

October 22, 2012 L-12-396

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 September 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). Attachment 2 is the summary data from the third of three clamicides scheduled for this year.

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

However, a review of condition reports written during the month of September show Beaver Valley Power Station experienced Service Water over flow at the Emergency Service Water Overflow Structure NPDES Outfall 010. This resulted in some erosion damage to the hillside and road. No significant effect to the waterway was noted. Condition Report 2012-14847 was written to document the condition and observations made. Notification 600788496 was written to repair the damage.

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

Sincerely,

Richard D. Bologna

Director, Site Operations

JE25 NER Beaver Valley Power Station, Unit Nos. 1 and 2 L-12-396 Page 2

Attachment(s):

- 1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001
- 2. Clamicide Report

Enclosure(s)

A. Discharge Monitoring Report

cc: Document Control Desk US NRC (NOTE: No new US NRC commitments are contained in this letter.)
US Environmental Protection Agency
Ms. Amanda Schmidt, PA DEP/Bureau of Water Quality Management

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-12-396 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
03-Sep-12	8:25	7	mg/L
10-Sep-12	9:30	8	mg/L
17-Sep-12	9:45	7	mg/L
25-Sep-12	9:30	7	mg/L

- Attachment 1 END -

Clamicide Report Enclosure for NPDES Permit No. PA0025615 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

ATTACHMENT 2

Clamicide Report

The following summarizes the third of three clamicide treatments for the control of Asian clams and Zebra mussels at Beaver Valley Power Station.

Parameter	Unit 1 A Train	Unit 1 B Train	Unit 2 A Train	Unit 2 B Train	
Date	08-21-12 -	08-28-12	09-11-12 —	09-05-12 -	
Date	08-22-12	08-29-12	09-12-12	09-06-12	
Chemical Used ¹	1055 pounds ³	250 pounds ³	656 pounds ³	755 pounds ³	
Outfall 001	ND	ND	ND	ND	
Concentration	ND	IND	ND		
Outfall 010	N/A ⁴	N/A⁴	ND	ND	
Concentration	1977	19/7	140	ND.	
Detox Used ²	1371 pounds	1371 pounds	1928 pounds	1928 pounds	
Outfall 001	3.3 mg/L	3.1 mg/L	3.6 mg/L	3.7 mg/L	
Concentration ³	3.5 Hg/L	3. Filig/L	3.0 mg/L	3.7 Mg/L	
Outfall 010	N/A ⁴	N/A ⁴	17.8 mg/L	17.8 mg/L	
Concentration ³	19/7	19/7	17.0 mg/L	17.0 mg/L	

- 1. The chemical used is NALCO H150M; LIMITS: 7,000 pounds per day and No Detectable (ND) amount at Outfalls 001 and 010.
- 2. The Bentonite Based Detoxifying Agent is NALCO 1315 in the form of a dry agent and a slurry mixture; LIMITS: 21,000 pounds per day and ≤ 35 mg/l at Outfalls 001 and 010
- 3. Dry-weight equivalent.
- 4. Outfall does not receive wastewater from the target system.

- Attachment 2 END -

Form Approved OMB No. 2040-0004

Page 1

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

001A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 09/ 01/ 2012 09/ 30/ 2012 TO

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Discharge

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
· MANAGEM		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.9	N/A	8,1	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	6. ≓MINIMUM		9 ¹ AMAXIMUM	pН		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	· GG	GG	mg/L	0	1 / 7	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req Mon MO AVG	Req Mon. DAILY MX	mg/L	44	Weekly	GRAB.
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A `	<0	<0		0	2 / 30	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	TO THE STATE OF TH	MO AVG	0° DAILY:MX	mg/L	g ^b	When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	42.6	48.4	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon.	Req. Mon:	Mgal/d	******	******	******	N/A		'^ त⊫Daily स्टिक्ट	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.13	mg/L	0	4 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		5 AVERAGE	MAXIMUM	mg/L		Weekly	GRAB.
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.0	0.0	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			· N/A		2 AVERAGE	MAXIMUM	mg/L	Sasta Carata	Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	1 / 7	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		0 MO AVG	0 DAILYMX	mg/L			GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER									
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS									
TYPED OR PRINTED									

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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 682-7773 10/ 22/ 2012 AREA Code NUMBER MM/DD/YYYY

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

The DT-1 daily maximum was 3.7 mg/L WMC 10/17/12

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

Form Approved OMB No. 2040-0004

Page 2

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

Effluent Gross

BEAVER VALLEY POWER STATION

REQUIREMENT

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

09/ 01/ 2012

002A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Discharge

PARAMETER	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO.	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	PERMIT	Req Mon.	⊒ Reg Mon≅ ⊈;		*****	*****	75 AM ::::::	N/Δ		Weeki	ECTIMA

MONITORING PERIOD

ı	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										
	Richard D. Bologna, DIRECTOR OF SITE OPERATIONS										
	TYPED OR PRINTED										

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

TELEPHONE DATE 724 682-7773 10/ 22/ 2012 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER MM/DD/YYYY AUTHORIZED AGENT

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

Form Approved OMB No. 2040-0004

Page 3

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

003A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

003

External Outfall

No Discharge

Γ	MONITORING PERIOD													
	MM/I	ייאסכ	ſΥΥ		MM/E	רא/מכ	/YY							
FROM	09/	01/	2012	то [09/	30/	2012							

PARAMETER	DAPAMETER			QUANTITY OR LOADING			QUALITY OR CONCENTRATION				
PAINTELLIN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.041	0.090	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross		Req Mon MO AVG	Req: Mon. DAILY MX	Mgal/d	*****		*****	N/A		Twice Per Month	ESTIMA

Į	NAME THE PRINCIPAL EXECUTIVE OFFICER
İ	
	Richard D. Bologna, DIRECTOR OF SITE
	OPERATIONS

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 10/ 22/ 2012 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.

