

May 26, 2016 L-16-184

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 a Revised March 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.

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

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

Sincerely,

Charles V. McFeaters Director, Site Operations

> IE25 NRR

Beaver Valley Power Station, Unit Nos. 1 and 2 L-16-184 Page 2

Attachment(s):

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

Enclosure(s)

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

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

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-16-184 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

ATTACHMENT 1

Weekly Dissolved Oxygen Monitoring Results at Outfall 001

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

SAMPLE DATE	SAMPLE TIME	VALUE	UNITS
07-Mar-16	9:38:00 AM	8	mg/L
14-Mar-16	10:20:00 AM	7	mg/L
14-Mar-16	10:35:00 AM	7	mg/L
22-Mar-16	7:50:00 AM	7	mg/L
22-Mar-16	8:05:00 AM	7	mg/L
29-Mar-16	10:05:00 AM	7	mg/L

- Attachment 1 END -

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-16-184 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

ATTACHMENT 2

Explanation of NODI Codes

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

- Attachment 2 END -



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	FirstEnergy	Nuclear Operating Company					•					
Address:	P.O. Box 4											
	Shippingpor	t, PA 15077										
	Beaver Valle	ey Power Station										
	PERMIT N	JMBER	MONITORING PERIOD Year/Month/Day									
	PA0025	615	2016	03	01	то	2016	03 `	31			
						ar anni di crisina di						
PARAMET	TER -	ANALYSIS METHOD		LAB NAME			LABI	D NUMBE	R²			
Total Residual	Chlorine	SM 4500-CL G [20th]	Beaver \	Valley Powe	er Station		;	04-2742				
Free Available	Chlorine	SM 4500-CL G [20 th]	Beaver \	Valley Powe	er Station		(04-2742				
pH	-	SM 4500-H+ B [20 th]	Beaver \	/alley Powe	er Station		(04-2742				
Temperat	ure	SM 2550 B [20 th]	Beaver \	Beaver Valley Power Station 04-2742)4-2742				
Flow		NA	Beaver \	/alley Powe	er Station		()4-2742				
Total Suspended S	Solids (TSS)	SM 2540 D [20 th]	Beaver \	/alley Powe	er Station			04-2742	*			
Quaternary A Compoun		Photometric Determination 1/2-CHM-ANA-4.23H	Beaver \	/alley Powe	er Station		()4-2742				
Bentonite Det	oxicant	Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645	Beaver	/alley Powe	er Station		()4-2742				
Hydrazir	ne	ASTM D1385-01	Beaver \	∕alley Powe	er Station		. (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

Charles V McFeaters

Signature of Principal Executive Officer or Authorized Agent

Director Site Operations

Date: 05/25/16

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

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



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	FirstEnergy I	Nuclear Operating Company							
. !	P.O. Box 4 Shippingport	, PA 15077 y Power Station							
	—————	y Fower Station							-
	PERMIT NU	MBER		V.	MONITOI Year/	RING P Month/l			
	PA00256	615	2016	03	01	то	2016	03	31
,					L				<u></u>
PARAMETE	R	ANALYSIS METHOD	19 . I	AB NAME			LABI	D NUMBE	R²
Zinc		EPA 200.7 Rev 4.4	FirstEne	rgy Corp-B	eta Lab		6	8-01120	
Copper		EPA 200.7 Rev 4.4	FirstEne	rgy Corp-B	leta Lab			8-01120	e jerie
Iron		EPA 200.7 Rev 4.4	FirstEne	rgy Corp-B	eta Lab		6	8-01120	
Chromium		EPA 200.7 Rev 4.4	FirstEne	rgy Corp-B	eta Lab	68-01120			
Ammonia		SM 4500 NH3 F	FirstEne	rgy Corp-B	eta Lab		6	8-01120	
Cyanide		SM 4500-CN E [18th]	FirstEne	rgy Corp-B	eta Lab		68-01120		
Chlorobenze	ne	EPA 624	Test Am	erican-Can	iton Lab		6	8-00340	
Oil and Grea	ıse	EPA 1664 Rev A	FirstEne	rgy Corp-B	eta Lab		6	8-01120	
Oil and Grea	ise	EPA 1664 Rev A	PACE A	nalytical S	ervices	· · · · · · · · · · · · · · · · · · ·	6	5-00282	
Total Dissolved	Solids	SM 2540 C *	FirstEne	rgy Corp-B	eta Lab			8-01120	
Total Suspended	l Solids	SM 2540 D*	FirstEne	rgy Corp-B	eta Lab		6	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: <u>5/25/16</u>

