



June 26, 2013 L-13-232

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 May 2013 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 first of three clamicides scheduled for this year.

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

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

Id) Lalera For RDB

Sincerely,

Richard D. Bologna

Director, Site Operations

IENRR

Beaver Valley Power Station, Unit Nos. 1 and 2 L-13-232 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-13-232 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

ATTACHMENT 1

Weekly Dissolved Oxygen Monitoring Results at Outfall 001

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

SAMPLE DATE	SAMPLE TIME	VALUE	UNITS
06-May-13	10:40	7	mg/L
13-May-13	10:10	7	mg/L
20-May-13	09:00	7	mg/L
28-May-13	10:30	8	mg/L

- Attachment 1 END -

ATTACHMENT 2

Clamicide Report

The following summarizes the FirstEnergy Corp. first 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	04-30-13 -	05-07-13 —	05-21-13 –	05-07-13 —
Date	05-01-13	05-08-13	05-22-13	05-08-13
Chemical Used ¹	1030 pounds ³	250 pounds ³	500 pounds ³	1062 pounds ³
Outfall 001	ND	ND	ND	ND
Concentration	ND	ND	שואו	שאו
Outfall 010	N/A ⁴	N/A ⁴	ND	ND
Concentration	IN/A	1977		ND
Detox Used ²	1771 pounds	1371 pounds	2128 pounds	2300 pounds
Outfall 001	6.4 mg/L	4.9 mg/L	7.3 mg/L	6.6 mg/L
Concentration ³	0.4 mg/L	4.5 mg/L	7.5 mg/L	0.0 mg/L
Outfall 010	N/A ⁴	N/A ⁴	17.2 mg/L	26.2 mg/L
Concentration ³	IN/A	19/74	17.2 HIY/L	20.2 IIIg/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 -

OMB No. 2040-0004

Page 1

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER 001A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNITS 1&2 COOLG TOWER BLWDN

External Outfall

No Discharge

		1	ONITO	RING F	PERIOD				
	MM/C	DD/Y	YY		MM/DD/YYYY				
FROM	05/	01/	2013	то [05/	31/	2013		

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAINMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.0	N/A	8.2	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	6 MINIMUM	(*************************************	9 MAXIMÜM	pН		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	CG	CG	mg/L	CG	CG / CG	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE :	N/A	N/A	N/A	N/A	<0.04	<0.04		0	4 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A		0 MO AVG	0 DAILY MX	mg/L		When Discharging	CŎMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30.5	44.1	MGD	N/A	N/A	N/A	N/A		DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req Mon. DAILY MX	Mgal/d	*****		*****	N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.12	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	.5 AVERAGE	1 25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02	<0.02	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	*****	.2 AVERAGE	.5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	CG	CG	mg/L	CG	CG / CG	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT		**************************************	N/A	*****	0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnet	IN ON FOR	TEI	LEPHONE	DATE
OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who, manage the system, or those persons directly responsible for gathering the information, be 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,	tanaldistavona one	724	682-7773	06/ 24/ 2013
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

The DT-1 daily maximum was 7.3 mg/L WMC 06/17/13

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

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

002A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Discharge

			N	IONITO	RING	PERIOD		
	1	VIM/E	D/YY	ΥΥ		MM/C	D/YY	ΥΥ
FROM		05/	01/	2013	то	05/	31/	2013

PARAMETER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAMILILA		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	0.046	MGD	N/A	N/A	N/A	N/A	•	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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 person 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, cluding the possibility of fine and imprisonment for knowing violations

724 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AREA Code** AUTHORIZED AGENT

TELEPHONE DATE 682-7773 06/ 24/ 2013 MM/DD/YYYY NUMBER

Form Approved OMB No. 2040-0004

Page 3

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615

003A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfall

No Discharge

[MONITORING PERIOD											
[MM/C	D/YY	/YY		MM/C	D/YY	ΥY						
FROM[05/	01/	2013	то [05/	31/	2013						

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAISMETER.		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.041	0.090	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon. DAILY MX	Mgal/d	*****			N/A		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 personate properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information. including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA Code