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

Chlorine, free available

50064 1 0

Effluent Gross

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

N/A

MEASUREMENT

PERMIT

REQUIREMENT

MM/DD/YYYY

09/ 01/ 2012

004A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2012

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

mg/L

724

AREA Code

0

UNIT ONE COOLG TOWER OVERFLOW

External Outfail

No Discharge

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONCENTRATION					SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.6	N/A	8.0	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	6 MINIMUM		9 MAXIMUM :	рН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10.60	11.56	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req. Mon. DAILY MX	Mgal/d	- 2 mar			N/A	An Chillian	Weekly	MEASRE
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1	0.19	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		# # ******	N/A		5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine free available	SAMPLE	NVΔ	NIA	NI/Δ	N/A	<0.1	0.1	ma/l	_	1 / 7	GDAR

N/A

N/A

N/A

MONITORING PERIOD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurat 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

< 0.1

0.1

TELEPHONE DATE 682-7773 10/ 22/ 2012 NUMBER MM/DD/YYYY

1 / 7

Weekly GRAB

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

GRAB

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: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

006A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/ 01/ 2012 TO 09/ 30/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Discharge

PARAMETER	QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PANAMETEN		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. E	Mgal/d		**************************************		N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Richard D. Bologna, DIRECTOR OF SITE **OPERATIONS** TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 10/ 22/ 2012 AREA Code NUMBER MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

007A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

AUX. INTAKE SYSTEM

External Outfall

No Discharge

	MONITORING PERIOD										
	MM/I	יא/סכ	/ΥΥ		MM/E	ראַסכ	/YY				
FROM	09/	01/	2012	то	09/	30/	2012				

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(Attached		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			}
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		\$-1.************************************		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 Mon MO MO AVG	Req: Mon: DAILY MX:::	Mgal/d	******		**************************************			Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************				5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT					2	5. MAXIMUM+	mg/L		Weekly	.ºGRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS										
TYPED OR PRINTED										

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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.

TELEPHONE DATE 724 682-7773 10/ 22/ 2012 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER MM/DD/YYYY AUTHORIZED AGENT

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.

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

A800

DISCHARGE NUMBER

		MONITORING PERIOD											
		MM/I	ראסכ	/YY		MM/	א/סכ	/YY · :					
;	FROM	09/	01/	2012	то [09/	30/	2012					

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Discharge	X
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PARAMETER	ALTERNATION OF THE SECOND	QUANTITY OR LOADING			(QUALITY OR CONC	QUALITY OR CONCENTRATION				SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				₩6 MINIMUM ¥		9 MAXIMUM	рН		Twice Per Month	Ç, GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					.30 MO AVG	DAILY MX	mg/L .		Twice Per - Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	SEC.		·		15 * MO AVG	20: DAILY MX	mg/L	e e	Twice Per Month	GRAB.
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
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									
Richard D. Bologna, DIRECTOR OF SITE									
OPERATIONS									
TYPED OR PRINTED									

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 10/ 22/ 2012 **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:

50064 1 0

Effluent Gross

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

09/ 01/ 2012 TO

010A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2012

DMR MAILING ZIP CODE: 150770004 **MAJOR**

(SUBR05)

UNIT 2 COOLING WATER

External Outfall

No Discharge

PARAMETER	APP THE	QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAMILIEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.3	N/A	7.6	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	рΗ		Weekly	GRAB"
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0	<0	mg/L	0	2 / 30	24 HR COMP
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	18.4	43.7	MGD	N/A	, N/A	N/A	N/A	-	5 / 30	MEAS
50050 1 0	PERMIT	Req: Mon:	Red: Mon:		*****	*****	*****	N/A		Weekly	MEASRD
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX 😞	Mgal/d				13/7		Weekly	WILL COLO
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.08	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5. MO:AVG	1-25 INST MAX	mg/L		Weekly	≟ GRAB*
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.1	mg/L	0	1 / 7	GRAB

Ĺ	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	Richard D. Bologna, DIRECTOR OF SITE
	TYPED OR PRINTED

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

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

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

The DT-1 daily maximum was 17.8 mg/L. WMC 10/17/12

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

PERMIT

REQUIREMENT

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

DATE

MM/DD/YYYY

10/ 22/ 2012

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: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

09/ 01/ 2012

011A

MM/DD/YYYY

09/ 30/ 2012

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.058	0.218	MGD	N/A	· N/A	N/A	· N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon.	Req Mon DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

MONITORING PERIOD

TO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Richard D. Bologna, 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 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, icluding the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 10/ 22/ 2012 AREA Code NUMBER MM/DD/YYYY

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

Page 10

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

012A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004 **MAJOR**

(SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

TELEPHONE

No Discharge

	MONITORING PERIOD										
ſ	MM/DD/	YYY		MM/DD	YYYY						
FROM	09/ 01	/ 2012] то [09/ 3	0/ 2012						

PARAMETER	42.00	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(CIONIBLE)		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.1	' N/A	8.3	рН	0	2 / 30	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	0.0265	0.0318	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT		**************************************	N/A		Req Mon. MO AVG	Req. Mon DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.0	<0.0	mg/L	0	2 / 30	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A		115-11 MO AVG	1.5 / DAILY/MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO:AVG	Req. Mon. DAILY MX.	Mgal/d		99 99 99 99 99 99 99 99 99 99 99 99 99		N/A	•	Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	· N/A	N/A	N/A	N/A	4878	9252	mg/L	0	2 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Reg Mon: MO AVG	Req Mon DAILY MX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

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

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

DATE

MM/DD/YYYY

10/ 22/ 2012

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: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

013A DISCHARGE NUMBER

Γ	MONIT	ORING	PERIOD
F	MM/DD/YYYY	ļ	MM/DD/YYYY
FROM	09/ 01/ 2012] то	09/ 30/ 2012

Page 11

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

OUTFALL 013

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			C	UALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CAIMILIEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.8	N/A	7.4	N/A	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pН		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A ·	<0.01	<0.01	N/A	0	2 / 30	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******	Req Mon. MO AVG	Req. Mon	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	. N/A	N/A	N/A	<0.01	<0.01	N/A	0	2 / 30	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	*****	Req Mon MO AVG	Req. Mon DAILY MX	mg/L		Twice Perad Month:	GOMP24
Chlorobenzene	SAMPLE MEASUREMENT	. N/A	N/A	N/A	N/A	<0.005	<0.005	N/A	. 0	2 / 30	COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req*Mon MO7AVG	Req. Mon	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg: Mon: Fall		Mgal/d	**************************************		The Market	N/A		Twice Per S. Month : 1	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER									
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS									
TYPED OR PRINTED									

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

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

TELEPHONE DATE 724 682-7773 10/ 22/ 2012 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.

