

September 23, 2014 L-14-319

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 August 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). Attachment 2 is the summary of data from the second of three clamicides scheduled for this year. Attachment 3 is the explanation of NODI codes. Attachment 4 to this letter is the quarterly storm water results as required by permit condition C-21.

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

Should you have any questions regarding the attached and enclosed documents, please direct them to Mr. Andrew Cangey, at 724-682-4293.

Sincerely,

Charles V McFeaters Director, Site Operations

> IE25 NRR

Beaver Valley Power Station, Unit Nos. 1 and 2 L-14-319 Page 2

## Attachment(s):

- 1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001
- 2. Clamicide Report
- 3. Explanation of NODI Codes
- 4. Permit Part C.21 Iron and Zinc Storm water Monitoring Results

## Enclosure(s)

A. Discharge Monitoring Report

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

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-14-319 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
08/04/2014	0900	7	mg/L
08/11/2014	0810	7	mg/L
08/18/2014	0920	7	mg/L
08/27/2014	0740	7	mg/L

- Attachment 1 END -

### **ATTACHMENT 2**

### Clamicide Report

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

Parameter	Unit 1 A Train	Unit 1 B Train	Unit 2 A Train	Unit 2 B Train
Date .	08-19-14	08-19-14 08-06-14		08-27-14 —
Dale	08-20-14	08-07-14	08-14-14	08-28-14
Chemical Used <sup>1</sup>	250 pounds <sup>3</sup>	753 pounds <sup>3</sup>	759 pounds <sup>3</sup>	759 pounds <sup>3</sup>
Outfall 001	ND	ND	ND	ND
Concentration	IND	שא	IND	ND
Outfall 010	N/A <sup>4</sup>	N/A⁴	ND	ND
Concentration	IN/A	19/7	, ND	IND
Detox Used <sup>2</sup>	1371 pounds	1371 pounds	1928 pounds	1928 pounds
Outfall 001	2.7 mg/l	3.8 mg/L	18.5 mg/L	18.5 mg/L
Concentration <sup>3</sup>	3.7 mg/L	3.6 Hg/L	10.5 mg/L	16.5 Hig/L
Outfall 010	N/A <sup>4</sup>	N/A <sup>4</sup>	3.6 mg/L	3.6 mg/L
Concentration <sup>3</sup>	IN/A	IN/A	3.0 mg/L	3.0 Hg/L

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

- Attachment 2 END -

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-14-319 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

## **ATTACHMENT 3**

## **Explanation of NODI Codes**

SAMPLE	SAMPLE PARAMETER	DOMI CODE	COMMENT
001A	Nitrogen	GG	Wet lay-up not done during month
001A	Hydrazine	GG	Wet lay-up not done during month

- Attachment 3 END -

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-14-319 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

### **ATTACHMENT 4**

## Permit Part C.21 Iron and Zinc Stormwater Monitoring Results

Sample	Sample				
Date	Time	Outfall	Parameter	Result	Units
21-Aug-14	1255	Outfall #003	Zinc	131	ug/l
21-Aug-14	1255	Outfall #003	Iron	261	ug/l
21-Aug-14	1221	Outfall #008	Zinc	2760	ug/l
21-Aug-14	1221	Outfall #008	Iron	157	ug/l
11-Aug-14	1240	Outfall #011	Zinc	48.9	ug/l
11-Aug-14	1240	Outfall #011	Iron	1800	ug/l

- Attachment 4 END -

### REGULATORY CORRESPONDENCE CHECKLIST

NOP-LP-4007-02 Rev. 01

Page 1 of 2

Letter Number: L-14-319

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. Peer Review: Item Checked Initials No. Correct organizations are listed on the review and routing forms, including organizations providing 1. wmc statements of fact. References to Codes and Standards are accurate and in sufficient detail. N/A 2. Subject line of an NRC cover letter references the NRC TAC number, if applicable. N/A 3. The letter number has been entered on the letter and subsequent pages. 4. Wmc Format and presentation are consistent with NORM-LP-4003 and any deviations justified. 5. WMC Pages containing information pursuant to 10 CFR 2.390 are appropriately marked. N/A 6. 7. Oath or affirmation (if required) - unsworn declaration is present. N/A Dates are correct and consistent throughout the submittal. 8. WMC Grammar, spelling and editorial presentation have been verified to be correct. 9. WMC 10. All applicable parts of the submittal are present (e.g. letter, enclosures, attachments, affidavits). WML If Regulatory Commitments are included in NRC correspondence, the regulatory commitments are re-N/A 11. stated 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. 12. The letter content is factually complete, is presented logically and supports conclusions reached. WML Enclosures and attachments are appropriately identified and contain all the necessary information to 13. wnc support conclusion of the submittal without the need to obtain other reference material. If action is requested of the NRC, the requested action date has been included with appropriate 14. N/A iustification. If the letter is in response to NRC requests, there is a clear tie between each question/request and the N/A 15. associated response, and each question/request is completely and clearly answered in the response. References listed have been reviewed, are available, and support the information contained in the 16. correspondence. MMC Statements of fact have been verified to be accurate. 17. WMC Actions stated as being complete have been verified to be complete. 18. WMC Submittal does not contain information that has a material effect on information previously submitted to 19. N/A 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.

Review Performed By (Print Name): William In-Cress WMCuse Date: 9/2/14
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

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L 🚁 L Commonte obtained during the review evelo have been received and incorporated within the applicable. L	Initials
Comments obtained during the review cycle have been resolved and incorporated within the applicable sections of the submittal. The submittal remains factual and complete.	DID
<ol> <li>Review signatures, or equivalent, have been obtained on Correspondence Review Forms (NOP-LP-4007-01).</li> </ol>	270
3. The correspondence has been reviewed for regulatory commitments, licensing positions, prudency, appropriate wording, and potential regulatory impact.	771
	N/A
Review Performed By (Print Name): DONALD J SALEYA Date: 9-24-4	•
Comments: This letter is the Monthly Submittal of the Discharge Monitoring Reports to the PA Department of Environmental Protection.	
C. Responsible Organization Review (Administrative Support Follow-up):	
	nitials
Submittal cover letter is signed correctly.	nitials <i>£xo</i>
	nitials LKP
3. Oath or Affirmation (if required) – unsworn declaration is present. If a notarized statement is requested N	
<ul> <li>Oath or Affirmation (if required) – unsworn declaration is present. If a notarized statement is requested by the signature authority, the statement page is signed and notarized.</li> <li>When appropriate, initial notification and copy of submittal has been provided to the NRC via electronic N</li> </ul>	Укр
<ul> <li>Oath or Affirmation (if required) – unsworn declaration is present. If a notarized statement is requested by the signature authority, the statement page is signed and notarized.</li> <li>When appropriate, initial notification and copy of submittal has been provided to the NRC via electronic mail.</li> <li>Submittal has been mailed, or provided electronically (in accordance with NRC guidance on electronic</li> </ul>	SKP N/A
<ol> <li>Oath or Affirmation (if required) – unsworn declaration is present. If a notarized statement is requested by the signature authority, the statement page is signed and notarized.</li> <li>When appropriate, initial notification and copy of submittal has been provided to the NRC via electronic mail.</li> <li>Submittal has been mailed, or provided electronically (in accordance with NRC guidance on electronic submittals) to all appropriate recipients, with appropriate enclosures, attachments, etc.</li> </ol>	SKP N/A
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<ul> <li>Oath or Affirmation (if required) – unsworn declaration is present. If a notarized statement is requested by the signature authority, the statement page is signed and notarized.</li> <li>When appropriate, initial notification and copy of submittal has been provided to the NRC via electronic mail.</li> <li>Submittal has been mailed, or provided electronically (in accordance with NRC guidance on electronic submittals) to all appropriate recipients, with appropriate enclosures, attachments, etc.</li> <li>Internal FENOC distribution is complete.</li> <li>Regulatory Commitments have been documented in accordance with FENOC commitment management procedures.</li> <li>Additional FENOC actions have been documented, as necessary, in appropriate activity tracking systems.</li> </ul>	SKP N/A N/A SKP N/A

