



December 22, 2015 L-15-381

Department of Environmental Protection Bureau of Water Quality Management Attention: DMR Clerk 400 Waterfront Drive Pittsburgh, PA 15222

SUBJECT:

<u>Beaver Valley Power Station Discharge Monitoring Report (NPDES) Permit No.</u> PA0025615

Enclosed is the November 2015 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 explanation of NODI codes.

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

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

Sincerely,

Charles V. McFeaters Director, Site Operations

TESTI for

IE25 HLR Beaver Valley Power Station, Unit Nos. 1 and 2 L-15-381 Page 2

Attachment(s):

- 1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001
- 2. Explanation of NODI Codes

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-15-381 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

ATTACHMENT 1

Weekly Dissolved Oxygen Monitoring Results at Outfall 001

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

| SAMPLE DATE | SAMPLE TIME | VALUE | UNITS |
|-------------|-------------|-------|-------|
| 03-Nov-15 | 0900 | 7 | mg/L |
| 09-Nov-15 | 0940 | 7 | mg/L |
| 16-Nov-15 | 0910 | 5 | mg/L |
| 30-Nov-15 | 0850 | 7 | mg/L |
| 30-Nov-15 | 0905 | 7 | mg/L |

- Attachment 1 END -

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-15-381 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

ATTACHMENT 2

Explanation of NODI Codes

| SAMPLE | SAMPLE PARAMETER | CODE | COMMENT |
|--------|------------------|------|----------------------------------|
| 001A | CT-1 | GG | No clamicide done during month |
| 010A | CT-1 | GG | No clamicide done during month |
| 001A | Nitrogen | GG | Wet lay-up not done during month |
| 001A | Hydrazine | GG | Wet lay-up not done during month |

- Attachment 2 END -

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168 SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2015

001A

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2015

DMR MAILING ZIP CODE: 150770004 **MAJOR**

(SUBR05)

UNITS 1&2 COOLG, TOWER BLWDN

External Outfall

No Discharge

| PARAMETER | | QUANTI | ITY OR LOADING | | | QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|-------|-----------|--------------------------|----------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 8.0 | N/A | 8.3 | pН | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ***** | N/A | 6 MINIMUM | ***** | 9 Maximum | pН | | Weekly | GRAB |
| Nitrogen, ammonia total (as N) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | GG | GG | mg/L | 0 | GG / GG | GRAB |
| 00610 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ****** 12 Page 12 Page | N/A | ****** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | 는 연기 회 | Weekly | GRAB |
| CLAMTROL CŢ-1, TOTAL WATER | SAMPLE MEASUREMENT | N/A | N/A. | N/A | N/A | GG | GG | mg/L | 0 | GG / GG | 24 HR COMP |
| 04251 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ****** | N/A | ***** | 0 MO AVG | 0 DAILY MX | mg/L | | When Discharging | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 32.0 | 37.9 | MGD | N/A | N/A | N/A | N/A | - | DAILY | CONT |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon: MO AVG | Req. Mon. DAILY MX | Mgal/d | ****** | estate Herosa | entres. | N/A | | Daily | CONTIN |
| Chlorine, total residual | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.1 | 0.18 | mg/L | 0 | 6 / 30 | GRAB |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ***** | N/A | Property of the second | .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 | 0 | GG / GG | GRAB |
| 81313 1 0 Effluent Gross | PERMIT REQUIREMENT | | ***** | N/A | ****** | 0 MO AVG | 0 DAILY MX | mg/L | | Weekly | GRAB. |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | | | | | |
|--------------------------------------------------|--------------------|--|--|--|--|--|--|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | pro per info | | | | | | |
| TYPED OR PRINTED | inc | | | | | | |

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

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

TELEPHONE DATE 724 682-7773 12 18 2015 **AREA Code** MM/DD/YYYY NUMBER

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

HYDRAZINE / AMMONIA MONITORING APPLY DURING PERIODS OF WET LAYUP. REPORT DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX. NALCO 1315 daily Grab samples for Free Chlorine per permit Part C13 are being taken while repairs made. WMC 12-16-15

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168 SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER 002A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Discharge

| [| MONITORING PERIOD | | | | | | | | | | |
|-----|-------------------|-------|------|----|------------|-----|------|--|--|--|--|
| | MM/I | DD/YY | /YY | | MM/DD/YYYY | | | | | | |
| ROM | 11/ | 01/ | 2015 | TO | 11/ | 30/ | 2015 | | | | |

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

| | 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 | | 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, | 0 1 | 724 | 682-7773 | 12 18 2015 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER 003A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

003

External Outfall

No Discharge

| ſ | MONITORING PERIOD | | | | | | | | | | | |
|-------|-------------------|------|------|----|---------|------|--|--|--|--|--|--|
| | MM/I | DD/Y | /ΥΥ | | MM/DD/Y | ΥΥ | | | | | | |
| FROM[| 11/ | 01/ | 2015 | то | 11/ 30/ | 2015 | | | | | | |

| PARAMETER | | QUANTI | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|---------------------|---------------------|--------|--------|-------------------------------------------|--------|-------|---|--------------------------|----------------|
| COMETEN | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | • | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.108 | 0.118 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | 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 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 724 682-7773

12 18 2015

DATE

AREA Code

NUMBER MM/DD/YYYY

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

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

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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: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

004A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Discharge

| | MONITORING PERIOD | | | | | | | | | | |
|-----|-------------------|-----|------|----|------------|-----|------|---|--|--|--|
| Γ | MM/DD/YYYY | | | | MM/DD/YYYY | | | | | | |
| ROM | 11/ | 01/ | 2015 | то | 11/ | 30/ | 2015 | ĺ | | | |
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| | | | | | | | | • | | | |
| | | | | | | | | _ | | | |

| PARAMETER | | QUANTITY OR LOADING | | | | QUALITY OR CONC | CENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|---------------------|-----------------------|--------|---------------|-----------------|------------------|-------|-----------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS |] | | |
| рН | SAMPLE MEASUREMENT | | | N/A | -, | | | | <u> </u> | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | | 9 MAXIMUM | pН | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ****** | ***** | N/A | | Weekly | MEASRD |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | N/A | N/A | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | | N/A | ***** | .5 MO AVG | 1.25 INST MAX | mg/L | | Weekly | GRAB |
| Chlorine, free available | SAMPLE MEASUREMENT | | | N/A | N/A | | | | | and the second second | <u></u> |
| 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

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

TELEPHONE DATE 682-7773 12 18 2015 NUMBER MM/DD/YYYY

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER 006A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

AUX, INTAKE SCREEN BACKWASH

External Outfall

No Discharge

| | MONITORING PERIOD | | | | | | | | | | | |
|------|-------------------|------|------|----|------|-----|------|--|--|--|--|--|
| [| MM/I | DD/Y | ΛΥ | | MM/E | DDM | /YY | | | | | |
| ROM[| 11/ | 01/ | 2015 | TO | 11/ | 30/ | 2015 | | | | | |

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

| 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 12 18 2015 AREA Code NUMBER MM/DD/YYYY