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

Page 12

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

PA ROUTE 168 LOCATION:

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

101A

DISCHARGE NUMBER

MONITORING PERIOD											
Γ.	MM/0	DD/Y	/YY		MM/DD/YYYY						
ROM	09/	01/	2012	то	09/	30/	2012				

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION .		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I AIVAILE I GIT		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.9	N/A	8.3	. pH	0	8 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUMa: 8		9 MAXIMUM	pΗ	1.0	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	, N/A	N/A	N/A	<7	19	mg/L	0	1 / 7	2 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		.≽. 30 MO AVG	1.00 DAILY MX	mg/L		Weekly	- COMP-2
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 ភពីមេខាវ Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG	GG
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A			Req Mon DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.014	0.015	MGD	N/A	N/A	N/A	N/A	-	DAILY	GRAB
50050 1 0° Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 19 MO AVG	Req. Mon. DAILY MX	Mgal/d		******		N/A	100	DAILY	CONTIN
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		Req. Mon MO AVG	Reg 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	ρ	TE	_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,	A Mada	724	682-7773	10/ 22/ 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)

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:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

DISCHARGE NUMBER

Γ		N	ONITO	RING P	PERIOD					
' [MM/C	D/YY	YY		MM/E	DIYY	YΥ			
ROM[09/	01/	2012	то	09/	30/	2012			

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

102 INTAKE SCREEN HOUSE Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION					SAMPLE TYPE
TAKAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	<u> </u>		
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.8	N/A	7.8	pΗ	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	рН		Twice Per 2 Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<8	11	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per Months	GRAB:
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	14176-2-31774 14176-2-31774	W. Service	N/A	*****	n MOIAVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	Reg Mon. DAILY MX					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 gualified personnel	120.10	TEI	LEPHONE	DATE
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	1 1/5/20	724	682-7773	10/ 22/ 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 COLLECTED PUMP BEARING LEAKAGE PRIOR TO MIXING WITH ANY OTHER WATER.

Form Approved
OMP 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: E

BEAVER VALLEY POWER STATION

PA ROUTE 168

A ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

103A DISCHARGE NUMBER

 ·

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
T ATTAINE LEAT		VALUE	VĄLUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.2	N/A	7.2	pН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	6 MINIMUM		9 MAXIMUM	рΗ		Twice Per	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	'N/A	N/A	N/A	<14	23	mg/L	0	2 / 30	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY:MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross		Req Mon M⊙ 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	TE	LEPHONE	DATE
Richard D. Bologna, 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 DIDLES	724	682-7773	10/ 22/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXPCUTIVE 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:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/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/C	D/YYYYO					
FROM	09/ 01	1/ 2012	то [09/	30/ 2012					

PARAMETER		QUANTI	QUANTITY OR LOADING QUALITY OR CONCENTRATION						NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I Alvaille Leiv		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.3	N/A	7.4	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		APT	N/A	6 MINIMUM	M	9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	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	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	an endings	THE TANKS	N/A		15 MO AVG	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.					N/A		Weekly	ESTIMA

ĺ	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	Richard D. Bologna, DIRECTOR OF SITE OPERATIONS
	TYPED OR PRINTED

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

724 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code AUTHORIZED AGENT

TELEPHONE DATE 682-7773 10/ 22/ 2012 NUMBER MM/DD/YYYY

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

Page 1

Form Approved OMB No. 2040-0004

Page 16

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

113A DISCHARGE NUMBER

Γ		٨	MONITO	RING	PERIOD		
	MM/I	יייאסכ	ΛΥΥ		MM/C	ראוסכ	ΛΥΥ
FROM	09/	01/	2012	то	09/	30/	2012

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
1 ONDINETER		VALUE VALUE UNITS VALUE VALUE UNITS					UNITS				
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6.7 MINIMUM	49.00 mg/s/2000	MAXIMUM	pH .		Twice:Per Month	GRAB
Solids, total suspended	SAMPLE				A SAME OF THE PROPERTY OF THE		#####MEDTINO MIGHT	PIT		PRESENTION OF THE PROPERTY OF	
00530 1 0 Effluent Gross	MEASUREMENT PERMIT REQUIREMENT		******		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		F 60 DAILY MX	mg/L		Twice Per Month	LCOMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	Schizzona z virte o Carlanda E Por X-	Tringly and Adding the Section 1				A STANDARD WAS ASSESSED.	ing/L		DATE SIMOLINES SEE	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	043 MO AVG	Req. Mon DAILY MX	Mgal/d				N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					1 4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT					200 MO GEOMN	Page 7	#/100mL		F Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT						,				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	***************************************			10 10 10 10 10 10 10 10 10 10 10 10 10 1	25 MO AVG	50 DAILY:MX	mg/L	MIGHT.	Twice Per	-COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	~~~	TEI	LEPHONE	. DATE
Richard D. Bologna, 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,	2/2/2	724	682-7773	10/ 22/ 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 OVERFLOW FROM THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OTHER WATER.

Form Approved OMB No. 2040-0004

Page 17

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

FACILITY:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

LOCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT,

PA0025615 PERMIT NUMBER

203A. DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

No Discharge

SHIPPINGPORT, PA 150770004 MONITORIN						PERIOD		
		MM	YVQQ	YYY		MM/	'Y/סם	YYY
ATTN: RICHARD D BOLOGNA/DIR SITE OPER	FR	OM 09/	01/	2012	то	09/	30/	2012

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
AMELEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	,	6 # MINIMUM		9 MAXIMÜM	рH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	60. DAILY MX	mg/L	unione.	Twice Rereal	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross		= 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 Rer-	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT		of the second			25 TUMO AVG	50 DAILY MX	mg/L		Twice Rer 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	01.00	TEI	EPHONE	DATE
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	1 - 00 /1	724	682-7773	10/ 22/ 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 OVERFLOW FROM THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OTHER WATER.

Page 18

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

FACILITY:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

211A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05) 211 TURBINE BLDG Internal Outfall

TELEPHONE

No Discharge

. [MONITORING PERIOD									
Γ	MM/	יא/סכ	ſΥΥ		MM/E	DDM	ΛΥΥ]		
FROM	09/	01/	2012	TO [09/	30/	2012],		

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAINMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.6	N/A	7.7	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	Tables Constitution		N/A	6 MINIMUM		9 MAXIMUMi	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30	100 💉 🗺 DAILY MX	mg/L		ı Weekly ı	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	C 3841 ************************************	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB:
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.056	0.216	MGD	N/A .	N/A	N/A		-	1 / 7	EST
50050 1.0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon. DAILY MX	Mgal/d	**************************************			N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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	724	682-7773
AUTHORIZED AGENT	AREA Code	NUMBER

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

DATE

MM/DD/YYYY

10/ 22/ 2012

Form Approved OMB No. 2040-0004

Page 19

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

213A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No Discharge

MONITORING PERIOD											
MM/C	DD/Y	/YY		MM/DD/YYYY							
09/	01/	2012	то [09/	30/	2012					
		MM/DD/Y	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY MM/I	MM/DD/YYYY MM/DD/YY					

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		t	
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******		6 MINIMUM	****** 1	9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		-			Secure the security of the sec	PARTITION SINCE	Pi	Anne o chopman (1975)		The state of the s
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	electrophic Marchine and T			**************************************	30 MO AVG	100 DAILY MX	mg/L		Solution Twice Per ≨ Month	GRAB
Oil & grease	SAMPLE MEASUREMENT		·								
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		enic State			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	Reg Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	**************************************	3 ************************************			- Weekly	-ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5 MO-AVG	1-25 INST MAX	mg/L		Twice Perch Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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.