MONITORING PERIOD

TO

Page 1

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

AME:

FIRST ENERGY NUCLEAR OPERATING

DDRESS:

PA ROUTE 168

\$HIPPINGPORT, PA 150770004

ACILITY:

BEAVER VALLEY POWER STATION

**QCATION:** 

PA ROUTE 168

SHIPPINGPORT, PA 150770004

TTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

08/ 01/ 2014

001A DISCHARGE NUMBER

MM/DD/YYYY

08/ 31/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAIMILIER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
эH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.9	N/A	8.6	рН	0	1 / 7	GRAB
9400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM		9 MAXIMUM	рН		Weekly	GRAB
vitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG / GG	GRAB
)0610 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	<0.022	<0.022	mg/L	0	4 / 31	24 HR COMP
)4251 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A		0 MOrAVG	O DAILY MX	mg/L		When: Discharging	GOMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	44.5	48.3	MGD	N/A	N/A	N/A	N/A	_	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon: MO:AVG	Req Mon DAILY MX	Mgal/d	******	******		N/A		Dálly	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1	0.11	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	5.5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	- GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1	0.1	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	******	2; AVERAGE	5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG / GG	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	*****	0 MO:AVG	O 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 indirection or supervision in accordance with a system designed to assure that qualified personnel		TEI	EPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or	CNN	724	682-7773	09/ 23/ 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. THE LIMIT IS 35 MG/L AS A DAILY MAX.

The DT-1 daily maximum was 18.5 mg/L ADC 08/13/14

DATE

Form Approved OMB No. 2040-0004

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

AME:

FIRST ENERGY NUCLEAR OPERATING

DDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY: OCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

JTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

08/ 01/ 2014 TO

002A

MM/DD/YYYY

08/ 31/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Discharge

PARAMETER :	7.5	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
low, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
-0050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon.	Req. Mon. • D∆li Y MX	Mgal/d	******	••••	******	N/A		Weekly	ESTIMA

MONITORING PERIOD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Charles V McFeaters, 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 09/ 23/ 2014 AREA Code NUMBER MM/DD/YYYY

Form Approved OMB No. 2040-0004

Page 3

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

IAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

.OCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

003A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfall

No Discharge

[		ň	MONITO	PERIOD			
	MM/C	ראסכ	YYY		MM/C	ראסו	YY
FROM	08/	01/	2014	то	08/	31/	2014

PARAMETER		QUANTI	TTY OR LOADING		G	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
I AIVAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	_		:
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.027	0.044	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	<b>""</b>	*****		N/A		Twice Per Month	ESTIMA :

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, 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 aubmitted 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 09/ 23/ 2014 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AREA Code** NUMBER MM/DD/YYYY AUTHORIZED AGENT

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 4

'ERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

IAME: IDDRESS:

50064 1 0

Effluent Gross

FIRST ENERGY NUCLEAR OPERATING

PERMIT

REQUIREMENT

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY: .OCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

08/ 01/ 2014 TO

004A

MM/DD/YYYY

08/ 31/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING	-	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
эН	SAMPLE MEASUREMENT			N/A							
)0400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	6 MINIMUM	111 . T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	9 MAXIMUM+5	рН		::: Weekly.	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
30050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT			N/A							
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	/*************************************	*****	N/A	7/3)(0)(######	5 MO AVG	1.25 INST:MAX	mg/L	Sint X	Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT			N/A							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, 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 ballef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

TELEPHONE DATE 682-7773 724 09/ 23/ 2014 AREA Code NUMBER MM/DD/YYYY

Weekly

Form Approved OMB No. 2040-0004

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

AME:

FIRST ENERGY NUCLEAR OPERATING

DDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY: BEAVER VALLEY POWER STATION .OCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

TTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

08/ 01/ 2014

006A

DISCHARGE NUMBER

MM/DD/YYYY

08/ 31/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Discharge

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	MGD	N/A	N/A	N/A	N/A	•	1 / 7	EST
30050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg: Mon. MO AVG	Req. Mon DAILY MX	Mgal/d			*****	N/A		Weekly	ESTIMA

MONITORING PERIOD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Charles V McFeaters, DIRECTOR OF SITE **OPERATIONS** TYPED OR PRINTED

certify under pensity 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 09/ 23/ 2014 AREA Code NUMBER MM/DD/YYYY

Form Approved OMB No. 2040-0004

Page 6

'ERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

IAME: \DDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY: .OCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

**ITTN: CHARLES V MCFEATERS/DIR SITE OPER** 

PA0025615 PERMIT NUMBER

007A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfall

[		N	IONITO	RING	PERIOD		
[	MM/DI	ΣΥΥC	ΥΥ		MM/E	D/YY	ΥY
FROM[	08/	01/	2014	то [	08/	31/	2014

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
COMMETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			·
ЭН	SAMPLE MEASUREMENT										
04400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		6 MINIMÚM	*****	9: MAXIMUM	рН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
30050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon	Req Mon DAILY MX	Mgal/d	******		1000			Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****			.5 MO⁄AVG	1:25 INST:MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******			******	.2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE	DATE
Charles V McFeaters, 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.	O	724	682-7773	09/ 23/ 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)

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

Page 7

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

.OCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

**FROM** 

MM/DD/YYYY

08/ 01/ 2014

008A DISCHARGE NUMBER

MM/DD/YYYY

08/ 31/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Discharge X

DARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE VALUE		UNITS	VALUE	VALUE VALUE		UNITS			
Нс	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	pН	K	Twice Per- Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******				30 MØ:AVG	100 DAILY:MX	mg/L		Twice Per Month	GRAB.
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******			******	15 MOAVG	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	RegriMon MO AVG	Req Mon  DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	_	TE	EPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE	properly gether and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information sybmitted is, to the best of my knowledge and beiler, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	CV	724	682-7773	09/ 23/ 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

MONITORING PERIOD

Page 8

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

AME:

FIRST ENERGY NUCLEAR OPERATING

.DDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY:

