

June 19, 2014 L-14-219

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 2014 NPDES Discharge Monitoring Report (DMR) for FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station, in accordance with the requirements of the Permit. Attachment 1 to this letter is supplemental monitoring data for Outfall 001 (dissolved oxygen).

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

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

IE25 NRR Beaver Valley Power Station, Unit Nos. 1 and 2 L-14-219 Page 2

Attachment(s):

1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001

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

## FOR INTERNAL DISTRIBUTION USE ONLY

## Internal Distribution of Letter L-14-219

- D. J. Salera w\out attachments
- S. F. Brown (A-GO-13)
- D. K. Sullivan w\out attachments
- D. J. Weber (A-GO-18)
- D. C. Bluedorn (BCCZ)

Environmental File

Central File: Keyword - DMR

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-14-219 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
5/5/2014	0900	6	mg/L
5/12/2014	0930	7	mg/L
5/19/2014	0930	6	mg/L
5/27/2014	0850	8	mg/L

- Attachment 1 END -

REGULATORY C	ORRESPO	NDENCE REVIEW FO	ORM						
NOP-LP-4007-01 Rev. 01			P	age <u>1</u> o f <u>2</u>	2				
(1) LETTER NUMBER: L-14-219	(2) LETTER SU Monitoring F	JBJECT: Beaver Valley Power Sta Report	ation NPDES Permit N	o. PA002561	5 Discharge				
(3) SUBMITTAL DUE:	(4) PREPARER	4) PREPARER / PHONE NO.: (5) LICENSING BASIS DOCUMENT REVIEW COMPLETED: ☐ YES ☒ N//							
06/28/14	W.M.Cress/724	M.Cress/724 682 4218 CHANGE REQUIRED: ☐ YES ☒ NO							
(6) POSTING REQUIRED		DRY COMMITMENTS	(8) OATH OR AFFIR	RMATION RE	QUIRED				
BY 10CFR19.11 ☐ YES ☑ NO		D IN SUBMITTAL? ☐ YES   ☑ NO	] <sub>_</sub>	]YES ⊠	NO				
(9) PREPARER COMMENTS	L		L	JIEO EN	INC				
The Discharge Monitoring (DEP) per NPDES Permit No regulations and the Permit) a     The report receipt at PA D	g Report (DMR) is b. PA0025615. A and the US NRC ( DEP due date is th	required to be sent to the Pennsy copy of the letter and the reports (current expectation of the NRC).	are forwarded to the U	JS EPA (also					
knowledge, the submittal is from the submittal such that level of review provided by	e review is comp s accurate and co at the reader cou their respective cceptance of resp	MANAGEMENT REVIEW blete in accordance with NOP-Li complete, and no significant info uld be misled. Management revi e organization is acceptable. Wh ponsibility for commitment com	ormation has been pr iewers' signatures al nere commitment ow	resented in o Iso indicate t	r excluded hat the				
Print Or Type Name & Organization	Commitment Number for Ownership	Signature	Date	No Comments	Comments Provided				
Preparer W.M.Cress	N/A	WMCress	6/16/14	N/A	N/A				
Peer Reviewer C.J. Weaver	N/A	111.	1.116/14	Ø					
R.R. Winters	N/A	Robert R Whaters	- 6/17/14	Ø.					
_									
		<u> </u>							
(11) RECOMMENDATION FOR	SIGNATURE     Commitment	<u> </u>			<u> </u>				
Print or Type Name	Number for Ownership	Signature	Date	No Comments	Comments Provided				
Donald J. Salera	N/A	Honold Heller	a 6-20-14	Æ					
(12) REVIEWER COMMENTS –	NO RESPONSE RE	EQUIRED (Provide comments requirin	ng response on Form NO	P-LP-4007-03):					

REGULA	TORY CORRESPONDENCE REVIEW FORM - INSTRUCTIONS
NOP-LP-4007-01	Rev. 01
TITLE BLOCK	Page 2 of 2 Prior to forwarding for review, Preparer enters page information as indicated.
BLOCK 1	LETTER NUMBER - Preparer enters sequential number.
BLOCK 2	LETTER SUBJECT – Preparer enters the subject of the correspondence.
BLOCK 3	SUBMITTAL DUE – Preparer enters the date the correspondence is due.
BLOCK 4	PREPARER / PHONE NO. – Enter the name of the preparer of the correspondence.
BLOCK 5	LICENSING BASIS DOCUMENT REVIEW COMPLETED – Preparer indicates whether the licensing basis review was completed (YES or N/A) and whether a licensing basis change is required (YES or NO). (See NOP-LP-4007 Section 4.1.9)
BLOCK 6	POSTING REQUIRED BY 10 CFR 19.11 – Preparer indicates whether correspondence to the NRC is required to be posted per the requirements of 10 CFR 19.11.
BLOCK 7	REGULATORY COMMITMENTS CONTAINED IN SUBMITTAL – Preparer indicates whether Regulatory Commitments are contained in the correspondence.
BLOCK 8	OATH OR AFFIRMATION REQUIRED – Preparer indicates the need for an oath or affirmation statement.
BLOCK 9	PREPARER COMMENTS, SPECIAL INSTRUCTIONS – Preparer enters any desired additional remarks or instructions regarding the subject correspondence.
BLOCK 10	LICENSING, TECHNICAL STAFF AND MANAGEMENT REVIEW — Preparer identifies the desired reviewers and their organization. Reviewers should include organizations that provided input to the correspondence, organizations potentially affected by regulatory decisions, and other knowledgeable technical organizations. If correspondence includes Regulatory Commitments, preparer identifies manager-level commitment owners and lists the commitment numbers.
	Reviewers sign and date the appropriate fields, and indicate whether or not comments are provided. Signature indicates that, to the best of the reviewer's knowledge, the submittal is accurate and complete, and that no significant information has been presented in or excluded from the submittal such that the reader could be misled. Management reviewers' signatures also indicate that the level of review provided by their respective organization is acceptable. For reviewers with identified commitments, signature indicates acceptance of responsibility for commitment completion, and will result in assignment of the commitment to that organization.
BLOCK 11	RECOMMENDATION FOR SIGNATURE – The appropriate Fleet Licensing or Regulatory Compliance Manager determines whether the correspondence has received an adequate review and is therefore recommended for final signature and release, signs and dates where appropriate, and indicates whether comments are provided. Additional reviews for signature recommendation may be obtained at management discretion.
BLOCK 12	<b>REVIEWER COMMENTS – NO RESPONSE REQUIRED</b> - Reviewers provide any comments that do not require response from preparer. Comments requiring documented response must be provided on a REGULATORY DOCUMENTATION COMMENT FORM (Form NOP-LP-4007-03).

