



July 25, 2016 L-16-245

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 June 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 guarterly stormwater results.

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

Included with the report are two Supplemental Laboratory Accreditation Forms for analyses performed to support permit requirements as required by 25 Pa. Code § 252.

Should you have any questions regarding the attached and enclosed documents, please direct them to Ms. Amy Savage, at 724-682-4209.

Sincerely,

Charles V. McFeaters Director, Site Operations



Beaver Valley Power Station, Unit Nos. 1 and 2 L-16-245 Page 2

Attachment(s):

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

FOR INTERNAL DISTRIBUTION USE ONLY

Internal Distribution of Letter L-16-245

D. J. Salera w\out attachments

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D. C. Bluedorn (BCCZ)

Environmental File

2

Central File: Keyword - DMR

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-16-245 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station June 2016

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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
05-Jun-16	08:10:00 AM	7	mg/L
18-Jun-16	07:50:00 AM	7	mg/L
20-Jun-16	08:30:00 AM	7	mg/L
27-Jun-16	08:50:00 AM	6.5	mg/L

- Attachment 1 END -

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-16-245 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

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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
001A	CT-1	GG	No clamicide done during the month
010A	CT-1	GG	No clamicide done during the month

- Attachment 2 END -

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-16-245 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

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ATTACHMENT 3

Permit Part C.21 Iron and Zinc Stormwater Monitoring Results

Sample Date	Sample Time	Outfall	Parameter	Result	Units
02-Jun-16	0800	Outfall #003	Zinc	0.237	mg/l
02-Jun-16	0800	Outfall #003	Iron	1.05	mg/l
02-Jun-16	0915	Outfall #008	Zinc	<0.05	mg/l
02-Jun-16	0915	Outfall #008	Iron	<0.02	mg/l
02-Jun-16	0745	Outfall #011	Zinc	0.294	mg/l
02-Jun-16	0745	Outfall #011	Iron	1.15	mg/l

- Attachment 3 END -



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	me: FirstEnergy Nuclear Operating Company								
Address:	<u>P.O. Box 4</u>								
[Shippingpo	t, PA 15077							
	Beaver Vall	ey Power Station							
	PERMIT N	UMBER			MONITO Year/	RING F Month/		-	
PA0025615			2016	06	01	то	2016	06	30
			·	I		L	L	ı	I
PARAMET	'ER	ANALYSIS METHOD		LAB NAME			LABI	D NUMBE	R ²
Total Residual	Chlorine	SM 4500-CL G [20 th]	Beaver \	/alley Powe	er Station		()4-2742	
Free Available	Chlorine	SM 4500-CL G [20 th]	Beaver	/alley Powe	er Station)4-2742	
pH		SM 4500-H+ B [20 th]	Beaver \	/alley Powe	er Station	ition		04-2742	
Temperati	ure	SM 2550 B [20 th]	Beaver	/alley Powe	er Station)4-2742	
Flow		NA	Beaver \	alley Powe	r Station		C)4-2742	
Total Suspended S	Solids (TSS)	SM 2540 D [20 th]	Beaver \	/alley Powe	r Station		<u>,</u> ()4-2742	
Quaternary A Compoun		Photometric Determination	Beaver \	/alley Powe	r Station	on 04-2742			
		1⁄2-CHM-ANA-4.23H			_				
Bentonite Deto	oxicant.	Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645	Beaver \	/alley Powe	r Station		C	94-2742	
Hydrazin	e	ASTM D1385-01	Beaver	alley Powe	r Station		C	04-2742	

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	Authorized Agent
Charles V McFeaters Director Site Operations	Date: 07/22/16	A

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.

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: FirstEnerg	y Nuclear Operating Company	,							
1	4 ort, PA 15077 Illey Power Station								
PERMIT	NUMBER			MONITO Year/	RING F Month/			<u> </u>	
PA0025615		2016	06	01	то	2016	06	30	
PARAMETER	ANALYSIS METHOD		LAB NAME			LAB I	D NUMBE	R² .	
Zinc	EPA 200.7 Rev 4.4	FirstEne	FirstEnergy Corp-Beta Lab			68-01120			
Copper	EPA 200.7 Rev 4.4	FirstEne	FirstEnergy Corp-Beta Lab			68-01120			
Iron	EPA 200.7 Rev 4.4	FirstEne	FirstEnergy Corp-Beta Lab			68-01120			
Chromium	EPA 200.7 Rev 4.4	FirstEne	ergy Corp-B	leta Láb		68-01120			
Ammonia	SM 4500 NH3 F	FirstEne	FirstEnergy Corp-Beta Lab		68-01120		, z kontenen et i egi — o		
Cyanide	SM 4500-CN E [18th]		rgý Corp-B	eta Lab	지난 승규는 사람이 가지 않는 것이 같아. 이 것이 같아. 이 것이 같아.		8-01120		
Chlorobenzene	EPA 624	Test Am	erican-Can	iton Lab		68-00340			
Oil and Grease	EPA 1664 Rev A	FirstEne	rgy Corp-B	eta Lab		6	8-01120		
Oil and Grease	EPA 1664 Rev A	PACE A	PACE Analytical Services		65-00282		5-00282		
Total Dissolved Solids	SM 2540 C *	FirstEnergy Corp-Beta Lab		68-0112		8-01120	<u>en la compositionen de la comp</u>		
Total Suspended Solids	SM 2540 D *	FirstEne	rgy Corp-B	eta Lab		<u>6</u>	8-01120		
	* 2012 EPA Method Update Rule (MUR) no longer cites Standard Method editions							-	

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Name/Title Principal Executive Officer	Phone: 724-682-7773	Signature of Principal Executive Officer or Authorized Agent
Charles V McFeaters Director Site Operations	Date: 7/22/16	42
¹ Submit this form with the first Discharge Monitorin	g Report (DMR) Annual Report or Reco	ordkeeping and Reporting Form, where sample results

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.

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

MONITORING PERIOD

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	

MM/DD/YYYY

FROM

06/ 01/ 2016 **TO**

001A DISCHARGE NUMBER

MM/DD/YYYY

06/ 30/ 2016

DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
UNITS 1&2 COOLG. TOWER External Outfall	R BLWDN

No Discharge

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION			PR CONCENTRATION NO. FREQUER EX OF ANAL			SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.0	N/A	8 .6	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT	****** 	and an	N/A	6 MINIMUM	******	'9 MAXIMUM	SU	Selection .	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		******	N/A		Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Veekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	GG / GG	24 HR COMP
04251 1 0 Effluent Gross	PERMIT	****** 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997	*****	N/A	******* 1999 - 1998 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	0 MO AVG	0 DAILY MX	mg/L	di desa Angeleri	When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	34.2	37.4	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.	*****	******	*****	N/A	i gwei	Daily	CONTIN
Chlorine, total residual	SAMPLE	N/A	N/A	N/A	N/A	<0.03	0.1	mg/L	0	1/7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		****** ******	N/A		.5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.04	0.1	mg/L	0	Continuous	RCORDR
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			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		TEL	EPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	07/ 22/ 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)

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

Form Approved OMB No. 2040-0004

Page

1

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different) Page 2 NAME: FIRST ENERGY NUCLEAR OPERATING DMR MAILING ZIP CODE: 150770004 PA0025615 002A ADDRESS: PA ROUTE 168 MAJOR SHIPPINGPORT, PA 150770004 PERMIT NUMBER DISCHARGE NUMBER (SUBR05) FACILITY: BEAVER VALLEY POWER STATION INTAKE SCREEN BACKWASH LOCATION: PA ROUTE 168 External Outfall MONITORING PERIOD SHIPPINGPORT, PA 150770004 MM/DD/YYYY MM/DD/YYYY No Discharge ATTN: CHARLES V MCFEATERS/DIR SITE OPER FROM 06/ 01/ 2016 **TO** 06/ 30/ 2016

PARAMETER		QUANTI		-		QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	41. 1	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	Reg: Mon. DAILY MX	MGD)	******		ALC: NOT COMPANY	N/A		Ŵeeklý	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	07/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Defenses all the	have a feature in the second sec				

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

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Form Approved OMB No. 2040-0004

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PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different) Page FIRST ENERGY NUCLEAR OPERATING DMR MAILING ZIP CODE: 150770004 NAME: PA0025615 003A ADDRESS: PA ROUTE 168 MAJOR SHIPPINGPORT, PA 150770004 PERMIT NUMBER DISCHARGE NUMBER (SUBR05) FACILITY: BEAVER VALLEY POWER STATION 003 LOCATION: PA ROUTE 168 External Outfall MONITORING PERIOD SHIPPINGPORT, PA 150770004 MM/DD/YYYY MM/DD/YYYY No Discharge ATTN: CHARLES V MCFEATERS/DIR SITE OPER FROM 06/ 01/ 2016 TO 06/ 30/ 2016 .