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Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

001A

DISCHARGE NUMBER

REVISED

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Discharge

1	MONITO	RING	PERIOD
	MM/DD/YYYY		MM/DD/YYYY
FROM	03/ 01/ 2016	то	3/ 31/ 2016

FREQUENCY SAMPLE NO. **QUANTITY OR LOADING QUALITY OR CONCENTRATION** OF ANALYSIS ΕX TYPE **PARAMETER** VALUE **VALUE** UNITS VALUE VALUE VALUE UNITS SAMPLE N/A N/A 7.9 SU n рΗ N/A N/A 8.4 1 / 7 **GRAB MEASUREMENT** 00400 1 0 PERMIT **** ***** 6 **** 9 N/A GRAB Weekly Effluent Gross REQUIREMENT MINIMUM MAXIMUM SU SAMPLE GG GG N/A N/A N/A N/A mg/L n GG / GG **GRAB** Nitrogen, ammonia total (as N) MEASUREMENT 00610 1 0 PERMIT ***** ****** **** Req. Mon. Rea: Mon. N/A Weekly **GRAB** Effluent Gross REQUIREMENT MO AVG DAILY MX ma/L 24 HR SAMPLE CLAMTROL CT-1, TOTAL WATER N/A N/A N/A N/A GG GG GG / GG MEASUREMENT COMP mg/L 04251 1 0 0 0 When PERMIT N/A COMP24 Effluent Gross Discharging REQUIREMENT MO AVG DAILY MX ma/L SAMPLE 34.4 MGD Flow, in conduit or thru treatment plant 30.8 N/A N/A N/A N/A DAILY CONT MEASUREMENT 50050 1 0 ***** ***** ***** Reg. Mon. Req. Mon. PERMIT N/A Daily CONTIN Effluent Gross MO AVG DAILY MX REQUIREMENT MGD SAMPLE Chlorine, total residual N/A N/A N/A N/A 0.1 0.20 mg/L 0 1 / 7 **GRAB** MEASUREMENT 50060 1 0 PERMIT **经中央共产业** **** 1.25 .5 N/A Weekly **GRAB** Effluent Gross REQUIREMENT **AVERAGE** MAXIMUM mg/L SAMPLE Chlorine, free available N/A N/A N/A N/A 0.1 0.2 ma/L 0 2/Day **GRAB** MEASUREMENT ***** 50064 1 0 PERMIT .2 .5 N/A Continuous RCORDR REQUIREMENT AVERAGE Effluent Gross MAXIMUM ma/L SAMPLE Hydrazine N/A N/A N/A N/A GG GG mg/L 0 GG / GG **GRAB** MEASUREMENT 81313 1 0 PERMIT 0 0 N/A Weekly **GRAB**

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

Effluent Gross

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

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

MO AVG

DAILY MX

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 **AREA Code** NUMBER MM/DD/YYYY

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

HYDRAZINE / AMMONIA MONITORING APPLY DURING PERIODS OF WET LAYUP. REPORT DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING, THE LIMIT IS 35 MG/L AS A DAILY MAX, NALCO 1315 DAILY

Grab samples for Free Chlorine per permit Part C13 are being taken while repairs are made. AES 4-20-16

REQUIREMENT

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168 SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

002A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

MONITORING PERIOD

MM/DD/YYYY 03/ 01/ 2016 FROM

MM/DD/YYYY 3/ 31/ 2016

REVISED

No Discharge

PARAMETER	1.57 (20%)	QUANTI	TY OR LOADING	OR LOADING C			QUALITY OR CONCENTRATION				SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	ARKKAN	********		N/A	14. PM 15	Weekly	ESTIMA