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

PA0025615 PERMIT NUMBER

007A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

AUX. INTAKE SYSTEM External Outfall

| SHIPPINGPORT, PA 150770004 | | | | MONITORING PERIOD | | | | | | |
|-----------------------------------------|----|------|------|-------------------|------|----|------|------|------|--|
| | | | MM/E | DD/Y | YYY | | MM/I | DD/Y | YY | |
| ATTN: CHARLES V MCFEATERS/DIR SITE OPER | FF | rom[| 11/ | 01/ | 2015 | то | 11/ | 30/ | 2015 | |
| | | _ | | | | - | | | | |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|---------------------|------------------------------------------|--------|---------------------------------------|---------------|------------------|-------|-----------|--------------------------|----------------|
| FARAINETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH - | SAMPLE | | | | | | | | | | |
| 00400 1 0 | MEASUREMENT PERMIT | ***** | **** | | 6 | ***** | 9 | | | Weekly | GRAB |
| Effluent Gross | REQUIREMENT | | | | MINIMÚM | | MAXIMUM | pН | | 473,444,40 | recent to |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ****** | | | Weekly | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | | 7. · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | | | ****** | .5 MO AVG | 1:25 INST MAX | mg/L | | Weekly | GRAB |
| Chlorine, free available | SAMPLE MEASUREMENT | | | | <u></u> | <u> </u> | | | | 1,000 | |
| 50064 1 0 Effluent Gross | PERMIT REQUIREMENT | | ***** | | ***** | .2 AVERAGE | .5 MAXIMUM | ma/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 | | TE | 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, 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 | 12 18 2015 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004 BEAVER VALLEY POWER STATION

FACILITY: LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2015

A800

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2015

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05) UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------------------|-------------------------|---------------------|-----------------------|--------|--------------------------|--------------|-----------------|-------|--|--------------------------|----------------|
| FARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| oH | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | estica Al Anthrope | | 6 MINIMUM | | 9 MUMIXAM | pН | | Twice Per Month | GRAB |
| Solids, total suspended | 9 SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | | | ****** | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Dil & grease | SAMPLE MEASUREMENT | | | | | | | | | | |
| 0556 1 0 Effluent Gross | PERMIT REQUIREMENT | | | | | 15 MO AVG | 20 DAILY MX | mg/L | | Twice Per Month | GRAB |
| low, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req: Mon. DAILY MX | Mgal/d | 44444 | ***** | ***** | N/A | | Weekly | 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 12 18 2015 AREA Code MM/DD/YYYY NUMBER

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Page 8

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

010A DISCHARGE NUMBER

UNIT 2 COOLING WATER External Outfall

MAJOR

(SUBR05)

DMR MAILING ZIP CODE: 150770004

No Discharge

| | MONITORING PERIOD | | | | | | | | | | | |
|------|-------------------|------|------|----|------|------|-------|--|--|--|--|--|
| | MM/I | YYac | /YY | | MM/C | ראסנ | /YY] | | | | | |
| FROM | 11/ | 01/ | 2015 | то | 11/ | 30/ | 2015 | | | | | |

| PARAMETER | | QUANTI | TY OR LOADING | : | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------|-----------------|------------------|-------|-----------|--------------------------|----------------|
| LAMBIEN | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | ļ |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.5 | N/A | 7.8 | pН | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | рН | | Weekly | GRAB |
| CLAMTROL CT-1, TOTAL WATER | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | GG | GG | mg/L | 0 | GG / GG | 24 HR COMP |
| 04251 1 0 Effluent Gross | PERMIT REQUIREMENT | | | N/A | ***** | 0 MO AVG | | 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 |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon: MO AVG | Req. Mon. DAILY MX | Mgai/d | ****** | | **** | N/A | | Weekly | MEASRD |
| Chlorine, total residual | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.1 | 0.07 | 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 | <0.1 | 0.1 | mg/L | 0 | 1 / 7 | GRAB |
| 50064 1 0 Effluent Gross | PERMIT REQUIREMENT | | STATE OF THE STATE | N/A | **** | .2 AVERAGE | .5 MAXIMUM | mg/L | | Weekly | GRÂB |

| | 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, 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 late information. | The Le College of Principal executive Officer or | 724 | 682-7773 | 12 18 2015 |
| 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)

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

011A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Discharge

| | MONITORING PERIOD | | | | | | | | | |
|------|-------------------|------|------|----|------|-----|------|--|--|--|
| | MM/I | DD/Y | /YY | | MM/E | D/Y | MY | | | |
| FROM | 11/ | 01/ | 2015 | то | 11/ | 30/ | 2015 | | | |

| PARAMETER | E. John J. | QUANTITY OR LOADING QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | | | |
|------------------------------------------|-----------------------|----------------------------------------------|----------------------|--------|--------|-----------|--------------------------|----------------|---|--------|--------|
| PAINMETER | | 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 |

| 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 12 18 2015 NUMBER AREA Code MM/DD/YYYY

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

012A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR

10 Page

(SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Discharge

| ſ | MONITORING PERIOD | | | | | | | | |
|------|-------------------|------|------|----|------|-------|------|--|--|
| | MM/I | DD/Y | ΥΥ | | MM/C | DD/YY | /YY | | |
| FROM | 11/ | 01/ | 2015 | TO | 11/ | 30/ | 2015 | | |

| PARAMETER | | QUANTI | TTY OR LOADING | | | QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|---------------------|------------------------------------------|--------|--------------|---------------------|-----------------------|-------|-----------|--------------------------|----------------|
| TAMAGIEN | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | } | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 8.4 | N/A | 8.5 | pН | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pН | | Once Per Month | GRAB |
| Copper, total (as Cu) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.0702 | 0.0840 | mg/L | 0 | 2 / 30 | GRAB |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ************************************** | N/A | | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | GRAB |
| Zinc, total (as Zn) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.1 | 0.1 | mg/L | 0 | 2 / 30 | GRAB |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | | | N/A | | 1.5 MO AVG | 1.5 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon: MO AVG | Req. Mon. DAILY MX | Mgal/d | | AND SOURCE OF | | N/A | | Once Per Month | ESTIMA |
| Solids, total dissolved | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 392 | 404 | mg/L | 0 | 2 / 30 | GRAB |
| 70295 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L_ | | Twice Per Month | GRAB |

| 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 12 18 2015 AREA Code NUMBER MM/DD/YYYY

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 11

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

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

FROM

MM/DD/YYYY

11/ 01/ 2015

013A

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2015

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

OUTFALL 013

External Outfall

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | (| QUALITY OR CONCENTRATION | | | | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|---------------------|-------|-------|--------------|--------------------------|----------------------|-------|---|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | 1 |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.5 | N/A | 8.2 | N/A | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | | | N/A | 6 MINIMUM | | 9 MAXIMUM. | pН | | Weekly | GRAB |
| Cyanide, total (as CN) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <0.01 | <0.01 | N/A | 0 | 2 / 30 | 24 HR COMP |
| 00720 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | | N/A | ***** | Req. Mon. MO AVG | Req Mon. DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Copper, total (as Cu) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.0145 | 0.0154 | N/A | 0 | 2 / 30 | 24 HR COMP |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | | | N/A | | Req. Mon MO AVG | Req Mon. DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Chlorobenzene | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <0.005 | <0.005 | N/A | 0 | 2 / 30 | 24 HR COMP |
| 34301 1 0 Effluent Gross | PERMIT REQUIREMENT | | | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE | 0.002 | 0.002 | MGD | N/A | N/A | N/A | N/A | _ | 2 / 30 | EST |

Mgal/d

| 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 neluding the possibility of fine and imprisonment for knowing violations.

Req. Mon.

DAILY MX

Reg. Mon.