PARAMETER		QUANTI	TY OR LOADING	_		QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.157	0.213	MGD	N/A	N/A	N/A	N/A	-	28 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******* 	anna an	******	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		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 compiled. I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	07/ 22/ 2016		
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)							

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

MONITORING PERIOD

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

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PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

FROM

06/ 01/ 2016 **TO**

004A DISCHARGE NUMBER

MM/DD/YYYY

06/ 30/ 2016

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DMR MAILING ZIP CODE:	150770004				
MAJOR					
(SUBR05)					
UNIT ONE COOLG TOWER OVERFLOW					
External Outfall					



Page 4

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Н	SAMPLE										
/ •	MEASUREMENT										
00400 1 0	PERMIT	*****	******	N/A	6	*****	9			Weekly	GRAB
Effluent Gross	REQUIREMENT			And and the second	MINIMUM	and a state of the second s	MAXIMUM	SU		TOORIY	Service one
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	Req. Mon.	Reg. Mon.		*****	*****	*****	N/A	hild Chief Star	Meakly	MEASRD
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD				IN/A		Weekly	WIEAGRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0	PERMIT	*****	*****	N/A	******	.5	1.25		A. F. & S.	Weekly	GRAB
Effluent Gross	REQUIREMENT	A CONTRACTOR OF THE		IN/A		MOAVG	INST MAX	mg/L:		WEEKIY	GNAD
Chlorine, free available	SAMPLE MEASUREMENT				<u></u>						
50064 1 0	PERMIT	*****	*****	2 P. (14)	*****	.2	.5	Test Order C.	ter he store	Weekly	GRAB
Effluent Gross	REQUIREMENT	CONTRACTOR STREET		N/A	and the state of the	AVERAGE	MAXIMUM	mg/L		WEEKIY	CINAD

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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	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,	MX	724	682-7773	07/ 22/ 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)

Form Approved OMB No. 2040-0004

NAME: FIRST ENERGY NUCLEAR OPERATING DMR MAILING ZIP CODE: 150770004 PA0025615 006A ADDRESS: PA ROUTE 168 MAJOR DISCHARGE NUMBER SHIPPINGPORT, PA 150770004 PERMIT NUMBER (SUBR05) FACILITY: BEAVER VALLEY POWER STATION AUX. INTAKE SCREEN BACKWASH LOCATION: PA ROUTE 168 External Outfall SHIPPINGPORT, PA 150770004 MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY No Discharge ATTN: CHARLES V MCFEATERS/DIR SITE OPER FROM 06/ 01/ 2016 TO 06/ 30/ 2016 ~ NO. FREQUENCY QUANTITY OR LOADING QUALITY OR CONCENTRATION EΧ OF ANALYSIS PARAMETER VALUE VALUE UNITS VALUE VALUE VALUE UNITS SAMPLE Flow, in conduit or thru treatment plant 0.002 0.016 MGD N/A N/A N/A N/A 1/7 -MEASUREMENT ****** ***** ****** 50050 1 0 PERMIT Req. Mon. Req. Mon. N/A Weekly

MGD

DAILY MX

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	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,	W	724	682-7773	07/ 22/ 2016
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Effluent Gross

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

REQUIREMENT

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Page 5

SAMPLE

TYPE

EST

ESTIMA.

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

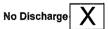
NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	007A DISCHARGE NUMBER
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168	MONITOPIN	
	SHIPPINGPORT, PA 150770004		MM/DD/YYYY

FROM

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

06/ 30/ 2016

150770004



PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT	****** 1.1.1 Million - 1.1.1 Million -			6 MINIMUM	anna Anna Anna Anna	9 MAXIMUM	SÜ		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										
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		Weekiy	GRAB

06/ 01/ 2016

	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 penalters for submitting false information, including the possibility of fine and imprisonment for knowing violations.	1	TEL	EPHONE	DATE	
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	07/ 22/ 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 (Performed all attack	monto horo)					

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.

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

Form Approved OMB No. 2040-0004

MONITORING PERIOD

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

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PA0025615 PERMIT NUMBER

MM/DD/YYYY

FROM

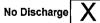
06/ 01/ 2016 TO

008A DISCHARGE NUMBER

MM/DD/YYYY

06/ 30/ 2016

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
UNIT 1 COOLING TOWER F	PUMPHOUSE
External Outfall	



PARAMETER		QUANTITY OR LOADING			C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
pH	SAMPLE											
00400 1 0	MEASUREMENT PERMIT	*****	****		6	*****	9			Twice Per	GRAB	
Effluent Gross	REQUIREMENT		and the second sec		MINIMUM	The Charles Sectores	MAXIMUM	SU		Month	GRAD	
Solids, total suspended	SAMPLE MEASUREMENT											
00530 1 0	PERMIT	*****	*****		******	30	100		Secol	Twice Per	GRAB	
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L	S. P. Sand	Month		
Oil & grease	SAMPLE MEASUREMENT											
00556 1 0	PERMIT	1011. ***** *	*****		*****	15	20			Twice Per	GRAB	
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Month	CIVID .	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT											
50050 1 0	PERMIT	Reg. Mon.	Req. Mon.	1. 19-11-19-19-19-19-19-19-19-19-19-19-19-1	*****	*****	******	NI/A	2010 ALSO	Weekly	ESTIMA	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD	and the second second second		ampartas de Caracitas	N/A		VVCCKIY		

	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 diredly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	07/ 22/ 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)

MONITORING PERIOD

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

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PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

06/ 01/ 2016 **TO**

FROM

010A DISCHARGE NUMBER

MM/DD/YYYY

06/ 30/ 2016

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) UNIT 2 COOLING WATER External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.6	N/A	7.8	SU	0	1 / 7	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	GG	GG	mg/L	0	GG / GG	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		0 MO AVG	0 INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.3	4.3	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD		*******	******	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.2	<0.2	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****** ******	******			5 MO AVG	1.25 INST MAX	^j mg/⊾	ar ny sara Ny sara-taona 1990 Ny sara-taona 1980	Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.2	<0.2	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******* 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	*****	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	· · · · · · · · · · · · · · · · · · ·	TEI	EPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, fand complete. I am aware that there are significant penalities for submitting false information,		724	682-7773	07/ 22/ 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)

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)

Page 1

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Page 9

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

	PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
			QUANT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE]
ATTN: CHARL	SHIPPINGPORT, F .ES V MCFEATERS/E		FR	MM/DD/YY OM06/_01/	YY	NG PERIOD MM/DD/YY O 06/ 30/					No Disc	charge]
FACILITY: LOCATION:	BEAVER VALLEY I PA ROUTE 168			a					DIESEL (External (RBINE DRAINS		
NAME: ADDRESS:	FIRST ENERGY N PA ROUTE 168 SHIPPINGPORT, F	JCLEAR OPERATING A 150770004		PA0025615 PERMIT NUMBI	ER	011A DISCHARGE NU	MBER		DMR MA I MAJOR (SUBR05		CODE: 15077	70004	