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

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

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

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 **AREA Code** NUMBER MM/DD/YYYY

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

003A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfall

MONITORING PERIOD

MM/DD/YYYY FROM 03/ 01/ 2016

MM/DD/YYYY TO 3/ 31/ 2016

REVISED

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAMILIEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.113	0.143	MGD	N/A	N/A	N/A	N/A	•	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	Landing to the second s	******	N/A	4 (4)	Twice Per Month	ESTIMA

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

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 AREA Code NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615

004A

PERMIT NUMBER

DISCHARGE NUMBER

REVISED

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Discharge

	MONITORING PERIOD												
	MM/I	יאַסַכ	/YY		MM/DD/YYYY								
FROM	03/	01/	2016	то	3/	31/	2016						

PARAMETER	2. (24.5) (2.50) 2. (4.7) (4.6)	QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT				·						
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	S⊎		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	******	A STATE OF THE STATE OF T	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	2012 ****** 750 2012 ******	N/A	(1000 ******* See 100 See 110 See 110 See 110 See 110	.5 MO AVG	1:25 INST MAX	mg/L	Mary State	Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	(2) (2)	**************************************	N/A	******* ******************************	.2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

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

TYPED OR PRINTED

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

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

TEI	LEPHONE	D	ATE	
724	682-7773	05/	26/	2016
AREA Code	NUMBER	MM/I	רייאמכ	Υ

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER 006A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

MONITORING PERIOD MM/DD/YYYY

MM/DD/YYYY

03/ 01/ 2016 TO 3/ 31/ 2016 FROM

REVISED

No Discharge

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

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

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

TE	LEPHONE	DATE
724	682-7773	05/ 26/ 2016
AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

REQUIREMENT

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

Effluent Gross

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

03/ 01/ 2016

007A

MONITORING PERIOD

REVISED

DISCHARGE NUMBER

MM/DD/YYYY

3/ 31/ 2016

DMR MAILING ZIP CODE:

150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfall

Weekly

No Discharge

FREQUENCY NO. SAMPLE **QUANTITY OR LOADING** QUALITY OR CONCENTRATION ΕX OF ANALYSIS TYPE **PARAMETER VALUE VALUE** UNITS **VALUE VALUE** UNITS VALUE SAMPLE Hq **MEASUREMENT** 00400 1 0 **** **** PERMIT 9 6.00.0 Weekly **GRAB** Effluent Gross * REQUIREMENT SU MINIMUM MAXIMUM SAMPLE Flow, in conduit or thru treatment plant MEASUREMENT 50050 1 0 PERMIT Reg. Mon. ** Reg. Mon. **** Weekly **GRAB** Effluent Gross MO AVG DAILY MX MGD REQUIREMENT SAMPLE Chlorine, total residual **MEASUREMENT** 50060 1 0 **** **** PERMIT ..5 1,25 Weekly **GRAB** Effluent Gross REQUIREMENT MO AVG INST MAX ∍mg/L SAMPLE Chlorine, free available **MEASUREMENT** 50064 1 0 .2 PERMIT .5

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	ľ
Charles V McFeaters, DIRECTOR OF SITE	Ì
OPERATIONS	i
	ì

TYPED OR PRINTED

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

AVERAGE!

MAXIMUM

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 AREA Code NUMBER MM/DD/YYYY