724 682-7773

NUMBER

TELEPHONE

06/ 24/ 2013 MM/DD/YYYY

DATE

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

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

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615

FROM

004A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

	N	IONITO	RING	PERIOD	
MM/C	DD/YY	ΥY		MM/DD/YYYY	No Discharge X
05/	01/	2013	TO	05/ 31/ 2013	No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 personnal		GL	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.	tonald) s	talen RDB	724	682-7773	06/ 24/ 2013
TYPED OR PRINTED	Including the passibility of fine and imprisonment for knowing violations.		AL EXECUTIVE OFFICER OR ZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615

0064

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Discharge

	MONITORING PERIOD											
[MM/C	D/YY	ΥY		MM/C	DOM	ΥY					
FROM	05/	01/	2013	то	05/	31/	2013					

PARAMETER		QUANTI	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. MO AVG	Req Mon. ** DAILY MX	Mgal/d		*****		N/A		Weekly	ESTIMA

OPERATIONS	information, and complet including the	ŀ
Richard D. Bologna, DIRECTOR OF SITE	properly gath persons who	m
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	direction or s	

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTRORIZED AGENT

TELEPHONE DATE 682-7773 06/ 24/ 2013 724 **AREA Code** NUMBER MM/DD/YYYY

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

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

007A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfall

No Discharg

	MONITO	RING	PERIOD
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/ 01/ 2013	то	05/ 31/ 2013

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARMINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	******		6 MINIMUM	*****	9 MAXIMUM	pН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d		######################################				Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5 MO AVG	1.25 INST MAX	mg/L	Pertinant P	Weekly	∜ GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		7. ************************************		******	.2 AVERAGE	.5: MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	It certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel.		FOR	TEL	_EPHONE	DATE
	properly gether 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.	Anald Soler	A RDB	724	682-7773	06/ 24/ 201
TYPED OR PRINTED	including the possibility of fine and Imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTI AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

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

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

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615

008A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Discharge

	MONITORING PERIOD											
	MM/I	DD/Y1	ΥY		MM/C	D/YY	ΎΥ					
ROM	05/	01/	2013	то	05/	31/	2013					

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
T A SAME LET		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		6 MINIMUM	******	9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****				30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT				*******	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	. GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	**************************************			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 724 682-7773 06/ 24/ 2013 AREA Code NUMBER MM/DD/YYYY

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS:

50064 1 0

Effluent Gross

FIRST ENERGY NUCLEAR OPERATING

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

FROM

010A

PERMIT NUMBER

MM/DD/YYYY

05/ 01/ 2013 TO

DISCHARGE NUMBER

AVERAGE

.5

MAXIMUM

MM/DD/YYYY

05/ 31/ 2013

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOLING WATER

External Outfall

No Discharge

Weekly

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	7.8	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*********	N/A	6 MINIMUM	******	9 MAXIMUM	pН		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	CG	CG	mg/L	CG	2 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	/ 14.0 (1.0 ************************************	0 MO AVG	0 INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.4	5.5	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon.	Req. Mon, DAILY MX	Mgal/d	*****	*****	******	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.05	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	東京会主義 1072年 4日公	*****		**************************************	.5 MO AVG	1.25 INST MAX	mg/L	250.457	Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.0	0.0	mg/L	0	1 / 7	GRAB

N/A

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		FOR	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 1 am aware that there are significant penalties for submitting false information.	Sonald Stale	na ROB	724	682-7773	06/ 24/ 2013
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXEC AUTHORIZED AG		AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments here)	The DT-1 dally maximum	was 26.2 mg/L V	VMC 06/17/	13	

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)

GRAB:

Form Approved OMB No. 2040-0004

Page 9

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615

011A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MA.IOR (SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Discharge