	Conversion of the second se	s							· ·		
Flow, in conduit or thru treatment plant	SAMPLE	0.004	0.004	MGD	N/A	N/A	N/A	N/A		1/7	EST
Flow, in conduit of this treatment plant	MEASUREMENT	0.004	0.004	00	N/A				-	1 / /	
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	*****	*****	N/A		Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD			South Street Street		16-13-13	VVCERIY	LOTING

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	· · · · · · · · · · · · · · · · · · ·	TEL	EPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	07/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNĂTURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

MONITORING PERIOD

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

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PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

FROM

06/ 01/ 2016 **TO**

012A DISCHARGE NUMBER

MM/DD/YYYY

06/ 30/ 2016

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
BLOWDOWN FROM THE H	VAC UNIT
External Outfall	

No Discharge

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.3	N/A	8.4	SU	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM		9 MAXIMUM	SÜ		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	. N/A	N/A	N/A	0.0334	0.0365	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT		*******	N/A		Req. 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	<0.02	0.02	mg/L	0	2 / 30	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	ettere La seconda de la seconda d La seconda de la seconda de	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 / 30	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	340	352	mg/L	0	2 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A		Req. Mon. MO AVG	Reg. Mon. DAILY MX	mg/L		Twice Per Month	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	• •	TEI	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,		724	682-7773	07/ 22/ 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

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

Form Approved OMB No. 2040-0004

MONITORING PERIOD

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615
PERMIT NUMBER

FROM

MM/DD/YYYY

06/ 01/ 2016 TO

013A DISCHARGE NUMBER

MM/DD/YYYY

06/ 30/ 2016

MAJOR (SUBR05) OUTFALL 013 External Outfall

DMR MAILING ZIP CODE: 150770004

No Discharge

PARAMETER	QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.0	N/A	8.1	ຣບ	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	6 MINIMUM	******	9 MAXIMUM	ຮບ		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01	<0.01	mg/L	0	2 / 30	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A		Req: Mon. MO AVG	Req. Mon. DAILY MX	mg/L-		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.02	0.0212	mg/L	0	2 / 30	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	******	N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	6 Optiment Andreas States	Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005	<0.005	mg/L	0	2 / 30	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req. Mon. MO AVG	Req. Mon: DAILY MX	.mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******		******	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	2.2	TEI		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, accurato, and complete. I am aware that there are significant penalties for submitting false information,	GAS -	724	682-7773	07/ 22/ 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.

.

MONITORING PERIOD

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Form Approved OMB No. 2040-0004

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

FROM

06/ 01/ 2016

101A DISCHARGE NUMBER

MM/DD/YYYY

06/ 30/ 2016

DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
101 CHEMICAL WASTE TRI Internal Outfall	EATMENT



PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				<u> </u>]					A
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****** 2000 72	******			30 MO'AVG	100 DAILY MX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****** 1 1011	******			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. MØ AVG	Req. Mon. DAILY MX	MGD	****** *****	1000 ******				DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT						X				
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		DATE
Charles V McFeaters, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	07/ 22/ 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)

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

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615	
PERMIT NUMBER	

102A DISCHARGE NUMBER

	MONITORING PERIOD				
	MM/DD/YYYY		MM/DD/YYYY		
FROM	06/ 01/ 2016	то	06/ 30/ 2016		

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) 102 INTAKE SCREEN HOUSE 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	7.6	N/A	7.9	sυ	0	2 / 30	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	<4	<4	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT		******	N/Å		30 <u>MO</u> AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon: MO AVG	Req. Mon. DAILY MX	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		TE	LEPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting faise information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	07/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

.

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004		PA0025615	DI	103A SCHARGE NUMBER	DMR Mailing Zip Code: Major (SUBR05)	150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168					SLUDGE SETTLING BASIN Internal Outfall	
	SHIPPINGPORT, PA 150770004		MONITO	RING	PERIOD		
			MM/DD/YYYY	1	MM/DD/YYYY		No Discharge
ATTN: CHARL	ES V MCFEATERS/DIR SITE OPER	FROM	06/_01/_2016	TO	06/ 30/ 2016		-

PARAMETER	din series din series	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.6	N/A	7.7	SU	0	3 / 30	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	<4	<4	mg/L	0	2 / 30	24 HR COMP
00530 1 0 Effluent Gross	PERMIT			N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.157	0.213	MGD	N/A	N/A	N/A	N/A	-	28 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. 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	•	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,		724	682-7773	07/ 22/ 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 OVERFLOW FROM THE BASIN PRIOR TO MIXING WITH ANY OTHER WATER.

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MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

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PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

06/ 01/ 2016 TO

FROM

111A DISCHARGE NUMBER

MM/DD/YYYY

06/ 30/ 2016

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) 111 DIESEL GENERATOR BLDG Internal Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
			VALUE	VALUE UNITS		VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	7.7	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	<5	7	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******* (*	******	N/A		30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	8	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******* 	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	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.		******	+sector	N/A		Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	07/ 22/ 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)

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	PA0025615 PERMIT NUMBER	113A DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			UNIT 2 SEWAGE TMT PLANT Internal Outfall
ATTN: CHARL	SHIPPINGPORT, PA 150770004 ES V MCFEATERS/DIR SITE OPER	MONITOF MM/DD/YYYY FROM 06/ 01/ 2016	MM/DD/YYYY TO 06/ 30/ 2016	No Discharge X

PARAMETER	on an	QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT	107.571 (****** *	2.12(r) 		6 MINIMUM	******	9 MAXIMUM	s⊎		Twice Per : Month	GRAB
Solids, total suspended	SAMPLE		and the second								294267244-242642
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		****** 1.22		******	30 MO AVG	60 DAILY MX	mg/È,		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT	.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. (1. (1. (1. (1. (1. (1. (1. (1. (1. (******		******* ********	1.4 MO AVG	3.3 INST MAX	mg/Ĺ		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	ormg/L_		Twice Per Month	COMP-8

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.

Page 16

MONITORING PERIOD

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

MM/DD/YYYY

FROM

06/ 01/ 2016 **TO**

203A DISCHARGE NUMBER

MM/DD/YYYY

06/ 30/ 2016

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
MAIN SEWAGE TMT PLANT Internal Outfall	



PARAMETER		QUANTITY OR LOADING			(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	*****	****** 016H		6	*****	9 Contractor 9	1.725378		Twice Per	
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	SU		Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	*****	P30-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		*****	30	60	· vala Tasta		Twice Per	COMP-8
Effluent Gross	REQUIREMENT	经高速过来的编	243. 当时的			MOAVG	DAILY MX	mg/L	RACK!	Month	COMP-6
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	.023	Req. Mon.		*****	*****	******	1000		Weekly	MEASRD
Effluent Gross	REQUIREMENT	MOIAVG	DAILY MX	MGD		97. See 2 . A . A . A	in the second of the			State States and	
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0	PERMIT	*****	*****			14		13 - 363		Twice Per	GRAB
Effluent Gross	REQUIREMENT					MOAVG	INST MAX	mg/L		Month	GIVD
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1	PERMIT	******	******	Sec.	****** *******************************	200	1			Twice Per	GRAB
Effluent Gross	REQUIREMENT					MO GEOMN	的"非常的情况"的"	#/100mL		Month	
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0	PERMIT	*****	*****			25	50	1		Twice Per	COMP
Effluent Gross	REQUIREMENT	Contraction of the second s				MOAVG	DAILY MX	mg/L-		Month	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	EPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	07/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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	P	PA0025615 ERMIT NUMBER	D	211A SCHARGE NUMBER	MAJOR	50770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168					211 TURBINE BLDG Internal Outfall	
	SHIPPINGPORT, PA 150770004		MONITO	DRING	PERIOD		
			MM/DD/YYYY		MM/DD/YYYY	No	Diochorna
ATTN: CHARL	ES V MCFEATERS/DIR SITE OPER	FROM	06/ 01/ 2016	то	06/ 30/ 2016		Discharge