BEAVER VALLEY POWER STATION

OCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

TTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

08/ 01/ 2014

010A DISCHARGE NUMBER

MM/DD/YYYY

08/ 31/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**UNIT 2 COOLING WATER** 

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAME) ER		VALUE	VALUE UNITS		VALUE	VALUE VALUE		UNITS			
эН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.8	N/A	8.0	рН	0	1 / 7	GRAB
10400 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	<0.022	<0.022	mg/L	GG	2 / 31	24 HR COMP
)4251 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	4.5	5.8	MGD	N/A	N/A	N/A	N/A	<u>-</u>	1 / 7	MEAS
30050 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	*****			*****	5 MO AVG	1/25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0	0.1	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	******	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, 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 09/ 23/ 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)

The DT-1 daily maximum was 3.6mg/L ADC 08/13/14

Form Approved OMB No. 2040-0004

Page 9

'ERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

IAME: IDDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY: BEAVER VALLEY POWER STATION .OCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

**FROM** 

MM/DD/YYYY

08/ 01/ 2014

011A

MM/DD/YYYY

08/ 31/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**DIESEL GEN & TURBINE DRAINS** 

External Outfall

No Discharge

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.004	0.004	MGD	N/A	· N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO•AVG	Req. Mon? DAILY: MX	Mgal/d	****	******	*****	N/A		Weekly	ESTIMA

MONITORING PERIOD

TO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Charles V McFeaters, 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 personnal 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 09/ 23/ 2014 **AREA Code** NUMBER MM/DD/YYYY

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 10

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

AME:

FIRST ENERGY NUCLEAR OPERATING

DDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY:

BEAVER VALLEY POWER STATION

OCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

TTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

08/ 01/ 2014 TO

012A

MM/DD/YYYY

08/ 31/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		,	
Н	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.6	N/A	8.6	рḤ	0	1 / 31	GRAB
0400 1 0 Effluent Gross	PERMIT REQUIREMENT	***************************************		N/A	6 ≦ MINIMUM		9 MAXIMUM' 1	рН		Once Per Month:	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0417	0.0583	mg/L	0	2 / 31	GRAB
H1042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A		Req. Mon. MO AVG	Reg.,Mon: DAILY-MX	mg/L		Twice Per Month	GRAB
linc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1	0.1	mg/L	0	2 / 31	GRAB
11092 1 0 Effluent Gross	PERMIT REQUIREMENT	7.7	*****	N/A	******	11.5 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	Reg. Mon MO⁵AVG	Req: Mon DAILY MX	Mgal/d	******	******	**************************************	N/A	ů.	Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	450	468	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A		Reg Mon: MO AVG	Req.Mon. DAILY MX	mg/L		Twice Per Month	GRAB1

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, 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. Sased 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 09/ 23/ 2014 **AREA Code** NUMBER MM/DD/YYYY

Form Approved OMB No. 2040-0004

Page 11

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

FIRST ENERGY NUCLEAR OPERATING

.DDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY: OCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

TTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

013A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**OUTFALL 013** 

External Outfall

No Discharge

	MONITORING PERIOD									
	MM/C	ראסכ	ΥΥ		MM/DD/YYYY					
FROM	08/	01/	2014	то [	08/	31/	2014			
_				_						

PARAMETER		QUANTI	TY OR LOADING		C	LUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I AISSINE LEK		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ή	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.8	N/A	7.5	N/A	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	******	9 MAXIMUM	pН		Weekly	GRAB of
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
)0720 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	0.0115	0.0129	N/A	0	2 / 31	24 HR COMP
)1042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	**************************************	N/A	7.37	Req: Mon. MØ: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		Reg Mon MO/AVG	Reg Mon: DAILY MX:	mg/L		Twice Per N 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	Reg. Mon DAILY MX	Mgal/d				N/A		Twice Per Month	ESTIMA:

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER								
Charles V McFeaters, 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 gethering 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 09/ 23/ 2014 AREA Code NUMBER MM/DD/YYYY

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

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

Page 12

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

AME:

FIRST ENERGY NUCLEAR OPERATING

DDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY: OCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

TTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER 101A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

	MONITORING PERIOD									
	MM/DD/YYYY		MM/DD/YYYY							
FROM	08/ 01/ 2014	то	08/ 31/ 2014							

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAIGHELEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Н	SAMPLE MEASUREMENT										
0400 1 0 :ffluent Gross					6 MINIMUM		9 MAXMUML	рН		Weekly	GRAB.
iolids, total suspended	SAMPLE MEASUREMENT										
0530 1 0 Effluent Gross	PERMIT REQUIREMENT		******		******	30 MO AVG*	100* /DAILY MX	mg/L		Weekly	COMP-2
)il & grease	SAMPLE MEASUREMENT										
0556 1 0 Effluent Gross	PERMIT REQUIREMENT		*****			15 MO:AVG	20 DAJLY MX			Weekly	GRAB
Vitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
10610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	**************************************		******	Req: Mon. MO AVG	Req. Mon DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
30050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG		Mgal/d	7.00	*****				DAILY	CONTIN
-lydrazine	SAMPLE MEASUREMENT										
31313 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 persponel		TEI	EPHONE	DATE		
Charles V McFeaters, 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 ewere that there are significant penalties for submitting false information,		724	682-7773	09/ 23/ 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. SAMPLES SHALL BE TAKEN AT THE DISCHARGE FROM THE CHEMICAL WASTE SUMP PRIOR TO MIXING WITH ANY OTHER WATER.

MONITORING PERIOD

Page 13

'ERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

IAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY:

BEAVER VALLEY POWER STATION

.OCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

08/ 01/ 2014

102A DISCHARGE NUMBER

MM/DD/YYYY

08/ 31/ 2014

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Discharge

PARAMETER			TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
: UMARTEL		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
эн	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.1	N/A	8.3	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	25	59	mg/L	0	3 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******	30 MO AVG	100 DAILY MX	mg/L		Twice Per	GRAB.
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	3.77	*****	N/A	*****	16 MO:AVG	20 DAILY:MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req Monsif	Mgal/d	******	******	pid1******	N/A		Twice Pen Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, 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 09/ 23/ 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.