## REGULATORY CORRESPONDENCE CHECKLIST

NOP-LP-4007-02 Rev. 01

Page 1 of 2

Letter Number: L-14-219

The reviewers of this correspondence signify the review of the items on the checklist by placing initials in the boxes below. As necessary, explain deviations, exceptions and non-applicable items in the Comments sections provided.

A. P	eer Review:	
No.	Item Checked	Initials
1.	Correct organizations are listed on the review and routing forms, including organizations providing statements of fact.	Con
2.	References to Codes and Standards are accurate and in sufficient detail.	N/A
3.	Subject line of an NRC cover letter references the NRC TAC number, if applicable.	N/A
4.	The letter number has been entered on the letter and subsequent pages.	CSW
5.	Format and presentation are consistent with NORM-LP-4003 and any deviations justified.	CVW
6.	Pages containing information pursuant to 10 CFR 2.390 are appropriately marked.	N/A
7.	Oath or affirmation (if required) - unsworn declaration is present.	N/A
8.	Dates are correct and consistent throughout the submittal.	שעונים
9.	Grammar, spelling and editorial presentation have been verified to be correct.	CVW
10.	All applicable parts of the submittal are present (e.g. letter, enclosures, attachments, affidavits).	Csw
11.	If Regulatory Commitments are included in NRC correspondence, the regulatory commitments are restated on an attachment (Regulatory Commitment List) to the submittal and identified for ownership on the Regulatory Correspondence Review Form (NOP-LP-4007-01). If no regulatory commitments are included in the correspondence, a statement to that effect is provided in the correspondence.	N/A
12.	The letter content is factually complete, is presented logically and supports conclusions reached.	CUW
13.	Enclosures and attachments are appropriately identified and contain all the necessary information to support conclusion of the submittal without the need to obtain other reference material.	·
14.	If action is requested of the NRC, the requested action date has been included with appropriate justification.	N/A
15.	If the letter is in response to NRC requests, there is a clear tie between each question/request and the associated response, and each question/request is completely and clearly answered in the response.	N/A
16.	References listed have been reviewed, are available, and support the information contained in the correspondence.	Cow
17.	Statements of fact have been verified to be accurate.	CVW
18.	Actions stated as being complete have been verified to be complete.	CUW
19.	Submittal does not contain information that has a material effect on information previously submitted to the NRC in response to a Notice of Violation or other enforcement action (e.g., Davis-Besse head event) or may significantly affect the NRC's understanding of plant activities. If it does, expedited communication paths with the NRC have been determined.	N/A
Revie	w Performed By (Print Name): CHARLES WEAVER Date: 6-16-14	:

Review Performed By (Print Name):	CHARLES	WKAVKA	Date: (	0-16-14	
Comments:					

This letter is the Monthly Submittal of the Discharge Monitoring Reports to the PA Department of Environmental Protection.