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

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

GRAB

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 7

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

03/ 01/ 2016 **TO**

008A

DISCHARGE NUMBER

MM/DD/YYYY

3/ 31/ 2016

REVISED

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING)	QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
	1945 - 1955 - 19	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
ьН	SAMPLE MEASUREMENT						-		-		
00400 1 0	PERMIT	*****	*****	6.42	6	******	9	2.326.277	nerougherty.	Twice Per	0040
Effluent Gross	REQUIREMENT	GREAT AND A PROPERTY	Accepted to the second	former some	MINIMUM		MAXIMUM	SU		Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	*****	1	400000	*****	30	100	3-66	par mental and an	Twice Per	GRAB
Effluent Gross	REQUIREMENT	Note that the second section is		e e e e e e e e e e e e e e e e e e e		MO AVG	DAILY MX	mg/L	Page Sec	Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0	PERMIT	*****	*****	100	*****	15	20	No. or territor		Twice Per	GRAB
Effluent Gross	REQUIREMENT		A Company of the Company		计时间图 用图 医 面	MO AVG	DAILY MX	mg/L		Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT							**************************************			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Reg. Mon. DAILY MX	MGD	**************************************	1136		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	. 5	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	05/ 26/ 2016
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: 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

03/ 01/ 2016

010A

DISCHARGE NUMBER

MM/DD/YYYY

3/ 31/ 2016

REVISED

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOLING WATER

External Outfall

TEL EDUONE

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.7	N/A	8.0	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	interest St. St. Grand St. St. St. St.		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	5.4	5.8	MGD	N/A	. N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0	PERMIT	Req. Mon.	Reg. Mon.	1	*****	*****	*****	N/A	1000	Weekly	MEASRD
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD	Parameter Programme		production of the	IVA.	44 (1)	VVEEKIY	WIEAGRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	· N/A	0.2	0.32	mg/L	0	1 / 7	GRAB
50060 1 0	PERMIT	******	*****	£1,4	*****	0.5	1.25	1.50	100	Weekly	GRAB
Effluent Gross	REQUIREMENT		100	to Pure Park		MO AVG	INST MAX	mg/L		, roomy	
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.2	mg/L	0	1 / 7	GRAB
50064 1 0	PERMIT	ar a salah s	*****	N/A	*****	2.2	.5	992.7		Weekly	GRAB
Effluent Gross	REQUIREMENT	Section 2012 And Control of the Control	ALC: NO. OF STREET		A STATE OF THE STA	AVERAGE	MAXIMUM	mg/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
OL L VIA 5 (DIDEOTOD OF OUT
Charles V McFeaters, DIRECTOR OF SITE
OPERATIONS

TYPED OR PRINTED

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

	16	LEPHONE
	724	682-7773
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR		
AUTHORIZED AGENT	AREA Code	NUMBER

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)

DATE

MM/DD/YYYY

05/ 26/ 2016

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER 011A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

MONITORING PERIOD

MM/DD/YYYY 03/ 01/ 2016 FROM

MM/DD/YYYY 3/ 31/ 2016

REVISED

No Discharge

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.004	0.004	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	4****	90% 1000	*****	N/A		Weekly	ESTIMA

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

TYPED OR PRINTED

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

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER MM/DD/YYYY **AUTHORIZED AGENT**

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

012A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

MONITORING PERIOD

MM/DD/YYYY FROM 03/ 01/ 2016

TO

MM/DD/YYYY 3/ 31/ 2016 REVISED

No Discharge

PARAMETER	All	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAIVETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.3	N/A	8.4	SU	0	1 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******* 	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.099	0.112	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	6400 1430	Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	· N/A	N/A	N/A	0.106	0.140	mg/L	0	2 / 31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Annual of the second se	N/A	*****	1.5 MO AVG	1.5 DAILY MX	mg/L	1 171	Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	•	1 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	******* Garage	N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	480	484	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	The second secon	ANALYS (1997)	N/A		Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	Hillier Condition	Twice Per Month	GRAB

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

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

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

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 AREA Code NUMBER MM/DD/YYYY

Form Approved OMB No. 2040-0004

Page 11

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION-

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

013A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

OUTFALL 013

External Outfall

MONITORING PERIOD

MM/DD/YYYY FROM

03/ 01/ 2016 TO MM/DD/YYYY 3/ 31/ 2016 REVISED

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	2500 2007 A	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	. N/A	N/A	7.3	N/A	7.5	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	The second secon	******	N/A	6 MINIMUM	******	9 MAXIMUM	SU	garacelor	Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01	<0.01	mg/L	0	2 / 31	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	*************************************	******	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.017	0.024	mg/L	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	AND	N/A	Ti destruction of the control of the	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005	<0.005	mg/L	0	2 / 31	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	Value of the second	******* No. 1919 2019 11 12 12 12 12 12 12 12 12 12 12 12 12	N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A		2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Reg. Mon. DAILY MX	MGD	****** T. S. T. T. T. T. T. T.	****** Last discussion	**************************************	N/A	sale paragraph	Twice Per Month	ESTIMA