724 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code AUTHORIZED AGENT

TELEPHONE DATE 682-7773 10/ 22/ 2012 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

TO

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:

50050 1 0

Effluent Gross

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

Reg. Mon.

MO AVG

MM/DD/YYYY

Reg. Mon

09/ 01/ 2012

301A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

N/A

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

No Discharge

Weekly

PARAMETER		QUANTI	ITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
LVIVIIIETE		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4.	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	**************************************	N/A		30 MO:AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per	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

Mgal/d

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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. cluding the possibility of fine and imprisonment for knowing violations.

TELEPHONE DATE 724 682-7773 10/ 22/ 2012 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA Code NUMBER MM/DD/YYYY

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

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

PERMIT

REQUIREMENT

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 21

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

09/ 01/ 2012

303A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING	QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	VALUE UNITS		VALUE	:VALUE	UNITS		,	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.6	N/A	6.8	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	6 MINIMUM		9 MAXIMUM _E	pН	Table at	Weekly	- GRAB .
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	· <4	5	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		ed Signature (i.e.,	N/A	**************************************	30 #* MO)AVG	DAILY MX	mg/L	olung Series di	Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	AND CONTRACTOR OF THE CONTRACT	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		top light or		N/A	Electric	Weekly	- ESTIMA

I	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	Richard D. Bologna, DIRECTOR OF SITE OPERATIONS
ł	TYPED OR PRINTED

i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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.

TELEPHONE DATE 724 682-7773 10/ 22/ 2012 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER MM/DD/YYYY AUTHORIZED AGENT

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:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

313A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 09/ 01/ 2012 TO 09/ 30/ 2012 DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
T ATVINETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.8	N/A	7.4	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******* 1	*****	N/A	6 MINIMUM		9 MAXIMUM	ρН		Weekly "	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	10	15	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		78 (17 d) 2 78 (17 d) 2	N/A		:	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A _,	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	112	# ****** # ##	N/A	1 (200 ****** (200)	15 MO AVG	20 DAILY MX	mg/L	1 31	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	ESTIMĄ

ļ	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	Richard D. Bologna, DIRECTOR OF SITE OPERATIONS
	TYPED OR PRINTED

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

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

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

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

DATE

MM/DD/YYYY

10/ 22/ 2012

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: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

401A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/ 01/ 2012 09/ 30/ 2012 FROM

Page 23

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
(7119411214		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.1	N/A	8.5	рН	. 0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	67 :-: MINIMUM		Req-Mon MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	· N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	*****	MO AVG	20. DAILY MX	mg/L		Twice Per Month	GRAB.
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX.13	Mgal/d		110 mm m		N/A	F. 30	Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

724 682-7773 AREA Code NUMBER

TELEPHONE

10/ 22/ 2012 MM/DD/YYYY

DATE

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

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

Form Approved OMB No. 2040-0004

Page 24

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

403A DISCHARGE NUMBER

[MONITORING PERIOD									
	MM/DD/YYYY				MM/E	יאס(ΥΥ			
FROM	09/	01/	2012	то	09/	30/	2012			

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No

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

PARAMETER		QUANTI	TY OR LOADING	• "	(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT									·	
00400 1 0	PERMIT	*****	Tear Service		65.7	*****	/*******9*****************************			Weekly	GRAB
Effluent Gross	REQUIREMENT	The extra Carlo	Editor to Port		* MUMINIM'		# MAXIMUM:	pН	PARTIES.	主共工作。任 撰	2 932344
Solids, total suspended	SAMPLE MEASUREMENT							,			ļ
00530 1 0	PERMIT					第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	DAILY MX		10713-34	. Weekly	GRAB
Effluent Gross					MANAGEMENT	表字#MO AVG#非常	DAILY MX	mg/L			ŭ,
Oil & grease	SAMPLE MEASUREMENT							İ			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 NO AVC	20. A DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT					RESERVIOLA V.O.2758	SERVICE TO INV. SERVICE	ingre			
00610 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		*****	Req Mon.	Reg. Mon.	mg/L		Weekly:	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	Self-registration of the self-registration of	(1997)		Printer Port 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	October 1	The second secon	gr =	100 000	3303300	Services and their land, see
04251 1 0 Effluent Gross	PERMIT REQUIREMENT					0 MO AVG	DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		ASSESSMENT OF ANTIQUES 10 SEC. 29				ASSESSED AND ASSESSED AND ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSEDA ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSEDA ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSEDA ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSEDA	ingre	Prot COPE S DE SESSE	ge Dioondrania	1 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A
50050 1 0	PERMIT	Reg. Mon.	Sa Req Mon.				*****			Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	第一次基本的证明				34083 X 416	ASSESSMENT OF THE PARTY OF THE	3745-EP 150
Chlorine, total residual	MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5 MO AVG	1 25 INST MAX	mg/L		Weekly	GRAB
Lindon Oroso	LICEGOTICHICHT	Julian 45/405/09/47/12/59/17/25/	Liver and Charles and Same	1	The state of the s	Patrick Sun Country of Charles	IN ASSUMOUS INVOLUTION	i iigir	Talence States	ANN CAMPACAL AND SERVICE SERVI	Section Charges

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	1000	TE	EPHONE	DATE
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	1 Dillen	724	682-7773	10/ 22/ 2012
TYPED OR PRINTED	including the possibility of fine and impresonment 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:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615

403A
DISCHARGE NUMBER

DN

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharge

[MONITORING PERIOD										
	MM/DD/YYYY				MM/E	YY					
ROM	09/	01/	2012	TO	09/	30/	2012				

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
TAXABLE LIX	`	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT		eric control of the c		77.00	0 MØ AVG	0 DAILY MX	mg/L		Weekly	GRAB !

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
ard D. Bologna, 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

724 682-7773 10/ 22/ 2012

AREA Code NUMBER MM/DD/YYYY

TELEPHONE

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

DATE

Form Approved OMB No. 2040-0004

Page 26

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

413A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BULK FUEL STORAGE DRAIN

Internal Outfall

	MONITORING PERIOD						
	MM/DD/YYYY				MM/DD/YYYY		
FROM	09/	01/	2012	TO	09/ 30/ 2012		

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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 10/ 22/ 2012 682-7773 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.