PARAMETER	QUANTITY OR LOADING				C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.3	N/A	7.7	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	<6	13	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		AAAAAAA Aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	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	******	Anna Asta Anna Asta Anna Asta Anna Asta	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	artaria Selecting (Selection)	**************************************	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		TEI	EPHONE	DATE	
Charles V McFeaters, DIRECTOR OF SIT			724	682-7773	07/ 22/ 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)

Page 18

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 19

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

06/ 01/ 2016 TO

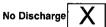
FROM

213A
DISCHARGE NUMBER

MM/DD/YYYY

06/ 30/ 2016

DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
UNIT 2 COOL TOWER PUM Internal Outfall	PHOUSE



PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
	de statistica de la composition de la composit Composition de la composition de la c	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		6 MINIMUM	1412468 1997 -	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	****		*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		******	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MĞD			*****		al de la caracteria de la Caracteria de la caracteria	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

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	onection of supprivision in accordance with a system designed to assume that qualines 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.		724	682-7773	07/ 22/ 2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 20

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

Flow, in conduit or thru treatment plant

50050 1 0

Effluent Gross

PERMIT	NUMBER	DISC

06/ 01/ 2016 **TO**

MGD

MGD

N/A

N/A

N/A

MM/DD/YYYY

PA0025615

301A				
DISCHARGE NUMBER				

MM/DD/YYYY

06/ 30/ 2016

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
UNIT 2 AUX BOILER BLOW	DOWN
nternal Outfall	

NO.

ĒΧ

0

0

-

N/A

N/A

No Discharge

SAMPLE

TYPE

GRAB

GRAB

GRAB

GRAB

EST

ESTIMA

FREQUENCY

OF ANALYSIS

2 / 30

Twice Per

Month

2 / 30

Twice Per

Month -

1 / 7

Weekly

		QUANT	ITY OR LOADING		QUALITY OR CONCENTRATION				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	Γ
00530 1 0 Effluent Gross	PERMIT		*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L	のないの
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	****	15 MO AVG	20 DAILY MX	mg/L	1.

< 0.001

Req. Mon.

DAILY MX

FROM

<0.001

Reg. Mon.

MO AVG

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penaities for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	07/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLES SHALL BE TAKEN AT THE DISCHARGE OF BOILER BLOWN DOWN PRIOR TO MIXING WITH ANY OTHER WATER.

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 21

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	

MM/DD/YYYY

06/ 01/ 2016 **TO**

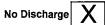
FROM

303A DISCHARGE NUMBER

MM/DD/YYYY

06/ 30/ 2016

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
UNIT 1 OIL WATER SEPAR	ATOR
Internal Outfall	



PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
рН	SAMPLE											
00400 1 0	MEASUREMENT PERMIT	*****	******	a fer a reaction of the	1.11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*****	9	Sector Market			Constanting the second second	
Effluent Gross	REQUIREMENT			- Second	MINIMUM		MAXIMUM	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT											
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	in a start	****** 1910 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB	
Oil & grease	SAMPLE MEASUREMENT		-									
00556 1 0	PERMIT	******	*****		*****	15	20	12.4		Weekly	GRAB	
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX.	mg/L_		VVEENIY	GIVAD	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT											
50050 1 0	PERMIT	Req. Mon.	Req. Mon:	State State	*****	******	*****	N/A		Weekly	ESTIMA	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD	The second s	SALESS STREET	NAMES OF TAXABLE PARTY.		0.012	A CONTA	COT WIA	

	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.		TEI	LEPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	07/ 22/ 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 OVERFLOW FROM THE OIL WATER SEPARATOR PRIOR TO MIXING WITH ANY OTHER WATER.

Form Approved OMB No. 2040-0004

Page 22

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

NAME: 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	

313A DISCHARGE NUMBER

	MONITO	DRING	PERIOD
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/ 01/ 2016	то	06/ 30/ 2016

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) 313 TURBINE BLDG DRAIN Internal Outfall

No Discharge

PARAMETER	den statistica Secondaria	QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.0	N/A	7.4	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	<5	8	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	stan in Salation	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	an la sainte Saintean an saintean an sai	Weekly	ESTIMA

				•	
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	EPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the parson 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 beliaf, true, accurate, and complete. I am aware that there are significant penalities for submitting false information,		724	682-7773	07/ 22/ 2016
	and complete. I am aware that there are significant penalues for submating lates information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

•

FACILITY: LOCATION:	BEAVER VALLEY POWER S PA ROUTE 168 SHIPPINGPORT, PA 150770 ES V MCFEATERS/DIR SITE 0	0004	FRO	MM/DD/YY	YY	NG PERIOD MM/DD/YY	YY 2016	CHEM.FE Internal C		NOF AUX BO	DILERS Discha]
[PARAMETER					I			NO. EX	FREQUEN OF ANALYS		SAMPLE TYPE]

PARAMETER	A DECEMBER OF									OF ANALISIS	I IYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.2	N/A	8.5	SU	0	2 / 30	GRAB
00400 1 0	PERMIT	*****	*****	N/A	6	******	Req. Mon.			Twice Per	GRAB
Effluent Gross	REQUIREMENT		Part of the second	IW/A	MINIMUM		MAXIMUM	SU		Month	GRAD
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 30	GRAB
00530 1 0	PERMIT	pe-11. ******	*****	N/A	*****	30	100	1000	a di ta sa	Twice Per	GRAB
Effluent Gross	REQUIREMENT	and an and a second		JWA		MO AVG	DAILY MX	mg/L		Month	GRAD
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0	PERMIT	******	******	N/A	*****	15	20			Twice Per	GRAB
Effluent Gross	REQUIREMENT			1VA	or other ended of the other	MO AVG	DAILY MX	mg/L	21.49 PG- 26	Month	GRAD
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	PERMIT	Req. Mon.	Req. Mon.		*****	*****	*****	N/A	127 - 294 8	Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD	可以是教室の構成す	Care Contractor	Teamer Charles and	N/A		vvcekiy	CO INA

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 person		TE	LEPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS		724	682-7773	07/ 22/ 2016
including the possibility of fine and imprisonment for knowing violations. TYPED OR PRINTED	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.