MO AVG

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

AREA Code

724 682-7773

NUMBER

TELEPHONE

N/A

DATE 12 18 2015 MM/DD/YYYY

Twice Per

Month

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

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

MEASUREMENT

PERMIT

REQUIREMENT

ESTIMA

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2015 TO

101A

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2015

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

Page 12

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

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel | | TE | 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, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, | - ~ 1 C 12 C / | 724 | ² 682-7773 | 12 18 2015 |
| TYPED OR PRINTED | Including the possibility of fine and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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

Form Approved OMB No. 2040-0004

Page 13

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2015 TO

102A DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2015

MONITORING PERIOD

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Discharge

| PARAMETER | | | QUANTITY OR LOADING QUALITY OR CONCENTRATION | | | | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|---------------------|----------------------------------------------|--------|--------------|--------------|-----------------|-------|-----------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | \ N/A | N/A | N/A | 7.8 | N/A | 7.9 | рН | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | рΗ | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <4 | <4 | mg/L | 0 | 2 / 30 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | | N/A | | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 | <5 | mg/L | 0 | 2 / 30 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ***** | N/A | | 15 MO AVG | 20 DAILY MX | mg/L | * | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | - 2 / 30 | 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 |

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

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

TELEPHONE DATE 724 682-7773 12 18 2015 MM/DD/YYYY AREA Code NUMBER

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

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

Form Approved OMB No. 2040-0004

Page

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 103A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Discharge

| Γ | MONITORING PERIOD | | | | | | | | |
|------|-------------------|-----|------|------|------------|-----|------|--|--|
| F. | MM/DD/YYYY | | | | MM/DD/YYYY | | | | |
| FROM | 11/ | 01/ | 2015 | TO [| 11/ | 30/ | 2015 | | |

| PARAMETER | | QUANTI | TY OR LOADING | OR LOADING QUALITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | | |
|------------------------------------------|-----------------------|----------------------------------------|-----------------------|-------------------------------------|--------------|----------------------------------------|-----------------|--------------------------|----------------|--------------------|---------------|
| AMAGETEN | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | _ | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.7 | N/A | 7.7 | pН | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ****** | N/A | 6 MINIMUM | ************************************** | 9 MAXIMUM | pН | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <4 | <4 | mg/L | 0 | 2 / 30 | 24 HR COMP |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ************************************** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.108 | 0.118 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | 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 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 12 18 2015 AREA Code NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 15

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

111A

DISCHARGE NUMBER

No Discharge

DMR MAILING ZIP CODE: 150770004

111 DIESEL GENERATOR BLDG

MAJOR

(SUBR05)

Internal Outfall

| [| MONITORING PERIOD | | | | | | | | |
|-----|-------------------|-----|------|----|------|-------|------|--|--|
| | MM/DD/YYYY | | | | MM/I | DD/YY | ΥΥ | | |
| ROM | _11/ | 01/ | 2015 | то | 11/ | 30/ | 2015 | | |

| PARAMETER | PARAMETER | | QUANTITY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|---------------------|----------------------|--------|-----------|-----------------|-----------------|-------|-----------|--------------------------|----------------|
| I AMMETER | | | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.6 | N/A | 8.4 | 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 | <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 | | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | |
|---------------------------------------------|------|
| Charles V McFeaters, DIRECTOR OF OPERATIONS | 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 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 12 18 2015 MM/DD/YYYY AREA Code NUMBER

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2015

113A

MM/DD/YYYY

11/ 30/ 2015

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

No Discharge

| je | X | |
|----|---|--|
|----|---|--|

Page 16

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|----------------|----------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------|---------|-----------|--------------------------|----------------|
| FAINMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | | | | | | | | · | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | #***** | ***** | | 6 MINIMÚM | ****** | 9 MAXIMUM | pН | 100 | Twice Per | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ***** | | ***** | 30 MO AVG | 60 DAILY MX | mg/L | | Twice Per Month | COMP-8 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | .043 MO AVG | Req: Mon DAILY MX | Mgal/d | e de la companya de l | ****** | ****** | N/A | | Weekly | MEASRD |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1.4 MO AVG | 3.3 INST MAX | mg/L | | Twice Per Month | GRAB |
| Coliform, fecal general | SAMPLE MEASUREMENT | <u> </u> | | | | | | | | | |
| 74055 1 1 Effluent Gross | PERMIT REQUIREMENT | ****** | | | Process Charles | 200 MO GEOMN | ************************************** | #/100mL | | Twice Per Month | GRAB |
| BOD, carbonaceous, 05 day 20 C | SAMPLE MEASUREMENT | | | | | | | | | | |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | | , | | 25 MO AVG | 50 DAILY MX | mg/L | | Twice Per Month | COMP-8 |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel | | TE | LEPHONE | DATE |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------|----------|------------|
| 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 penalities for submitting felse information, | TP Stel for C. M. Featers | 724 | 682-7773 | 12 18 2015 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECÚTIVE 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

Form Approved OMB No. 2040-0004

Page 17

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

FACILITY:

SHIPPINGPORT, PA 150770004 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

11/ 01/ 2015 **TO**

203A

MM/DD/YYYY

11/ 30/ 2015

DISCHARGE NUMBER

MAIN SEWAGE TMT PLANT Internal Outfall

MAJOR

(SUBR05)

DMR MAILING ZIP CODE: 150770004

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

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel | | 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, 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, | TISTED Pa C. M. Footors | 724 | 682-7773 | 12 18 2015 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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

Form Approved OMB No. 2040-0004

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

211A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

211 TURBINE BLDG Internal Outfall

No Discharge

| | MONITORING PERIOD | | | | | | | | |
|------|-------------------|----|--------------|--|--|--|--|--|--|
| Γ | MM/DD/YYYY | - | MM/DD/YYYY | | | | | | |
| FROM | 11/ 01/ 2015 | то | 11/ 30/ 2015 | | | | | | |

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|--------------------|---------------------|--------|--------------|-----------------|-----------------|-------|-----------|--------------------------|----------------|
| TANAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 6.9 | N/A | 8.0 | рН | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pН | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 | 10 | mg/L | · 0 | 1 / 7 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRÁB |
| 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 | ĖSTIMA |

| | direction or supervision in accordance with a system designed to assure that qualified personnel | | TEI | _EPHONE | 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, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, | 10+10 C 10 C/ | 724 | 682-7773 | 12 18 2015 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2015 **TO**

213A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

11/ 30/ 2015

MAJOR (SUBR05)

DMR MAILING ZIP CODE: 150770004

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No Discharge

| 1 | X | |
|---|---|--|
| ı | • | |

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------|--------------|-----------------|------------------|-------|-----------|--------------------------|----------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | | | | 6 MINIMUM | ***** | 9 MAXIMUM | pН | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | | | | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | | | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT . REQUIREMENT | Req. Mon MO AVG | Req. Mon. DAILY MX | Mgal/d | **** | | | | | Weekly | ESTIMA |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | · | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | A PART OF THE PART | **** | | | 5 MO AVG | 1:25 INST MAX | mg/L | | Twice Per Month | GRAB |

| L | | 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 |
|-----|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------|----------|------------|
| - 1 | 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 talse information, | TOSTIP For C. M. Freders | 724 | 682-7773 | 12 18 2015 |
| Ī | TYPED OR PRINTED | including the possibility of fine and Imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 20

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2015 TO

301A

MM/DD/YYYY

11/ 30/ 2015

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

No Discharge

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|---------------------|-----------------------|--------|---------|-----------------|----------------|-------|-----------|--------------------------|----------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <4 | <4 | mg/L | 0 | 2 / 30 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ******* | 30° MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 | <5 | mg/L | 0 | 2 / 30 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ****** | 15 MO AVG | 20 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon: MO AVG | Req. Mon. DAILY MX | Mgal/d | | | | N/A | 43 | 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 | | ΥE | LEPHONE | DATE |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------|----------|------------|
| OPERATIONS | properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, 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, | 18th fa C. M. Fraters | 724 | 682-7773 | 12 18 2015 |
| 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

Form Approved
OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT. PA 150770004

FACILITY: LOCATION:

50050 1 0

Effluent Gross

BEAVER VALLEY POWER STATION

PA ROUTE 168

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

SHIPPINGPORT, PA 150770004

PERMIT

REQUIREMENT

PA0025615

Req. Mon.