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

501A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 09/ 01/ 2012 **TO** 09/ 30/ 2012 Page 27

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING				C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMELEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE										
•	MEASUREMENT										
00530 1 0	PERMIT		*****		*****	30 MO AVG	100		1990		GRAB
Effluent Gross	REQUIREMENT				464	MO AVG	100 DAILY MX	mg/L	18 M. 2	Weekly	UKAD - I
Flow is conduit as they treatment plant	SAMPLE					,					
Flow, in conduit or thru treatment plant	MEASUREMENT									1	
50050 1 0	PERMIT	: *Req: Mon: ::	Req. Mon.		*****	*****	**************************************			Weekly	STATE OF THE STATE
Effluent Gross	REQUIREMENT	#MO AVG	DAILY MX	Mgal/d	ton their					Weekly	ESIIMA

properly gather and evaluate the information submitted. Based on my inquiry of the person or	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	\sim	TE	EPHONE	DATE
ADEA Code NUMBER NAMED N		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,	R Discon	724	682-7773	10/ 22/ 2012
	TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations,	l	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.



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

DESCRIPTION FOR PROPERTY AND PROPERTY.

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

001A DISCHARGE NUMBER

Г	MONITORING PERIOD										
	MM/C	ייאסכ	/YY		MM/I	רא/סכ	ΥY				
ROM	09/	01/	2012	то	09/	30/	2012				

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNITS 1&2 COOLG, TOWER BLWDN

External Outfall

No Discharge

EDECHIENCY DATES

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION NO					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.9	N/A	8.1	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	-6-MINIMUM	******	9 MAXIMUM: *5	рН		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	· N/A	N/A	N/A	N/A	GG	GG	mg/L	0	1 / 7	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req Mon: MO AVG	Req Mon DAILYMX	mg/L		Weekly	GRAB.
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0	<0		0	2 / 30	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	••••	0 N MO AVG ►	O	mg/L		When Discharging	COMP24.*
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	42.6	48.4	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	Req: Mon DAILY:MX	Mgal/d	35,525,315	**************************************		N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.13	mg/L	0	4 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	- 10 miles	.5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly) GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.0	0.0	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A		2 AVERAGE	.5. MAXIM⊍M	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	1 / 7	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		0 MO AVG	0 ; DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER								
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS								
TYPED OR PRINTED								

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 10/ 22/ 2012 AREA Code NUMBER MM/DD/YYYY

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

The DT-1 daily maximum was 3.7 mg/L WMC 10/17/12

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

Form Approved OMB No. 2040-0004

Page 2

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

002A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Discharge

J		N	ONITO	RING PERIOD						
	MM/D	D/YY	YY		MM/DD/YYYY					
FROM	09/ 01/	2012	TO	09/	30/	2012				

PARAMETER	QUANTI	TY 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	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT		Req Mon. DAILY MX					N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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TELEPHONE 724 682-7773 10/ 22/ 2012 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER MM/DD/YYYY AUTHORIZED AGENT

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:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

003A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

003

External Outfall

No Discharge

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 09/ 01/ 2012 09/ 30/ 2012

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.041	0.090	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross		Req: Mon MO AVG		Mgal/d	*****	dia dia dia dia dia dia dia dia dia dia		N/A		Twice Per :: Month: 1	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, DIRECTOR OF SITE
OPERATIONS

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 10/ 22/ 2012 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.

Form Approved OMB No. 2040-0004

Page 4

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

004A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Discharge

Γ		A	MONITO	RING F	PERIOD			
Γ	MM/DD/YYYY				MM/DD/YYYY			
FROM	09/	01/	2012	тоГ	09/	30/	2012	

PARAMETER		QUANTI	ITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(A) VAITIE LET		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			'
рН	SAMPLE MEASUREMENT	· N/A	N/A	N/A	7.6	N/A	8.0	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10.60	11.56	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req: Mon - C DAILY MX				1,000	N/A		∌ ic Weekly	MEASRD.
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1	0.19	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	N Livi		N/A	7.045-7-1 16.46	5- MO AVG	1.25 INST-MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1	0.1	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	200		N/A		2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, 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

	151	LEPHONE	DAIL		
K DBlogu	724	682-7773	10/ 22/ 201:		
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 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: RICHARD D BOLOGNA/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/DD/YYYY		MM/DD/YYYY									
FROM[09/ 01/ 2012	то	09/ 30/ 2012									

PARAMETER	12	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	0.002	0.016	MGD	N/A	· N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon // C MO: AVG	Req Mon. DAILY MX	Mgal/d				N/A		Weekly.	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Richard D. Bologna, DIRECTOR OF SITE **OPERATIONS**

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

724

TELEPHONE

682-7773 10/ 22/ 2012

AREA Code

NUMBER

MM/DD/YYYY

DATE

Form Approved OMB No. 2040-0004

Page 6

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/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 No Discharge 09/ 01/ 2012 09/ 30/ 2012

PARAMETER		QUANTITY OR LOADING			C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
7 7 11 7 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	į	1	
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM	******	9.5 MAXIMUM	pН		-Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		·								
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon4. MO AVG	Req:Mon DAILY MX	Mgal/d		The state of the s				- 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										ļ
50064 1 0 Effluent Gross	PERMIT REQUIREMENT				10 mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/m	2 AVERAGE	± 75 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
Richard D. Bologna, 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,	Kalplegun	724	682-7773	10/ 22/ 2012
TYPED OR PRINTED	ncluding the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EVEL ANATION OF ANY VIOLATIONS (Palarages all office	h-onto horol				

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

Page 7

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

09/ 01/ 2012

008A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfail

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			66 MINIMUM		9 MAXIMUM	рΗ		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		**************************************			30 MO AVG	100 DAILY:MX	mg/L	是 · 是	Twice Per Months	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15" MO AVG	20 DAILY MX	mg/L		Twice(Per-	GRABI
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Red Mon DAILY MX	Mgai/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, 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 10/ 22/ 2012 NUMBER AREA Code 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:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

010A DISCHARGE NUMBER

No Discharge

DMR MAILING ZIP CODE: 150770004

UNIT 2 COOLING WATER

MAJOR

(SUBR05)

External Outfall

[MONITORING PERIOD										
[MM/E	DD/Y	ΥΥ		MM/C	ND(Y)	YY				
FROM[09/	01/	2012	то	09/	30/	2012				

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I Alvania (El)		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.3	N/A	7.6	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9) MAXIMUM	pН	antanti.	Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	. N/A	N/A	N/A	N/A	<0	<0	mg/L	0	2 / 30	24 HR COMP
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	18.4	43.7	MGD	N/A	N/A	N/A	N/A	_	5 / 30	MEAS
50050 1 0	PERMIT		Req. Mon:		*****	******	***********	N/A	2 Sec. 10	Weekly	MEASRD
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	企业的基础	William to the second	West State		非由极强		
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.08	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT				25 pag	± 5 ∉MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.1	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A		2 AVERAGE	5: MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS
TYPED OF PRINTED

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

TELEPHONE DATE 724 682-7773 10/ 22/ 2012 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER MM/DD/YYYY **AUTHORIZED AGENT**