Form Approved OMB No. 2040-0004

403A

DISCHARGE NUMBER

Form Approved OMB No. 2040-0004

Page 24

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

 MONITORING PERIOD

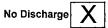
 MM/DD/YYYY
 MM/DD/YYYY

 FROM
 06/
 01/
 2016
 TO
 06/
 30/
 2016

PA0025615

PERMIT NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) CONDENSATE BLOWDOWN & RIVR WAT Internal Outfall



PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	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		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			******			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		*****	.5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		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 penalities for submitting false information,		724	682-7773	07/ 22/ 2016
	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

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

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

FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	403A DISCHARGE NUMBER
BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004	MONITO	

ATTN: CHARLES	V MCFEATERS/DIR	SITE OPER

NAME: ADDRESS:

FACILITY: LOCATION:

	MONITORING PERIOD					
	MM/DD/YYYY		MM/DD/YYYY			
FROM	06/ 01/ 2016	то	06/ 30/ 2016			

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
CONDENSATE BLOWDOWN	& RIVR WAT

Internal Outfall



PARAMETER		QUANTITY OR LC			IG QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE										
	MEASUREMENT										
81313 1 0	PERMIT	*****	*****		*****	0.00	, i Tri (0	NT PATLER	St Crick Press	Mookly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L	Photo A.	Weekly	GRAD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	- AC	724	682-7773	07/ 22/ 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

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. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved OMB No. 2040-0004

Page 25

MONITORING PERIOD

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	E

MM/DD/YYYY

FROM

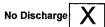
06/ 01/ 2016 **TO**

413A DISCHARGE NUMBER

MM/DD/YYYY

06/ 30/ 2016

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
BULK FUEL STORAGE DRA Internal Outfall	MN



PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				· NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE					N/A					
	MEASUREMENT	New Sectors Sectors and the Control Control Sector Sector	an antistandourse and the state the statement		and the construction of the second		The Rest of College College March 2012 The College March 2012	· · · · · · · · · · · · · · · · · · ·	an an initial and tank in the		
00400 1 0	PERMIT	*****	******	N/A	6	*****	9	1.1.1		Weekly	GRAB
Effluent Gross	REQUIREMENT	Contraction of the second s	A STAD MARKED		MINIMUM	的時间可能的合同。自己	MAXIMUM	SU		a second second	UIU
Solids, total suspended	SAMPLE										
Condis, total suspended	MEASUREMENT										
00530 1 0	PERMIT	******	*****	N/A	*****	30	100			Mealde.	GRAB
Effluent Gross	REQUIREMENT	Man Carlot State Charles		IN/A	a she and a state part of	MO AVG	DAILY MX	mg/L		Weekly	GRAD
Oil & grease	SAMPLE			, T		<u> </u>				······································	
On & grease	MEASUREMENT										
00556 1 0	PERMIT	*****	*****	NI/A	*****	15	20		19 Mar 19		OPAD
Effluent Gross	REQUIREMENT	ependente de la		N/A		MO AVG	DAILY MX	mg/L		Weekly	GRAB
Flow in conduit or thru treatment plant	SAMPLE										
Flow, in conduit or thru treatment plant	MEASUREMENT										
50050 1 0	PERMIT	Reg. Mon.	Req. Mon.	Carlos Carlos	*****	*****	*****	1	and the second	ing the state of the second	ESTIMA
Effluent Gross	REQUIREMENT	MÓ AVG	DAILY MX	MGD				N/A	He Stiff Storts	Weekly	ESTIMA

	t 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 gualified personnel		TEL	EPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information,	A	724	682-7773	07/ 22/ 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 DISCHARGE FROM OWS #24 PRIOR TO MIXING WITH ANY OTHER WATER.

Form Approved OMB No. 2040-0004

Form Approved OMB No. 2040-0004

Page 27

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

ç

NAME:FIRST ENERGY NUCLEAR OPERATINGADDRESS:PA ROUTE 168SHIPPINGPORT, PA 150770004	PA0025615 501A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: BEAVER VALLEY POWER STATION LOCATION: PA ROUTE 168		UNIT 1 GENRTR BLWDWN FILT BW Internal Outfall
SHIPPINGPORT, PA 150770004	MONITORING PERIOD	
ATTN: CHARLES V MCFEATERS/DIR SITE OPER	MM/DD/YYYY MM/DD/YYYY FROM 06/ 01/ 2016	No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	*****	*****		*****	30	100	W. W. Star		Mookhi	 GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		vveekiy	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										1
50050 1 0	PERMIT	Req: Mon.	Req. Mon.			*****	445 *** ***	A series and		Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MOAVG	DAILY MX	MGD	的思想和法律				26. A.	VVCCNIY	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		TEL	EPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my incluing of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	07/ 22/ 2016
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attach	hments here)	· · · · · · · · · · · · · · · · · · ·			

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

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

2

PA0025615	
PERMIT NUMBER	

001A DISCHARGE NUMBER

•	MONITORING PERIOD											
	MM/E	יא/סנ	(YY		MM/C	DD/YY	33					
FROM	06/	01/	2016	то	06/	30/	2016					

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
UNITS 1&2 COOLG. TOWER External Outfall	R BLWDN

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARMIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.0	N/A	8.6	SU	0	1 / 7	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		Req: Mon. MO AVG	Reg. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	GG / GG	24 HR COMP
04251 1 0 Effluent Gross	PERMIT	******	******	N/A	******	0 MO AVG	0 DAILY MX	ma/Li	12	When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	34.2	37.4	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT	Req Mon. MO AVG	Req. Mon. DAILY MX	MGD		*****	*****	N/A		: Dally	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.03	0.1	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	*****	N/A		.5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.04	0.1	mg/L	0	Continuous	RCORDR
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		1000 (1000) 1000 (1000) 1000 (1000)	N/A	*****	0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	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,	MA	724	682-7773	07/ 22/ 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)

1

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

Form Approved OMB No. 2040-0004

Page 1

Form Approved OMB No. 2040-0004

Page 2

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

•

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	002A DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			INTAKE SCREEN BACKWASH External Outfall
	SHIPPINGPORT, PA 150770004	MONITOR		
ATTN: CHARL	ES V MCFEATERS/DIR SITE OPER	MM/DD/YYYY FROM 06/ 01/ 2016	MM/DD/YYYY TO 06/ 30/ 2016	No Discharge

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FANAMETER		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	Reg. Mon. DAILY MX	MGD	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	******		N/A		Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	07/ 22/ 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)

(

Form Approved OMB No. 2040-0004

Page

3

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004		PA0025615	DI	003A SCHARGE NUMBER	DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004	Г	MONITO	ORING	PERIOD	003 External Outfall	
ATTN: CHARL	ES V MCFEATERS/DIR SITE OPER	FROM	MM/DD/YYYY 06/ 01/ 2016	то	MM/DD/YYYY 06/ 30/ 2016		No Discharge

PARAMETER	and and a second s	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.157	0.213	MGD	N/A	N/A	N/A	N/A	-	28 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	145 X ******	******		N/A		Twice Per- Month	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	EPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	07/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

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	

MM/DD/YYYY

06/ 01/ 2016 **TO**

FROM

004A DISCHARGE NUMBER

MM/DD/YYYY

06/ 30/ 2016

DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
UNIT ONE COOLG TOWER External Outfall	OVERFLOW



PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT				,						
00400 1 0	PERMIT	*****	******	N/A	6 MINIMUM		9			Weekly	GRAB
Effluent Gross	REQUIREMENT		******	N/A	MINIMUM	******	MAXIMUM	S⊍	and the set	AACCKIA	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT									 ,	
50050 1 0 Effluent Gross	PERMIT	Req. Mon. MO AVG	Req. 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		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0	PERMIT	******	10 (*****)	2803 22582 5305 - 2752 - 2	******	2	.5			Weekly	GRAB
Effluent Gross	REQUIREMENT			N/A	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	AVERAGE	MAXIMUM] mg/L	NEE-N	THE CILLY	

.

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	EPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I arm avare that there are significant penalities for submitting false information,	NX	724	682-7773	07/ 22/ 2016
	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

Form Approved OMB No. 2040-0004

Page 5

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

.

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

06/ 01/ 2016

FROM

.

006A DISCHARGE NUMBER

MM/DD/YYYY

06/ 30/ 2016

DMR MAILING ZIP C	ODE: 150770004
MAJOR	
(SUBR05)	
AUX. INTAKE SCREE	EN BACKWASH

External Outfall

No Discharge

PARAMETER		QUANTI	TTY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			Í
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

то

	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 bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	07/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	AREA Code	NUMBER	MM/DD/YYYY

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

...