# REGULATORY CORRESPONDENCE CHECKLIST

NOP-LP-4007-02 Rev. 01

Page 2 of 2

RC	ognizant Manager Review (Final Submittal Review Prior to Signature Authority):	
No.	Item Checked	Initials
1.	Comments obtained during the review cycle have been resolved and incorporated within the applicable	h To
1.	sections of the submittal. The submittal remains factual and complete.	405
2.	Review signatures, or equivalent, have been obtained on Correspondence Review Forms (NOP-LP-4007-01).	QJ5
3.	The correspondence has been reviewed for regulatory commitments, licensing positions, prudency, appropriate wording, and potential regulatory impact.	STO
4.	If the letter is in response to NRC questions or requests, there is a clear and complete response to each question or request and all questions have been satisfactorily addressed.	N/A
Revie	w Performed By (Print Name): DONALD J SALEYM Date: 620-14	
	nents: This letter is the Monthly Submittal of the Discharge Monitoring Reports to the PA Department of	
Enviro	nmental Protection.	
ı		
C. R	esponsible Organization Review (Administrative Support Follow-up):	
No.	Item Checked	Initials
	Date is on the letter and the letter has been put on the appropriate company letterhead.	\$KP
1.	Submittal cover letter is signed correctly.	3KP
2.	Oublinual cover letter is signed correctly.	1 0 / 1
3.		
	Oath or Affirmation (if required) – unsworn declaration is present. If a notarized statement is requested	N/A
4.	by the signature authority, the statement page is signed and notarized.	
	by the signature authority, the statement page is signed and notarized.  When appropriate, initial notification and copy of submittal has been provided to the NRC via electronic	N/A N/A
5.	by the signature authority, the statement page is signed and notarized.  When appropriate, initial notification and copy of submittal has been provided to the NRC via electronic mail.	
	by the signature authority, the statement page is signed and notarized.  When appropriate, initial notification and copy of submittal has been provided to the NRC via electronic	N/A
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6.	by the signature authority, the statement page is signed and notarized.  When appropriate, initial notification and copy of submittal has been provided to the NRC via electronic mail.  Submittal has been mailed, or provided electronically (in accordance with NRC guidance on electronic submittals) to all appropriate recipients, with appropriate enclosures, attachments, etc.  Internal FENOC distribution is complete.	N/A JKP JKP
_	by the signature authority, the statement page is signed and notarized.  When appropriate, initial notification and copy of submittal has been provided to the NRC via electronic mail.  Submittal has been mailed, or provided electronically (in accordance with NRC guidance on electronic submittals) to all appropriate recipients, with appropriate enclosures, attachments, etc.  Internal FENOC distribution is complete.  Regulatory Commitments have been documented in accordance with FENOC commitment	N/A
6. 7.	by the signature authority, the statement page is signed and notarized.  When appropriate, initial notification and copy of submittal has been provided to the NRC via electronic mail.  Submittal has been mailed, or provided electronically (in accordance with NRC guidance on electronic submittals) to all appropriate recipients, with appropriate enclosures, attachments, etc.  Internal FENOC distribution is complete.  Regulatory Commitments have been documented in accordance with FENOC commitment management procedures.	N/A SKP SKP N/A
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6. 7. 8.	by the signature authority, the statement page is signed and notarized.  When appropriate, initial notification and copy of submittal has been provided to the NRC via electronic mail.  Submittal has been mailed, or provided electronically (in accordance with NRC guidance on electronic submittals) to all appropriate recipients, with appropriate enclosures, attachments, etc.  Internal FENOC distribution is complete.  Regulatory Commitments have been documented in accordance with FENOC commitment management procedures.  Additional FENOC actions have been documented, as necessary, in appropriate activity tracking systems.	N/A  SKP  N/A  N/A
6. 7.	by the signature authority, the statement page is signed and notarized.  When appropriate, initial notification and copy of submittal has been provided to the NRC via electronic mail.  Submittal has been mailed, or provided electronically (in accordance with NRC guidance on electronic submittals) to all appropriate recipients, with appropriate enclosures, attachments, etc.  Internal FENOC distribution is complete.  Regulatory Commitments have been documented in accordance with FENOC commitment management procedures.  Additional FENOC actions have been documented, as necessary, in appropriate activity tracking systems.  Correspondence documentation package is complete, and ready for future referral.	N/A SKP SKP N/A
6. 7. 8. 9.	by the signature authority, the statement page is signed and notarized.  When appropriate, initial notification and copy of submittal has been provided to the NRC via electronic mail.  Submittal has been mailed, or provided electronically (in accordance with NRC guidance on electronic submittals) to all appropriate recipients, with appropriate enclosures, attachments, etc.  Internal FENOC distribution is complete.  Regulatory Commitments have been documented in accordance with FENOC commitment management procedures.  Additional FENOC actions have been documented, as necessary, in appropriate activity tracking systems.  Correspondence documentation package is complete, and ready for future referral.	N/A  SKP  N/A  N/A
6. 7. 8. 9.	by the signature authority, the statement page is signed and notarized.  When appropriate, initial notification and copy of submittal has been provided to the NRC via electronic mail.  Submittal has been mailed, or provided electronically (in accordance with NRC guidance on electronic submittals) to all appropriate recipients, with appropriate enclosures, attachments, etc.  Internal FENOC distribution is complete.  Regulatory Commitments have been documented in accordance with FENOC commitment management procedures.  Additional FENOC actions have been documented, as necessary, in appropriate activity tracking systems.  Correspondence documentation package is complete, and ready for future referral.	N/A  SKP  N/A  N/A
6. 7. 8. 9. Revie	by the signature authority, the statement page is signed and notarized.  When appropriate, initial notification and copy of submittal has been provided to the NRC via electronic mail.  Submittal has been mailed, or provided electronically (in accordance with NRC guidance on electronic submittals) to all appropriate recipients, with appropriate enclosures, attachments, etc.  Internal FENOC distribution is complete.  Regulatory Commitments have been documented in accordance with FENOC commitment management procedures.  Additional FENOC actions have been documented, as necessary, in appropriate activity tracking systems.  Correspondence documentation package is complete, and ready for future referral.  W Performed By (Print Name): Lynn K-Petrun  Date: 6-24-14  The performed By (Print Name): Date: 6-24-14	N/A  SKP  N/A  N/A
6. 7. 8. 9. Revie	by the signature authority, the statement page is signed and notarized.  When appropriate, initial notification and copy of submittal has been provided to the NRC via electronic mail.  Submittal has been mailed, or provided electronically (in accordance with NRC guidance on electronic submittals) to all appropriate recipients, with appropriate enclosures, attachments, etc.  Internal FENOC distribution is complete.  Regulatory Commitments have been documented in accordance with FENOC commitment management procedures.  Additional FENOC actions have been documented, as necessary, in appropriate activity tracking systems.  Correspondence documentation package is complete, and ready for future referral.	N/A  SKP  N/A  N/A
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6. 7. 8. 9. Revie	by the signature authority, the statement page is signed and notarized.  When appropriate, initial notification and copy of submittal has been provided to the NRC via electronic mail.  Submittal has been mailed, or provided electronically (in accordance with NRC guidance on electronic submittals) to all appropriate recipients, with appropriate enclosures, attachments, etc.  Internal FENOC distribution is complete.  Regulatory Commitments have been documented in accordance with FENOC commitment management procedures.  Additional FENOC actions have been documented, as necessary, in appropriate activity tracking systems.  Correspondence documentation package is complete, and ready for future referral.  W Performed By (Print Name): Lynn K-Petrun  Date: 6-24-14  The performed By (Print Name): Date: 6-24-14	N/A  SKP  N/A  N/A

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

FACILITY: LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

05/ 01/ 2014 TO

001A

MM/DD/YYYY

05/ 31/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNITS 1&2 COOLG. TOWER BLWON

External Outfall

No Discharge

PARAMETER		QUANTI	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	7.9	N/A	8.2	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	<b>****</b>	******	N/A	6 MINIMUM	4.2	9 MAXIMUM	pН	The second of th	Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.258	0.315	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		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG		GG	GG / GG	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	7 34 1 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0 MO,AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	26.6	41.3	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon.	Req. Mon DAILY MX	Mgal/d	*****	******	<b>*******</b>	N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.10	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A		5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.1	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	2.2 AVERAGE	5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.00241	<0.00241	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 REINTED

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

682-7773 06/ 19/ 2014 NUMBER MM/DD/YYYY

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

Beaver Valley was in wet layup during the first two weeks of May.WMC 6-11-14

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.

DATE

Form Approved OMB No. 2040-0004

Page 2

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

002A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfail

No Discharge

[	MONITORING PERIOD								
	MM/C	DD/YY	ΥY		MM/C	D/YY	ΥΥ		
FROM[	05/	01/	2014	то [	05/	31/	2014		

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER						
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, 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

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

DATE

MM/DD/YYYY

06/ 19/ 2014

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 PERMIT NUMBER

003A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfall

No Discharge

	MONITORING PERIOD							
	MM/DD/YYYY				MM/DD/YYYY			
FROM	05/	01/	2014	то	05/	31/	2014	
_								

PARAMETER		QUANTITY 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	0.012	0.018	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 PRINCIP	AL EXECUTIVE OFFICER
Richard D. Bologna, OPERATIONS	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 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 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 06/ 19/ 2014 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA Code NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 4

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

NAME: ADDRESS:

FACILITY:

FIRST ENERGY NUCLEAR OPERATING

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

004A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Discharge

			MONITO	ORING PERIOD						
	MM/C	ראסכ	<b>Y</b>		MM/C	יאסכ	ΥΫ́			
FROM	05/	01/	2014	то [	05/	31/	2014			

