



June 27, 2016 L-16-215

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

SUBJECT:

Beaver Valley Power Station Discharge Monitoring Report (NPDES) Permit No. PA0025615

Enclosed is the May 2016 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. Attachment 3 is the Clamicide Summary.

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 Ms. Amy Savage, at 724-682-4209.

Sincerely,

Bic 5. Loostrow For Charles V. McFeaters

Director, Site Operations

IE25 NRR Beaver Valley Power Station, Unit Nos. 1 and 2 L-16-215 Page 2

Attachment(s):

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

Enclosure(s)

- A. Discharge Monitoring Report
- B. Supplemental Laboratory Accreditation Form

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-16-215 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
02-May-16	10:00:00 AM	7	mg/L
13-May-16	10:15:00 AM	7	mg/L
16-May-16	09:00:00 AM	7	mg/L
23-May-16	09:15:00 AM	7	mg/L
23-May-16	09:30:00 AM	7	mg/L
30-May-16	08:15:00 AM	7	mg/L
30-May-16	08:30:00 AM	7	mg/L
31-May-16	09:50:00 AM	7	mg/L

- Attachment 1 END -

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-16-215 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

ATTACHMENT 2

Explanation of NODI Codes

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

- Attachment 2 END -

ATTACHMENT 3

Clamicide Report

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

Parameter	Unit 1 A Train	Unit 1 B Train	Unit 2 A Train	Unit 2 B Train
Date	5-24-16-	5-10-16 —	5-17-16 –	5-03-16 —
Date	5-25-16	5-11-16	5-18-16	5-04-16
Chemical Used ¹	400 pounds ³	480 pounds ³	520 pounds ³	400 pounds ³
Outfall 001 Concentration	ND	ND	ND	ND
Outfall 010 Concentration	N/A ⁴	N/A ⁴	ND	ND
Detox Used ²	1221 pounds	1371 pounds	1928 pounds	1928 pounds
Outfall 001 Concentration ³	4.9 mg/L	5.5 mg/L	5.7 mg/L	5.0 mg/L
Outfall 010 Concentration ³	N/A ⁴	N/A ⁴	18.5 mg/L	18.5 mg/L

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

- Attachment 3 END -



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	FirstEnergy	Nuclear Operating Company									
Address:	P.O. Box 4										
	Shippingport, PA 15077										
	Beaver Vall	ey Power Station									
	PERMIT N	UMBER			MONITO Year/	RING P					
	PA0025	5615	2016	05	01	то	2016	05	31		
				, , , , , , , , , , , , , , , , , , ,							
PARAMET	ER	ANALYSIS METHOD		LAB NAME	50 T. V.		LABI	D NUMBE	:R²		
Total Residual	Chlorine	SM 4500-CL G [20 th]	Beaver \	/alley Powe	r Station		·	04-2742			
Free Available (Chlorine	SM 4500-CL G [20 th]	Beaver Valley Power Station				04-2742				
pН		SM 4500-H+ B [20 th]	Beaver V	/alley Powe	r Station		C	04-2742			
Temperatu	ire	SM 2550 B [20 th]	Beaver V	alley Powe	r Station		0)4-2742			
Flow		NA	Beaver V	alley Powe	r Station		0)4-2742			
Total Suspended S	olids (TSS)	SM 2540 D [20 th]	Beaver V	alley Powe	r Station		0)4-2742			
Quaternary A Compound		Photometric Determination ½-CHM-ANA-4.23H	Beaver V	alley Powe	r Station		0)4-2742			
Bentonite Deto	xicant	Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645	Beaver V	alley Powe	rStation		0) 4-2742			
Hydrazine	B	ASTM D1385-01	Beaver V	alley Powe	r Station		0	4-2742			
		<u> </u>									

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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer Phone: 724-682-7773 Signature of Principal Executive Officer or Authorized Agent

Charles V McFeaters
Director Site Operations

Date: 06/24/16

Submit this form with the first Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes. You do not need to send this form to the Department again UNLESS there has been a change to the lab or method of analysis.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	FirstEnergy	Nuclear Operating Company									
Address:	P.O. Box 4										
	Shippingport, PA 15077										
	Beaver Valle	ey Power Station									
	PERMIT NUMBER				MONITOR Year/I	RING P					
	PA0025	615	2016	05	01	то	2016	05	31		
	· · · · · · · · · · · · · · · · · · ·							<u> </u>			
PARAMET	ER	ANALYSIS METHOD		AB NAMI			LABI	D NUMBE	ER ²		
Zinc		EPA 200.7 Rev 4.4	FirstEne	rgy Corp-E	Beta Lab		68-01120				
Copper		EPA 200.7 Rev 4.4	FirstEnergy Corp-Beta Lab				68-01120				
lron		EPA 200.7 Rev 4.4	FirstEnergy Corp-Beta Lab 68-01120								
Chromiur	n	EPA 200.7 Rev 4.4	FirstEne	rgy Corp-E	3eta Lab		6	8-01120			
Ammonia	a	SM 4500 NH3 F	FirstEne	rgy Corp-E	Beta Lab		68	8-01120			
Cyanide	1	SM 4500-CN E [18th]	FirstEne	rgy Corp-E	Beta Lab		68	8-01120			
Chlorobenz	ene	EPA 624	Test Am	erican-Car	nton Lab		68	8-00340			
Oil and Gre	ase	EPA 1664 Rev A		rgy Corp-E			68	8-01120			
Oil and Gre		EPA 1664 Rev A	PACE A	nalytical S	Services	The state of the s	6:	5-00282			
Total Dissolved	Solids	SM 2540 C *	FirstEne	rgy Corp-E	Beta Lab		68	8-01120			
Total Suspende	d Solids	SM 2540 D	FirstEne	rgy Corp-E	Beta Lab		68	8-01120			
,		* 2012 EPA Method Update Rule (MUR) no longer cites Standard Method editions				-					

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Name/Title Principal Executive Officer

Phone: <u>724-682-7773</u>

Signature of Principal Executive Officer or

Authorized Agent

Charles V McFeaters Director Site Operations

Date: 6/24/16

1 Submit this form with the first Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes. You do not need to send this form to the Department again UNLESS there has been a change to the lab or method of analysis.

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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 001A

DISCHARGE NUMBER

MAJOR

DMR MAILING ZIP CODE: 150770004

(SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Discharge

į	MONITO	RING	PERIOD
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/ 01/ 2016	то	05/ 31/ 2016

PARAMETER		QUANT	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	7.9	N/A	8.5	SU	0	8 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	รบ	嗣	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	*****		N/A	*****	Req. Mon	Reg. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.034	. <0.034	mg/L	0	4 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******	**************************************	N/A	******	0 MO AVG	DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30.8	34.7	MGD	N/A	N/A	. N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Req. Mon. DAILY MX	MGD		******		N/A		Daily	CONTIN"
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.2	mg/L	0	9 / 31	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	0.2	mg/L	0	2 / Day	GRAB
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
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.