	MONITORING PERIOD											
	MM/DD/YYYY		MM/DD/YYYY									
FROM	05/ 01/ 2013	то	05/ 31/ 2013									

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

FOL

TELEPHONE DATE 724 682-7773 06/ 24/ 2013 **AREA Code** NUMBER MM/DD/YYYY

Form Approved OMB No 2040-0004

Page 10

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615

012A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Discharge

[MONITO	PERIOD	
- [MM/DD/YYYY		MM/DD/YYYY
FROM	05/ 01/ 2013	TO	05/ 31/ 2013

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.1	N/A	8.2	pН	0	3 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	6 MINIMUM	*****	9 MAXIMUM	pН		Once Per Month	GRĄB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0209	0.0294	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			, N/A		Req. Mon. MO AVG	Req. Mon. A DAILY MX	mg/L		Twice Per Month	GRAB-
Zinc, total (as Zn)	SAMPLE MEASUREMENT:	N/A	N/A	N/A	N/A	<0.1	0.1	mg/L	. 0	3 / 31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT		****	N/A		≈ 1.5 MO AVG	1'.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon: MO.AVG	Req. Mon. DAILY MX	Mgal/d		******	******	N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT		N/A	N/A	N/A	459	676	mg/L	0	3 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Reg Mon.	Req. Mon. DAILY MX	mg/L		Twice Per/// Month	GRAB

	Richard D. Bologna, DIRECTOR OF SITE
İ	OPERATIONS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 06/ 24/ 2013 682-7773 MM/DD/YYYY **AREA Code** NUMBER

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 11

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

50050 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

Reg. Mon.

DAILY MX

FROM

MM/DD/YYYY

05/ 01/ 2013 TO

013A

DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2013

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

N/A

OUTFALL 013

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
MONETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	. 1		
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.0	N/A	8.9	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 / 31	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.0101	0.0102	N/A	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	# 1	**************************************	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 / 31	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	All the second	Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST

Maal/d

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 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.

Reg. Mon.:

MO AVG

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 06/ 24/ 2013 AREA Code NUMBER MM/DD/YYYY

Twice Per

Month

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.

PERMIT

REQUIREMENT

ESTIMA

Form Approved OMB No 2040-0004

Page 12

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOI OGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER 101A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Discharge

MONITORING PERIOD										
MM/D	D/YY	YΥ		DD/YY	ΥY					
05/	01/	2013	то	05/	31/	2013				
		MM/DD/YY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY MM/E	MM/DD/YYYY MM/DD/YY				

PARAMETER	**************************************	QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAIMILLER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.3	N/A	7.8	pН	0	8 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	美国大学	N/A	6 MINIMUM	*****	9 MAXIMUM	pН	70000	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	1 / 7	2 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	Z. ************************************	*****	N/A	******	30 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		*****	N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	∰.GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	CG	CG	mg/L	CG	CG / CG	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	*******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.019	0.036	MGD	N/A	N/A	N/A	N/A	-	DAILY	GRAB
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	CG	CG	mg/L	CG	CG / CG	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A		Reg. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		For	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,	di	Salera ROB	724	682-7773	06/ 24/ 2013
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	· / \	CIPAL EXECUTIVE OFFICER OR PRIZED 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

102A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Discharge

[MONITORING PERIOD										
[MM/DD/YYYY		MM/DD/YYYY								
FROM[05/ 01/ 2013	TO	05/ 31/ 2013								

PARAMETER	54-5-	QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAVAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.2	N/A	7.8	рН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	6 MINIMUM		9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	, N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgai/d				N/A		Twice Per Month	ĖSTIMA

TYPED OR PRINTED	including the
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS	property gat persons who information, and complete
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	direction or

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

TELEPHONE FOR 724 682-7773 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AREA Code** NUMBER AUTNORIZED AGENT

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.

DATE

MM/DD/YYYY

06/ 24/ 2013

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

50050 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

Reg. Mon.

DAILY MX

FROM

Req: Mon.