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 14

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

AME:

FIRST ENERGY NUCLEAR OPERATING

DDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY:

BEAVER VALLEY POWER STATION

OCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

.TTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

08/ 01/ 2014

103A

MM/DD/YYYY

08/ 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 CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Н	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.8	N/A	7.9	рΗ	0	2 / 31	, GRAB
10400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM		9 MAXIMUM	рН		Twice Per Month	GRAB <sub>1</sub>
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<7	10	mg/L	0	2 / 31	24 HR COMP
10530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A		30 MO <sub>A</sub> VG	100 DAILY MX	mg/L		Twice Ren Month	COMP24
low, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.027	0.044	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Reg. Mon DAILY MX	Mgal/d		******		N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

TELEPHONE DATE 724 682-7773 09/ 23/ 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

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

AME:

FIRST ENERGY NUCLEAR OPERATING

DDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY:

BEAVER VALLEY POWER STATION

DCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

TTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

111A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Discharge

J	MONITORING PERIOD								
Γ	MM/E	DOM	ΥΥ		MM/DD/YYYY				
FROM	08/	01/	2014	то [	08/	31/	2014		
_				_					

PARAMETER		QUANTI	QUANTITY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CHAIRETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Н	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.4	N/A	8.5	pН	0	1 / 7	GRAB
0400 1 0 Iffluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9. MAXIMUM	pН		Weekly	GRAB
iolids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	8	mg/L	0	1 / 7	GRAB
0530 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A		30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB L
)il & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<b>&lt;</b> 5	mg/L	0	1 / 7	GRAB
10556 1 0 Effluent Gross	PERMIT REQUIREMENT	*******		N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
low, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
i0050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Reg Mon DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER					
Charles V McFeaters, 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 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 09/ 23/ 2014 **AREA Code** NUMBER MM/DD/YYYY

Form Approved OMB No. 2040-0004

Page 16

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

VAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

\_OCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER 113A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

ſ	MONITORING PERIOD									
	MM/C	DOM	ΥΥ		MM/E	DD/YY	YY ]			
FROM	08/	01/	2014	TO	08/	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			
Нс	SAMPLE MEASUREMENT				· · · · · · · · · · · · · · · · · · ·						
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	*****	9 MAXIMUM,	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		*****	30 MO AVG	60: DAILY MX*	mg/L		Twice Per Month	COMP48
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.043 MØ AVG	Req. Mon DAILY MX	Mgal/d	******	<b>,,,,,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					1.4 MO AVG	3.3 INST MAX	mg/L	7,50	Twice Per Month	GRAB.
Coliform, fecal general	SAMPLE MEASUREMENT								1. cm/ 12000 .c		December 1
74055 1 1 Effluent Gross	PERMIT REQUIREMENT		******			200 MO GEØMN	****	#/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	^	TEL	.EPHONE	DATE
Charles V McFeaters, 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,	00	724	682-7773	09/ 23/ 2014
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Cods	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

TO

Page 17

'ERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

IAME:

FIRST ENERGY NUCLEAR OPERATING

IDDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY: .OCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

08/ 01/ 2014

203A

MM/DD/YYYY

08/ 31/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

DADAMETED		QUANTI	QUANTITY OR LOADING QUALITY OR CONCENTRATION						NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE VALUE UNITS		VALUE VALUE		VALUE	UNITS			
Н	SAMPLE MEASUREMENT										
0400 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		<b>****</b>			30 MOYAVG	60 P DAILYIMX	mg/L		Twice Per Month	COMPs8
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		900 m Cal ( ) 22 3 3 4				Weekly	MEASRO
Chlorine, total residual	SAMPLE MEASUREMENT					W. P. WAS TO S. M. C.					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					i1.4 MolaVg©	3.3 INST:MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT		AND THE PROPERTY OF THE PROPER		Gartina				Market and Far		The second second second second
74055 1 1 Effluent Gross	PERMIT REQUIREMENT		THE RESERVE TO BE COME TO SHAPE THE			200 MØ 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					
Charles V McFeaters, 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 parsons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of line and imprisonment for knowing violations.

	TEI	EPHONE	DATE
	724	682-7773	09/ 23/ 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)

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

MONITORING PERIOD

Page 18

'ERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

IAME:

FIRST ENERGY NUCLEAR OPERATING

**\DDRESS**:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY:

BEAVER VALLEY POWER STATION

.OCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

08/ 01/ 2014

211A **DISCHARGE NUMBER** 

MM/DD/YYYY

08/ 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
I GIVOIDATEIN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Нс	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 MINIM⊎M		19 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		****	N/A	1	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******** *****************************		N/A		15 MO:AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A		-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req Mon DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, 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 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

	TEI	EPHONE	DATE
-	724	682-7773	09/ 23/ 2014
	AREA Code	NUMBER	MM/DD/YYYY

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 19

'ERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

IAME:

FIRST ENERGY NUCLEAR OPERATING

IDDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY:

BEAVER VALLEY POWER STATION

.OCATION: PA ROUTE 168

CUIDDINGDODT DA AEDZZOO

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615

FROM

MM/DD/YYYY

08/ 01/ 2014 TO

213A DISCHARGE NUMBER

MM/DD/YYYY

08/ 31/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No Discharge X

PARAMETER		QUANTI	TY OR LOADING		G	QUALITY OR CONC	ENTRATION	, , , , , , , , , , , , , , , , , , , ,	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
COMPLEX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Н	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		6 MINIMUM		9 MAXIMUM	рН		Twice Per Month.	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
0530 1 0 Effluent Gross	PERMIT REQUIREMENT				*****	30 ' NO 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	******	******	******			Weekly	ESTIMA <sub>®</sub>
Chlorine, total residual	SAMPLE MEASUREMENT									·	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		*****	5 MO AVG	1.25 INST MAX	mg/L		Twice Per Month:	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER						
Charles V McFeaters,	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
 09/ 23/ 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.

MONITORING PERIOD

TO

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: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

08/ 01/ 2014

301A DISCHARGE NUMBER

MM/DD/YYYY

08/ 31/ 2014

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

UNIT 2 AUX BOILER BLOWDOWN,

Internal Outfall

No Discharge

PARAMETER		QUANTIT	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		ļ	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	·<5	5	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	******* 30	30 MO AVG	100 DAILY MX	mg/L		Twice Per A Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<b>&lt;</b> 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	Reg Mon, MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	**************************************	75-95-22-23-38-38-38-38-38-38-38-38-38-38-38-38-38	N/A	artices.	Weekly	ESTIMA

Charles V McFeaters, 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 09/ 23/ 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 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: B

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615

303A DISCHARGE NUMBER

MAJOR

DMR MAILING ZIP CODE: 150770004

(SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

No Discharge

	MONITORING PERIOD										
	MM/E	D/YY	ΥΥ		MM/C	ראסכ	<b>YY</b>				
FROM	08/	01/	2014	TO	08/	31/	2014				

PARAMETER		QUANTITY OR LOADING QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM:	pН		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
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		·						-		
50050 1 0 Effluent Grøss	PERMIT REQUIREMENT	Reg. Mon MO'AVG	Req Mon DAILY MX	Mgai/d	********			N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, 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 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
 09/ 23/ 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.

Form Approved
OM8 No. 2040-0004

Page 22

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

.OCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615

313A DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Discharge

	MONITORING PERIOD											
	MM/DD/YYYY				MM/DD/YYYY							
FROM	08/	01/	2014	то [	08/	31/	2014					

PARAMETER		QUANTI	TY OR LOADING		G	QUALITY OR CONCENTRATION					SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Нс	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.8	N/A	7.5	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<11	21	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	6	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		* Weekly)	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A		1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req Mon DAILY MX	Mgai/d			*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, 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 sware 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
 09/ 23/ 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

TO

Form Approved OMB No. 2040-0004

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

Page 23

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: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

08/ 01/ 2014

401A DISCHARGE NUMBER

MM/DD/YYYY

08/ 31/ 2014

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Discharge

PARAMETER		QUANTI	QUANTITY OR LOADING QUALITY OR CONCENTRATION				ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	9.4	N/A	9.4	рН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************		N/A	6 MINIMUM:		Req Mon MAXIMUM	pН		Twice, Per — Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	3 / 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	8	9	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	Reg. Mon. MO AVG	Req: Mon.	Mgal/d	******	******	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, 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.