The DT-1 daily maximum was 17.8 mg/L. WMC 10/17/12

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

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

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION:

REQUIREMENT

LOCATION:

Effluent Gross

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

09/ 01/ 2012

011A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Discharge

Weekly

PARAMETER	Albert on the second	QUANTI	TY OR LOADING	<u></u>		QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARMINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.058	0.218	MGD	N/A	· N/A	N/A	N/A	-	1 / 7	EST
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		\$ 70 ***********************************	**************************************	10 10 10 10 10 10 10 10 10 10 10 10 10 1	NI/A		Meakly	THE CHIMAS

MONITORING PERIOD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Richard D. Bologna, DIRECTOR OF SITE

OPERATIONS

TYPED OR PRINTED

certify under penalty of law that this document and all attachments were prepared under my firection or supervision in accordance with a system designed to assure that qualified 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 formation, the information submitted is, to the best of my knowledge and belief, true; accurate and complete. I am aware that there are significant penalties for submitting false information ncluding the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 10/ 22/ 2012 AREA Code NUMBER MM/DD/YYYY

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

Form Approved OMB No 2040-0004

Page 10

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

012A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Discharge

Į	MONITORING PERIOD										
	MM/	DD/Y	ΥΥ		MM/E	ראשכ	ſΥΥ				
FROM	09/	01/	2012	то	09/	30/	2012				

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION					SAMPLE TYPE
COUNTELLIA		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.1	N/A	8.3	рН	0	2 / 30	GRAB
00400 1 0	PERMIT	******	*****	N/A	. * * 6% A 5	*****	9 - 1			Once Per	GRAB_r
Effluent Gross		The second	4.75		MINIMUM	SALES AND SALES	MAXIMUM	pН		Month	o at his
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0265	0.0318	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	www.		N/A		Req. Mon. MO AVG	Req Mon DAILY MX	mg/L		Twice Per	≝ GRAB:
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.0	<0.0	mg/L	0	2 / 30	GRAB
01092 1 0	PERMIT	E ******	*****	N/A		1.5 MO AVG	1:5.		2000	Twice Per	GRAB
Effluent Gross	REQUIREMENT		3.782	INA		MO AVG	DAILY MX	mg/L		::::::::::::::::::::::::::::::::::::::	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon	Mgal/d				N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4878	9252	mg/L	0	2 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req. Mon.** MO AVG	Reg. Mon DAILY MX	mg/L		. Twice Per. Month	GRAB :

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER								
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS								
TYPED OR PRINTED								

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

	TEL	EPHONE	DATE
Konsague	724	682-7773	10/ 22/ 2012
SIGNATURE OF PRINCIPAL EXECUTIVE/OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Page 11

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

013A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

OUTFALL 013 External Outfall

No Discharge

[Ň	MONITO	ORING PERIOD							
ĺ	MM/	DD/Y	ΥΥ		MM/C	DIYY	ΥY				
FROM	09/	01/	2012	то [09/	30/	2012				

PARAMETER		QUANTI	TY OR LOADING		G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
AMMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	Ņ/A	N/A	N/A	6.8	N/A	7.4	N/A	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM:	******	9 MAXIMUM	pН		Weekly	GRAB
Cyanìde, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01	<0.01	N/A	0	2 / 30	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT		***************************************	N/A		Z Req. Mon MO AVG	Req Mon	mg/L	(1) (6)	Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01	<0.01	N/A	0	2 / 30	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005	<0.005	N/A	0	2 / 30	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	***************************************		N/A		Req Mon. MO AVG	Req: Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 9 MO AVG 544	Req. Mon DAILY MX	Mgal/d				N/A	ris (1) ris (1) ris (1)	Twice Per Month	ESTIMA'

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, 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 ersons 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 10/ 22/ 2012 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.

Page 12

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

101A DISCHARGE NUMBER

101 CHEMICAL WASTE TREATMENT Internal Outfall

MAJOR

(SUBR05)

DMR MAILING ZIP CODE: 150770004

No Discharge

	MONITORING PERIOD										
	MM/0	יייסכ	/YY		MM/DD/YYYY						
FROM	09/	01/	2012	то [09/	30/	2012				

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION .		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(Album LEI)		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		·	
рН	SAMPLE MEASUREMENT	N/A .	N/A	N/A	6.9	N/A	8.3	рН	0	8 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	6 MINIMUM	**************************************	9 '9' MAXIMUM	pH		Weekly	GRÁB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<7	19	mg/L	0	1 / 7	2 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	100 DAILY MX	mg/L		Weekly. ≘≟	COMP-2
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	. N/A	<5	. <5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		e Lang	N/A	PRESENTED AND ADDRESS.	15 MO AVG	20 DAILY MX	mg/L	- 32.54	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	10 March 1987	E******	N/A		Req. Mon: MO AVG	Req Mon	mg/L			GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.014	0.015	MGD	N/A	N/A	N/A	N/A	-	DAILY	GRAB
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon Mon MO AVG	Req. Mon: DAILY MX	Mgal/d				N/A		DAILY	.CONTIN≢
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		Req: Mon MO AVG	Req Mon. DAILY MX	mg/L		Weekly	- GRAB

Richard D. Bologna, 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 and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	K
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIG

TELEPHONE DATE 724 682-7773 10/ 22/ 2012 SNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA Code NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 13

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

Flow, in conduit or thru treatment plant

50050 1 0

Effluent Gross

PA0025615 PERMIT NUMBER

< 0.001

Reg. Mon.

DAILY MX

FROM

MM/DD/YYYY

09/ 01/ 2012 TO

102A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

09/ 30/ 2012

DMR MAILING ZIP CODE: 150770004

102 INTAKE SCREEN HOUSE

MAJOR

(SUBR05)

N/A

N/A

Internal Outfall

No Discharge

2 / 30

Twice Per

EST

ESTIMA

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.8	N/A	7.8	pН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		**************************************	N/A	6 MINIMUM		9.∜∓ MAXIM⊍M	· pH		Twice Per 등 Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A .	<8	11	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Twice/Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		**************************************	N/A		15 MO.AVG	20 . DAILY MX	mg/L		Twice Per Month	GRAB
Flow in conduit or thru treatment plant	SAMPLE	<0.001	<0.001	MGD	NI/A	N/Δ	· N/A	N/A		2 / 30	CCT

MGD

N/A

N/A

li	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	direction or supervision in accordance with a system designed to assure that qualified personnel
	Richard D. Bologna, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,
	TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.

MEASUREMENT

PERMIT

REQUIREMENT

TELEPHONE DATE 724 682-7773 10/ 22/ 2012 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER MM/DD/YYYY **AUTHORIZED AGENT**

N/A

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.