DAILY MX

FROM

MM/DD/YYYY

11/ 01/ 2015 **TO**

303A

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2015

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

N/A

No Discharge

Weekly

ge X

Page 21

| PARAMETER | | QUANTI | TY OR LOADING | | • | QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-------------|---------------------|-----------------------------------------|-------|---------------------|-----------------------------------------|----------------|-------|---------------------------------------|--------------------------|----------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| ————————————————————————————————————— | SAMPLE | _ | | | | | | | | | |
| Pi i | MEASUREMENT | | | | | ì | | | | | |
| 00400 1 0 | PERMIT | ***** | ****** | | 5 € 6 5 * ** | 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 9 155 | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1A1_111 | GRAB |
| Effluent Gross | REQUIREMENT | | ************************************** | | 6 MINIMUM | ***** | 9 MAXIMUM | pН | | Weekly | GRAD |
| Solids, total suspended | SAMPLE | | | | | | | | | - | |
| oonas, total suspended | MEASUREMENT | | 1 | | | ĺ | [| | [| ſ | |
| 00530 1 0 | PERMIT | TOWN CONTROL OF THE | *************************************** | | **** | 30 | 100 | | | S. Catalogie | GRAB |
| Effluent Gross | REQUIREMENT | | | | | MO AVG | DAILY MX | mg/L | 8.745 | Weekly | GRAD |
| Oil & grease | SAMPLE | | | | | | | | | | |
| On a grease | MEASUREMENT | i | | } | | } | } | | | } | |
| 00556 1 0 | PERMIT | ***** | · · · · · · · · · · · · · · · · · · · | | ARARA | 362 15 % | 20 | | 801A30 | 10/2 Dis 10/2 | GRAB |
| Effluent Gross | REQUIREMENT | | **** | | A A STATE OF | MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAD |
| Flow, in conduit or thru treatment plant | SAMPLE | | | - | | | | | | | |
| riow, in conduit or thru treatment plant | MEASUREMENT | | | | | | | | - | 1 | |

Mgal/d

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel | | 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. 1 am aware that there are significant penalties for submitting false information, | - C M 5/ | 724 | 682-7773 | 12 18 2015 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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

Reg. Mon.

MO AVG

ESTIMA

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 22

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2015 TO

313A

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2015

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Discharge

| PARAMETER | | QUANTI | TY OR LOADING | | | QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|---------------------|----------------------------------------|--------|--------------|-----------------|-----------------|-------|--------------|--------------------------|----------------|
| I AIVAINETEN | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.5 | N/A | 8.2 | pН | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pН | ge dad Sa | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 8 | 9 | mg/L | 0 | 1 / 7 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | | | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 | <5 | mg/L | 0 | 1 / 7 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ************************************** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ****** | | ****** | N/A | | Weekly | ESTIMA |

| ٠ | 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 12 18 2015 MM/DD/YYYY **AREA Code** NUMBER

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

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

Form Approved OMB No. 2040-0004

Page 23

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2015 **TO**

401A

DISCHARGE NUMBER

11/ 30/ 2015

MONITORING PERIOD MM/DD/YYYY DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Discharge

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|---------------------|-----------------------|--------|--------------|-----------------|-----------------------|-------|-----------|--------------------------|----------------|
| FARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.7 | N/A | 8.7 | pН | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ****** | N/A | 6 MINIMUM | | Req: Mon = MAXIMUM | pН | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | . N/A | N/A | N/A | N/A | <4 | <4 | mg/L | 0 | 2 / 30 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 | <5 | mg/L | 0 | 2 / 30 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Twice Per Month | GRAB 1 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | <u>.</u> | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | | N/A | | Weekly | ESTIMA |

| l i | NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my | |
|-----|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| | Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | 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 penalities for submitting false information, | 0000 |
| . [| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | AUTHOR |

ORIZED AGENT

TELEPHONE DATE 724 682-7773 12 18 2015 AREA Code NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 24

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

11/ 01/ 2015 **TO**

403A DISCHARGE NUMBER

11/ 30/ 2015

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

| PARAMETER | | QUANT | TY OR LOADING | | | QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------|----------------------------------------|-----------------------|-------|-----------|--------------------------|----------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | King and a second secon | | 6 MINIMUM | ************************************** | 9 MAXIMUM | pН | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | | 19 2000 | | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | | | l | | | | | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ***** | | Maria <mark>kuntu</mark> an 13 12 maria 13 maria 13 | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Nitrogen, ammonia total (as N) | SAMPLE MEASUREMENT | 1 | | | | | | | | | |
| 00610 1 0 Effluent Gross | PERMIT REQUIREMENT | | | | | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Weekly | GRAB |
| CLAMTROL CT-1, TOTAL WATER | SAMPLE MEASUREMENT | | | | | | | | | | |
| 04251 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | 79LI (*) | , | ****** | 0 MO AVG | 0 DAILY MX | mg/L | | When Discharging | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | , | | | | , | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | _Mgal/d | ****** | ****** | ****** | | | Weekly | ESTIMA |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | | | | .5 MO AVG | 1.25 INST MAX | mg/L | | Weekly | GRAB |

| | 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, 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 | 12 18 2015 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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

MG/L. (THE LIMIT IS 35

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

Page 1

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2015 **TO**

403A

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2015

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharg

| ge X |
|------|
|------|

| PARAMETER | | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|-----------------------------|-----------------------|---------------------|--------|--------------------------|-------|-------------|---------------|-----------|--------------------------|----------------|------|
| COUNTRIES | | 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

| | 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 | 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, | TPStD for C.M. Fraters | 724 | 682-7773 | 12 18 2015 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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

MG/L. (THE LIMIT IS 35

Form Approved OMB No. 2040-0004

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

PA0025615 PERMIT NUMBER

413A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BULK FUEL STORAGE DRAIN

Internal Outfall

No Disch

| arge | X |
|------|---|
|------|---|

Page 26

| SHIPPINGPORT, PA 150770004 | | | N | /IONITC | RING | PERIOD | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|------|---------|------|--------|------|------|
| • | | MM/I | DD/Y | ſΥΥ | | MM/E | D/YY | ΎΥ |
| ATTN: CHARLES V MCFEATERS/DIR SITE OPER | FROM | 11/ | 01/ | 2015 | то | 11/ | 30/ | 2015 |
| | | | | | | | | |
| | | | | | | | | |
| a Constant of the constant of | | | | - | | | | |

| PARAMETER | | QUANTI | TY OR LOADING | - | (| QUALITY OR CONC | ENTRATION | | NO. EX | | SAMPLE TYPE |
|------------------------------------------|-----------------------|---------------------|--------------------|--------|---------|-----------------|-----------------|-------|-----------|--------|----------------|
| I AIGHEILI | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | | N/A | | рН | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | | N/A | MINIMUM | | 9 MAXIMUM | рН | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | | | _ | mg/L | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | | | N/A | | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | | | mg/L | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | | N/A | ****** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB' |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | MGD | | | | N/A | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | | | | N/A | | Weekly | 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 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 12 18 2015 AREA Code NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 27

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

NAME:

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

TELEPHONE

682-7773

NUMBER

| Γ | | R | MONITO | RING | PERIOD | | |
|-------|------|------|--------|------|--------|-------|----------|
| | MM/I | DD/Y | ΥΥΥ | | MM/C | DD/YY | X |
| FROM[| 11/ | 01/ | 2015 | TO [| 11/ | 30/ | 2015 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|---------------------|-----------|--------|--------------------------|---------------------------------------|----------------------------------------------------|-------|-----------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 | PERMIT | **** | **** | | to Address In | .30 🔅 🦠 | 100 | · · | segá lite | Weekly | GRAB |
| Effluent Gross | REQUIREMENT | | | | | MO AVG | DAILY MX | mg/L | | VVEERIY | STAD |
| Flour in conduit or thru tractment plant | SAMPLE | | | | | | | | | | |
| Flow, in conduit or thru treatment plant | MEASUREMENT | | | | | | | | | | |
| 50050 1 0 | PERMIT | Reg. Mon. | Reg. Mon. | | ****** | · · · · · · · · · · · · · · · · · · · | Company of Tababababababababababababababababababab | | 1,000,100 | Weekly | ESTIMA |
| Effluent Gross | REQUIREMENT | MO AVG | DAILY MX | Mgal/d | | | | | | vveekiy | EOTHMA |

| NAM | METITLE PRINCIPAL EXECUTIVE OFFICER | direction or supervision in accordance with a system designed to assure that qualified personnel | | | == |
|-----------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|----|
| 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, | DEPLA CAMEI | 724 | |
| | TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | 1 |

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

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

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

DATE

MM/DD/YYYY

12 18 2015

MANEGER E DOMOGRAL EXPONENTE OFFICED

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168 SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

PA0025615 PERMIT NUMBER

001A DISCHARGE NUMBER

(SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

DMR MAILING ZIP CODE: 150770004

External Outfall

MAJOR

No Discharge

| SHIPPINGPORT, PA 150770004 | | MONITORING PERIOD | | |
|-----------------------------------------|------|-------------------|----|--------------|
| • | | MM/DD/YYYY | | MM/DD/YYYY |
| ATTN: CHARLES V MCFEATERS/DIR SITE OPER | FROM | 11/ 01/ 2015 | то | 11/ 30/ 2015 |

| PARAMETER | 1.00 | QUANTI | ITY OR LOADING | | | QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|---------------------|--------------------|--------|----------------------------------------|----------------------------------------|-----------------------|-------|-----------|--------------------------|----------------|
| 1 AMILLEN | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | , N/A | N/A | 8.0 | N/A | 8.3 | рН | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | | 9 MAXIMUM | рH | 1.4 | Weekly | GRAB |
| Nitrogen, ammonia total (as N) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | GG | GG | mg/L | o | GG / GG | GRAB |
| 00610 1 0 Effluent Gross | PERMIT REQUIREMENT | ******* ******* | ***** | N/A | ***** | Reg. Mon. MO AVG | Req, Mon. DAILY MX | mg/L | | Weekly | GRAB |
| CLAMTROL CT-1, TOTAL WATER | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | GG | GG | mg/L | 0 | GG / GG | 24 HR COMP |
| 04251 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ***** | N/A | ****** | 0 MO AVG | 0 DAILY MX | mg/L | | When Discharging | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 32.0 | 37.9 | MGD | N/A | N/A | N/A | N/A | - | DAILY | CONT |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ************************************** | ************************************** | ****** | N/A | | Daily | CONTIN |
| Chlorine, total residual | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.1 | 0.18 | mg/L | 0 | 6 / 30 | GRAB |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ###### ####### | N/A | ***** | .5 AVERAGE | 1.25 MAXIMUM | mg/L | | Weekly | GRAB |
| Chlorine, free available | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.1 | 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 | 0 | GG / GG | GRAB |
| 81313 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** \$1485 | N/A | ***** | 0 MO AVG | 0 DAILY MX | mg/L | | Weekly | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel | | 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, | TPStel for C. Merrealers | 724 | 682-7773 | 12 18 2015 |
| 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 / AMMONIA MONITORING APPLY DURING PERIODS OF WET LAYUP. REPORT DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX. NALCO 1315 daily Grab samples for Free Chlorine per permit Part C13 are being taken while repairs made. WMC 12-16-15

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2015 **TO**

002A

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2015

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Discharge

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

MONITORING PERIOD

| 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 | 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, | TESCO La C. Mc Froter | 724 | 682-7773 | 12 18 2015 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

Form Approved OMB No. 2040-0004

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 003A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

003

External Outfall

No Discharge

| | | | | MONITORING PERIOD | | | | | | | | | | |
|--------|-------------------|------|--|-------------------|-----|------|--|--|--|--|--|--|--|--|
| M | M/DD/YY | ŹΥΫ́ | | MM/DD/YYYY | | | | | | | | | | |
| FROM 1 | FROM 11/ 01/ 2015 | | | 11/ | 30/ | 2015 | | | | | | | | |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|---------------------|----------------------|--------|--------------------------|-------|-------|-------|---|--------------------------|----------------|
| LUMBELEIV | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.108 | 0.118 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | 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 |
| TYPEN 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 12 18 2015 AREA Code MM/DD/YYYY NUMBER

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2015 TO

004A

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2015

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|------------------------------------------|-----------------------|---------------------|--------------------|--------------------------|--------------|---------------|----------------------------------------|-----------|--------------------------|----------------|--------|
| FARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | } | | |
| pH | SAMPLE MEASUREMENT | - | | N/A | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | **** | N/A | 6 MINIMUM | | 9 MAXIMUM | рН | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | | **** | 3 *** ******************************** | N/A | | Weekly | MEASRE |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | N/A | N/A | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | | | N/A | | MO AVG | 1.25 INST MAX | mg/L | | Weekly | GRAB |
| Chlorine, free available | SAMPLE MEASUREMENT | | | N/A | N/A | | | | | | |
| 50064 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ***** | N/A | **** | .2 AVERAGE | 5 MAXIMUM | mg/L | | Weekly | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified 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, | 150 In C. Me Froters | 724 | 682-7773 | 12 18 2015 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

Form Approved OMB No. 2040-0004

Page

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 006A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Discharge

| Г | | | MONITO | RING | PERIOD | | |
|------|------|------|--------|------|--------|-------|------|
| | MM/E | YVOC | /YY | | MM/C | DD/YY | /YY |
| FROM | 11/ | 01/ | 2015 | то | 11/ | 30/ | 2015 |

| PARAMETER | | - QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | 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 |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. 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

certify under penalty of law that this document and all attachments were prepared under my lirection 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 12 18 2015 AREA Code NUMBER MM/DD/YYYY

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

007A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

Page

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfall

No Discharge

| Г | MONITORING PERIOD | | | | | | | | | | | |
|-----|-------------------|-------|------|----|------|------|------|--|--|--|--|--|
| | MM/t | DD/Y1 | YY | | MM/E | D/YY | /YY | | | | | |
| ROM | 11/ | 01/ | 2015 | TO | 11/ | 30/ | 2015 | | | | | |

| PARAMETER | | QUANTI | TY OR LOADING | | | QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|------------------------------------------------|-----------------------|--------|--------------|-----------------|----------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | 6 MINIMUM | ***** | 9 MAXIMUM | рН | | . ⊮eekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | A CONTRACT OF A SECURITY OF SECURITY CONTRACTS | | | | | | F | and the same of th | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Reg Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ****** | **** | ************************************** | | | Weekly | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ***** | | ****** | .5 MO AVG | 1.25 INST MAX | mg/L | | Weekly | GRAB |
| Chlorine, free available | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50064 1 0 Effluent Gross | PERMIT REQUIREMENT | | ***** | _ | ***** | .2 AVERAGE | .5 MAXIMUM | mg/L | | Weekly | 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 | | ŢEI | 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, the information submitted is, to the best of my knowledge and belief, true, accourate, and complete. I am aware that there are significant penalties for submitting false information, | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | 724 | 682-7773 | 12 18 2015 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2015 **TO**

008A

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2015

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

| PARÁMETER | | QUANTI | TY OR LOADING | | QUALITY OR CONCENTRATION | | | | | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|----------------------------------------|-----------------------|--------|--------------------------|--------------|-----------------|-------|--|--------------------------|----------------|
| PANAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ************************************** | ***** | | 6 MINIMUM | ***** | 9 MAXIMUM | pН | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | | | | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | | | | , | | | | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | | | | | 15 MO AVG | 20 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 · Effluent Gross | PERMIT REQUIREMENT | Reg. 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 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 12 18 2015 AREA Code NUMBER MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