CETY ON FOR MCFOATENES SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 06/ 24/ 2016 682-7773 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 are made. AES 6-22-16 The BETS DT-1 daily maximum was 5.7 mg/L

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

Page 1

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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: LOCATION:

BEAVER VALLEY POWER STATION 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

Γ		ľ	MONITO	RING	PERIOD		
	MM/DD/YYYY				MM/I	ראמנ	ΛΥΥ
FROM	05/	01/	2016	то	05/	31/	2016

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
AMELLI		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	MGD	*****	******	******	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECU	JTIVE OFFICER
Charles V McFeaters, DIRE OPERATIONS	CTOR OF SITE

TYPED OR PRINTED

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

FOR MUTERYORS しのピフタとこへ SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

[E	LEPHONE	DATE
724	682-7773	06/ 24/ 2016
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 003A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

003 External Outfall

No Discharge

[ı	MONITO	ORING PERIOD						
	MM/DD/YYYY				MM/DD/YYYY					
FROM	05/	01/	2016	то [05/	31/	2016			

PARAMETER		QUANT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		1175
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.119	0.185	MGD	N/A	N/A	N/A	N/A	-	30 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon. DAILY MX	MGD	*****	******	*****	N/A	7137	Twice Per Month:	ESTIMA

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

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LOESTEEN ISK MCISSHERS SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TELEPHONE DATE 724 682-7773 06/ 24/ 2016 **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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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

004A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Discharge

		N	IONITO	RING PERIOD						
	MIM/I	DD/Y	/YY		MM/I	DD/YY	YYY			
ROM	05/	01/	2016	то	05/	31/	2016			

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1 ALVANIE I EIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	enter Services	******	N/A	6 MINIMUM	**************************************	9 MAXIMUM	SU		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	MGD	*****	******	******	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A		5 MO AVG	1.25 INST MAX	∴mg/L s		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	NA	******* ******************************	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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LOETHERN FOR MIFERTERS SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

ł	TEI	LEPHONE	DATE
٤	724	682-7773	06/ 24/ 2016
	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

		ħ	IONITO	RING PERIOD						
Γ	MM/I	DD/Y1	/ΥΥ		MM/C	D/YY	ΥY			
FROM	05/	01/	2016	то [05/	31/	2016			

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
, VIVAIITIE!		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.	MGD	******		*****	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 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.

LOETHEDN FOR SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 06/ 24/ 2016 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

007A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfall

No Discharge

Γ.		N	ONITO	PERIOD				
	MM/E	DD/YY	ΥΥ		MM/E	D/YY	/YY	
FROM	05/	01/	2016	то	05/	31/	2016	

PARAMETER		QUANTI	QUANTITY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
r ANAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	SU		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	MGD		*****	******			Weekly,	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT										1
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	S. Lingues	Weekly	GRAB

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

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OUTEDW FER MUTENTES SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TE	LEPHONE	DATE
724	682-7773	06/ 24/ 2016
AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 7

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION PA ROUTE 168

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

A800 DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Dischard

}	MONITORING PERIOD								
	MM/C	D/Y\	YYY		MM/DD/YYYY				
FROM	05/	01/	2016	ТО	05/ 31/ 2016				

PARAMETER			TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE . TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE										
00400 1 0 Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	*****	******	2.11	6 MINIMUM	*****	9 MAXIMUM	SU.		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				****** INITIALIAN STATE		INIANTIVICINE	1*2.2.3U.**	BONE WILLS	SAMO MOUNTE	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******			30 MO AVG	100 DAILY MX	mg/L		Twice Rer Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										_
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******* 4892	******	e de Sala	*****	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	MGD	*****		*****	N/A		Weekly	ESTIMA

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

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

ı		TEI	LEPHONE	DATE
d	coestron for MITSATERS	724	682-7773	06/ 24/ 201
	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 010A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 05/ 01/ 2016 **TO** 05/ 31/ 2016

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOLING WATER

External Outfall

No Discharge

PARAMETER	QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
AMARIETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	7.8	SU	0	6 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	6. MINIMUM	*****	9 MAXIMUM	SU	100	Weekly	GRAB:
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.034	<0.034	mg/L	0	2 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	0 MO AVG	0 INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.8	5.8	MGD	N/A	N/A	N/A	N/A	-	6 / 31	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req.:Mon.	MGD	*****	******	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1	0.15	mg/L	0	6 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	11.511	******		*******	.5 MO AVG	1.25 INST MAX	mg/L	nergi og i Randelf betæ	Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.04	0.1	mg/L	0	6 / 31	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	*****	2 AVERAGE	.5 MAXIMUM	mg/L	AIT.	Weekly	GRAB

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

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

DEHLEDN FOR MUFERTEDS SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

	TE	LEPHONE	DATE
,	724	682-7773	06/ 24/ 2016
	AREA Code	NUMBER	MM/DD/YYYY

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

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

The BETS DT-1 daily maximum was 18.5 mg/L

MONITORING PERIOD

MGD

MGD

Form Approved OMB No. 2040-0004

Page 9

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

0.004

Req. Mon.

MO AVG

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

50050 1 0

Effluent Gross

BEAVER VALLEY POWER STATION

PA ROUTE 168

PARAMETER

Flow, in conduit or thru treatment plant

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

0.004

Req. Mon.

DAILY MX

MM/DD/YYYY

011A DISCHARGE NUMBER

MM/DD/YYYY

N/A

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

N/A

NA

DIESEL GEN & TURBINE DRAINS

External Outfall

No Discharge

EST

ESTIMA

1 / 7

Weekly

FRO	JMI 05/ 01/	2016	O [05/_31/_	2016					·	
QUANTI	QUANTITY OR LOADING QUALITY OR CONCENTRATION						NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				

N/A

N/A

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	Charles V McFeaters, DIRECTOR OF SITE
	OPERATIONS
ı	TYPED OD DDINTED

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.

	TE	LEPHONE
WOHEON FOR MUTERTORS	724	682-7773
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
AUTHORIZED AGENT		

<u> </u>	LEPHONE	DAIE
724	682-7773	06/ 24/ 2016
AREA Code	NUMBER	MM/DD/YYYY

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 10

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

Effluent Gross

Effluent Gross

70295 1 0

Solids, total dissolved

BEAVER VALLEY POWER STATION

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

DAILY MX

N/A

FROM

MM/DD/YYYY

05/ 01/ 2016

012A

DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2016

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Discharge

Month

2 / 31

Twice Per

Month:

PARAMETER		QUANTI	TY OR LOADING	Y OR LOADING QUALITY OR CONCENTRATION				NO. FREQUENCY EX OF ANALYSIS		SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			1
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.1	N/A	8.3	su	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Once Per Month	GRAB'
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.035	0.039	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	Reg Mon. MO AVG	Reg. Mon. DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.034	0.035	mg/L	0	2 / 31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	24. 25. 15.	N/A		1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 31	EST
50050 1 0	PERMIT	Reg. Mon.	Reg. Mon.	MCD	*****	*****	*****	N/A	2.1	Once Per	ESTIMA

MGD

N/A

N/A

N/A

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 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.

