΥΥ			
FROM	2/	01/	2012	то	2/	29/	2012			

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
TAISMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.9	N/A	8.0	.pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		****** 2000 - 100	N/A	6 MINIMUM	Market Company	9 MAXIMUM	ρН	days .	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	13	30	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	******		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 personnet		m /		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.	H		NETION OF	724	682-7773	3/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATØRE OF P	JTHORIZED A	 PFICER OR	AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 23

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

Effluent Gross

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

2/ 01/ 2012

401A

DISCHARGE NUMBER

MM/DD/YYYY

2/ 29/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			(QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
MOMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	9.0	N/A	9.0	рН	0	2 / 29	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	The Carlot Carlo	Req. Mon. MAXIMUM	рН		Twice Per Month	····GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	2 / 29	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****** 1000 2100 1000		N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	2 / 29	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L	\$4.5	Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0	PERMIT	Reg. Mon.	Réa Mon		23 5 - **********************************	1903 print 802 * * * * * * * * * * * * * * * * * * *	· · · · · · · · · · · · · · · · · · ·		2.17451500/1897	\$24.00 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7-2000

Mgal/d

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	10/		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,	LOW.	Y OFFICE OF THE	724	682-7773	3/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATÜRE OF PRINCIPAL E AUTHORIZED		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.

REQUIREMENT

MO AVG

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 24

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

2/ 01/ 2012

403A

DISCHARGE NUMBER

MM/DD/YYYY

2/ 29/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

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

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 Effluent Gross	PERMIT	*****	District of States		6 MINIMUM	*****	9				GRAB
Solids, total suspended	REQUIREMENT SAMPLE		<u>* (</u>		[BUR, IMBNIMION		MAXIMUM	рH	- 5.50		<u> </u>
00530 1 0	MEASUREMENT PERMIT	A 1 #***** 1	*****		2000 00 **** ***************************	30	100			Weekly	GRAB
Effluent Gross Oil & grease	REQUIREMENT SAMPLE					MO AVG	DAILY MX	mg/L			
00556 1 0	MEASUREMENT PERMIT		*****		*****	15	20 DAILY MX			Weekly	* GRAB
Nitrogen, ammonia total (as N)	REQUIREMENT SAMPLE MEASUREMENT					MO AVG	DAILY MX	mg/l.	Support Transport		Sun Assort Sistems Filter
00610 1 0 Effluent Gross	PERMIT REQUIREMENT				****	Reg Mon MO AVG	Reg Mon	mg/L		Weekly	∵ GRAB∵
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT							ing/L			
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	*****	ekspre.		******	5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 3/ 27/ 2012 **AREA Code** NUMBER MM/DD/YYYY

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

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

MG/L. (THE LIMIT IS 35

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 25

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

FACILITY: LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

2/ 01/ 2012

403A

DISCHARGE NUMBER

MM/DD/YYYY

2/ 29/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharge	X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				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	*****	Manager 17		******	0 MO AVG	0 DAÎLY MX	mg/L		Weekly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		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 besief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Chil	724	682-7773	3/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

MG/L. (THE LIMIT IS 35

Form Approved OMB No. 2040-0004

Page 26

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

NAME: ADDRESS:

FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER 413A

DISCHARGE NUMBER

(SUBR05) **BULK FUEL STORAGE DRAIN** Internal Outfall

DMR MAILING ZIP CODE: 150770004

MAJOR

No Discharge

ĺ	MONITORING PERIOD									
	MM/DD/YYYY		MM/DD/YYYY							
FROM	2/ 01/ 2012	TO	2/ 29/ 2012							

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			i
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	рH	nose se Londo Londo	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 DAILÝ MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A			mg/L			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	*******	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	,		MGD				N/A			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req. Mon DAILY MX	Mgal/d	*****		******	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	110 11	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.	Klass	724	682-7773	3/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

2/ 01/ 2012

501A

DISCHARGE NUMBER

MM/DD/YYYY

2/ 29/ 2012

DMR MAILING ZIP CODE: 150770004

Page 27

MAJOR

(SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Dischar

ge	X	
----	---	--

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	*****	**************************************		3******	30	100			Weekly	CPAP
Effluent Gross	REQUIREMENT	55. 4946X				MO AVG	DAILY MX	mg/L	Part of the second	Service Visit of	GOVD
Flow, in conduit or thru treatment plant	SAMPLE										
	MEASUREMENT										1
50050 1 0	PERMIT	Reg. Mon.	Req Mon.		(*************************************	29 55 0 *****	*****			VAI = debut	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d						Weekly	ESTIMA

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

724 682-7773

TELEPHONE

3/ 27/ 2012

DATE

AUTHORIZED AGENT

AREA Code

NUMBER MM/DD/YYYY

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

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