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

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

010A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

UNIT 2 COOLING WATER External Outfall

No Discharge

| [| | N | IONITO | RING | PERIOD | | |
|-------|------|------|--------|------|--------|------|------|
| [| MM/I | DD/Y | /YY | | MM/I | DD/Y | ſΥΥ |
| FROM[| 11/ | 01/ | 2015 | TO | 11/ | 30/ | 2015 |

| PARAMETER | | QUANTI | TY OR LOADING | - | | QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|--------------------|--------------------|--------|--------------|---------------------------------------------------|------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------|
| PARAMETER | and the second | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.5 | N/A | 7.8 | рН | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | M.P. Section | ***** | N/A | 6 MINIMUM | | 9 MAXIMUM | pН | The state of the s | Weekly | GRAB |
| CLAMTROL CT-1, TOTAL WATER | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | GG | GG | mg/L | 0 | GG / GG | 24 HR COMP |
| 04251 1 0 Effluent Gross | PERMIT REQUIREMENT | | ****** | N/A | ***** | 0 MO AVG | 0 INST MAX | mg/L | 144 a 18 | 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 |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | # ***** ******************************* | ***** | N/A | | Weekly | MEASRD |
| Chlorine, total residual | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.1 | 0.07 | 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 | <0.1 | 0.1 | mg/L | 0 | 1 / 7 | GRAB |
| 50064 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 2 AVERAGE | .5 MAXIMUM | mg/L_ | 79 | Weekly - | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel | | TEI | EPHONE | DATE |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------|----------|------------|
| 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, | note for McFooters | 724 | 682-7773 | 12 18 2015 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECÚTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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

Form Approved OMB No. 2040-0004

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

011A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Discharge

| [| | N | IONITO | RING | PERIOD | | |
|------|------|-------|--------|------|--------|-------|------|
| | MM/I | DD/YY | /YY | | MM/C | DD/YY | /YY |
| ROM[| 11/ | 01/ | 2015 | то | 11/ | 30/ | 2015 |

| PARAMETER | | QUANTITY OR LOADING | | | | QUALITY OR CONCENTRATION | | | | | SAMPLE TYPE |
|------------------------------------------|-----------------------|---------------------|-----------------------|--------|-------|--------------------------|--------|-------|---|--------|----------------|
| ANOMETER | | 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 |

| 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 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 724 682-7773 12 18 2015 MM/DD/YYYY **AREA Code** NUMBER

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

DATE

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168 SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2015 **TO**

012A

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2015

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Discharge

| PARAMETER | | QUANTI | TY OR LOADING | | QUALITY OR CONCENTRATION | | | | | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|-----------------------------------------|----------------------------------------|--------|--------------------------|---------------------|-----------------------|-------|----|--------------------------|----------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | ! |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 8.4 | N/A | 8.5 | На | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | | | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pН | | Once Per Month | GRAB |
| Copper, total (as Cu) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.0702 | 0.0840 | mg/L | 0 | 2 / 30 | GRAB |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | | | N/A | | Req. Mon. MO AVG | Reg. MonDAILY MX | mg/L | | Twice Per Month | GRAB |
| Zinc, total (as Zn) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.1 | 0.1 | mg/L | 0 | 2 / 30 | GRAB |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ************************************** | N/A | | 1.5 MO AVG | 1.5 DAILY MX | mg/L | 包數 | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon MO AVG | Req. Mon. DAILY MX | Mgal/d | | ***** | | N/A | | Once Per Month | ESTIMA |
| Solids, total dissolved | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 392 | 404 | mg/L | 0 | 2 / 30 | GRAB |
| 70295 1 0 Effluent Gross | PERMIT REQUIREMENT | *************************************** | ****** | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER |
|----------------------------------------|
| Charles V McFeaters, DIRECTOR OF SITE |
| OPERATIONS |
| TYPEN OF PRINTED |

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

TELEPHONE DATE 724 682-7773 12 18 2015 AREA Code NUMBER MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

Page 11

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

NAME:

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 013A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

OUTFALL 013

External Outfall

No Discharge

| Γ | MONITORING PERIOD | | | | | | | | | | | |
|-----|-------------------|-------|------|----|------|------|------|--|--|--|--|--|
| Γ | MM/I | DD/YY | ΛΥΥ | | MM/C | D/Y\ | ΥY | | | | | |
| ROM | 11/ | 01/ | 2015 | TO | 11/ | 30/ | 2015 | | | | | |

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|---------------------|-----------------------|--------|--------------|---------------------|-----------------------|-------|-----------|--------------------------|----------------|
| I AMARIETEN | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | · N/A | N/A | N/A | 7.5 | N/A | 8.2 | N/A | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ****** | N/A | 6 MINIMUM | | 9 MAXIMUM | pН | | Weekly | GRAB |
| Cyanide, total (as CN) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <0.01 | <0.01 | N/A | 0 | 2 / 30 | 24 HR COMP |
| 00720 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | **** | N/A | | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Copper, total (as Cu) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.0145 | 0.0154 | N/A | 0 | 2 / 30 | 24 HR COMP |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | | | N/A | | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Chlorobenzene | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <0.005 | <0.005 | N/A | 0 | 2 / 30 | 24 HR COMP |
| 34301 1 0 Effluent Gross | PERMIT REQUIREMENT | **** | ****** | N/A | | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | | | | N/A | | Twice Per Month | ESTÎMA' |

| 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 12 18 2015 AREA Code NUMBER MM/DD/YYYY

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168 SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2015 **TO**

101A DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2015

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Discha

| rge | X |
|-----|---|
|-----|---|

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| PARAMETER | | QUANT | ITY 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 | рH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | | | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | COMP-2 |
| Oil & grease | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ************************************** | | | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRÅB |
| Nitrogen, ammonia total (as N) | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00610 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | *************************************** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | _ |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | *************************************** | | | | | DAILY | CONTIN |
| Hydrazine | SAMPLE MEASUREMENT | | | • | | | | - | | | |
| 81313 1 0 Effluent Gross | PERMIT REQUIREMENT | ###### ############################### | ****** | | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Weekly | GRAB |

| | 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, 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, | - C 12 C 12 C 1 | 724 | 682-7773 | 12 18 2015 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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

Form Approved OMB No. 2040-0004

Page 13

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

PA ROUTE 168 LOCATION:

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

102A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Discharge

| ſ | MONITORING PERIOD | | | | | | | | | | | |
|------|-------------------|----|--------------|--|--|--|--|--|--|--|--|--|
| - [| MM/DD/YYYY | | MM/DD/YYYY | | | | | | | | | |
| FROM | 11/ 01/ 2015 | TO | 11/ 30/ 2015 | | | | | | | | | |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------|--------------------------|--------------|-----------------|-------|-----------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.8 | N/A | 7.9 | pН | 0 | 2 / 30 | GRAB |
| 00400 1:0 Effluent Gross | PERMIT REQUIREMENT | A STATE OF THE STA | | N/A | 6 MINIMUM | | 9 MAXIMUM | pН | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <4 | <4 | mg/L | 0 | 2 / 30 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | | | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 | <5 | mg/L | 0 | 2 / 30 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ************************************** | ***** | N/A | | 15 MO AVG | 20 DAILY MX | mg/L | | Twice Per Month | GRAB . |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | 未来水油 | | | 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 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 12 18 2015 AREA Code NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 14

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168 SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