MO AVG

N/A

LOETHETW FOR MUFERTER. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

334

Reg. Mon.

MO AVG

356

Reg. Mon.

DAILY MX

1	TEI	LEPHONE	DATE					
4	724	682-7773	06/ 24/ 2016					
	AREA Code	NUMBER	MM/DD/YYYY					

0

mg/L

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

GRAB

GRAB

Form Approved OMB No. 2040-0004

Page

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

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

Ţ		1	ONITO	RING	PERIOD		
	MM/E	רא/סכ	/YY		MM/E	DD/YY	ΥΥ
FROM	05/	01/	2016	то [05/	31/	2016

PARAMETER			TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.1	N/A	7.3	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******* ******************************	*****	N/A	6 MINIMUM	**************************************	9 MAXIMUM	รป		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01	<0.01	mg/L	0	2 / 31	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L =		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01	<0.01	mg/L	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	****** (Tables)	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	mg/L	0	2 / 31	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	100 April 100 Ap	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 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	N/A		Twice Per Month	ESTIMA

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

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

TELEPHONE DATE 682-7773 06/ 24/ 2016 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

TO

Form Approved OMB No. 2040-0004

Page 12

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615

FROM

PERMIT NUMBER

MM/DD/YYYY

05/ 01/ 2016

101A

DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2016

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAWETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT			·							
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		6 MINIMUM	enia 1866. ******	9 MAXIMUM	SU.		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				<u> </u>						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	******		**************************************	- 30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT										-
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		******	15 MO.AVG	20 DAILÝ 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. 2 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	MGD	*****		******			DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		******	Req Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB

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

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

TELEPHONE DATE 724 682-7773 06/ 24/ 2016 NUMBER MM/DD/YYYY **AREA Code**

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

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

Form Approved OMB No. 2040-0004

Page 13

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: 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

		N	/ONITO	ORING PERIOD							
	MM/I	רא/סכ	/ΥΥ		MM/I	ראסכ	YY				
FROM	05/	01/	2016	то	05/	31/	2016				

PARAMETER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
T AVAILETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	7.7	SU	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	6 MINIMUM	4.000 P. 1000	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<6.1	8	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			NA	******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	AAAAAA Januari	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A		2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	*****	*****	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER									
Charles V McFeaters, DIRECTOR OF SIT	Έ								
OPERATIONS									

TYPED OR PRINTED

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TELEPHONE DATE 724 682-7773 06/ 24/ 2016 OFFICEN FUR MCFEATER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AREA Code** NUMBER MM/DD/YYYY **AUTHORIZED AGENT**

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

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

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: 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

05/ 01/ 2016

103A

DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2016

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

SLUDGE SETTLING BASIN Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING	QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	i		
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.2	N/A	7.8	SU	0	3 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	*****	NA	6 MINIMUM	**************************************	9 MAXIMUM	SÜ		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	11	14	mg/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.119	0.185	MGD	N/A	N/A	N/A	N/A	-	30 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	44444 4402 - Ang 1206	******	****** 10	N/A	71.	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 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,	Locites 7n		724	682-7773	06/ 24/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		INCIPAL EXECUTIVE OFFICER OR IHORIZED 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

TO

Form Approved OMB No. 2040-0004

Page 15

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

05/ 01/ 2016

111A

MM/DD/YYYY

05/ 31/ 2016

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Discharge

PARAMETER		QUANTI	CHANITY OR LOADING CHAILLY 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	7.9	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	NA	6 MINIMUM	VID. 1	9 MAXIMUM	SU		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	MGD	******	*****	*****	-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.

000	TE	LEPHONE	DATE
Lorden For MATERIA	724	682-7773	06/ 24/ 2016
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

Page 16

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

113A

DISCHARGE NUMBER

Internal Outfall

DMR MAILING ZIP CODE: 150770004

UNIT 2 SEWAGE TMT PLANT

MAJOR

(SUBR05)

\ \frac{1}{2}	MONITORING PERIOD											
	MM/DD/Y	YYY		MM/DD/YYYY								
FROM	05/ 01/	2016	TO [05/ 31/ 2016								

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I AMARIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*****	Yes Ausi	6.	*****	9.4	7. A. S. S.	1.00	Twice Per	GRAB
Effluent Gross	REQUIREMENT		******		MINIMUM		MAXIMUM	SU		Month	GRAB
Solids, total suspended	SAMPLE										
	MEASUREMENT							L			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		86) Tipa (F)	Public Talent	******	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	MGD	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			*****	1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	******		*****	200 MO GEOMN	*****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0	PERMIT	*****	*****		*****	25 MO AV/C	50	71-44.59		Twice Per	COMP-8
Effluent Gross	REQUIREMENT			Sincer(MO AVG		- mg/L	48.4.5	Month :	

ĺ	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 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.

OCHETAN FOR MUTEATER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TEL	EPHONE	DATE					
724	682-7773	06/ 24/ 2016					
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

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

203A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 **MAJOR**

(SUBR05)

MAIN SEWAGE TMT PLANT

internal Outfall

[MONITO	MONITORING PERIOD						
-	MM/DD/YYYY	MM/DD/YYYY						
FROM	05/ 01/ 2016	то	05/ 31/ 2016					

PARAMETER	1442 1440	QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			}
pH	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	*****	*****	W. The R	. 6	*****	9	100.570	4.84.74.34	Twice Per	CDAD
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	. SU⊸		Month	GRAB:
Solids, total suspended	SAMPLE MEASUREMENT			-							
00530 1 0	PERMIT	地域有效效 值	*****		*****	30	60	Contract Con		Twice Per	COMP-8
Effluent Gross Flow, in conduit or thru treatment plant	REQUIREMENT SAMPLE MEASUREMENT		Steeling of the steeling of th			MO AVG	DAILY MX	mg/L		Month.	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.023 MO/AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	1.05		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT				<u></u>						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	1.4 MO AVG	3.3 INST MAX	mg/L	多菜	Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	****			******	200 MO GEOMN	AAAAAA AAAAA	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************			********	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	and AA	TE	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,	Cooper FOR MITTERS	724	682-7773	06/ 24/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 18

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

NAME:

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 211A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

211 TURBINE BLDG Internal Outfall

No Discharge

	MONITORING PERIOD											
	MM/E	אַ/סכ	YY		MM/C	אאסכ	YY					
FROM	05/	01/	2016	то [05/	31/	2016					

PARAMETER		QUANTI	QUANTITY OR LOADING QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		Į.	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.7	N/A	7.1	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******* #65	******	N/A	6 MINIMUM	******	9 MAXIMUM	SU		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		3******* 33* 13*12 1841	N/A	******	30 . MO AVG	100 DAILY MX	-mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A		-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO AVG	Req: Mon. DAILY MX	MGD	*****	******	******	N/A		Weekly	ESTIMA

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

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

CONTENTER MITTER	_
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	1-
AUTHORIZED AGENT	

TEL	EPHONE	DATE
724	682-7773	06/ 24/ 2016
AREA Code	NUMBER	MM/DD/YYYY

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

213A

PERMIT NUMBER

FROM

MM/DD/YYYY

05/ 01/ 2016

DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2016

UNIT 2 COOL TOWER PUMPHOUSE Internal Outfall

MAJOR.