MONITORING PERIOD

Form Approved OMB No. 2040-0004

> Page 6

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

NAME: 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

06/ 01/ 2016 **TO**

007A **DISCHARGE NUMBER**

MM/DD/YYYY

06/ 30/ 2016

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) AUX. INTAKE SYSTEM External Outfall



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE										
1	MEASUREMENT										
00400 1 0	PERMIT	44 (A)	1		6	******	-9			Weekly	GRAB
Effluent Gross	REQUIREMENT			調査にも考	MINIMUM		MAXIMUM	SU	a far start a		
Flow, in conduit or thru treatment plant	SAMPLE										[]
	MEASUREMENT										
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	100 000 000 000 000 000 000 000 000 000	27468 (X.C.)			Weekly	GRAB
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD					20 A 19		
Chlorine, total residual	SAMPLE										· ·
	MEASUREMENT										
50060 1 0	PERMIT	******	*****		*****	.5	1.25			Weekly	GRAB
Effluent Gross	REQUIREMENT			160 S - S -		MO AVG	INST MAX	mg/L		vvccniy	
Chlorine, free available	SAMPLE										
Chomic, nee available	MEASUREMENT										
50064 1 0	PERMIT	******	*******		*****	.2	udic			Weekly	GRAB
Effluent Gross	REQUIREMENT		國民主法、中國國	影響行為	と言語語であった。	AVERAGE	MAXIMUM	. mg/L	E States 1	. vvcekly	GRAD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	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,	\sim	724	682-7773	07/ 22/ 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 attack	hments here)				<u> </u>

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.

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

PERMIT

REQUIREMENT

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

50050 1 0

Effluent Gross

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

06/ 01/ 2016 **TO**

FROM

Req. Mon.

MO AVG

Req. Mon.

DAILY MX

the upo

MGD

008A DISCHARGE NUMBER

MM/DD/YYYY

06/ 30/ 2016

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
UNIT 1 COOLING TOWER P	UMPHOUSE
External Outfall	

~

N/A



ESTIMA

Weekly

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT			_							
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	essee Aller aller all	****** ******		6 MINIMUM		9 MAXIMUM	s∪	en e	Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****** 1929 - 1939 - 1939 - 1939 - 1939 - 1939 - 1939 - 1939 - 1939 - 1939 - 1939 - 1939 - 1939 - 1939 - 1939 - 1939			******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Dil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT				******	15 MO AVG	20 DAILY MX	mg/L		Twice Per. Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				an ann an ann an 2000 fa cui sinn an	<u> </u>					

Grie See

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	NS	724	682-7773	07/ 22/ 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 attack	hments here)				

то

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168	PA0025615	010
	SHIPPINGPORT, PA 150770004	PERMIT NUMBER	DISCHARGE
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168		
	SHIPPINGPORT, PA 150770004	MONITOR	ING PERIOD
		MM/DD/YYYY	MM/DI

FROM

06/ 01/ 2016

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

010A DISCHARGE NUMBER

MM/DD/YYYY

06/ 30/ 2016

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
UNIT 2 COOLING WATER	
External Outfall	

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.6	N/A	7.8	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	_6 MINIMUM	******* *******	9 MAXIMUM	SÜ		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	GG / GG	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A		0 MO AVG	0 INST MAX	. mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.3	4.3	MGD	N/A	N/A	N/A	N/A	1	1 / 7	MEAS
50050 1 0	PERMIT	Req: Mon.	Req: Mon.		*****	******	******	N/A		Weekly	MEASRD
Effluent Gross	REQUIREMENT	MOAVG	DAILY MX	MGD			and the second sec	101		Treekiy	
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.2	<0.2	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT	***** * (* 1997)	******		*****	5	1.25			Weekly	GRAB
Chlorine, free available	REQUIREMENT SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<u> </u>	<0.2	mg/L mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******	****** *******	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		TE	.EPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the Information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	07/ 22/ 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)

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

Form Approved

OMB No. 2040-0004

Page 9

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

.

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	P	PA0025615 ERMIT NUMBER	D	011A SCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168					DIESEL GEN & TURBINE DRAINS External Outfall
ATTN: CHARLI	SHIPPINGPORT, PA 150770004 ES V MCFEATERS/DIR SITE OPER	FROM	MONITO MM/DD/YYYY 06/01/2016	TO	PERIOD MM/DD/YYYY 06/ 30/ 2016	No Discharge

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAIVIETER		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				N/A		Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	07/ 22/ 2016
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNĂTURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

•

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 10

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

•

PA0025615					
PERMIT NUMBER					

MM/DD/YYYY

06/ 01/ 2016 **TO**

FROM

٦.

0124 DISCH

MM/DD/YYYY

06/ 30/ 2016

012A	
HARGE NUMBER	

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
BLOWDOWN FROM THE H	VAC UNIT
External Outfall	

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH .	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.3	N/A	8.4	SU	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	***** 8111 - 1910 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 -	*****	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	0.0334	0.0365	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	2011 644444	*****	N/A		Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02	0.02	mg/L	0	2 / 30	GRAB
01092 1 0 Effluent Gross	PERMIT		*****	N/A	***** 00000000000000000000000000000000	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 / 30	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	340	352	mg/L	0	2 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A		Req. Mon. MO AVG	Reg. Mon. DAILY MX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	•	TEL	EPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	07/ 22/ 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)

Form Approved OMB No. 2040-0004

Page 11

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PE	PA0025615 ERMIT NUMBER	DI	013A SCHARGE NUMBER	DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
FACILITY:	BEAVER VALLEY POWER STATION					OUTFALL 013	
LOCATION:	PA ROUTE 168					External Outfall	
	SHIPPINGPORT, PA 150770004	[MONITO	RING	PERIOD		
		Γ	MM/DD/YYYY		MM/DD/YYYY		No Discharge
ATTN: CHARL	ES V MCFEATERS/DIR SITE OPER	FROM	06/ 01/ 2016:	то	06/ 30/ 2016		NO DISCHARGE

PARAMETER		QUANT	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	. N/A	N/A	7.0	N/A	8.1	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 / 30	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	*****	Req. Mon. MO AVG.	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.02	0.0212	mg/L	0	2 / 30	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Artest Statest	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 / 30	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	**43***	******	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		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,		724	682-7773	07/ 22/ 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.

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 12

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

06/ 01/ 2016 **TO**

FROM

101A DISCHARGE NUMBER

MM/DD/YYYY

06/ 30/ 2016

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
101 CHEMICAL WASTE TR	EATMENT
Internal Outfall	



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM		9 MAXIMUM	SÚ		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****** विविधित के बिर्म के ब	*****	Coloris Line	******	30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			****** ******	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****** 11.111/ 28-11		******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	(Nportine)	Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<u></u>									
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	******	esses All and a second s			DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	a de Service	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB

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Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	07/ 22/ 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)

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.

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 13

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	

MM/DD/YYYY

06/ 01/ 2016 **TO**

FROM

102A DISCHARGE NUMBER

MM/DD/YYYY

06/ 30/ 2016

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
102 INTAKE SCREEN HOUS Internal Outfall	SE

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.6	N/A	7.9	SU	0	2 / 30	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	<4	<4	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A -	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*** ***			N/A		Twice Per Month	ESTIMA

					· · · · · · · · · · · · · · · · · · ·
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE	DATE
Charles V McFeaters. DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	- 682-7773	07/ 22/ 2016
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004		A0025615	DI	103A ISCHARGE NUMBER	DN MA (SI
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168					SL Int
	SHIPPINGPORT, PA 150770004	{	MONITC	DRING	PERIOD	
			MM/DD/YYYY		MM/DD/YYYY	

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

.

1	MONITORING PERIOD						
ſ	MM/E	DD/Y	(YY		MM/E	DD/YY	/YY
FROM[06/	01/	2016	то	06/	30/	2016

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
SLUDGE SETTLING BASIN	

No Discharge

PARAMETER		QUANTI	QUANTITY OR LOADING QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.6	N/A	7.7	SU	0	3 / 30	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	<4	<4	mg/L	0	2 / 30	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Twice Per	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.157	0.213	MGD	N/A	N/A	N/A	N/A	-	28 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. 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		TEI	EPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	07/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

,

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

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

...