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE TYPE
PANAMETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
DH	SAMPLE			N/A							
	MEASUREMENT										
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	******	2	*****	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

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, including the possibility of fine and imprisonment for knowing violations.
TYPED OR PRINTED	Including the possibility of tine and imprisonment for knowing violations,

SIGNATURE OF PRINCIPAL PROCUTIVE OFFICER OR AUTHORIZED AGENT

724 682-7773 06/ 19/ 2014 AREA Code NUMBER MM/DD/YYYY

TELEPHONE

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

DATE

Form Approved OMB No. 2040-0004

Page 5

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

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

FROM

MM/DD/YYYY

05/ 01/ 2014

006A

MM/DD/YYYY

05/ 31/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Discharge

PARAMETER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(Alvalle) Elv		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	MGD	N/A	N/A	N/A	N/A	•	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon. ** DAILY MX	Mgal/d	*****	******	*****	N/A		Weekly	/ ESTIMA

MONITORING PERIOD

TO

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 06/ 19/ 2014 AREA Code NUMBER MM/DD/YYYY

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 6

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/ 2014 **TO** 

007A DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfail

PARAMETER	ER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	1	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		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		*******		******	.2 AVERAGE	5 MAXIMUM	mg/L		Weekly	ĠŖĀB

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.

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

TELEPHONE DATE 724 682-7773 06/ 19/ 2014 **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.

Form Approved OMB No. 2040-0004

Page 7

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

008A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Discharge

MM/DD/YY					
ן אומטעאואון א	YY ]		MM/E	<b>Mac</b>	ΥY
FROM 05/ 01/	2014	то	05/	31/	2014

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
COMPLEX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			1
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		6 MINIMUM	******	9 MAXIMUM	рН		Twice Per	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	Reg. Mon. MO AVG	Req Mon DAILY MX	Mgal/d	******		*****	N/A	Q 17.46	Weekly	ESTIMA

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 talse information, including the possibility of fine and imprisonment for knowing violations.
TYPED OF PRINTED	iniciading the possibility of this and imprisonness for knowing violations.

TELEPHONE DATE 06/ 19/ 2014 724 682-7773 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

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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 PERMIT NUMBER

010A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOLING WATER

External Outfall

No Discharge

		ħ	MONITO	RING	PERIOD			
Γ	MM/C	Mac	YY		MM/DD/YYYY			
FROM	05/	01/	2014	то	05/	31/	2014	

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LAMMETER		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
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG / GG	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	7.9	17.3	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	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1	0.10	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT				######################################	MO AVG	1:25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1	0.1	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	<b>有效的效用</b> 。	.2 AVERAGE	5. MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1/7	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,	LAHARIN	724	682-7773	06/ 19/ 2014
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXPOUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved OMB No. 2040-0004

Page 9

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

011A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**DIESEL GEN & TURBINE DRAINS** 

External Outfall

No Discharge

[		N	NONITO	RING	PERIOD			
Į.	MM/E	D/Y	ΥΥ		MM/DD/YYYY			
FROM[	05/	01/	2014	то [	05/	31/	2014	

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAINMETER		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. Man. 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 personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 06/ 19/ 2014 **AREA Code** NUMBER MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

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

Page 10

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

012A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 05/ 31/ 2014 05/ 01/ 2014 TO

DMR MAILING ZIP CODE: 150770004

.MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1 AMILIET		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.5	N/A	8.5	pН	0	1 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5.7.7.5.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7	*****	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	0.0356	0.0357	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT		10 10 10 10 10 10 10 10 10 10 10 10 10 1	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	0.2	0.3	mg/L	0	2 / 31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT		*******	N/A	*****	1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per / Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	<b>常会会</b> 教育		N/A		Once Per Month	ESTIMA. ≪
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	432	504	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	####### 	****** *******************************	N/A	京宗宗等表表	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	- GRAB

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

TELEPHONE DATE 724 682-7773 06/ 19/ 2014 **AREA Code** NUMBER MM/DD/YYYY

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 11

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: 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

FROM

MM/DD/YYYY

05/ 01/ 2014 TO

013A DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

N/A

N/A

N/A

**OUTFALL 013** External Outfall

No Discharge

2 / 31

Twice Per

Month

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.1	N/A	8.3	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	20 10 10 10 10 10 10 10 10 10 10 10 10 10	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	<0.01	<0.01	N/A	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	A STATE OF THE STA	******	N/A	*****	Reg. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	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	(2) 有表有意味的。 (2)	Req: Mon.	Req. Mon.	ma/L	74 X 18	Twice Per	COMP24

MGD

Mgal/d

N/A

N/A

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	- 0//	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 befief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	10010	724 د	682-7773	06/ 19/ 2014
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

SAMPLE

**MEASUREMENT** 

PERMIT

REQUIREMENT

0.002

,Req. Mon.

MO AVG

**EST** 

ESTIMA

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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 PA ROUTE 168 LOCATION:

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

05/ 01/ 2014 TO

101A

MM/DD/YYYY

05/ 31/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Discharge

DADAMETED		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******		6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB,∉
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	-	*****	30 MOAVG	100 DAILY MX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****** 2	*****		*****	Req. Mon. * MO AVG	Req Mon  DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Reg. Mon.  DAILY MX	Mgal/d		*****				DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT		******		*****	Req. Mon. MO AVG	Req. Mon.	mg/L	24. X	Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	A 12	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,	19/1/2	724	682-7773	06/ 19/ 2014
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.

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

Page 13

NAME: ADDRESS:

50050 1 0

Effluent Gross

FIRST ENERGY NUCLEAR OPERATING

PERMIT

REQUIREMENT

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

Req. Mon.

DAILY MX

FROM

MM/DD/YYYY

05/ 01/ 2014 TO

102A DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION	·	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	8.0	pН	0	2 / 31	GRAB.
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	6 MINIMUM	*****	9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<26	59	mg/L	0	4 / 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

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 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 EXPOUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 06/ 19/ 2014 **AREA Code** NUMBER MM/DD/YYYY

Twice Per

Month

**ESTIMA** 

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.