(SUBR05)

DMR MAILING ZIP CODE: 150770004

No Dischard

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARMILIEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		ļ 	
рН	SAMPLE MEASUREMENT						!				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******		6 MINIMUM		9 MAXIMUM	SÚ		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******	201 - 12 E		30. MO AVG	100 DAILY MX	mg/L		Twice Rer Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******				15 MO AVG	20 DAILY MX	mg/L	1	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	MGD	444444	******	******			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	A Table Table Tolking	********		******	.5 MO AVG	1:25 INST MAX	mg/L		Twice Per	GRAB

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

certify under penalty of law that this document and all attachments were prepared under my irection 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 ersons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations

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

TELEPHONE DATE 724 682-7773 06/ 24/ 2016 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: LOCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

PA0025615 PERMIT NUMBER

301A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

No Discharge

SHIPPINGPORT, PA 150770004	i	MONITO	RING	PERIOD
		MM/DD/YYYY		MM/DD/YYYY
ATTN: CHARLES V MCFEATERS/DIR SITE OPER	FROM	05/ 01/ 2016	то	05/ 31/ 2016

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE TYPE
ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		at the life	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	**************************************	N/A		15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	⊪GRAB)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req. Mon. DAILY MX	MGD	*****	**************************************	*****	NA		Weekly	ESTIMA

i		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	1001 AA	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,	LOSTERN FOR MIFERTER	724	682-7773	06/ 24/ 2016
	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

Page 21

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

05/ 01/ 2016 **TO**

303A

DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2016

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

UNIT 1 OIL WATER SEPARATOR Internal Outfall

PARAMETER		QUANTI	QUANTITY OR LOADING QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE										
ρii	MEASUREMENT										L
00400 1 0	PERMIT	*******	******		6		9	9 9 5		Weekly	GRAB
Effluent Gross	REQUIREMENT	E 是一个。第二次			MINIMUM		MAXIMUM	. SU.		yveekiy	GIVE
Calida Astal assessed d	SAMPLE										ſ
Solids, total suspended	MEASUREMENT							1			i
00530 1 0	PERMIT	*****	*****	2004.2	******	30	100	Billion W		Section of the	GRAB
Effluent Gross	REQUIREMENT		****		*****	MO AVG	DAILY MX	mg/L		∉Weekly	GRAD
Oil 9 man	SAMPLE							-			
Oil & grease	MEASUREMENT							1			l
00556 1 0	PERMIT	******	Brank Albrida (1914)		*****	15	20	100 July 200	生更为社会	aspanany e. T	ODAD
Effluent Gross	REQUIREMENT	*******			******	MO AVG	DAILY MX	mg/L		Weekly	GRAB
F)	SAMPLE										
Flow, in conduit or thru treatment plant	MEASUREMENT										i
50050 1 0	PERMIT	Reg. Mon.	Reg. Mon.	ENTENNA	*****	******	*****	2000	AND THE RESERVE	SCHOOL STATE	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILYMX	MGD		******		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 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.

LOSTEDON FOR MIREATER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TEI	LEPHONE	D	ATE	
724	682-7773	06/	24/	2016
AREA Code	NUMBER	MM/I	DD/YY\	Υ

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 22

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

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

05/ 01/ 2016 **TO**

313A

DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2016

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.1	N/A	7.3	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*******	N/A	6 MINIMUM	*****	9 MAXIMUM	SU.		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		Weeklÿ	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	MGD		******	*****	N/A		Weekly	JESTIMA :

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS
OI EIVATIONS
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.

OTHISTN FOR MCFEATERS SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TELEPHONE DATE 724 682-7773 06/ 24/ 2016 **AREA Code** NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 23

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER 401A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Discharge

Г	MONITORING PERIOD										
	MM/C	DD/Y	ſΥΥ		MM/C	D/Y\	/YY				
FROM	05/	01/	2016	TO	05/	31/	2016				

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	8.1	N/A	8.2	SU	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	6 MINIMUM		Req. Mon	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	5	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Twice Per	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req. Mon. DAILY MX	MGD				N/A		Weekly	ESTIMA

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

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

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

TELEPHONE DATE 724 682-7773 06/ 24/ 2016 **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:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

MM/DD/YYYY

DISCHARGE NUMBER

403A

MM/DD/YYYY

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharg

FROM 05/ 01/ 2016 05/ 31/ 2016 ATTN: CHARLES V MCFEATERS/DIR SITE OPER TO

MONITORING PERIOD

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	. SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		******	30 MO AVG	100 DAILY MX	mg/L		, Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		**************************************	Req: Mon. MO AVG	Req. Mon. DAILY MX	mg/L	15 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	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	MGD	*****	******			常 紫	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
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.

COETICET FOR MCFEATERS SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TELEPHONE DATE 724 682-7773 06/ 24/ 2016 **AREA Code** NUMBER MM/DD/YYYY

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

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

MG/L. (THE LIMIT IS 35

Form Approved OMB No. 2040-0004

Page

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

403A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 05/ 01/ 2016 TO 05/ 31/ 2016 DMR MAILING ZIP CODE:

150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE TYPE
PARAMETER		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
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 nformation, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

TELEPHONE DATE 724 06/ 24/ 2016 682-7773 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.): AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

MG/L. (THE LIMIT IS 35 MG/L

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 26

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

50050 1 0

Effluent Gross

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

Reg. Mon.