< 0.001

Reg. Mon...

MO AVG

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: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

103A DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Discharge

MM/DD/YYYY MM/DD/YYY	
	Y
FROM 09/ 01/ 2012 TO 09/ 30/ 2	012

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
I Alvanie I I III	Page 19	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.2	N/A	7.2	рН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Twice Per Month &	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<14	23	mg/L	0	2 / 30	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	*****	= 30 MO AVG	100 DAILY MX	mg/L	15 July 15	Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	.N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon Mon Mo AVG	Req: Mon + 3 DAILY MX	Mgal/d	******			N/A		Twice Per 1 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	1.0	TEI	EPHONE	DATE
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	KI Sologo	724	682-7773	10/ 22/ 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 THE OVERFLOW FROM THE BASIN PRIOR TO MIXING WITH ANY OTHER WATER.

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 15

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

Flow, in conduit or thru treatment plant

50050 1 0

Effluent Gross

PA0025615 PERMIT NUMBER

0.002

Reg. Mon.

DAILY MX

0.002

MO:AVG

Req. Mon.

MEASUREMENT

PERMIT

REQUIREMENT

FROM

MM/DD/YYYY

09/ 01/ 2012

111A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2012

N/A

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

N/A

N/A

N/A

111 DIESEL GENERATOR BLDG

Internal Outfail

No Discharge

DADAMETER	QUANTITY OR LOADING				(NO. EX	FREQUENCY OF ANALYSIS	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	Ņ/A	N/A	N/A	7.3	. N/A	7.4	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 ▼MINIMUM	**************************************	9 MAXIMUM	рΗ		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	*****	30 MO AVG	DAILYMX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO:AVG	20 DAILY MX	mg/L		Weekly	GRAB
Elevi in conduit or thru trantment plant	SAMPLE	0.003	0.003	MGD	NIA	N/Δ	N/Λ	N/A		1 / 7	EST

MGD

Mgal/d

ı	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	Richard D. Bologna, DIRECTOR OF SITE OPERATIONS
ļ	TYPED OR PRINTED

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

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.

TELEPHONE DATE 724 682-7773 10/ 22/ 2012 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER MM/DD/YYYY AUTHORIZED AGENT

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

EST

ESTIMA

Weekly

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 16

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

09/ 01/ 2012

113A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH .	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	На	4.5	Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	3.000 300 300 300 300 300 300 300 300 300	· · · · · · · · · · · · · · · · · · ·				- Ausonnon	pri		a contract to the contract to	2833.7411M37.8
00530 1 0 Effluent Gross	PERMIT			·	or Feet	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3 2000000000000000000000000000000000000	V. S.			3,000	Section 1				T 10000000 A 7 10000000
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	043 MO AVG	Req. Mon	Mgal/d		e miger	******	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	ioni es	Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	,				·					
74055 1 1 Effluent Gross	PERMIT REQUIREMENT		******		******	200 MO GEOMN	1 <u>1</u> 1	#/100mL	Joint 1	Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	受用を3・・・・・	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			25 MO AVG	50 DAILY MX	mg/L	446	Twice Per	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

	TEL	EPHONE	DATE
•	724	682-7773	10/ 22/ 2012
	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 17

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

203A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfail

No Discharge

[MONITORING PERIOD												
ſ	MM/E	DD/Y	/YY		MM/E	D/Y\	YYY .	Ţ						
FROM[09/	01/	2012	TO	09/	30/	2012] '						

PARAMETER		QUANTITY OR LOADING			(QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
MONETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6* MINIMUM		9.2 MAXIMUM:	pН		Twice Per > Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		16 ************************************			30 MO/AVG	= 60 TAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	300		-				J - J -	and the control of th	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
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 L 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 ≉ 4s ₽DAILY:MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	EPHONE	DATE
Richard D. Bologna, 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 MBlyn	724	682-7773	10/ 22/ 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 OVERFLOW FROM THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OTHER WATER.

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 18

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

09/ 01/ 2012

211A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

211 TURBINE BLDG

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
·		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.6	N/A	7.7	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6. MINIMUM		9 MAXIMUM	pН		# Weekly	!GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A ·	N/A	N/A	<4	4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX1	.mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A			20 Å. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.056	0.216	MGD	N/A	N/A	N/A		-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon: MO/AVG	∓ Req Mon: DAILY MX	Mgal/d		*****		N/A		Weekly	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

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

TELEPHONE DATE 724 682-7773 10/ 22/ 2012 AREA Code NUMBER MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

Page 19

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

213A DISCHARGE NUMBER

[٨	MONITO	RING	PERIOD		
[MM/C	ראסכ	/YY		MM/C	D/Y\	ΥΥ
FROM	09/	9/ 01/ 201		то	09/	30/	2012
_							

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No Dischard

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			!
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			,	6 MINIMUM	******	9 MAXIMUM	pН	#111 (01) 1115 - 1	Twice Per Month	GRAB .
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		**************************************			30 MO AVG	100 DAILY MX	mg/L	20 10	Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT		Parameter 400		This is the second of the seco		EGIC LA LANGE CO			***************************************	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			:	Island	15 MO AVG	20 DAILY MX	mg/L	-10 at 1	Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	English Control of Con				83 F. JAC 7-17 C. S. C. D. J. C.	SPC CONT. THE REAL PROPERTY OF THE SPECIAL PROPERTY OF		- constant follows	000000000000000000000000000000000000000	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO AVG	Reg Mon DAILY MX	Mgal/d		And the second s			apolitica)	Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		******		The second of th	.5 MO AVG	1:25 INST-MAX	mg/L		Twice Per Month	GRAB_

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 10/ 22/ 2012 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:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

301A DISCHARGE NUMBER

	MONITO	RING	PERIOD
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/ 01/ 2012	то	09/ 30/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

No Discharge

PARAMETER		QUANTI	ITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I Alvametel		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	. <4	<4	mg/L	0	2 / 30	GRAB
00530 1 0	PERMIT		******	N/A		30 MO AVG				Twice Per	GRAB;
Effluent Gross					C SACCOMMENS	MO:AVG	CAL DATEY MX (2) 4:	mg/L	ELPAY JAK.		£ 196 5 5 5 5
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0	PERMIT	*****		N/A	12 12 11 11 11 11 11 11 11 11 11 11 11 1	15 × 15	20		1254 H-43	- Twice Per	CDAD
Effluent Gross	REQUIREMENT	2 - Walley		IN/A		≠ 15 MO AVG	DAILY MX	mg/L	/e- #-C1	Month .	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0	PERMIT	Req Mon	‰ RegaMon: ≝					N/A		Model	ECTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d			Marian Maria	IVA		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, DIRECTOR OF SITE
OPERATIONS
TYPED OF PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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.