TELEPHONE DATE 724 682-7773 09/ 23/ 2014 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER MM/DD/YYYY **AUTHORIZED AGENT** 

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

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

MONITORING PERIOD

TO

Page 24

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

IAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY:

BEAVER VALLEY POWER STATION

.OCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

08/ 01/ 2014

403A DISCHARGE NUMBER

MM/DD/YYYY

08/ 31/ 2014

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

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

PARAMETER		QUANTI	QUALITY OR LOADING QUALITY OR CONCENTRATION						NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Нс	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	******		6 MINIMUM 5	******	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 C DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT				**************************************	Reg Mon M© AVG	Reg Mon DAILY MX	mg/L		Weekly	GRAB :
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	7.5.4	*****		*****	0 MO AVG	DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Rég. Mon: MO AVG	Req. Mon. DAILY MX	Mgal/d	Abbass.	******				Weekly	- ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT		ı.								
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******			******	5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	direction or supervision i
Charles V McFeaters, DIRECTOR OF SIT OPERATIONS	information, the informat and complete. I am awa
TYPED OR PRINTED	Including the possibility of

I certify under penalty of law that this document and all attachments were prepared under my in accordance with a system designed to assure that qualified personnel aluate the information submitted. Based on my inquiry of the person or the system, or those persons directly responsible for gathering the ation submitted is, to the best of my knowledge and belief, true, accurate, ware that there are significant penalties for submitting false information,

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

**TELEPHONE** DATE 724 682-7773 09/ 23/ 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

Page 25

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: \_OCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

08/ 01/ 2014

403A DISCHARGE NUMBER

MM/DD/YYYY

08/ 31/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharge

PARAMETER		QUANTI	QUANTITY OR LOADING QUALITY OR CONCENTRATION					NO. FREQUENCY EX OF ANALYSI		SAMPLE TYPE	
i curcient tarr		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

MONITORING PERIOD

TO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, 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 09/ 23/ 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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 26

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

08/ 01/ 2014

413A DISCHARGE NUMBER

MM/DD/YYYY

08/ 31/ 2014

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

**BULK FUEL STORAGE DRAIN** 

Internal Outfall

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A		N/A		рН			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	*****	9. MAXIMUM	рH		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	¥ 20.	Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			MGD				N/A			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. 1 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		TEI	EPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	09/ 23/ 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 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:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/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

FR	OM 08/ 01/		08/ 31/	YY 2014			
QUANT	TY OR LOADING	<b>i</b>		QUALITY OR CONC	ENTRATION	<del></del>	NO EX
LUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1 minutes jant		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	KYZ.	Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon MO AVG	Req Mon DAILY MX	Mgal/d			******		10 A 25 5 7	Weekly	ESTIMA:

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	ľ
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	
TYPED OR PRINTED	1

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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 gethering 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 09/ 23/ 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.

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 1

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

IAME:

FIRST ENERGY NUCLEAR OPERATING

DDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY:

BEAVER VALLEY POWER STATION

**QCATION:** PA ROUTE 168

SHIPPINGPORT, PA 150770004

TTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

**FROM** 

MM/DD/YYYY

08/ 01/ 2014

001A DISCHARGE NUMBER

MM/DD/YYYY

08/ 31/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			···-
H	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.9	N/A	8.6	pН	0	1 / 7	GRAB
19400 1 0 Effluent Gross	PERMIT REQUIREMENT	######################################	777	N/A	6 MINIMŪM:		9 MAXIMUM	рН		Weekly	GRAB.
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG / GG	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	<0.022	<0.022	mg/L	0	4 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT		****	N/A	******	0 MO:AVG	O DAILY MX	mg/L		When Discharging	-COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	44.5	48.3	MGD	N/A	N/A	N/A	N/A	_	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon: MO AVG	Req. Mon. DAILY MX	Mgal/d	******	•••••	******	N/A		Dally	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1	0.11	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*********	******	N/A	******	5. AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRĀB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1	0.1	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	7.2.4.4.4.4.	.2. AVERĀGE	5. MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG ·	GG	mg/L	GG	GG / GG	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	******	0 MO AVG	0 DAILYMX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

TELEPHONE DATE 724 682-7773 09/ 23/ 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. THE LIMIT IS 35 MG/L AS A DAILY MAX. The DT-1 daily maximum was 18.5 mg/L ADC 08/13/14

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

MONITORING PERIOD

TO

Mgal/d

Form Approved OMB No. 2040-0004

Page 2

ESTIMA\*

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

AME:

0050 1 0

**Effluent Gross** 

FIRST ENERGY NUCLEAR OPERATING

PERMIT

REQUIREMENT

DDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY:

BEAVER VALLEY POWER STATION

OCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

JTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

Req. Mon.

DAILY MX

FROM

Req: Mon:

MO AVG

MM/DD/YYYY

08/ 01/ 2014

002A DISCHARGE NUMBER

MM/DD/YYYY

08/ 31/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

N/A

INTAKE SCREEN BACKWASH

External Outfall

No Discharge

Weekly

	•										
PARAMETER	QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
low, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Charles V McFeaters, DIRECTOR OF SITE **OPERATIONS** TYPED OR PRINTED

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

TELEPHONE DATE 724 682-7773 09/ 23/ 2014 AREA Code NUMBER MM/DD/YYYY

Form Approved OMB No. 2040-0004

Page 3

Page 1

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

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY:

BEAVER VALLEY POWER STATION

\_OCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

003A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfall

No Discharge

	MONITORING PERIOD											
	MM/C	NOC	/YY		MM/DD/YYYY							
FROM	08/	01/	2014	то [	08/	31/	2014					

PARAMETER		QUANTITY		Y OR LOADING		QUALITY OR CONCENTRATION					SAMPLE TYPE
1 AMBETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.027	0.044	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	a ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

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TELEPHONE DATE 724 682-7773 09/ 23/ 2014 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code MM/DD/YYYY NUMBER **AUTHORIZED AGENT** 

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 4

'ERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

IAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY: BEAVER VALLEY POWER STATION .OCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

08/ 01/ 2014

004A

MM/DD/YYYY

08/ 31/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Н	SAMPLE MEASUREMENT			N/A							
)0400 1 0 Effluent Gross	PERMIT REQUIREMENT	****		N/A	6 MINIMUM	******	9 MAXIMUM	pН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2									
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req. Mon DAILY MX	Mgal/d	*****			N/A		Weekly	MEASRO
Chlorine, total residual	SAMPLE MEASUREMENT			N/A			•				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A			1,25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT			N/A							
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	******	.2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, 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 gether and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am awars 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 09/ 23/ 2014 **AREA Code** NUMBER MM/DD/YYYY