DAILY MX

FROM

MM/DD/YYYY

05/ 01/ 2016

413A

DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2016

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

N/A

BULK FUEL STORAGE DRAIN

Internal Outfall

No Dischar

Weekly

ESTIMA

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT					N/A			-		
00400 1 0	PERMIT	*****	*****	NI/A	6		9	14.0		Weekly	CDAD
Effluent Gross	REQUIREMENT	and the second		N/A	MINIMUM		MAXIMUM	SU		vveekiy	GRAD
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	*****	******	N/A	15 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	30	1.00	also a de Car	10000	Weekly	GRAB
Effluent Gross	REQUIREMENT				是"我们"。 第二章	MO AVG	- DAILY MX	mg/L	PERMIT		
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0	PERMIT	*****	*****	N/A	*****	15	20	Argent US	1000000	Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		vveekiy	GRAD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										

MGD

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 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.

Rea. Mon.

MO AVG

TELEPHONE DATE 724 682-7773 06/ 24/ 2016 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.

PERMIT

REQUIREMENT

MONITORING PERIOD

TO

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

05/ 01/ 2016

501A DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2016

DMR MAILING ZIP CODE: 150770004 **MAJOR**

(SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING	Y OR LOADING		QUALITY OR CONC			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			1176
Solids, total suspended	SAMPLE										
·	MEASUREMENT			1							I
00530 1 0	PERMIT	*****	(Target y a security	******	30	Charles and the Company of the Compa	Cademanores	eurit@executive con-		
Effluent Gross	REQUIREMENT				186	MO AVG	100	78.0		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE		STOREST SCHOOL STREET	A PROPERTY OF STREET	7.157.577.577.55K8847	SWE WO AVG	DAILY MX	mg/L	Section 1981		
	MEASUREMENT										1
50050 1 0	PERMIT	Reg. Mon.	Red Mon	uossaakeen	4-3-4-1 ***********************************	Program Tababasa Military No.	* N. S. FOR AND LANGUAGE STATE OF THE STATE				
Effluent Gross	REQUIREMENT	MO AVG		MGD	******					Weekly	ESTIMA

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

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

	TE	LEPHONE	DATE		
LOCATED NER MCFEATER	- 8 ⁷²⁴	682-7773	06/ 24/ 2016		
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 INTERNAL MP 501 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:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER 001A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 05/ 01/ 2016 05/ 31/ 2016 DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAKAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.9	N/A	8.5	SU	0	8 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM		9 MAXIMUM	SU		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	*****	****** *** ***************************	N/A	****** (2 ¹³) ** (8. 15)	Req. Mon, MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.034	. <0.034	mg/L	0	4 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	Assessed Topics of the second	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30,8	34.7	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	MGD	4. 35	*******	testis	N/A	and and	Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.2	mg/L	0	9 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****** :	N/A	*****	.5 AVERAGE	1.25 MAXIMUM	-mg/L	105	Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.2	mg/L	0	2 / Day	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******	energy (1966)	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	DAILY MX	mg/L	56.2° 11	Weekly	GRAB

1	
	Charles V McFeaters, DIRECTOR OF SITE
	OPERATIONS

TYPED OR PRINTED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

OF THE BIN FOR MCKEATERS SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TELEPHONE DATE 724 682-7773 06/ 24/ 2016 NUMBER AREA Code 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 The BETS DT-1 daily maximum was 5.7 mg/L Grab samples for Free Chlorine per permit Part C13 are being taken while repairs are made. AES 6-22-16

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: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

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

05/ 01/ 2016

002A

DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2016

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAMETER	PARAMETER		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	MGD	**************************************	**************************************	erene Halle Hallen	N/A		Weekly	ESTIMA

MONITORING PERIOD

TO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS
(

TYPED OR PRINTED

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

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

TELEPHONE DATE 724 682-7773 06/ 24/ 2016 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

FROM

MM/DD/YYYY

05/ 01/ 2016

003A

DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2016

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

003

External Outfall

No Discharge

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE TYPE
FAINMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.119	0.185	MGD	N/A	N/A	N/A	N/A	-	30 / 31	EST
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	14 14 14 14 14 14 14 14 14 14 14 14 14 1	*****	*****	******	N/A		Twice Per	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD	\$ 12 A 19 HI				777	. Month	

MONITORING PERIOD

TO

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	direction or supervision in accordance with a system designed to assure that qualified personnel
	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.
i	TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.

COENTEN IN MINTER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TELEPHONE DATE 724 682-7773 06/ 24/ 2016 MM/DD/YYYY AREA Code NUMBER

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

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

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

004A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

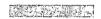
UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Discharge

	MONITORING PERIOD												
[MM/DD/YYYY				MM/I	DD/Y	/YY]						
FROM	05/	01/	2016	то [05/	31/	2016						

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I Alometer		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE										
00400 1 0	MEASUREMENT PERMIT	*****	100 to		6	*****	9	Carlo Maria	KS LITE AND		1995 Mills
Effluent Gross	REQUIREMENT			N/A	MINIMUM		MAXIMUM	SU		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	MGD	*****	******	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- N/A	155 1	Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	******	.5 MO AVG	1.25 INST MAX	mg/L	36 - E	Weekly	.GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	*****	.2 AVERAGE	.5 MAXIMUM	mg/L	Control of the contro	Weekly	GRAB



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

THEIN FOR MIFERTERS URE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TEI	LEPHONE	DATE					
724	682-7773	06/ 24/ 2016					
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

	MM/DD/YYYY		MM/DD/YYYY	
FROM	05/ 01/ 2016	то	05/ 31/ 2016	
NTITY	OR LOADING		OLIALITY OR CONCENTRATION	NO.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
AMARETEN		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	MGD	*****		**************************************	N/A		Weekly	ESTIMA

MONITORING PERIOD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Ľ
Charles V McFeaters, DIRECTOR OF SITE	P
OPERATIONS	a
	Ĭ

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.

COEHCEIN FOR MCFOATERS SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TE	LEPHONE	DATE					
724	682-7773	06/	24/	2016			
AREA Code	NUMBER	MM/	DD/YY	γγ			

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

007A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

AUX. INTAKE SYSTEM

External Outfall

No Discharge

[MONITORING PERIOD											
	MM/C	D/YY	/YY ·		MM/C	DD/Y	YYY					
FROM[05/	01/	2016	TO	_05/	31/	2016					

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX		SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
рН	SAMPLE											
00400 1 0	MEASUREMENT PERMIT	******	*****	a trebitu us	6	******	9	E A	9.5	Weekly	GRAB	
Effluent Gross	REQUIREMENT				MINIMUM	Company of the	MAXIMUM	SU		vveckiy	GRAD	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT											
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	*****	*****		30 A 3	Weekly	- GRAB	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD	No. of Contract of the	Carry Committee and the second					ALMOND STREET	
Chlorine, total residual	SAMPLE MEASUREMENT	_			i							
50060 1 0	PERMIT	*****	*****	£ .	****	.5	1.25		lie jedan	Weekly	GRAB	
Effluent Gross	REQUIREMENT	160 - 21-5 54-52	10 mg		12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	MO AVG	INST MAX	mg/L	100-2	VVECKIY	GIVAD	
Chlorine, free available	SAMPLE MEASUREMENT				-							
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	*****		*****	.2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB	

l	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	Charles V McFeaters, DIRECTOR OF SITE OPERATIONS
I	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.