Form Approved OMB No. 2040-0004

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

06/ 01/ 2016 TO

FROM

111A DISCHARGE NUMBER

MM/DD/YYYY

06/ 30/ 2016

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) 111 DIESEL GENERATOR BLDG Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE
FANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	7.7	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	6 MINIMUM	****** ABCRET ABCRET ABCRET ABCRET	9 MAXIMUM	SU	and the second	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	7	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	8	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	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

	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,		724	682-7773	07/ 22/ 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)

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Form Approved OMB No. 2040-0004

Page 16

PERMITTEE NAME/ADDRESS	linaluda Engilit	u Name (Leastion if Different)
	чпсшае гасти	v Name/Lucauun II Dinerenu

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER 113A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) UNIT 2 SEWAGE TMT PLANT Internal Outfall



ATTN: CHARLES V MCFEATERS/DIR SITE OPER

		N	ONITO	RING	PERIOD		
	MM/DD/YYYY				MM/E	DD/YY	YY
FROM	06/	01/	2016	то	06/	30/	2016

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION	1	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	*****	******		6	*****	9	inite and		Twice Per	GRAB
Effluent Gross	REQUIREMENT				MINIMUM	Classifier and Class	MAXIMUM	SU		Month	- Cicia
Solids, total suspended	SAMPLE MEASUREMENT		. •								
00530 1 0	PERMIT	*****	*****	1.000	*****	30	60	1 (11) 25 		Twice Per	COMP-8
Effluent Gross	REQUIREMENT		a series along state	ALCONDON'S	2000 A. 2000 A. 2000 A. 2000 A.	MOAVG	DAILY MX	mg/L		Month	COM O
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	.043	Req. Mon	100	*****	******	******	N/A		Weekly	MEASRD
Effluent Gross	REQUIREMENT	MOAVG	DAILY MX	MGD	Charles and the second s	Contraction of the second second	Contraction of the second		MONTH OF	Contraction of the	28 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Chlorine, total residual	SAMPLE MEASUREMENT	a ann									
50060 1 0	PERMIT	*****	AND STREET		*****	1.4	3.3		1994 (1995) 1994 - 1995 -	Twice Per	GRAB
Effluent Gross	REQUIREMENT					MOAVG	INST MAX	mg/L		Month	Contraction of the
Coliform, fecal general	SAMPLE MEASUREMENT				<u> </u>						
74055 1 1	PERMIT	******	*****		*****	200	*****	new by	1990年1月 1997年1月 1997年1月	Twice Per	GRAB
Effluent Gross	REQUIREMENT	and the second se	Contraction of a second	CONSTRUCTION	and the second	MO GEOMN		#/100mL	Patrice Profession	Month	Constant and shares
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0	PERMIT	*****	*****		******	25	50	2.0432.41		Twice Per	COMP-8
Effluent Gross	REQUIREMENT	All some states of			and the second second	MO AVG	DAILY MX	mg/L	ALC: NOT THE OWNER OF	Month	- Comin - O

	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,		724	682-7773	07/ 22/ 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.

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 SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER 203A DISCHARGE NUMBER

	MONITORING PERIOD									
	MM/DD/YYYY		MM/DD/YYYY							
FROM	06/ 01/ 2016	то	06/ 30/ 2016							

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) MAIN SEWAGE TMT PLANT Internal Outfall



PARAMETER		QUANTITY OR LOADING				QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	*****	*****	Marine Lander	6	*****	9	Stand Sec. 14		Twice Per	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	SÚ	2001 C	Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	*****	*****	in the second	*****	30	60			Twice Per	COMP-8
Effluent Gross	REQUIREMENT		London and	0100 and 78%		MO AVG	DAILY MX	mg/L		Month	COMP-6
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	~									
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.023 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	****** 			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT								_		
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		******	1848-00%) T	******	1.4 MO AVG	3.3 INST MAX	mg/L	n de la composition en la composition de la	Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1	PERMIT	*****	*****	Sec. And Sec.	*****	200	*****			Twice Per	GRAB
Effluent Gross	REQUIREMENT				1947년 1449년 1941년 1942년 1943년 19	MO GEOMN	La Chine States	#/100mL		Month	GRAD
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0	PERMIT	*****	*****		*****	25	50	7-ber Alter Ta	2015 U.S.	Twice Per	COMP-8
Effluent Gross	REQUIREMENT	and a second s	and the second second		States and the second	MO AVG	DAILY MX	mg/L		Month	COMP-8

	I certify under penality of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	EPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	07/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

-

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

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

Form Approved OMB No. 2040-0004

Page 18

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	211A DISCHARGE NUMBER
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004		

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

	MONITORING PERIOD								
	MM/E	DD/Y	(YY		MM/E	DD/Y	YY		
FROM	06/	01/	2016	то	06/	30/	2016		

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) 211 TURBINE BLDG Internal Outfall

No Discharge

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		. VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.3	N/A	7.7	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****** 6-	*****	N/A	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<6	13	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	84448	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	Reg. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****** 1997	Antonio de la constante de la	trant.	N/A		Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	EPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	N	724	682-7773	07/ 22/ 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)

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 19

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615

MM/DD/YYYY

06/ 01/ 2016 **TO**

FROM

213A DISCHARGE NUMBER

MM/DD/YYYY

06/ 30/ 2016

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
UNIT 2 COOL TOWER PUM Internal Outfall	IPHOUSE



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		- 6 MINIMUM	en de la companya de La companya de la com	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******* 	ARACA Marine		444444 4990	30 MO AVG	100 DAILY MX	mg/L	and in the second	Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****			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

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	07/ 22/ 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 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.

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 20

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

06/ 01/ 2016 **TO**

FROM

301A DISCHARGE NUMBER

MM/DD/YYYY

06/ 30/ 2016

UMBER

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) UNIT 2 AUX BOILER BLOWDOWN Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 30	GRAB
00530 1 0	PERMIT	*****	*****	N/A	*****	30	100	and second		Twice Per	GRAB
Effluent Gross	REQUIREMENT	の一手の見るの		INA		MO AVG	DAILY MX	mg/L		Month	GRAD
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0	PERMIT	*****	*****	N/A	decembers	15	20	CHILS POST OF		Twice Per	GRAB
Effluent Gross	REQUIREMENT		and the second second			MOAVG	DAILY MX	mg/L	Contraction and	Month	GRAD
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	PERMIT	Req. Mon.	Req. Mon.	A STATE OF A	*****	******	******	NI/A	1000	Manlahi	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD			And	N/A	dritterender af	Weekly	EOTIMA

	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		DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	07/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLES SHALL BE TAKEN AT THE DISCHARGE OF BOILER BLOWN DOWN PRIOR TO MIXING WITH ANY OTHER WATER.