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

TYPED OR PRINTED

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

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

TEI	LEPHONE	DATE
724	682-7773	05/ 26/ 2016
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:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

03/ 01/ 2016 **TO**

101A

DISCHARGE NUMBER

MM/DD/YYYY

3/ 31/ 2016

REVISED

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	Mary Cartina St.	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT				-						
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****** *******************************	44.14 by 11	6 MINIMUM	Could the same of	9 MAXIMUM	SU	机的多寸	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT							1			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****** 	##### Jude		*****	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	Nickey Paragonia	Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT		4								
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****				Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	Attest Archingenis Accidents	**************************************	****** 2 23	ederli Televisi		DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon: MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	05/ 26/ 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)

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

Form Approved OMB No. 2040-0004

Page 13

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER 102A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

MONITORING PERIOD

MM/DD/YYYY FROM 03/ 01/ 2016

MM/DD/YYYY TO 3/ 31/ 2016

REVISED

No Discharge

PARAMETER	100	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FAMILIE		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.6	N/A	7.7	SU	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	NA	6: MINIMUM	A	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	7	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		ANALA ANALAS ANALAS	N/A	# *****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		****** Se se distant in the	N/A		15 MO AVG	20 DAILY MX	mg/L	Allen des	Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	**************************************	Established	N/A	Beaution of the s	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	05/ 26/ 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.

Form Approved OMB No. 2040-0004

Page 14

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

103A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

MONITORING PERIOD

MM/DD/YYYY FROM 03/ 01/ 2016

MM/DD/YYYY 3/ 31/ 2016

REVISED

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.2	N/A	7.5	SU	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****** 131-1-131 141-1-131 141-1-131	****** The second secon	N/A	6 MINIMUM	**************************************	9 MAXIMUM	SU	geraleka Marandaka	Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	7	8	mg/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	*****	30 MO AVG	100. DAILY MX	mg/L	aran ka	Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.113	0.143	MGD	N/A	N/A	N/A	N/A	<u>.</u> .	30 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	reache chi ca i chica	******	2.2244 2.224	N/A	20. JH	Twice Per Month	ESTIMA

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

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

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

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 **AREA Code** NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 15

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615

111A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

MONITORING PERIOD

MM/DD/YYYY

03/ 01/ 2016

FROM

TO

MM/DD/YYYY 3/ 31/ 2016

REVISED

No Discharge

PARAMETER	$\label{eq:definition} \mathcal{L}_{i} = \sum_{j=1}^{n} \mathcal{L}_{i} \mathcal{L}_{j} \mathcal$	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	7.8	su	0	1 / 7	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****** 136 de -	4*************************************	N/A	6 MINIMUM		9 MAXIMUM	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	1 / 7	GRAB	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	There is a state of the state o	And the second of the second o	N/A		30 MO AVG	100 DAILY MX	mg/L	19 (19 1) 19 (19 1)	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	ar and a second	15 MO AVG	20 DAILY MX	mg/L	ergeren g	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	- 44444 		**************************************	N/A	ar balez il. 19 Alexandria	Weekly	ESTIMA	

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

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

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

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 AREA Code NUMBER MM/DD/YYYY

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 16

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

Effluent Gross

80082 1 0

Effluent Gross

BOD, carbonaceous, 05 day 20 C

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

03/ 01/ 2016

113A

DISCHARGE NUMBER

MM/DD/YYYY

3/ 31/ 2016

REVISED

MO GEOMN

25

MO AVG

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

#/100mL

mg/L

50

DAILY MX

PARAMETER	149 - 252 - 252 - 253 -	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT				· ·	_					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	Attace The State of S	9 MAXIMUM	SU	1019	Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	##### ################################	13	**************************************	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT					<i>.</i>					
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.043 MO AVG	Req. Mon DAILY MX	MGD	*****	******	**************************************	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT		,								
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	District.	******	il a la constante la constante	******	1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per- Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1	PERMIT	*****	*****	10.00	******	200	*****	5.00	Story Harry	Twice Per	CDAR

	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	05/ 26/ 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.