TELEPHONE -724 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code AUTHORIZED AGENT

10/ 22/ 2012 682-7773 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.

DATE

Form Approved OMB No. 2040-0004

Page 21

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

303A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FRON 09/ 01/ 2012 TO 09/ 30/ 2012 DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

No Discharge

PARAMETER .	The Total Control of the Control of	QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
1 Alvanie i Si		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.6	N/A	6.8	pН	0	1 / 7	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		A STATE OF THE STA	N/A	6 MINIMUM	200 - 100 -	9 MAXIMUM	pН		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	5	mg/L	0	1 / 7	GRAB	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	Section 1		N/A	444444 1674 1884 1884 1884 1884 1884	30 MO AVG	100 DAILY MX	mg/L	23.5	Weekly	GRAB	
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15 MO AVG	20 DAILY MX	, mg/L	38.76 7.15 7.15 1.15	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	******	(A) Marrie (A)	Canto Com	N/A		Weekly	ESTIMA	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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 10/ 22/ 2012 724 682-7773 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

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

FACILITY: LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

313A DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Discharge

. [MONITORING PERIOD										
Γ	MM/D	DD/YY	ΥY		MM/DD/YYYY						
FROM	09/	01/	2012	TO	09/	30/	2012				
_											

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMETER	1000	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	,		
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.8	N/A	7.4	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	10	15	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	. N/A	N/A	. N/A	<5	<5	mg/L	0	. 1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A		15 MO AVG	20 DAILY MX	mg/L	The Con-	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	Mgai/d		nselpri Principality (1980)		N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS
TYPED OF PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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 10/ 22/ 2012 AREA Code NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 23

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

401A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 09/ 01/ 2012 09/ 30/ 2012

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			C	QUALITY OR CONCENTRATION					SAMPLE TYPE
	10.00	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.1	N/A	8.5	рН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		Req Mon MAXIMUM	pН		Twice Per. Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	***** (i)	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1. / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg: Mon. Mo AVG	Req. Mon. DAILY MX	Mgal/d	***************************************		Trans. Milana	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 10/ 22/ 2012 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.

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

PA ROUTE 168 LOCATION:

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

403A

DISCHARGE NUMBER

[MONITORING PERIOD											
i	MM/I	ראסכ	YY		MM/C	DOM	/ YY					
ROM	09/	01/	2012	TO	09/	30/	2012					

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			i
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	VERNE ***********************************	######################################		6	and Antonio (Section 1)	9		2000		
Effluent Gross	REQUIREMENT		*****			JAPAN AND	MAXIMUM	рH		Weekly	:: GRAB
Solids, total suspended	SAMPLE MEASUREMENT	·									
00530 1 0	PERMIT	*****	3112 ******* 32		*****	20 30	100				ODAD.
Effluent Gross	REQUIREMENT			·		MO AVG	DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT			-							
00556 1 0	PERMIT				*****	1512	70 galas 20				CDAD
Effluent Gross	REQUIREMENT		为第二个主义			MO AVG	DAILY MX	mg/L		Weekly +	GRAD
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0	PERMIT		******		*****	் Req. Mon: ஆம்	Req. Mon.			TO WAR TO SERVE OF THE SERVE OF	CDAD
Effluent Gross	REQUIREMENT					MO AVG	:- DAILY MX	mg/L		Weekly +	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0	PERMIT	- PRO1: 1/40/13	Market 1		**************************************	2.77 (0%) YES	\$4 : 0.00		7.000		COMPO
Effluent Gross	REQUIREMENT		destable of		Maria de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de	MO AVG	DAILY MX	mg/L		Discharging-⊓	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT					·		,		ļ.	
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		10 10 10 10 10 10 10 10 10 10 10 10 10 1	1904	******		04/09	Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d			248		1	A VECKIY	COUNT
Chlorine, total residual	SAMPLE MEASUREMENT				1						
50060 1 0	PERMIT	*****			*****	5	1.25		- 1	Washiyi	" GRAB
Effluent Gross	REQUIREMENT		"相望为代,"这			MO AVG++	INST MAX	mg/L		Weekly, I	GIVAD

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	10.00	TEI	LEPHONE	DATE
Richard D. Bologna, 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 laise information,	No Maria	724	682-7773	10/ 22/ 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)

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:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

403A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

internal Outfall

No Discharge

MM/DD/YYYY 09/ 01/ 2012 TO FROM

MONITORING PERIOD MM/DD/YYYY 09/ 30/ 2012

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE	,									
Hydrazine	MEASUREMENT										
81313 1 0	PERMIT	******	· · · · · · · · · · · · · · · · · · ·			0	0.7			AA/aalii wa	**-GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L	487.3	Weekly	SEE GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

certify under penalty of law that this document and all attachments were prepared under my

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

	IELE	PHONE	DATE					
7.	24	682-7773	10/	22/	2012			
AREA Code		NUMBER	MM/D	D/YYY	Y			

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

Page 26

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

413A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/ 01/ 2012 TO 09/ 30/ 2012 FROM

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BULK FUEL STORAGE DRAIN

Internal Outfall

No Discharge

PARAMETER	1,490.0	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
TAIOMETER		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	1940 ************************************	*****	N/A	6 MINIMUM		9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A			·	mg/L			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100. DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	· N/A '	N/A	N/A			mg/L			·
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			MGD				N/A			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d		******	A	N/A	75	Weekly	. ESTIMA

NA	ME/TITLE PRINCIPAL EXECUTIVE OFFICER					
Richard OPERA	I D. Bologna, DIRECTOR OF SITE					
TYPED OR PRINTED						

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 10/ 22/ 2012 **AREA Code** NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

FACILITY:

SHIPPINGPORT, PA 150770004 **BEAVER VALLEY POWER STATION**

LOCATION:

PA ROUTE 168

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

501A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Discharge

[MONITORING PERIOD											
- 1	-	MM/E	רא/סכ	YYY		MM/E	DDM	ΥY				
ROM[09/	01/	2012	то	09/	30/	2012				

PARAMETER	profiles energie	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
T AVAILETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	*****	*****		*****	30%	100			Weekly	GRAB
Effluent Gross	REQUIREMENT					30 / MO'AVG	DAILY MX	mg/L		weekiy	GRAB
Flow, in conduit or thru treatment plant	SAMPLE	1									
Flow, in conduit or thru treatment plant	MEASUREMENT				·						l
50050 1 0	PERMIT	Req. Mon.	Reg Mon		74 2*****	4 - M	*****		7440412	Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX-E	Mgal/d						vveekiy	ES HIVIA

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
Richard D. Bologna, 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,	De Polo	724	682-7773	10/ 22/ 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 INTERNAL MP 501 PRIOR TO MIXING WITH ANY OTHER WATER.