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

TEI	LEPHONE	DATE
724	682-7773	06/ 24/ 2016
AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 7

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

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

05/ 01/ 2016

A800

MM/DD/YYYY

05/ 31/ 2016

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

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

PARAMETER	Page Page	QUANTITY OR LOADING QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			İ
Hα	SAMPLE							†			
рп	MEASUREMENT							<u> </u>			
00400 1 0	PERMIT	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	*****		6	*****	9		表的	Twice Per	GRAB
Effluent Gross	REQUIREMENT				MINIMUM	Mark Address	MAXIMUM	SU		Month	GIVA
Solids, total suspended	SAMPLE										
Solids, total suspended	MEASUREMENT										<u> </u>
00530 1 0	PERMIT	*****	*****			30	100	18-50-1E		Twice Per	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L	160 E 240 Hz	- Month	
Oil & grease	SAMPLE										
-	MEASUREMENT							1			
00556 1 0	PERMIT	*****	*****	160	*****	/ 15 · 15	20	10.399		Twice Per Month	GRAB
Effluent Gross				400		MO AVG	DAILY MX	mg/L		Month	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	*****	******	N/A	autus/Tak	Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD	Section of the		The state of the s	I IVA	海沟(方)	vveekiy	LO I IIVIA

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.

DUN FOR MIFERTER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

Ì	TE	EPHONE	DATE
4	724	682-7773	06/ 24/ 2016
	AREA Code	NUMBER	MM/DD/YYYY

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:

BEAVER VALLEY POWER STATION

LOCATION:

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

	MONITORING PERIOD						
	MM/C	DD/YY	ΥΥ		MM/I	DD/YY	ΎΥ
FROM	05/	01/	2016	TO	05/	31/	2016
_							

PARAMETER		QUANTI	TY OR LOADING	;	1	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	7.8	SU	0	6 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	**************************************	N/A	6 MINIMUM		9 MAXIMUM	SU		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.034	<0.034	mg/L	0	2 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	*****	N/A	om ***** E Tell Design	0 MO AVG	0 INST MAX	mg/L	1.44	When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.8	5.8	MGD	N/A	N/A	N/A	N/A	-	6 / 31	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req: Mon.	MGD	**************************************	7. 1916 1916	##### 1124 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1	0.15	mg/L	0	6 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT				******	.5 MO AVG	1.25 INST MAX	mg/L	tracus A dia	Weekly	GRAB
Chlorine, free available	ŞAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.04	0.1	mg/L	. 0	6 / 31	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	***** 1184	- N/A	******	.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		4	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 penaltiles for submitting false information,	water FOR		724	682-7773	06/ 24/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXE AUTHORIZED AC		AREA Code	NUMBER	MM/DD/YYYY

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

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

The BETS DT-1 daily maximum was 18.5 mg/L

Form Approved OMB No. 2040-0004

Page 9

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

05/ 01/ 2016

011A

DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2016

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Discharge

PARAMETER Flow, in conduit or thru treatment plant		QUANTI	TY 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	0.004	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	MGD	*****	****** 245	******	N/A		Weekly	ESTIMA

MONITORING PERIOD

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

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WETEDN FOR MUTERTOR SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TELEPHONE DATE 724 682-7773 06/ 24/ 2016 AREA Code MM/DD/YYYY NUMBER

Form Approved OMB No. 2040-0004

Page

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615

012A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Discharge

		1	IONITO	RING F					
	MM/E	DD/Y	YYY	J — 7	MM/DD/YYYY				
FROM 05/ 01/ 2016		то [05/	31/	2016				

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
AMMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.1	N/A	8.3	su	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	<u>高</u>	N/A	6 MINIMUM	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	9 MAXIMUM	SU		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.035	0.039	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	******	Reg. 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	<0.034	0.035	mg/L	0	2 / 31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*******		N/A	•	1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG.	Req. Mon. DAILY MX	MGD	*****	******	******	N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	334	356	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	in ••••••	N/A		Req. Mon. MO AVG	Reg. Mon. DAILY MX	mg/L	24.50 25.00 25.00	Twice Per Month	GRAB

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

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LOETHERN FOR MUTERY SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TELEPHONE DATE 724 682-7773 06/ 24/ 2016 **AREA Code** NUMBER MM/DD/YYYY

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:

BEAVER VALLEY POWER STATION

LOCATION:

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

[MONITORING PERIOD										
ĺ	MM/DD/YYYY		MM/DD/YYYY								
FROM	05/ 01/ 2016	то	05/ 31/ 2016								

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I AMBIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.1	N/A	7.3	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	**************************************	9 MAXIMUM	SU		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01	<0.01	mg/L	0	2 / 31	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	*****	Req. Mon. MO AVG	Reg. Mon: DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01	<0.01	mg/L	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A		Req. Mon. , MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005	<0.005	mg/L	0	2 / 31	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Reg. Mon. DAILY MX	MGD	*****	******	*****	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	00/	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 cinformation, 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,	LOOTED FER MUTCHTER	⁷²⁴	682-7773	06/ 24/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 12

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615

FROM

MM/DD/YYYY

05/ 01/ 2016

101A

PERMIT NUMBER

MONITORING PERIOD

TO

DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2016

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		!	
pH	SAMPLE MEASUREMENT								-		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	40.0	6 MINIMUM	1 ************************************	9 MAXIMUM	ŜU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT								1		
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	19.50 ******* 19.50 mm			*****	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
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon DAILY MX	MGD	*****		******			DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT								ļ		
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,	Loonen	Frult		724	682-7773	06/ 24/ 2016
TYPED OR PRINTED	including the possibility of fine and Imprisonment for knowing violations.		INCIPAL EXECUTIVE OF THORIZED AGENT	FFICER OR	AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 13

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

05/ 01/ 2016

102A

DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2016

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

DMR MAILING ZIP CODE: 150770004

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	Tangar Springer	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	7.7	SU	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	******	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<6.1	8	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	NA	******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	******	15 MO AVG	20 DAILY MX	mg/L	(4, 7), (3), (4), (4), (4), (4), (4), (4), (4), (4	Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****		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.

DEHLETN FUR MCFEATERS SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 06/ 24/ 2016 AREA Code NUMBER MM/DD/YYYY

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

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

05/ 01/ 2016 **TO**

103A

DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2016

DMR MAILING ZIP CODE:

150770004

MAJOR

(SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Discharge

PARAMETER		QUANTI	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	7.2	N/A	7.8	SU	0	3 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	**************************************	N/A	6 MINIMUM	*****	9. MAXIMUM	SÜ		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	11	14	mg/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	# ****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.119	0.185	MGD	N/A	N/A	N/A	N/A		30 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon: MO AVG	Req. Mon. DAILY MX	MGD		******	******* #1000	Ñ/A	60.	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 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.