Reg. Mon.:

MO AVG

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 14

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

05/ 01/ 2014

103A

MM/DD/YYYY

05/ 31/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE  GRAB  GRAB  24 HR COMP
PANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.3	N/A	7.8	рН	0	3 / 31	- '
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*******	N/A	6 MINIMUM		9 MAXIMUM	рН		Twice Per Month	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	7	9	mg/L	0	2 / 31	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		**************************************	N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.012	0.018	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.	Mgal/d			******	N/A		Twice Per Month	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/ 19/ 2014 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

TO

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

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

05/ 01/ 2014

111A DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARABLETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		!	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.3	N/A	8.7	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	7	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	GRA8
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	Req. Mon. DAILY MX	Mgai/d				N/A	2,3	Weekly	ESTIMA

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

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

1	161	LEPHUNE	DAIL
١	724	682-7773	06/ 19/ 2014
	AREA Code	NUMBER	MM/DD/YYYY

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 16

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

NAME: ADDRESS:

80082 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 PERMIT NUMBER

FROM

MM/DD/YYYY

05/ 01/ 2014 TO

113A DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2014

25

MO AVG

DAILY MX

MAJOR (SUBR05)

UNIT 2 SEWAGE TMT PLANT

DMR MAILING ZIP CODE: 150770004

Internal Outfall

No Discharge

DADAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	SAMPLE	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	***	******		6 MINIMUM	*****	9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	7 *******	*****			_30 ≪MO AVG	60 DAILY MX	mg/L		Twice Per	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										_
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	≪043 MO∕AVG:	Req. Mon DAILY MX	Mgal/d	**************************************	*****	*****	N/A	anggar sag	Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	********			1.4 MO/AVG	3.3 INST MAX	mg/L	2	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										

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
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,	War las	724	682-7773	06/ 19/ 2014
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.

PERMIT

REQUIREMENT

COMP-8

Twice Per

Month:

MONITORING PERIOD

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

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

05/ 01/ 2014 TO

203A

MM/DD/YYYY

05/ 31/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		6 MINIMUM		9 MAXIMUM	pН		Twice Per Month	-GRAB
Solids, total suspended	SAMPLE MEASUREMENT	· · · · · · · · · · · · · · · · · · ·		-							
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******		******	30 MO AVG	60 DAILY MX	mg/L		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	<b>*******</b>		******			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		'			1					
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	******		******	200 MO.GEOMN		#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		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 Broker in	724	682-7773	06/ 19/ 2014
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.

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

	MONITORING PERIOD											
	MM/E	D/Y	ΥΥ		MM/C	Y\dc	YY					
FROM	05/	01/	2014	то	05/	31/	2014					
				_								

PARAMETER		QUANTI	TY OR LOADING		•	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I AIVAINE LEIV		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.7	N/A	8.3	рΗ	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	8	13	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	egyeri sayari Egye	Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A		-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX.	Mgal/d				N/A	A.	Weekly	ESTIMA

	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		TEI	LEPHONE	DATE
Richard D. Bologna, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my injuly 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, eccurate, and complete. I am aware that there are significant penalties for submitting false information,	KORdan	724	682-7773	06/ 19/ 2014
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

Page 19

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

NAME:

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

Γ	MONITORING PERIOD										
	MM/DD/YYYY				MM/DD/YYYY						
FROM	05/	01/	2014	то [	05/	31/	2014				
_											

PARAMETER		QUANTITY OR LOADING		(	QUALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
AMAILLEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	<b>******</b>		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				******	MO AVG	20 DAILY MX			Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT							<u> </u>			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d				*. **		Weekly	(ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****			5 MO AVG	1.25 INST MAX	mg/L		Twice Per Month	GRAB

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, fure, accurate, and complete. I am aware that there are significant penalties for submitting false information.	1686
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZ

724 AL EXECUTIVE OFFICER OR **AREA Code** 

TELEPHONE DATE 682-7773 06/ 19/ 2014 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

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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 301A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

No Discharge

[	MONITORING PERIOD											
[	MM/C	ראַסכ	ΥY		MM/C	רא/סנ	<b>YY</b>					
FROM	05/	01/	2014	то [	05/	31/	2014					

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE		
ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			ļ
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
00558 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	*****	15 MØ AVG	20 A DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****		******	N/A		Weekly	ESTIMA

	TYPED OR PRINTED	including the possibility of file and improviment for knowing violations.	AUTHORIZED AGENT
	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, including the possibility of fine and impressionment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR
1		direction or supervision in accordance with a system designed to assure that qualified personnel	

724 682-7773 06/ 19/ 2014 **AREA Code** NUMBER MM/DD/YYYY

TELEPHONE

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

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

No Discharge

	MONITORING PERIOD											
Γ	MM/DD/YYYY				MM/DD/YYYY							
FROM	05/	01/	2014	] то [	05/	31/	2014					
_												

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hq	SAMPLE										
100400 1 0	MEASUREMENT PERMIT		*****		6	*****	9.85				
Effluent Gross	REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT					L					,
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		******		*****	1.5 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT								-		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	*****	*****	N/A	si ya inga	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 talse information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

	TEI	LEPHONE	DATE					
•	724	682-7773	06/ 19/ 2014					
	AREA Code	NUMBER	MM/DD/YYYY					

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

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

MONITORING PERIOD

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

FROM

MM/DD/YYYY

05/ 01/ 2014 TO

313A

MM/DD/YYYY

05/ 31/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Discharge

PARAMETER	DADAMETER		TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.1	N/A	8.3	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	22	46	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	30 MO AVG	100 A 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	*****	tetas. Itarošešties	N/A	*****	15 MO AVG	20 DAILY MX	mg/L	17.0	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 personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 06/ 19/ 2014 AREA Code NUMBER MM/DD/YYYY

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 23

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

NAME: ADDRESS:

FACILITY:

FIRST ENERGY NUCLEAR OPERATING

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

FROM

MM/DD/YYYY

05/ 01/ 2014 TO

401A

MM/DD/YYYY

05/ 31/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Discharge

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	8.8	N/A	8.9	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	6 MINIMUM	10 10 10 10 10 10 10 10 10 10 10 10 10 1	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 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	· N/A		30 MÓ 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 <sub>3</sub>
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	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 personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

 TELEPHONE
 DATE

 724
 682-7773
 06/ 19/ 2014

 AREA Code
 NUMBER
 MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 24

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: 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/D	D/YYYY		MM/DD/YYYY						
FROM	05/	01/ 2014	1 то [	05/ 31	/ 2014					
			_							
<del></del>										

PARAMETER	70.24	QUANTI	TY OR LOADING		G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FANAMETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			6 MINIMUM	*****	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			70.2	******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB **
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT			-							
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	**************************************		******	Req Mon. MO AVG	Req Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT		******			≬0 :MO AVG	0 DAILY MX	_mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	**************************************	******			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT							-			
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******			*****	#.5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB

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	7000	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.		724	682-7773	06/ 19/ 2014
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

MG/L. (THE LIMIT IS 35

Form Approved OMB No. 2040-0004

Page 25

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

NAME: ADDRESS:

FACILITY:

FIRST ENERGY NUCLEAR OPERATING

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 403A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharge

	MONITORING PERIOD											
	MM/C	ראסכ	ΥΥ		MM/C	DD/YY	ΥY					
ROM	05/	01/	2014	то	05/	31/	2014					

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		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 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 06/ 19/ 2014 **AREA Code** NUMBER MM/DD/YYYY

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

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

MG/L. (THE LIMIT IS 35

Form Approved OMB No. 2040-0004

Page 26

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

413A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**BULK FUEL STORAGE DRAIN** 

Internal Outfall

No Discharge

Γ	MONITORING PERIOD										
Г	MM/C	יאס(	YYY		MM/C	DD/Y	YY				
FROM[	05/	01/	2014	то	05/	31/	2014				

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
AMMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A		N/A		pН			
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				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

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/ 19/ 2014 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZEB AGENT AREA Code NUMBER MM/DD/YYYY

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 27

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: BEAVER VALLEY POWER STATION LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

05/ 01/ 2014 TO

501A

DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Discharge

PARAMETER	3.74524 (AA-2) (#875.A.	QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					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.	Mgal/d						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 personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 06/ 19/ 2014 **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

Page 1

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

001A

DISCHARGE NUMBER

MAJOR (SUBR05)

UNITS 1&2 COOLG, TOWER BLWDN

DMR MAILING ZIP CODE: 150770004

External Outfail

No Discharge

Γ	MONITORING PERIOD								
	MM/DD	/YYYY		MM/DD/YYYY					
FROM	05/ 0	1/ 2014	то [	05/ 31/ 2014					

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.9	N/A	8.2	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	6 MINIMUM	******	9 MAXIMUM	рΉ		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.258	0.315	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	27	Weekly	GRAB.
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG		GG	GG / GG	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******	****	N/A	***************************************	0 MO.AVG	0 DAILÝ MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	26.6	41.3	MGD	N/A	N/A	. N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon.	Mgal/d	******		******	N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.10	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	*****	.5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.1	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	*****	.2 AVERAGE	.5. MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.00241	<0.00241	mg/L	0	1 / 7	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A		0 MO ÂVG	0 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	\2 \land \( \land \)	TE	EPHONE	DATE	
TOPERATIONS	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,	f. Blocken	<del>7</del> 24	682-7773	06/ 19/ 2014	
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)

Beaver Valley was in wet layup during the first two weeks of May.WMC 6-11-14

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

Form Approved OMB No. 2040-0004

Page 2

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: 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

	MONITORING PERIOD									
	MM/C	Mag	ſΥΥ		MM/DD/YYYY					
FROM	05/	01/	2014	то [	05/	31/	2014			

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	0.006	0.046	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			******	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, including the possibility of fine and imprisonment for knowing violations.

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

**TELEPHONE** DATE 682-7773 06/ 19/ 2014 NUMBER MM/DD/YYYY

724

Form Approved OMB No. 2040-0004

Page 3

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION FACILITY: LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

05/ 01/ 2014

003A DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfail

No Discharge

PARAMETER		QUANTI	ITY 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	0.012	0.018	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.	Mgal/d	1.0 ************************************	**************************************		N/A		Twice Per Month	- ESTIMA :

MONITORING PERIOD

TO

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 724 682-7773 06/ 19/ 2014 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT **AREA Code** NUMBER

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.

DATE

MM/DD/YYYY

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 4

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

NAME: ADDRESS:

FACILITY:

50060 1 0

50064 1 0

Effluent Gross

Effluent Gross

Chlorine, free available

FIRST ENERGY NUCLEAR OPERATING

PERMIT

REQUIREMENT

SAMPLE

**MEASUREMENT** 

PERMIT

REQUIREMENT

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

FROM

MM/DD/YYYY

05/ 01/ 2014

004A

MM/DD/YYYY

05/ 31/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

mg/L

mg/L

1.25

MAXIMUM

.5

INST MAX

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Discharge

GRAB

GRAB

Weekly

Weekly

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE			N/A							
•	MEASUREMENT				<u> </u>					<u> </u>	<u> </u>
00400 1 0	PERMIT	****	*****	N/A	6	Transfer Comment aco.	9.4		3.272	Weekly	GRAB
Effluent Gross	REQUIREMENT			INA	MINIMUM *		<b>MAXIMUM</b>	pН		A AAAANA	8 3 5
Claus in annuluit and bus transfer at along	SAMPLE										
Flow, in conduit or thru treatment plant	MEASUREMENT		ł	l	ł	1		l	}	1	ł
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	******	*****	NICA	-0.9660	Weekly	ALC A COL
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	N SOFT KAR		Dan.	N/A	SECTION .	vveekiy	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT			N/A							

N/A

N/A

N/A

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 PARCUTIVE OFFICER OR AUTHORIZED AGENT

MO AVG

.2

AVERAGE

TELEPHONE DATE 724 682-7773 06/ 19/ 2014 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: LOCATION:

BEAVER VALLEY POWER STATION

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										
Ī	MM/C	YOU	ΥΥ		MM/DD/YYYY						
FROM	05/	01/	2014	TO	05/	31/	2014				
_											

PARAMETER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1 ANAUETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon DAILY MX	Mgal/d		*****	******	N/A		Weekly	ESTIMA

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	Richard D. Bologna, DIRECTOR OF SITE OPERATIONS
ľ	1

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

**TELEPHONE** DATE 724 682-7773 06/ 19/ 2014 **AREA Code** NUMBER MM/DD/YYYY

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Page 6

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

NAME: ADDRESS:

FACILITY:

FIRST ENERGY NUCLEAR OPERATING

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

007A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM External Outfall

No Dischard

	MONITORING PERIOD											
[	MM/C	ראַ/סכ	YY		MM/C	ראַסכ	ΥΫ́					
FROM	05/	01/	2014	TO	05/	31/	2014					

PARAMETER		QUANTITY OR LOADING			C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		6 MINIMUM	*****	9 MAXIMUM	рН		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	****** **** * / * : : : : : : : : : : : : : : : : :		<b>7.4.</b>			Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		**************************************	5 MO AVG	1:25 INST MAX			Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		2 14.7	.2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