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 21

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

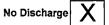
06/ 01/ 2016 **TO**

303A **DISCHARGE NUMBER**

MM/DD/YYYY

06/ 30/ 2016

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) UNIT 1 OIL WATER SEPARATOR Internal Outfall



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	 A state of the sta	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE				•						
'	MEASUREMENT										
00400 1 0	PERMIT	*****	*****	1. A. A. A.	6	*****	9	2.4.6.999	edan Section	Weekly	GRAB
Effluent Gross	REQUIREMENT		CONTRACTOR OF A DESCRIPTION OF A DESCRIP		MINIMUM		MAXIMUM	SU.		VCCRIY	
Solids, total suspended	SAMPLE										
Solids, total suspended	MEASUREMENT										L
00530 1 0	PERMIT	*****	*****		*****	30	100	Constant of		Weekly	GRAB
Effluent Gross	REQUIREMENT	の記録時でした。	althing is a second			MÓ AVG	DAILY MX	mg/L	States - Sa	vveekiy	GRAD
Oil & grease	SAMPLE							T			
On a grease	MEASUREMENT										1
00556 1 0	PERMIT	*****	*****		*****	15	20	A States	1.16	Mertik	CDAD
Effluent Gross	REQUIREMENT	and a second s			1. 1. 1. 1. 1. 1. 1. 1.	MO AVG	DAILY MX	mg/L	1.1.1.1.1.2.4.3	Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE										
Flow, in conduit of and treatment plant	MEASUREMENT										1
50050 1 0	PERMIT	Reg. Mon.	Reg. Mon.		*****	*****	*****	AIVA		AN CONTRACTOR	FOTIMA
Effluent Gross	REQUIREMENT	MÖ AVG	DAILY MX	MGD			and the second se	N/A	er ye di	Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	A	TEL	EPHONE	DATE
	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 normation, the information submitted is, to the best of my knowledge and belief, true, accurate, nd complete. I am aware that there are significant eparaties for submitting false information.	ME	724	682-7773	07/ 22/ 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 attac	hments 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: 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	

MM/DD/YYYY

FROM

06/ 01/ 2016 **TO**

313A DISCHARGE NUMBER

MM/DD/YYYY

06/ 30/ 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
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.0	N/A	7.4	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	******	9 MAXIMUM	SU		Weekiy	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	8	mg/L	.0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*****	N/A	******	30 MO AVG	100 DAILY MX	mg/L	dinas	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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	<u></u>	TEI	LEPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	07/ 22/ 2016
	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

OMB No. 2040-0004

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 401A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004		CHEM.FEED AREA OF AUX BOILERS Internal Outfall

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

	MONITORING PERIOD										
	MM/DD/YYYY		MM/DD/YYYY								
FROM	06/ 01/ 2016	то	06/ 30/ 2016								

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			[[
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.2	N/A	8.5	SU	0	2 / 30	GRAB	
00400 1 0 Effluent Gross	PERMIT	*****	******	N/A	6 MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice Per Month	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 30	GRAB	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	****** 19	30 MO AVG	100 DAILY MX	mg/L	and the factor	Twice Per Month	GRAB	
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****** 	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	***	******	**************************************	N/A		Weekly	ESTIMA	

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	07/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		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.

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Form Approved

No Discharge

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER 403A

	MONITORING PERIOD											
	MM/DD/YYYY		MM/DD/YYYY									
FROM	06/ 01/ 2016	то	06/ 30/ 2016									

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) CONDENSATE BLOWDOWN & RIVR WAT Internal Outfall



Page 24

PARAMETER	and the second	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	*****	*****		6	*****		100-100-02-09		Weekly	GRAB
Effluent Gross	REQUIREMENT	a part of the second second			MINIMUM	Charles and the second	MAXIMUM	SU	$(y) \in \frac{1}{4} (y)$	and sold streams and	
Solids, total suspended	SAMPLE MEASUREMENT									,	
00530 1 0	PERMIT	*****	*****		*****	30	100	1. A	1.4.5	Marabhy	GRAB
Effluent Gross	REQUIREMENT				and the second second	MO AVG	DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT				<u></u>						
00556 1 0	PERMIT	*****	*****	and the second	*****	15	20		A CONTRACTOR	and the second second	GRAB
Effluent Gross	REQUIREMENT	A CONTRACTOR OF THE REAL	and the second se	100 T 100 S		MO AVG	DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross		***** 	****** - 6414 - 1910-27-14 - 1920-27-14		(1) おようがいののの	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	Reg. Mon.	Req. Mon.		*****	*****	*****	15 S S	100.00	- IN/saleh	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD			Contraction of the	A. 合加型3-3		Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	,5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE	DATE	
Charles V McFeaters, DIRECTOR OF SITE	Interction of supervision in accuration with a system lossigned to assume that downed personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalities for submitting false information,	A	724 682-7773		07/ 22/ 2016	
	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR				
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved OMB No. 2040-0004

Page 25

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

FROM

06/ 01/ 2016

403A DISCHARGE NUMBER

MM/DD/YYYY

06/ 30/ 2016

DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
CONDENSATE BLOWDOW	N & RIVR WAT



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALŲE	UNITS			
Lhudroning	SAMPLE										
Hydrazine	MEASUREMENT										
81313 1 0	PERMIT	*****	*****	and the second	*****		0	STREET, STREET, STREET, ST	S. 8 8 8 8	Weekly	GRAB
Effluent Gross	REQUIREMENT	 Association associations and association 				MO AVG	DAILY MX	mg/L		VVEEKIY	GRAD

MONITORING PERIOD

то

direction or supervision in accordance with a system designed to assure that qualified person direction or supervision in accordance with a system designed to assure that qualified person direction or supervision in accordance with a system designed to assure that qualified person direction or supervision in accordance with a system designed to assure that qualified person direction or supervision in accordance with a system designed to assure that qualified person direction or supervision in accordance with a system designed to assure that qualified person direction or supervision in accordance with a system designed to assure that qualified person direction or supervision in accordance with a system designed to assure that qualified person direction or supervision in accordance with a system designed to assure that qualified person direction or supervision in accordance with a system designed to assure that qualified person direction or supervision in accordance with a system designed to assure that qualified person direction of supervision in accordance with a system designed to assure that qualified person direction of supervision in accordance with a system designed to assure that qualified person direction of supervision in accordance with a system designed to assure that qualified person direction of supervision in accordance with a system designed to assure that qualified person direction of supervision in accordance with a system designed to assure that qualified person direction of supervision in accordance with a system designed to assure that qualified person direction of supervision in accordance with a system designed to assure that qualified person direction of supervision in accordance with a system designed to assure that qualified person direction of supervision in accordance with a system designed to assure that qualified person de				
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	e	724	682-7773	07/ 22/ 2016
Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

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

413A

DISCHARGE NUMBER

Form Approved OMB No. 2040-0004

No Dischard

DMR MAILING ZIP CODE: 150770004

BULK FUEL STORAGE DRAIN

MAJOR

(SUBR05)

Internal Outfall

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004	MON

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 FROM
 06/
 01/
 2016
 TO
 06/
 30/
 2016

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALÜE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT					N/A					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****** 		N/A	6 MINIMUM	******	9 MAXIMUM	รษ		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	en en marine autoria ^{a des} crimina tecnicado e una como	*****		12 Julia and Party of the Party of the second second						anna an
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				******	*****					
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	FRETT			N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	EPHONE	DATE
	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,	A	724	682-7773	07/ 22/ 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 DISCHARGE FROM OWS #24 PRIOR TO MIXING WITH ANY OTHER WATER.

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 27

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004	MONIT
		MM/DD/YYYY

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

25615 NUMBER

FROM

06/ 01/ 2016 TO

501A DISCHARGE NUMBER

MM/DD/YYYY

06/ 30/ 2016

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) UNIT 1 GENRTR BLWDWN FILT BW Internal Outfall



PARAMETER		QUANTI	QUANTITY OR LOADING QUALITY OR CONCENTRATION				NO. FREQUENCY EX OF ANALYSIS		SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT								:		
00530 1 0	PERMIT	*****	******		****** 	30	100	6,9546B)	1	Weekiv	GRAB
Effluent Gross	REQUIREMENT					MOAVG	DAILY MX	⊂mg/L		. WCENIY	GIVE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	Req. Mon.	🚈 Req. Mon.		*****	******	**************************************	120 10 1	都经济合成会	Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD				这些建筑		AND	

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	07/ 22/ 2016
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments here)				· · · · · · · · · · · · · · · · · · ·

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