Form Approved OMB No. 2040-0004

Page 5

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

IAME:

**Effluent Gross** 

FIRST ENERGY NUCLEAR OPERATING

REQUIREMENT

DDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY: BEAVER VALLEY POWER STATION .OCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

**NTTN: CHARLES V MCFEATERS/DIR SITE OPER** 

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

08/ 01/ 2014

006A

MM/DD/YYYY

08/ 31/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Discharge

						_					
PARAMETER		QUANTI	TY OR LOADING		. 0	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
30050 1 0	PERMIT	Req Mon.	Req. Mon		*****	*****	*****	NIZA	Andrews of	THE STANGE OF STANGE OF	Pare Provide

MONITORING PERIOD

TO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Charles V McFeaters, 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 formation, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

TELEPHONE DATE 724 682-7773 09/ 23/ 2014 **AREA Code** NUMBER MM/DD/YYYY

OMB No. 2040-0004

'ERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

IAME:

FIRST ENERGY NUCLEAR OPERATING

\DDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY: .OCATION: PA ROUTE 168

BEAVER VALLEY POWER STATION

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

007A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfall

[	MONIT	DRING	PERIOD
[	MM/DD/YYYY	]	MM/DD/YYYY
FROM[	08/ 01/ 2014	] то	08/ 31/ 2014

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			
Hc	SAMPLE MEASUREMENT										
)0400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************			6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			· · · · · · · · · · · · · · · · · · ·							
i0050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Reg Mon.	Mgal/d	******	*****	***************************************			Weekly	GRAB()
Chlorine, total residual	\$AMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5 MOAVG	1:25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT					-					
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB.

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	EPHONE
Charles V McFeaters, 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,	OV	724	682-7773
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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.

DATE

MM/DD/YYYY

09/ 23/ 2014

Form Approved OMB No. 2040-0004

Page 7

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

IAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY:

BEAVER VALLEY POWER STATION

**\_OCATION:** PA ROUTE 168

PAROUTE 100

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615

008A DISCHARGE NUMBER

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

DMR MAILING ZIP CODE: 150770004

External Outfall

No Discharge

	MONITORING PERIOD									
	MM/C	7Y\Q(	YY	_[	MM/DD/YYYY					
FROM	08/	01/	2014	то	08/	31/	2014			

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I WANT LEI		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Н	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM	**************************************	9 MAXIMÜM	pН		Twice:Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT				****	30 MO AVG	9100 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	14 (1 <b>******</b>			N/A	4.	Weekly	: ESTIMA-

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	ľ
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	
TYPED OR PRINTED	ľ

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 sphmitted 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
 09/ 23/ 2014

 AREA Code
 NUMBER
 MM/DD/YYYY

MONITORING PERIOD

Page 8

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

AME:

FIRST ENERGY NUCLEAR OPERATING

.DDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY:

BEAVER VALLEY POWER STATION

OCATION: PAROUTE 168

SHIPPINGPORT, PA 150770004

TTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

08/ 01/ 2014

010A DISCHARGE NUMBER

MM/DD/YYYY

08/ 31/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 2 COOLING WATER

External Outfall

No Discharge

PARAMETER			QUANTITY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Н	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.8	N/A	8.0	рН	0	1 / 7	GRAB
10400 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	<0.022	<0.022	mg/L	GG	2 / 31	24 HR COMP
)4251 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	4.5	5.8	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
30050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO:AVG	Req. Mon	Mgal/d	**************************************	(efficient)	******* *******	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	0.0	0.1	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A		2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER							
Charles V McFeaters, 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 bellef, 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 09/ 23/ 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)

The DT-1 daily maximum was 3.6mg/L ADC 08/13/14

Form Approved
OMB No. 2040-0004

Page 9

'ERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

IAME:

FIRST ENERGY NUCLEAR OPERATING

IDDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY:

BEAVER VALLEY POWER STATION

.OCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615

011A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Discharge

. [	MONITORING PERIOD									
{	MM/S	DD/Y\	ΥΥ		MM/C	DD/YY	ΥY			
FROM	08/	01/	2014	TO	08/	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	0.004	0.004	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon DAILY MX	Mgai/d		*****		N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	
Charles V McFeaters, DIRECTOR OF SITE	
OPERATIONS	
	$\neg$

TYPED OR PRINTED

I cartify 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 personned properly gether and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TELEPHONE

724 682-7773

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER

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

DATE

MM/DD/YYYY

09/ 23/ 2014

Form Approved OMB No. 2040-0004

Page 10

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

AME:

FIRST ENERGY NUCLEAR OPERATING

DDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY: OCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

TTN: CHARLES V MCFEATERS/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

[	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
FROM	08/ 01/ 2014	TO	08/ 31/ 2014						

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Н	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.6	N/A	8.6	pН	0	1 / 31	GRAB
:0400 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	6 MINIMUM	*****	9 MAXIMUM*	pH.		Once Per Month!	GRAB!
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0417	0.0583	mg/L	0	2 / 31	GRAB
11042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	******	Req Mon. *MO AVG	Reg Mon DAILY MX	mg/L		Twice Per Month	GRAB
Linc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1	0.1	mg/L	0	2 / 31	GRAB
11092 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	Reg. Mon. MO AVG	Req Mon DAILY MX	Mgal/d	******	*****		N/A	17.49 63.5	Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	450	468	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A		Req. Mon: MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	09/ 23/ 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

MONITORING PERIOD

TO

Page 11

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

AME:

FIRST ENERGY NUCLEAR OPERATING

.DDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY:

BEAVER VALLEY POWER STATION

OCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

OIM 1 11101 OI(1,1 A 100110004

JTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615

FROM

MM/DD/YYYY

08/ 01/ 2014

013A DISCHARGE NUMBER

MM/DD/YYYY

08/ 31/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

OUTFALL 013 External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1 O MILL LEW		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
ıH H	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.8	N/A	7.5	N/A	0	1 / 7	GRAB
10400 1 0 Effluent Gross	PERMIT REQUIREMENT		****	N/A	6 MINIMUM	*****	9 MAXIMUM	рН		Weekly	GRABUH
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
)0720 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	*****	Req. Mon. MO AVG	Req Mon	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0115	0.0129	N/A	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT		****	N/A	7 <b>******</b>	Req Mon MO AVG	Reg. 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	*****	Reg Mon. MOrAVG	Req Mon.	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	Req. Mon DAILY MX	Mgal/d	*****	*****	, <b>, , , , , , , , , , , , , , , , , , </b>	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, DIRECTOR OF SITE
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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 aubmitted 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
 09/ 23/ 2014

 AREA Code
 NUMBER
 MM/DD/YYYY

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

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

Page 12

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

AME:

FIRST ENERGY NUCLEAR OPERATING

DDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY: OCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

TTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER 101A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

	MONITO	RING	PERIOD
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/ 01/ 2014	TO	08/ 31/ 2014