103A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Discharge

| | MONITORING PERIOD | | | | | | | | | | | |
|------|-------------------|------|------|----|------|-------|------|--|--|--|--|--|
| | MM/I | DD/Y | /YY | | MM/C | רא/סכ | YY | | | | | |
| FROM | 11/ 01/ | | 2015 | то | 11/ | 30/ | 2015 | | | | | |

| PARAMETER | | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|------------------------------------------|-----------------------|-------------------------------------------|-----------------------|--------------------------|---------------------|--------|------------|-----------|--------------------------|---------------------|---------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.7 | N/A | 7.7 | рН | 0 | 2 / 30 | GRAB |
| 00400 1 0 | PERMIT | ****** | **** | N/A | \$ 1 6 1 2 5 | | 9 | | | Twice Per | GRAB |
| Effluent Gross | REQUIREMENT | 144 3.54 mg | | | MINIMUM : | 表: | MAXIMUM, 🦠 | рН | 1 35 5 | Month : | |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <4 | <4 | mg/L | 0 | 2 / 30 | 24 HR COMP |
| 00530 1 0 | PERMIT | 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | 乔荣在长 木 | N/A | | 30 | 100 | | 3. 2. 4 | Twice Per | COMP24 |
| Effluent Gross | REQUIREMENT | | (g) 医多束镰虫 | IN/A | | MO AVG | DAILY MX | mg/L | | Month | 18. 41. 19.34 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.108 | 0.118 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | | | ****** | N/A | | Twice Per Month: | ESTIMA |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel | _ | TEI | EPHONE | 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. | 19Stl for C. Mcharters | 724 | 682-7773 | 12 18 2015 |
| TYPED OR PRINTED | Including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 15

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

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

11/ 01/ 2015 TO

111A

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2015

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Discharge

| PARAMETER | PARAMETER | | TY OR LOADING | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|---------------------|--------------------|--------|--------------------------|---------------------|-----------------|-------|-----------|--------------------------|----------------|
| I AMARICIE! | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.6 | N/A | 8.4 | pН | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | | N/A | 6 MINIMUM | ###### 1 108 (8) | 9 MAXIMUM | pН | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <4 | <4 | mg/L | 0 | 1 / 7 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | | | N/A | **** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB, |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 | <5 | mg/L | 0 | 1 / 7 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | | | N/A | ****** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | BREENERS | ***** | ***** | N/A | | Weekly | ËSTIMA |

| | 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, 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, | TRUAD CMC/ | 724 | 682-7773 | 12 18 2015 |
| 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)

Form Approved OMB No. 2040-0004

Page 16

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

ATTN: CHARLES V

PA ROUTE 168

SHI

PA0025615 PERMIT NUMBER 113A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

| HPPINGPORT, PA 150770004 | Γ | MONITO | RING | PERIOD | 7 |
|--------------------------|------|--------------|------|-------------|---|
| | Γ | MM/DD/YYYY | | MM/DD/YYYY | 7 |
| MCFEATERS/DIR SITE OPER | FROM | 11/ 01/ 2015 | TO | 11/ 30/ 201 | 5 |
| | _ | | | | |
| | | | | | |

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|----------------------------------------|-------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------|---------|--------------|--------------------------|-----------------------------------------|
| TANAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | | | | | | | | _ | | |
| 00400 1 0 | PERMIT | ***** | ***** | - | 6 | ****** | 9 | | J. (500) 11 | Twice Per | GRAB |
| Effluent Gross | REQUIREMENT | | 新马力 克斯 | | MINIMUM | 有的对称, 基础的 | MAXIMUM | pН | | Month | GRAB |
| Solids, total suspended | SAMPLE | | | | | | | | | | |
| Condo, total odoportood | MEASUREMENT | _ | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MO AVG | 60 DAILY MX | mg/L | 94 | Twice Per Month | COMP-8 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 38 W. 32 33 C. 3 | | | The second secon | | 3 - 20 - 20 - 20 - 20 - 20 - 20 - 20 - 2 | 9 | 3-1,01,00,00 | 6 703 | 774 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | .043 MO AVG | Req. Mon DAILY MX | Mgal/d | ***** | ****** | 4 11 1 | N/A | | Weekly | MEASRD |
| Chlorine, total residual | SAMPLE MEASUREMENT | | ` | | | | | | | | |
| 50060 1 0 | PERMIT | ***** | 153 | | | 1.4 | 3.3 | | X 18 1 | Twice Per | GRAB |
| Effluent Gross | | ************************************** | Proceeding. | | | MO AVG | INST MAX | mg/L | | Month | March 1 |
| Coliform, fecal general | SAMPLE MEASUREMENT | | | | | | | | | | |
| 74055 1 1 Effluent Gross | PERMIT REQUIREMENT | ****** | ***** | | ***** | 200 MO GEOMN | ***** | #/100mL | | Twice Per Month | GRAB |
| BOD, carbonaceous, 05 day 20 C | SAMPLE MEASUREMENT | | | | | | | | | | |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 25 MO AVG | 50 C | mg/L | | Twice Per Month | COMP-8 |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel | | TEI | 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, Irue, accurate, and complete. I am aware that there are significant penalties for submitting false information, | TESTI for C. M. Featers | 724 | 682-7773 | 12 18 2015 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | SIĞNATURE OF PRINCIPAL EXECÚTIVE 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 17

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER 203A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

| [| MONIT | ORING | PERIOD |
|------|--------------|-------|--------------|
| [| MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 11/ 01/ 2015 | то | 11/ 30/ 2015 |

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

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel | | TE | 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, 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, | 10400 C 1161 | 724 | 682-7773 | 12 18 2015 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 18

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

PERMIT

REQUIREMENT

Req. Mon.

MO AVG

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

FROM

MM/DD/YYYY

11/ 01/ 2015 **TO**

211A DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2015

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

N/A

211 TURBINE BLDG Internal Outfall

No Discharge

Weekly

| PARAMETER | | QUANTI | TY OR LOADING | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|------------------------------------------|-----------------------|--------|---------------|-------|--------------------------|--------------|-----------------|-------|-----------|--------------------------|----------------|--|
| PAIGNETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 6.9 | N/A | 8.0 | рН | 0 | 1 / 7 | GRAB | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | | N/A | 6 MINIMUM | **** | 9 MAXIMUM | рН | | Weekly | GRAB | |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 | 10 | mg/L | 0 | 1 / 7 | GRAB | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | | | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB | |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 | <5 | mg/L | 0 | 1 / 7 | GRAB | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 | MGD | N/A | N/A | N/A | | - | 1 / 7 | EST | |

Mgal/d

| | direction or supervision in accordance with a system designed to assure that qualified personnel | | 1EL | EPHONE |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------|----------|
| 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, fue, accurate, and complete. I am aware that there are significant penalties for submitting false information, | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | 724 | 682-7773 |
| TYPED OR PRINTED | Including the possibility of fine and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER |

Reg. Mon.

DAILY MX

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

DATE

MM/DD/YYYY

12 18 2015

ESTIMA

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2015 **TO**

213A

MM/DD/YYYY

11/ 30/ 2015

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No

| Discharge | X |
|-----------|---|
|-----------|---|

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

| | 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 bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, | TISTUDE C. M. Fooders SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | 724 | 682-7773 | 12 18 2015 |
| 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 THE PUMP HOUSE PRIOR TO MIXING WITH ANY OTHER WATER. NOTE: THE MONITORING OF THIS DISCHARGE IS NOT REQUIRED WHEN EFFLUENT FROM UNIT NO. 2 COOLING TOWER PUMP HOUSE FLOOR & EQUIPMENT DRAINS IS BEING RECYCLED TO THE UNIT NO. 2 WATER RECIRCULATION SYSTEM.