MO AVG

MM/DD/YYYY

05/ 01/ 2013

103A

MONITORING PERIOD

TO

DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2013

DMR MAILING ZIP CODE: 150770004

Twice Per

Month

ESTIMA

MA.IOR (SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

N/A

No Discharge

PARAMETER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.3	N/A	7.4	рН	0	3 / 31	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	<4	5	mg/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST

Mgal/d

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 personn 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

RINCIPAL EXECUTIVE OFFICER OR SIGNATURE OF AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 06/ 24/ 2013 MM/DD/YYYY **AREA Code** NUMBER

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.

PERMIT

REQUIREMENT

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 15

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

Effluent Gross

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

DAILY MX

FROM

MM/DD/YYYY

05/ 01/ 2013

111A

MM/DD/YYYY

05/ 31/ 2013

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Discharge

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE TYPE
FAIGHEILI		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			1
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.8	N/A	7.5	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	6 MINIMUM		9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<6	10	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Period :	N/A		30 MO AVG	100 DAILY MX	mg/L	legateri Marier	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
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	PERMIT	Req Mon	Req. Mon.		Andrew Address	*****	*****	N/A	71. 3.4.5 75. 37.3.13	Weekly	FSTIMA

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 personn properly gather and evaluate the information submitted. Based on my inquiry of the person of 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 bekef, true, accura and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations

«MO AVĞ∞

REQUIREMENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

FOR

TELEPHONE DATE 724 682-7773 06/ 24/ 2013 AREA Code MM/DD/YYYY NUMBER

Weekly

ESTIMA

Form Approved OMB No 2040-0004

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

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

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

		N	ONITO	RING	PERIOD					
[MM/E	DD/YY	ſΥΥ		MM/DD/YYYY					
FROM	05/	01/	2013	TO	05/	31/	2013			
				. •						

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAIMILILIT		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	******			6	*****	9 44		1.000	Twice Per	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	pН		Month	GRAD
Solids, total suspended	SAMPLE										
Conds, total duoponded	MEASUREMENT										<u> </u>
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******			家童安徽香食	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u></u>	A STAND AVO ACT	THE TENTON OF	I IIIg/L	<u> </u>	o, es- monas es-	**************************************
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					3 A S A S A S A S A S A S A S A S A S A	300000000000000000000000000000000000000			Sept. 1866. 1. (1975. 1975. 1975. 1975. 1975. 1975. 1975. 1975. 1975. 1975. 1975. 1975. 1975. 1975. 1975. 1975	200000000000000000000000000000000000000
50060 1 0	PERMIT	*****	10 10 ****** 1 2 1 10 *** - 10 1 5 10 10 10 10 10 10		**************************************	753 1.4 (c)	3.3			Twice Per Month	GRAB
Effluent Gross	REQUIREMENT					MO AVG	INST MAX	mg/L		Month	GIAD
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1	PERMIT	10 XX XX XX XX XX	**************************************		*****	200	*****			Twice Per	GRAB
Effluent Gross	REQUIREMENT					MO GEOMN		#/100mL		Month	
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT		1								
80082 1 0	PERMIT	*****			*****	25	50	 	1111730	Twice Per	COMP-8
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		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		FOR	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 talse information,	and Dolera	ROB	724	682-7773	06/ 24/ 2013
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFF AUTHORIZED AGENT	ICER OR	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 17

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER 203A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05) MAIN SEWAGE TMT PLANT

Internal Outfall

Γ		ħ	ONITO	RING F	PERIOD		
	MM/E	DD/YY	/YY		MM/C	D/YY	ΥY
FROM	05/	01/	2013	ТО [05/	31/	2013

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
T AISSINETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT							-			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******			6 MINIMUM	****** *******************************	9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		<u></u>					•			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	・ 東京市会会		******	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			"							
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.023 MO AVG	Req. Mon DAILY MX	Mgal/d					Professional Professional Professional	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	Security Sec	Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			******	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel.		GA	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.		Salera 10B	724	682-7773	06/ 24/ 2013
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	- 1	RINCIPAL EXECUTIVE OFFICER OR UTHORIZED 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 18