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAIMIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Н	SAMPLE MEASUREMENT										
0400 1 0 iffluent Gross	PERMIT REQUIREMENT				6 MINIMUM'		9 MAXIMUM	рН		Weekly	GRAB
olids, total suspended	SAMPLE MEASUREMENT										
0530 1 0 :ffluent Gross	PERMIT REQUIREMENT			·· <u></u>	*****	30 MO'AVG	100* DAILY:MX	mg/L		Weekly	COMP-2
Dil & grease	SAMPLE MEASUREMENT										
10556 1 0 Effluers Gross	PERMIT REQUIREMENT					15 MO AVG	DAILY MX	mg/L		Weekly	GRAB
litrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
0610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		7*************************************	Req Mon MO:AVG	Reg. Mon. DAILY MX	mg/L		Weekly	GRAB .
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon.: M@ AVG		Mgai/d			******	. A. 98		DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT										
31313 1 0 Effluent Gross	PERMIT REQUIREMENT		*******		******	Req Mon MO AVG	Reg Mon DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and compilete. I am aware that there are significant penalties for submitting false information,	Ch	724	682-7773	09/ 23/ 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. SAMPLES SHALL BE TAKEN AT THE DISCHARGE FROM THE CHEMICAL WASTE SUMP PRIOR TO MIXING WITH ANY OTHER WATER.

Page 13

'ERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

IAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

.OCATION: PA

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615

102A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

==0004

MAJOR

(SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Discharge

	MONITORING PERIOD											
	MM/I	רא/סכ	<b>/</b> YY		MM/DD/YYYY							
FROM	08/	01/	2014	TO	08/	31/	2014					
_												

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Н	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.1	N/A	. 8.3	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	25	59	mg/L	0	3 / 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. MO AVG	Req. Mon. DAILY MX	Mgal/d				N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, 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 ewere 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
 09/ 23/ 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.

OMB No. 2040-0004

Page 14

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

AME:

FIRST ENERGY NUCLEAR OPERATING

DDRESS:

10050 1 0

Effluent Gross

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY:

BEAVER VALLEY POWER STATION

OCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

.TTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

Rea Mon.

DAILY MX

FROM

Rea. Mon.

MO AVG

MM/DD/YYYY

08/ 01/ 2014

103A DISCHARGE NUMBER

MM/DD/YYYY

08/ 31/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

N/A

SLUDGE SETTLING BASIN

Internal Outfall

No Discharge

Twice Per

Month

ESTIMA

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			! !
·H	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.8	N/A	7.9	рН	0	2 / 31	GRAB
0400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 - MINIMUM → E		9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<7	10	mg/L	0	2 / 31	24 HR COMP
10530 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	0.027	0.044	MGD	N/A	N/A	N/A	N/A	_	2 / 31	EST

Mgai/d

MONITORING PERIOD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Charles V McFeaters. DIRECTOR OF SITE											
Charles V McFeaters, 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, ncluding the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 09/ 23/ 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.

MEASUREMENT

PERMIT

REQUIREMENT

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 15

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

AME:

FIRST ENERGY NUCLEAR OPERATING

DDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

ACILITY: OCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

TTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

08/ 01/ 2014

111A DISCHARGE NUMBER

MM/DD/YYYY

08/ 31/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Н	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.4	N/A	8.5	рН	0	1 / 7	GRAB
0400 1 0 :ffluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pН		Weekly	GRÄB
olids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	8	mg/L	0	1 / 7	GRAB
0530 1 0 :ffluent Gross	PERMIT REQUIREMENT	*****	******	N/A		30 MO AVG	DAILY MX	mg/L		Weekly	GRAB'
)il & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
I0556 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A		15 MO AVG	20 DAILY:MX	mg/L		Weekly	-GRAB
low, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	_	1 / 7	EST
30050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	Red Mon DAILY MX	Mgal/d		*****	13, 62	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										
Charles V McFeaters, 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 gether and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, ncluding the possibility of fine and imprisonment for knowing violations.

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

TEI	EPHONE	DATE
724	682-7773	09/ 23/ 2014
AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

Page 16

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

VAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

FACILITY: PA ROUTE 168 -OCATION:

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

113A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

No Discharge

	MONITORING PERIOD										
Ţ	MM/t	Y\ac	YY		MM/DD/YYYY						
FROM	08/	01/	2014	то	08/	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			
Нс	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 Rer 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			<b>1000</b>	N/A		Weekly	MEASRO
Chlorine, total residual	SAMPLE MEASUREMENT								-		
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	\$5.20 ( <b>******</b>	· · · · · · · · · · · · · · · · · · ·		MO AVG	318 INST/MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT		<b>*****</b>			200 MO GEOMN		#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			5. ******* 5. *******	25 ⊮∴ MØ.AVG	50# DAILY:MX	mg/L		Twice Per Month	-COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction of 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 09/ 23/ 2014 NUMBER AREA Code MM/DD/YYYY

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

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

MONITORING PERIOD

TO

Page 17

'ERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

IAME:

ACILITY:

FIRST ENERGY NUCLEAR OPERATING

IDDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

.OCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

**ATTN: CHARLES V MCFEATERS/DIR SITE OPER** 

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

08/ 01/ 2014

203A

DISCHARGE NUMBER

MM/DD/YYYY

08/ 31/ 2014

MAIN SEWAGE TMT PLANT

DMR MAILING ZIP CODE: 150770004

Internal Outfall

MAJOR

(SUBR05)

PARAMETER		QUANTITY OR LOADING			(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Н	SAMPLE MEASUREMENT										
)0400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMŮM	*****	9 - MAXIMUM' = 1	рН		Twice Per Month:	GRAB.
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************			**************************************	30 MO;AVG	60 DAILY MX	mg/L		Twice Per Month	COMP48
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	023 MØ AVG	Req. Mont DAILY MX	Mgal/d						Weekly	MEASRO
Chlorine, total residual	SAMPLE MEASUREMENT					1					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		******	1.4 MO.AVG	INST MAX	mg/L	7.	Twice Per // Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										land distribution of the second
74055 1 1 Effluent Gross	PERMIT REQUIREMENT					200 MO GEOMN		#/100ml		Twice Rer	GRAB.
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT				200	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										
Charles V McFeaters, 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 panalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

	TEL	EPHONE	DATE			
	724	682-7773	09/ 23/ 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)

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

'ERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

IAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY:

BEAVER VALLEY POWER STATION

.OCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/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/S	א/סכ	ſΥΥ		MM/I	DD/Y	MY				
FROM	08/	01/	2014	то [	08/	31/	2014				

PARAMETER			QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	פדומט	VALUE	VALUE	VALUE	UNITS			
Н	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.1	N/A	8.3	pН	0	1 / 7	GRAB
0400 1 0 Effluent Gross	PERMIT REQUIREMENT	, <b>, , , , , , , , , , , , , , , , , , </b>	*****	N/A	6 MINIMUM		9 MAXIMUM	рΗ		Weekly	GRAB:
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	4	mg/L	0	1 / 7	GRAB:
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A		; 30 MO AVG	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	*****	7 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 <sup>-</sup>	N/A	N/A		-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MÖ/AVG	Req. Mon. DAILY MX	Mgal/d		ing the Park		N/A	8,7	Weekly	ESTIMA

Charles V McFeaters, 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 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** 

TELEPHONE DATE 724 682-7773 09/ 23/ 2014 AREA Code NUMBER MM/DD/YYYY

MONITORING PERIOD

TO

Page 19

'ERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

IAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY:

BEAVER VALLEY POWER STATION

.OCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

08/ 01/ 2014

213A DISCHARGE NUMBER

MM/DD/YYYY

08/ 31/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfail

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Н	SAMPLE MEASUREMENT									-	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	pН		Twice:Rer 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. MO AVG	Req. Mon DAILY MX	Mgai/d	******		77	į		Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			*****	.5 MO AVG	1:25 INST MAX	mg/L		∴Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, 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 09/ 23/ 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.