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

TELEPHONE DATE 682-7773 06/ 24/ 2016 724 **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

FROM

MM/DD/YYYY

05/ 01/ 2016

111A

PERMIT NUMBER

MONITORING PERIOD

TO

DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2016

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.7	N/A	7.9	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SÜ		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	******	*****	NA	******	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	Reg. Mon: DAILY MX	MGD	******	*****	******	∍(N/A	e de la companya de l	Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	ľ
Charles V McFeaters, DIRECTOR OF SITE	
OPERATIONS	l

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.

OTHERN FOR MOTERATER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

	IEI	LEPHONE		AIL	
5	724	682-7773	06/	24/	2016
Α	REA Code	NUMBER	MM/I	DD/YYY	γ

Form Approved OMB No 2040-0004

Page 16

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER 113A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

No Discharge

	MONITO	RING	PERIOD
]	MM/DD/YYYY		MM/DD/YYYY
FROM	05/ 01/ 2016	то	05/ 31/ 2016

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
AMARIEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	100 (de 100 (de)	6 MINIMUM		9 MAXIMUM	รบ		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.043 MO AVG	Req. Mon DAILY MX	MGD	******	1900 ******	Elle State S	N/A	in u i ya	Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 kg - 142 kg - 120		*****	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	100/10	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,	COCHETIN FOR MITTERS	724	682-7773	06/ 24/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 17

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPIN

ATTN: CHARLES V MCF

PA0025615 PERMIT NUMBER 203A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

No Discharge

INGPORT, PA 150770004			1	TONITO	RING	PERIOD		_ 1
	j	MM/E	DOM	YY		MM/I	DD/YY	YY
FEATERS/DIR SITE OPER	FROM	05/	01/	2016	то	05/	31/	2016

PARAMETER		QUANTI	QUALITY OR LOADING QUALITY OR CONCENTRATION			QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS						
pH	SAMPLE MEASUREMENT													
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******* ******************************		6 MINIMUM	******	9 MAXIMUM	SÜ		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	COMP-8			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT													
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.023 MO AVG	Req. Mon. DAILY MX	MGD		**************************************	*****		Alleria de la companya de la company	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							The careful the Aber			eran, vi. man in on the st			
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	*****	**************************************		A design	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	
Charles V McFeaters, DIRECTOR OF S	ITE
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

oster FOR MUREATERS SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TELEPHONE DATE 724 682-7773 06/ 24/ 2016 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

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER 211A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

211 TURBINE BLDG Internal Outfall

No Discharge

		MM/DD/YYYY		MM/DD/YYYY
TTN: CHARLES V MCFEATERS/DIR SITE OPER	FROM	05/ 01/ 2016	то	05/ 31/ 2016

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.7	N/A	7.1	SU	0	1 / 7	GRAB
00400 1 0	PERMIT	*****	*****	N/A	-6	*****	9.		Chapter 1	Weekly	GRAB
Effluent Gross	REQUIREMENT		25/24/11/4/11		MINIMUM		MAXIMUM	∵(SU⊷.		VVCCKIY	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	1 / 7	GRAB
00530 1 0	PERMIT	25 to 2*****	******	N/A	*****	30	100			Weekly	GRAB
Effluent Gross	REQUIREMENT		Lorent Agricultural	NA.	er e	MO AVG	DAILY MX	mg/L	1	vveckiy	9,00
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0	PERMIT	******	*****	N/A	*****	15	20	4.5		Weekly	GRAB
Effluent Gross	REQUIREMENT	Application of the second	4. A. A. A.		THE PARTY OF	MO AVG	DAILY MX	∞.mg/L			14.50 12.50 12.50
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	PERMIT	Reg. Mon.	Req. Mon.	11.7	*****	*****	*****	N/A		Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD						I VICERIY	

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 06/ 24/ 2016 AREA Code MM/DD/YYYY NUMBER

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

213A

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

DMR MAILING ZIP CODE: 150770004

Internal Outfall

No Discharge

		ľ	MONITO	RING	PERIOD
1	MM/DD/YYYY				MM/DD/YYYY
FROM[05/	01/	2016	TO	05/ 31/ 2016

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	SU		Twice Per	GRAB
Solids, total suspended	SAMPLE MEASUREMENT							72 77 78 78		1.20 0 Miles (. 10.0	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		9.	******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		****** dis	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	MGD	******	******* in q. fs fs fs fs	*****			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******			******	5 MO AVG	1.25 INST MAX	mg/L		Twice Per Month	GRAB

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

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.

DETRON FOR MIFERS SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TELEPHONE DATE 724 682-7773 06/ 24/ 2016 **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

l_		MONITORING PERIOD									
	MM/C	DD/Y	ΥΫ́		MM/DD/YYYY						
FROM[05/	01/	2016	то [05/	31/	2016				

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	en de la company	******	: N/A	******	30 MO AVG	100 DAILY MX	ma/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	******	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	ĞRAB
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	MGD:	*****	******	*****	N/A		Weekly	ESTIMA

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

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

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

TELEPHONE DATE 724 682-7773 06/ 24/ 2016 MM/DD/YYYY **AREA Code** NUMBER

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

TO

Form Approved OMB No. 2040-0004

Page 21

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

05/ 01/ 2016

303A

MM/DD/YYYY

05/ 31/ 2016

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

No Dischard

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hq	SAMPLE										
•	MEASUREMENT							L			
00400 1 0	PERMIT	*****	*****	400	6	******	9		4.75.183	Weekly	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	SU	CONTRACT.	VVEEKIY	GIVAD
Solids, total suspended	SAMPLE										[
Solids, total suspended	MEASUREMENT								1		1
00530 1 0	PERMIT	*****	*****	3.76.83	*****	30	100	ALTECOTOR	14 Table 18	THE WAY TO SHE	Napas I
Effluent Gross	REQUIREMENT		*****			MO AVG	DAILY MX	mg/L		Weekly	GRAB
Oil P gragge	SAMPLE										
Oil & grease	MEASUREMENT]									1
00556 1 0	PERMIT	*****	A 18 L **** 18 18 18 18 18 18 18 18 18 18 18 18 18	对有关管理	*****	15	20	37.24.7	65 37 1 C	Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		VVEEKIY	GRAD
Elous in conduit or thru treatment plant	SAMPLE							1			
Flow, in conduit or thru treatment plant	MEASUREMENT									1	
50050 1 0	PERMIT	Reg. Mon.	Req. Mon.	200	*****	******	*****	53463	通知和不定差	574 C 24 C 24	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD				N/A	4.00	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 roperly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