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER 211A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

211 TURBINE BLDG Internal Outfall

No Discharge

		l l	ONITO	RING	PERIOD		
	MM/E	ייאסמ	YY		MM/E	D/YY	ΥY
FROM	05/	01/	2013	то	05/	31/	2013

PARAMETER		QUANTITY OR LOADING			C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
AVAILLEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.0	N/A	7.7	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	******	N/A	6 MINIMUM	******	9 MUMIXAM	pН		Weekly	GRAB 🎉
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<7	13	mg/L	0	5 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<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
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A		-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgai/d				N/A		Weekly	ESTIMA

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 682-7773 06/ 24/ 2013 724 MM/DD/YYYY AREA Code NUMBER

Form Approved OMB No. 2040-0004

Page 19

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615

213A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR. (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No Discharge

[MONITORING PERIOD											
[MM/C	DOM	ſΥΥ		MM/C	DIYY	ΥY					
FROM[05/	01/	2013	то	05/	31/	2013					

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
T ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	****									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		6 MINIMUM		9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	<u> </u>	· / · · · · · · · · · · · · · · · · · ·						-		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*******		******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		******	15 MO AVG	20°, DAILY MX	mg/L	12827 (129°C)	Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon. DAILY MX	Mgal/d		*****				Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		*****			.5 MO AVG	1-25 INST MAX	mg/L	0.25 A 15	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 personn 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 informati including the possibility of fine and imprisonment for knowing violations

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTRORIZED AGENT

TELEPHONE DATE 724 682-7773 06/ 24/ 2013 AREA Code MM/DD/YYYY NUMBER

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: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

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

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

TELEPHONE

682-7773

NUMBER

724

AREA Code

No Discharge

Γ	MONITORING PERIOD											
	MM/DD/YYYY				MM/C	D/YY	ΥY					
FROM	05/	01/	2013	то	05/	31/	2013					

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TANSMETER		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 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	. N/A	<5	<5	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB 🛠
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon: MO AVG	Req: Mon DAILY MX	Mgal/d		******	##*** 	N/A		Weekly	EŜTIMA."

Richard D. Bologna, DIRECTOR OF SITE OPERATIONS	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified 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 penaltics for submitting false information. Cincluding the possibility of fine and imprisonment for knowing violations.	
TYPED OR PRINTED	including the possibility of line and imprisorment for knowing violations.	AUTHORIZED AGENT

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

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

Page 1

DATE

MM/DD/YYYY

06/ 24/ 2013

Page 21

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

303A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

No Discharge

l.	MONITORING PERIOD									
Г	MM/	NQC	YYY		MM/DD/YYYY					
FROM	05/	01/	2013	то	05/	31/	2013			
				_						

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.7	N/A	6.9	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	<5	9	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	<6	8	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.019	0.056	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Reg. Mon. DAILY MX	Mgal/d	******		******	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER									
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 folse information. including the possibility of fine and imprisonment for knowing violations.

724 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER AUTAORIZED AGENT

TELEPHONE DATE 682-7773 06/ 24/ 2013 MM/DD/YYYY

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

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

Form Approved OMB No 2040-0004

Page 22

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

NAME:

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 313A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Discharge

[MONITORING PERIOD											
	MM/DD/YYYY		MM/C	D/YY	ΥΥ							
FROM	05/ 01/ 20	13 TO	05/	31/	2013							

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
T ANAMETER	TAISIIETEN		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.0	N/A	8.9	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		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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 informat including the possibility of fine and imprisonment for knowing violations

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 06/ 24/ 2013 AREA Code MM/DD/YYYY NUMBER

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 23

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

50050 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

MM/DD/YYYY

Rea. Mon.