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 20

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

08/ 01/ 2014

301A DISCHARGE NUMBER

MM/DD/YYYY

08/ 31/ 2014

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfail

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	5	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	**************************************	N/A	*****	230 MO:AVG	100 DAILY:MX	mg/L		Twice Per	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<b>&lt;</b> 5	<5	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	N/A	******	15 MO AVG	, 20 DAILY MX	mg/L		Twice?Per Month	GRÁB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	_	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Req. Mon DAILY MX	Mgsl/d	*****	*****	******	N/A	Mr.	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		TEL	EPHONE	DATE
Charles V McFeaters, 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 penalies for submitting false information,	CN	724	682-7773	09/ 23/ 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.

MONITORING PERIOD

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: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

08/ 01/ 2014

303A

DISCHARGE NUMBER

MM/DD/YYYY

08/ 31/ 2014

MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR

DMR MAILING ZIP CODE: 150770004

Internal Outfall

No Discharge

`.											
PARAMETER		QUANTI	TY OR LOADING		G	QUALITY OR CONCENTRATION					SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hq	SAMPLE									<u> </u>	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	******	9. *	рН		Weekly	GRAB
Solids, total suspended	SAMPLE	grift village et in competition of the section of	是大學的 (2000年) 2000年 (2000年)		Signification (INCOMPANY)	THE STATE OF THE PARTY OF	MAAIWOW	pn	N CARTON D. T		
•	MEASUREMENT				22 1 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Section of the AA	Market Call Bay Telephon		3, 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	   स्टब्स्ट्रेस चर्चे स्टब्स्ट्र	
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	mg/L		Weekly	-GRAB
Flow, in conduit or thru treatment plant	SAMPLE	12.000 <u> 13.000                                 </u>	Control of		F. 12 C. A. 12 A. 22 A.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19/1	-		
50050 1 0	MEASUREMENT PERMIT	Req Mon: /	* Reg Mon		******	*****	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	N/A		Weekly	ESTIMA
Effluent Gross	REQUIREMENT	. * > MO AVG	DAILY MX	Mgal/d	THE PARTY OF THE PARTY.		Mark San April	5 IV/A	ALC: N	A NYCONIY	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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 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 09/ 23/ 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

TO

Form Approved OMB No. 2040-0004

Page 22

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

VAME: ADDRESS:

-OCATION:

FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

08/ 01/ 2014

313A DISCHARGE NUMBER

MM/DD/YYYY

08/ 31/ 2014

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Discharge

	_										
PARAMETER		QUANTI	TY OR LOADING		G	QUALITY OR CONCENTRATION					SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Нс	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.8	N/A	7.5	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	•	N/A	6 MINIMUM		9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<11	21	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	<b>*****</b>		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	6	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	Reg. Mon. MO AVG	Reg Mon DAILY MX	Mgal/d	******	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, 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 ballef, 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 09/ 23/ 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 OMB No. 2040-0004

Page 23

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

-OCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

401A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Discharge

Γ	MONITORING PERIOD											
Γ	MM/I	יץ/סכ	ſΥΥ		MM/E	DD/YY	ΥΫ́					
FROM	08/	01/	2014	тоГ	08/	31/	2014					
_				_								

PARAMETER		QUANTI	TY OR LOADING		G	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
·		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ης	SAMPLE MEASUREMENT	N/A	N/A	N/A	9.4	N/A	9.4	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		Req: Mon. MAXIMUM	pН		Twice Per_ — Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	3 / 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	8	9	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	Reg Mon MO AVG	Req: Mon DAILY MX	Mgal/d	******		X	N/A		Weekly	ESTIMA

Charles V McFeaters, DIRECTOR OF SITE	OPERATIONS  TYPED OR PRINTED
	•
	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

TEI	EPHONE	DATE
724	682-7773	09/ 23/ 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)

IAME:

FIRST ENERGY NUCLEAR OPERATING

**ADDRESS:** 

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ACILITY:

**BEAVER VALLEY POWER STATION** 

.OCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

403A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

[	MONITORING PERIOD											
-	MM/DD/YYYY		MM/DD/YYYY									
FROM	08/ 01/ 2014	TO:	08/ 31/ 2014									

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	QUALITY OR CONCENTRATION				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	] .		
Н	SAMPLE MEASUREMENT										
)0400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM ⊪		9 MAXIMUMI	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	f. (		44444	30 M© 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	*****	******		*****	Reg 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	Reg. 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.

	direction or supervision in accordance with a system designed to assure that qualified personnel	l
Charles V McFeaters, 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 awars that there are significant penalties for submitting false information,	0
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNA

TELEPHONE DATE 724 682-7773 09/ 23/ 2014 ATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER MM/DD/YYYY **AUTHORIZED AGENT** 

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

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

\_OCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

08/ 01/ 2014

403A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

Pagè 25

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

MONITO	RING	PERIOD
YYYY		MM/DD/YYYY
1/ 2014	TO	08/ 31/ 2014

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		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 ⊘a≝MO AVG ≛ak	0 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Charles V McFeaters, 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 09/ 23/ 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

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

VAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

413A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

**BULK FUEL STORAGE DRAIN** 

Internal Outfall

No Discharge

	MONITORING PERIOD							
	MM/DD/YYYY				MM/DD/YYYY			
FROM[	08/	01/	2014	то [	08/	31/	2014	

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
( Alvaine) Elv		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		u.	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A		N/A		рН			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	⊸6 MINIMUM		9 MAXIMUM	рΉ	4 (4)	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	7. 100 m	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. 2 DAIBY MX	Mgai/d				N/A		Veekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, 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 09/ 23/ 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

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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:

50050 1 0

Effluent Gross

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

Reg Mon.

DAILY MX

FROM

Reg. Mon.

MO AVG

MM/DD/YYYY

08/ 01/ 2014

501A DISCHARGE NUMBER

MM/DD/YYYY

08/ 31/ 2014

DMR MAILING ZIP CODE: 150770004 MAJOR

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAINAMETEN		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										<u></u>

MONITORING PERIOD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, 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 property gather and evaluate the information submitted. Seased on my inquiry of the person or persons who manage the system, or those persons directly responsible for gethering 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 09/ 23/ 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.

PERMIT

REQUIREMENT