Form Approved OMB No. 2040-0004

Page 20

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168 SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

301A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

No Discharge

| | MONITORING PERIOD | | | | | | | | | | |
|------|-------------------|----|---------------|--|--|--|--|--|--|--|--|
| | MM/DD/YYYY | | MM/DD/YYYY | | | | | | | | |
| FROM | 11/ 01/ 2015 | то | 11/. 30/ 2015 | | | | | | | | |

| PARAMETER | | QUANTITY C | | | (| QUALITY OR CONCENTRATION | | | | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|----------------------------------------|-----------------------|--------|----------------------------------------------|--------------------------|-----------------|-------|------------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <4 | <4 | mg/L | 0 | 2 / 30 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ************************************** | | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | orginalis | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 . | <5 | mg/L | 0 | 2 / 30 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | | Andrea | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - . | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | 16.9 pg (*********************************** | ****** | ***** | N/A | | Weekly | ESTIMA |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel | | 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, frue, accurate, and complete. I am aware that there are significant penalities for submitting false information, | DSCH OF C. Mr Frates SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | 724 | 682-7773 | 12 18 2015 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

303A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

Page 21

MAJOR

(SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 11/ 01/ 2015 TO 11/ 30/ 2015

| 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 | PERMIT | ALAST MARKET | 44. *********************************** | | . 6 | 41.9 04 ********* | . 40 (9 () 50) | | | Weekly | GRAB |
| Effluent Gross | REQUIREMENT | ************************************** | 《在一个人 | | MINIMUM | ANTONE THE STATE OF THE STATE O | MAXIMUM | pH | | VVEEKIY | STAD: |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | , | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | | | A CONTRACTOR | 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 | PERMIT | Req. Mon. | Reg. Mon. | | ***** | \$1.70 (******* | **** | N/A | 400 | Weekly | ESTIMA |
| Effluent Gross | REQUIREMENT | MO AVG | DAILY MX | Mgal/d | | | 13/4 1 1 14/5-15 | 18/74 | | * VECKIY | |

| 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 | 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, | TPST Fa C. M. Featers SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | 724 | 682-7773 | 12 18 2015 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

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

Req. Mon.

DAILY MX

FROM

MM/DD/YYYY

11/ 01/ 2015 TO

313A

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2015

DMR MAILING ZIP CODE: 150770004

Page 22

MAJOR (SUBR05)

N/A

313 TURBINE BLDG DRAIN

Internal Outfall

No Discharge

| PARAMETER | | QUANT | ITY OR LOADING | | QUALITY OR CONCENTRATION | | | | | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------------|-----------------------|-------|----------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------|-------|---|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.5 | N/A | 8.2 | 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 | 8 | 9 | mg/L | 0 | 1 / 7 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | AT THE THE PARTY OF THE PARTY O | -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 | 0.002 | 0.002 | MGD | N/A | N/A | N/A | N/A | _ | 1 / 7 | EST |

Mgal/d

| 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.

Reg. Mon.

MO AVG

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

TELEPHONE DATE 724 682-7773 12 18 2015 AREA Code NUMBER MM/DD/YYYY

Weekly

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.

MEASUREMENT

PERMIT

REQUIREMENT

ESTIMA

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2015

401A

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2015

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|------------------------------------------|-----------------------|---------------------|--------------------|--------------------------|--------------|--------------|--------------------|-------|--------------------------|--------------------|--------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.7 | N/A | 8.7 | pН | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | | N/A | 6 MINIMUM | | Req Mon MAXIMUM | pН | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <4 | <4 | mg/L | 0 | 2 / 30 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | | | N/A | | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 | <5 | mg/L | 0 | 2 / 30 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | • | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | | | | N/A | | Weekly | ESTIMA |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER |
|--------------------------------------------------|
| 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 12 18 2015 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.

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 24

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2015 TO

403A

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2015

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Disch

| harge | X | |
|-------|---|--|
|-------|---|--|

| PARAMETER | | QUANT | TY OR LOADING | | | QUALITY OR CONCENTRATION | | | | | SAMPLE TYPE |
|------------------------------------------|-----------------------|---------------------|----------------------------------------|--------|----------------------------------------|--------------------------|-----------------------|-------|--|------------------|----------------|
| FARAIVIETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | | | | | | | : | | - | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | 6 MINIMUM | ***** | 9 MAXIMUM | рH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | 1.41-1- | | | | | , | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | | ****** | | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | | _ | | | | | | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | | ************************************** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Nitrogen, ammonia total (as N) | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00610 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ###################################### | | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Weekly | GRAB |
| CLAMTROL CT-1, TOTAL WATER | SAMPLE MEASUREMENT | | | | | | | - | | | |
| 04251 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ***** | | ***** | 0 MO AVG | 0 DAILY MX | mg/L | | When Discharging | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req.:Mon: DAILY MX | Mgal/d | ****** | | ******* Jis | | | Weekly | ESTIMA |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | | ***** | | ***** | .5 MO AVG | 1,25 INST MAX | mg/L | | Weekly | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel | _ | <u>T</u> EI | 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, 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, | TISCH C. M. Fasters SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | 724 | 682-7773 | 12 18 2015 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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

MG/L. (THE LIMIT IS 35

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2015 TO

403A

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2015

DMR MAILING ZIP CODE:

150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharg

| ge | X | |
|----|---|--|
| | | |

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

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

direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or ersons 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**

724 682-7773 NUMBER

TELEPHONE

12 18 2015

AREA Code

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.

DATE

MM/DD/YYYY

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

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

| | MONITORING PERIOD | | | | | | | | | |
|------|-------------------|-------|------|----|------|------|-------|--|--|--|
| | MM/I | DD/Y\ | /YY | | MM/E | DD/Y | /YY] | | | |
| FROM | 11/ | 01/ | 2015 | TO | 11/ | 30/ | 2015 | | | |

| PARAMETER | | QUANTITY OR LOADING | | | | QUALITY OR CONCENTRATION | | | | | SAMPLE TYPE |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------|--------|---------------|--------------------------|----------------------------------------|-------|--|--------|----------------|
| FARAIVIETER | The state of the s | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | | N/A | | рН | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | #************************************* | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | рΗ | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | | | | mg/L | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ***** | N/A | ****** #89 | .30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | | | mg/L | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | MGD | | | | N/A | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. — MO AVG | Req. Mon. DAILY MX | Mgal/d | | ****** | ************************************** | N/A | | Weekly | ESTIMA |

| NAME/TITE | E PRINCIPAL EXECUTIVE OFFICER |
|--------------|-------------------------------|
| Charles V Mo | Featers, DIRECTOR OF SITE |
| | TYPED OR PRINTED |

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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 12 18 2015 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 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

FROM

MM/DD/YYYY

11/ 01/ 2015 TO

501A DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2015

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No

| Discharge | X |
|-----------|---|
|-----------|---|

| PARAMETER | | QUANTI | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------------------------|-----------------------|------------------------------------------|---------------------|--------|--------------------------|--------|-------------------------|-------|----------------------------------------|--------------------------|----------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 | PERMIT | 2. 5 *********************************** | ***** | | A STANKE STANK | 30 | 100 | | ************************************** | A WHENDER BY | GRAB |
| Effluent Gross | REQUIREMENT | | | | | MO AVG | DAILY MX | mg/Ĺ | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE | | | | | | | | | | 1 |
| riow, in conduit or till direatment plant | MEASUREMENT | | | | | | | | | | i |
| 50050 1 0 | PERMIT | Reg Mon. | Reg. Mon. | | 2.00 | ****** | マインストン大会会会会会会 アプススタン | | | Weekly | ESTIMA |
| Effluent Gross | REQUIREMENT | MO AVG | DAILY MX | Mgal/d | | | | | | vveekiy | COHMA |

| 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 12 18 2015 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.