DAILY MX

05/ 01/ 2013

FROM

401A

MM/DD/ÝYYY

05/ 31/ 2013

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

N/A

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PANAMETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.8	N/A	9.0	pН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		****** *******	N/A	6 MINIMUM		Req: Mon. MAXIMUM	pН	Company Services	Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	******	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		And the Section of the	N/A	*****	15 MO AVG	20 DAILY MX	mg/L	4901	Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE	<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 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

Reg. Mon.

MO AVG

724 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code AUTHORIZED AGENT

TELEPHONE DATE 682-7773 06/ 24/ 2013 NUMBER MM/DD/YYYY

Weekly

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

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

MEASUREMENT

PERMIT

REQUIREMENT

ESTIMA

Form Approved OMB No 2040-0004

Page 24

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

403A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVE WAT

Internal Outfall

No Discharge

	MONITORING PERIOD											
[MM/E	DD/YY	/YY		MM/C	רא/סג	YY					
FROM[05/	01/	2013	TO	05/	31/	2013					

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAVAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		!	
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	******		6 MINIMUM	******	9 MAXIMUM	pН		Weekly	GRAB**
Solids, total suspended	SAMPLE MEASUREMENT						<u> </u>				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT					<u></u>			54, 74		
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		***************************************			15 MO AVG	20 DAILY MX	mg/L	######################################	Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT		******			Req. Mon MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	- GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT				******	∳∂0 MO AVG	0 DAILY-MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req/Mon. DAILY MX	Mgai/d	**************************************				2.4	Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5, MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB

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 nformation, the information submitted is, to the best of my knowledge and belief, true, accura and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

PRINCIPAL EXECUTIVE OFFICER OR SIGNATURE OF AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 06/ 24/ 2013 AREA Code NUMBER MM/DD/YYYY

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

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

MG/L. (THE LIMIT IS 35

Form Approved OMB No 2040-0004

Page 25

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER 403A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharge

	MONITORING PERIOD										
	MM/C	D/Y\	YY		MM/DD/YYYY						
FROM	05/	01/	2013	TO	05/ 31/ 2013						

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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 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.

RINCIPAL EXECUTIVE OFFICER OR SIGNATURE OF AUTHORIZED AGENT

682-7773 724 AREA Code NUMBER

TELEPHONE

06/ 24/ 2013 MM/DD/YYYY

DATE

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

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

MG/L. (THE LIMIT IS 35

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

Page 2

MONITORING PERIOD

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: 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

05/ 01/ 2013

413A DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2013

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BULK FUEL STORAGE DRAIN

Internal Outfall

No Discharge

PARAMETER		QUANTITY 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		N/A		рН			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	· ***** · 系源 金、 · · · · · · · · · · · · · · · · · · ·		N/A	6 MINIMUM		9 MAXIMUM	рН	771 425	Weekly	." GRAB.
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A				mg/L			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A			mg/L			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			MGD				N/A			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Richard D. Bologna, DIRECTOR OF SITE OPERATIONS	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified 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,
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.

TELEPHONE DATE 724 682-7773 06/ 24/ 2013 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR NUMBER AREA Code MM/DD/YYYY AUTHORIZED AGENT

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

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

Form Approved OMB No 2040-0004

Page 27

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

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

05/ 01/ 2013

501A

MM/DD/YYYY

05/ 31/ 2013

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BI WOWN FILT BW

Internal Outfall

No Discharge	X
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PARAMETER	Â	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	***********	*****		******	30 MO AVG	100 DAILY MX	mg/L		Weekly	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	******				1047614	Weekly	ESTIMA

MONITORING PERIOD

TO

	direction or supervision in acco		
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the persons who manage the syste information, the information sul and complete. I am aware that including the possibility of fine a		
	including the possibility of file a		

TYPED OR PRINTED

hat this document and all attachments were prepared under my ordance with a system designed to assure that qualified personne the information submitted. Based on my inquiry of the person or iem, or those persons directly responsible for gathering the abmitted is, to the best of my knowledge and belief, true, accurate at there are significant penalties for submitting false information. and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 06/ 24/ 2013 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.