TELEPHONE DATE 724 682-7773 06/ 24/ 2016 MM/DD/YYYY **AREA Code** NUMBER

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

SAMPLES SHALL BE TAKEN AT THE OVERFLOW FROM THE OIL WATER SEPARATOR 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

313A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Discharge

Г	MONITORING PERIOD											
	MM/I	DD/Y	YY		MM/DD/YYYY							
ROM	05/	01/	2016	то	05/	31/	2016					
				_								

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION ·				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.1	. N/A	7.3	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******		NΑ	6 MINIMUM	*****	9 MAXIMUM	SU	4-000	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	*******	******	NA	******	30 MO AVG	100 DAILY MX	mg/L	e e	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	9 a.c. (6 %)	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	MGD	eccesion and a second	******	******	- N/A		Weekly	ESTIMA

TYPED OR PRINTED									
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	pro pe inf an								
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	dir								

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

LOZALETN FOR MCFEATER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 06/ 24/ 2016 **AREA Code** NUMBER MM/DD/YYYY

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 23

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

50050 1 0

Effluent Gross

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615

Req. Mon.

DAILY MX

FROM

Req. Mon.

MO AVG

401A

PERMIT NUMBER

MM/DD/YYYY

05/ 01/ 2016

DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2016

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

N/A

No Discharge

Weekly

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	:		,
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.1	N/A	8.2	SU	0	2 / 31	GRAB
00400 1 0	PERMIT	*****	*****	N/A	. 6	*****	Reg Mon.	231	A HOME	Twice Per -	GRAB
Effluent Gross	REQUIREMENT			LANA.	MINIMUM	生体 植类型 马克特	MAXIMUM	√SU		Month	GRAD
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	5	mg/L	0	2 / 31	GRAB
00530 1 0	PERMIT	*****	*****	N/A	*****	30	100		2. 内外型	Twice Per	GRAB
Effluent Gross	REQUIREMENT			IVA		MO AVG	DAILY MX	mg/L	April 2	Month	GRAD
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 31	GRAB
00556 1 0	PERMIT	****	77 - 8 *****	N/A	*****	15	20	7.0		Twice Per	GRAB
Effluent Gross	REQUIREMENT	1.00		IV/A		MO AVG	DAILY MX	mg/L		Month	5
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

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	a and AA	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,	LOCATION FOR MITCHIER	724	682-7773	06/ 24/ 2016
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 CHEMICAL FEED AREA DRAINS PRIOR TO MIXING WITH ANY OTHER WATER.

PERMIT

REQUIREMENT

ESTIMA

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

05/ 01/ 2016 TO

403A

DISCHARGE NUMBER

MM/DD/YYYY

05/ 31/ 2016

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		. 6 MINIMUM	******	.9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT			3.246,753			- PIVIAXTIVIOIVI	30	ing year. L		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	30 MO AVG	100 DAILY'MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	3000 12 12 12 12 12 12 12 12 12 12 12 12 12				WO'AVG	UAICI WA	s - nig/L			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	100	*****	15 MO AVG	20 DAILY MX	mg/Ľ		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT			200	NE ACTO SECULIA SE SE SE SE SE	See See Maring Const.	O SILL OF WAR	i samgress	*** 2011 (\$40 <u>)</u> \$30 218	200 April 200 Ap	
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				Management of the State of State of the State of				11:09:09:00:09:09:09:09		30 minutes (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	MGD	******	*****	******	3 m 2 m 2		Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	A STALL TO		1984	Company and the control of the contr		1	The state of the s			
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		*****	.5 MO AVG	1.25 INST MAX	mg/L	171 76	Weekly	GRAB

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

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

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

TELEPHONE DATE 724 682-7773 06/ 24/ 2016 **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: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

403A

DISCHARGE NUMBER

DMR MAILING ZIP CODE:

150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharg

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 05/ 01/ 2016 TO 05/ 31/ 2016

PARAMETER		QUANTI	QUANTITY OR LOADING QUALITY OR CONCENTRATION						QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. FREQUENCY EX OF ANALYSIS	SAMPLE TYPE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	!									
Hydrazine	SAMPLE MEASUREMENT																	
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	**************************************	The state of the s		0 MO AVG	0 DAILY MX	- mg/L		Weekly	GRAB							

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

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

TELEPHONE DATE 724 682-7773 06/ 24/ 2016 **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.): AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

MG/L. (THE LIMIT IS 35 MG/L

Form Approved OMB No. 2040-0004

Page 26

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

ATTN: C

PA0025615

413A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

BULK FUEL STORAGE DRAIN

Internal Outfall

No Discharge

SHIPPINGPORT, PA 150770004			7	MONITO	RING	PERIOD		
		MM/E	D/Y	YYY		MM/	DD/Y	ΥΥΥ
CHARLES V MCFEATERS/DIR SITE OPER	FROM	05/	01/	2016	то	05/	31/	2016

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAWETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	,	1	
рН	SAMPLE MEASUREMENT					N/A						
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******* ******************************	*****	N/A	6. MINIMUM	**************************************	9 MAXIMUM	SU	Section 1	Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT											
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******* ******************************	4.4***********************************	N/A	****** *******************************	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB.	
Oil & grease	SAMPLE MEASUREMENT											
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******		NA	******	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT											
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	##### ################################	**************************************	N/A		Weekly	ESTIMA	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	J
Charles V McFeaters, DIRECTOR OF SITE	l
OPERATIONS	l
· · · · · · · · · · · · · · · · · · ·	1

TYPED OR PRINTED

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

SETTLERA) FOR MIFERIER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TELEPHONE DATE 724 682-7773 06/ 24/ 2016 AREA Code NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 27

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

501A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Discharg

	MONITORING PERIOD										
. [MM/DD/YYYY		MM/DI	D/YYYY							
FROM	05/ 01/ 20	16 TO	05/	31/ 2016							

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			ļ
Calida total augranded	SAMPLE										
Solids, total suspended	MEASUREMENT	1			l	ļ		1	j	1	1
00530 1 0	PERMIT	*****	3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	66分型型	*****	30	100	建物情况	454	ALCOHOLOGICAL TOP	GRAB
Effluent Gross	REQUIREMENT	2 4 8 8 W 3 16 S				MO AVG	DAILY MX	mg/L		Weekly	GRAD
Claus in conduit as they treatment plant	SAMPLE										
Flow, in conduit or thru treatment plant	MEASUREMENT	i	1		i •			1			1
50050 1 0	PERMIT	Req. Mon.	Reg. Mon. 🐇	1100	*****	*****	*****	W. Sanca		1. 2. 2. 1. 1930	FOTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD	grade version for the TA					Weekly	ESTIMA -

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

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

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

682-7773

NUMBER

06/ 24/ 2016 MM/DD/YYYY

DATE

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.