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 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.
TYPED OF PRINTED	Interdesing the possibility of three and impresonated for knowling violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 06/ 19/ 2014 AREA Code NUMBER MM/DD/YYYY

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 7

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

REQUIREMENT

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

FACILITY: LOCATION:

Effluent Gross

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

DAILY MX

FROM

MM/DD/YYYY

05/ 01/ 2014

008A DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
r Alvallie I Eli		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		* 6 MINIMUM	******	9 MAXIMUM'	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	*****		*****	30 MO AVG	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	Reg. Mon.	Req. Mon.	Mgal/d	*****	*****	*****	N/A	Siriu Siriu	Weekly	ESTIMA

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

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MO AVG

SIGNATURE OF PRINCIPAL PRECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 06/ 19/ 2014 AREA Code NUMBER MM/DD/YYYY

MONITORING PERIOD

TO

Form Approved OMB No 2040-0004

Page 8

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: BEAVER VALID

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

05/ 01/ 2014

010A

DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOLING WATER

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG <sup>-</sup> / GG	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	******	N/A	*****	0 MOAVG	0 INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.9	17.3	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon.	Mgal/d		******	**************************************	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	· N/A	<0.1	0.10	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	#***** ###############################				MO AVG	125 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1	0.1	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	**************************************	.2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

 TELEPHONE
 DATE

 724
 682-7773
 06/ 19/ 2014

 AREA Code
 NUMBER
 MM/DD/YYYY

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

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

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

Form Approved
OMB No. 2040-0004

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

A ROUTE 100

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615

011A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Discharge

		N	MONITO	RING F	PERIOD		
	MM/C	D/YY	ΥΥ	T	MM/C	ראמכ	Ϋ
FROM	05/	01/	2014	то [	05/	31/	2014

PARAMETER		QUANTII	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PANAMETEN		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	Reg. Mon. MØ AVG	Req. Mon DAILY MX	Mgal/d	*****			N/A		Weekly	ESTIMA

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

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

724 682-7773 06/ 19/ 2014

AREA Code NUMBER MM/DD/YYYY

Page 1

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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

		٨	MONITO	RING	PERIOD		
ſ	MM/E	DD/Y	ΥΥ		MM/C	DIYY	ΥY
FROM	05/	01/	2014	то [	05/	31/	2014

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.5	N/A	8.5	pΗ	0	1 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	******	9 MAXIMUM	pН		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0356	0.0357	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A		Req. Mon.  MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.2	0.3	mg/L	0	. 2 / 31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Andrew St.	N/A	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	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	Réq. Mon. DAILY MX	Mgal/d	*****	******	******	N/A		Once Per // Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	432	504	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	******	Req. Mon	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB.

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

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

724 682-7773   06/ 19/ 201	724 682-7773 06/ 19/ 201

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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

BEAVER VALLEY POWER STATION

FACILITY: LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

013A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**OUTFALL 013** External Outfall

No Discharge

		N	ONITO	RING	PERIOD		
Ī	MM/E	D/Y	ſΥΥ		MM/E	D/Y	<b>YY</b>
FROM[	05/	01/	2014	TO	05/	31/	2014

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.1	N/A	8.3	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	<0.01	<0.01	N/A	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******	Req. Mon. MO AVG	Req. Mon DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<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. V	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req. Mon.	Mgal/d		*****	*****	N/A		Twice Per Month	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	- 0//	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,	Mil folgen	724 ر	682-7773	06/ 19/ 2014
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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: LOCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

101A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Discharge

[	MONITO	RING	PERIOD
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/ 01/ 2014	то	05/ 31/ 2014

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	]		
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		69 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*******		**************************************	30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******				15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT		******		###### *	Req. Mon. MO AVG	Req: Mon.	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req Mon. DAILY MX	Mgal/d	*****	******	*****			DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT		*******		*****	Req. Mon. MO AVG	Reg. Mon DAILY MX	mg/L		Weekly	GRAB.

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	<b>1</b> 12	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,	J9 1/2	724	682-7773	06/ 19/ 2014
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.

MONITORING PERIOD

Form Approved
OMB No. 2040-0004

Page 13

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: F

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

FROM

MM/DD/YYYY

05/ 01/ 2014 TO

102A DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2014

DMR MAILING ZIP CODE: 150770004

\_\_\_\_\_

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
r ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	 		
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	8.0	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	<26	59	mg/L	0	4 / 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 (	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.	Req. Mon. DAILY MX	Mgal/d	A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	*****	*****	N/A	547	Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	i certify under penalty of law that to direction or supervision in accorda
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the in persons who manage the system, information, the information submi- and complete. I am aware that the
TYPED OR PRINTED	including the possibility of fine and

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

SIGNATURE OF PRINCIPAL EXPOUTIVE OFFICER OR AUTHORIZED AGENT

 TELEPHONE
 DATE

 724
 682-7773
 06/ 19/ 2014

 AREA Code
 NUMBER
 MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

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

Page 14

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

103A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Discharge

		N.	ONITO	RING	PERIOD				
J	MM/C	NOC	YY		MM/DD/YYYY				
FROM	05/	05/ 01/ 2014			05/	31/	2014		
•				•					

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
!		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.3	N/A	7.8	pН	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	7	9	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	ing and	Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.012	0.018	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

П	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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 06/ 19/ 2014 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

BEAVER VALLEY POWER STATION

FACILITY: LOCATION:

50050 1 0

Effluent Gross

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

Flow, in conduit or thru treatment plant

PA0025615 PERMIT NUMBER

FROM

0.002

MO AVG

Reg. Mon.

MM/DD/YYYY

05/ 01/ 2014

111A

MM/DD/YYYY

05/ 31/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

N/A

N/A

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	8.3	N/A	8.7	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	<6	7	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

MGD

Mgal/d

N/A

0.002

Reg. Mon.

DAILY MX

MONITORING PERIOD

TO

	I certify under panalty 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	
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,	SIG
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGI

SAMPLE

**MEASUREMENT** 

PERMIT

REQUIREMENT

NATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

N/A

N/A

TELEPHONE DATE 724 682-7773 06/ 19/ 2014 AREA Code NUMBER MM/DD/YYYY

1 / 7

Weekly

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

**EST** 

ESTIMA

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 16

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: 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/ 2014

113A

MM/DD/YYYY

05/ 31/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

No Discharge

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	pН		Twice Per 🦟 Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross			*****		*****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.043 MO AVG	Req. Mon DAILY MX	Mgal/d	**************************************	******		N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT									L	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT				*****	1.4 MO AVG	3.3 INST MAX	mg/L	4	Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	******		*****	200 MO GEOMN	*****	#/100mL		Twice Per Month	GRAB

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

BOD, carbonaceous, 05 day 20 C

80082 1 0

Effluent Gross

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

25

MO AVG

.....50

DAILY MX

mg/L

**TELEPHONE** DATE 724 682-7773 06/ 19/ 2014 NUMBER AREA Code MM/DD/YYYY

Twice Per

Month

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.

~ \*\*\*\*\*\*\*

SAMPLE

**MEASUREMENT** 

PERMIT

REQUIREMENT

COMP-8

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: LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER 203A

DISCHARGE NUMBER

MAIN SEWAGE TMT PLANT Internal Outfall

MAJOR

(SUBR05)

DMR MAILING ZIP CODE: 150770004

[	MONITORING PERIOD											
[	MM/DD/YYYY		MM/DD/YYYY									
FROM	05/ 01/ 2014	TO	05/ 31/ 2014									

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CON	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FANAMETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	######	******		6 MINIMUM	*****	9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT								_		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****				30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.023 MO AVG	Req Mon. DAILY MX	Mgal/d	******		******			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT				·						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT				***	1.4 MO AVG	3.3 INST MAX	mg/L	279	Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	******	*******			200 MO GEOMN		#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE	DATE
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, five, accurate, and complete. I am aware that there are significant penalties for submitting false information,	a de la	724	682-7773	06/ 19/ 2014
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
		<del></del>			

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 18

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

NAME:

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/ 2014

211A DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2014

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
PANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.7	N/A	8.3	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	8	13	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		**********	N/A		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.	Req. Mon. DAILY MX'	Mgal/d	*****	10 mm	*****	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 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 infor including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 06/ 19/ 2014 AREA Code NUMBER MM/DD/YYYY

MONITORING PERIOD

TO

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

BEAVER VALLEY POWER STATION FACILITY: LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

05/ 01/ 2014

213A DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2014

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No Discharg

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		_	
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT						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.	Mgal/d	**************************************		******			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	.5 MØ AVG	1.25 INST MAX	mg/L		Twice Per:	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER							
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS	proper person informand of						
TYPED OR PRINTED	inclu						

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

SIGNATURE OF PRINCIPAL PAEQUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 06/ 19/ 2014 **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

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

No Discharge

	MONITORING PERIOD									
	MM/E	DM	<b>YY</b>		MM/DD/YYYY					
FROM	05/	01/	2014	то [	05/	31/	2014			

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	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	*ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	2 1 1	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 evere that there are significant penalties for submitting false information,	KOROGE	724	682-7773	06/ 19/ 2014
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Page 21

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: 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

Г	MONITORING PERIOD								
	MM/DD/YYYY				MM/DD/YYYY				
ROM	05/	01/	2014	то	05/	31/	2014		

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	· · /	TEI	_EPHONE	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, 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,	Karbolgan	724	682-7773	06/ 19/ 2014
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/ÝYYY

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 22

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

NAME:

FACILITY:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: 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

FROM

MM/DD/YYYY

05/ 01/ 2014

313A

MM/DD/YYYY

05/ 31/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Discharge

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE TYPE
FAMILIER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.1	N/A	8.3	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	22	46	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.	Mgal/d	**************************************	******	******	N/A		Weekly	ESTIMA

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

certify under penalty of law that this document and all attachments were prepared under my rection or supervision in accordance with a system designed to assure that qualified personnel operly 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 formation, the information submitted is, to the best of my knowledge and belief, true, accurate, nd 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

121	LEPHUNE	DATE
724	682-7773	06/ 19/ 2014
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
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Page 23

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROI

PA ROUTE: 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION

OCATION: PA ROUTE 168

PAROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/DIR SITE OPER

PA0025615

401A

DIS

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Discharge

[	MONITORING PERIOD									
Γ	MM/DD/YYYY				MM/DD/YYYY					
FROM	05/	01/	2014	то	05/	31/	2014			
_				_						

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	,		
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.8	N/A	8.9	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	*****	N/A	6 MINIMUM	******	Req. Mon. MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<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	-GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d			******	N/A		Weekly:	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER					
Richard D. Bologna, DIRECTOR OF SITE OPERATIONS	property ga persons w information and compl				
TYGEN OR RRINTED	including ti				

certify under penaity of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person 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/ 19/ 2014

 AREA Code
 NUMBER
 MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 24

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

NAME:

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 403A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharge

	MONITO	RING	PERIOD
[	MM/DD/YYYY		MM/DD/YYYY
FROM[	05/ 01/ 2014	то	05/ 31/ 2014

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAINAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM	******	9 MAXIMUM	рН	***	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT									·	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******			30 MO AVG	100° DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
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								٨		
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 ×	mg/L	4	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	7000	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,	KING S	724	682-7773	06/ 19/ 2014
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

SHIPPINGPORT, PA 150770004

FACILITY: PA ROUTE 168 LOCATION:

BEAVER VALLEY POWER STATION

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

			MONITO	PERIOD			
	MM/DD/YYYY				MM/E	)D/YY	$\gamma \gamma$
FROM	05/	01/	2014	TO	05/	31/	2014

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
r anameren		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

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

TELEPHONE DATE 724 682-7773 06/ 19/ 2014 **AREA Code** NUMBER MM/DD/YYYY

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

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

MG/L. (THE LIMIT IS 35

Form Approved OMB No. 2040-0004

Page 26

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

NAME:

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

413A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

**BULK FUEL STORAGE DRAIN** Internal Outfall

No Discharge

[			MONITO	RING	PERIOD		
[	MM/C	ראַסכ	<b>/</b> YY		MM/E	DM	YY
FROM[	05/	01/	2014	то [	05/	31/	2014

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAIMILILIT		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A		N/A		pН			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	*****	9 MAXIMUM	pН	マス・キャーデザ マス・カング数数 ロス・カング数数	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	*****	<b>******</b>		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 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/ 19/ 2014 **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

Page 27

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 501A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Discharge

	MM/E	DOM	ΥΥ		MM/DD/YYYY					
FROM	05/	01/	2014	то	05/	31/	2014			

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
LUMETER		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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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	ESTIMA

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 laise information,
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

724 682-7773 06/ 19/ 2014 AREA Code NUMBER MM/DD/YYYY

TELEPHONE

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

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

DATE