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

GRAB

COMP-8

Month

Twice Per

Month

Form Approved OMB No. 2040-0004

Page 17

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615

203A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

MONITORING PERIOD TO

MM/DD/YYYY FROM 03/ 01/ 2016 MM/DD/YYYY 3/ 31/ 2016

REVISED

No Discharge

PARAMETER		QUANTI	TY OR LOADING	Y OR LOADING		QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARABLETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		}	
рН	SAMPLE MEASUREMENT								-		
00400 1 0	PERMIT	*****	*****		6	*****	9	04.5	el cini a di est	Twice Per	GRAB
Effluent Gross	REQUIREMENT	1617 Table 1816	设备在 1000000000000000000000000000000000000		MINIMUM	area and a second of	MAXIMUM	SU		Month	GRAB
	SAMPLE										
olids, total suspended	MEASUREMENT					-		[[1
00530 1 0	PERMIT	*****	*****	3,000	*****	30	60			Twice Per	COMP-8
Effluent Gross	REQUIREMENT	MODEL CONTRACTOR	1000	100		MO AVG	DAILY MX	mg/L		Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	.023	Req. Mon.	100	*****	*****	*****	14-1		Weekly	MEASRD
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD		100000	reporting in MC		NEW TO LES	Weekly	WILAGRD
Chlorine, total residual	SAMPLE MEASUREMENT						_				
50060 1 0	PERMIT	****	*****		*****	1.4.	3.3	10.42	O TOTAL	Twice Per	GRAB
Effluent Gross	REQUIREMENT	francisco de como de			100	MO AVG	INST MAX	mg/L	19,41	Month	Olyno
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1	PERMIT	ARRANA H. Cale	*****	100000	*****	200	*****	112.0		Twice Per	GRAB
Effluent Gross	REQUIREMENT	oter south	2.00		Transition of the second	MO GEOMN	400	#/100mL		Month:	OKAL
BOD, carbonaceous, 05 day 20 C	SAMPLE										
,	MEASUREMENT		<u> </u>	<u>L</u>							
80082 1 0	PERMIT	*****	*****	1.32.33	alahan gartan dari baran	25	50		India load	Twice Per	COMP-8
Effluent Gross	REQUIREMENT				(Instruction of Societies	MO AVG	DAILY MX	mg/L	a grande	Month	30

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	direction or
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gat persons who information, and complet including the
TYPED OR PRINTED	including the

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

TELEPHONE 724 682-7773 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AREA Code** NUMBER **AUTHORIZED AGENT**

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

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

DATE

MM/DD/YYYY

05/ 26/ 2016

Form Approved OMB No. 2040-0004

Page 18

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER 211A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

211 TURBINE BLDG Internal Outfall

MONITORING PERIOD TO

MM/DD/YYYY FROM 03/ 01/ 2016 MM/DD/YYYY 3/ 31/ 2016

REVISED

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.6	N/A	7.1	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	###### 60	10.7 (1.5) (N/A	6 MINIMUM	*****	9 MAXIMUM	SU:		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	5	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	10 14 14 14 14 14 14 14 14 14 14 14 14 14	30 MO AVG	100 DAILY MX	mg/L	2.52	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	*****	Bertall ***********************************	N/A	****** 	15 MO AVG	20 DAILY MX	mg/L	dialogical de la companya de la comp	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	******* ******************************	*protes	*****	N/A	List in	Weekly	ESTIMA

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

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 AREA Code NUMBER MM/DD/YYYY

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

MM/DD/YYYY

03/ 01/ 2016

FROM

213A

DISCHARGE NUMBER

MM/DD/YYYY

3/ 31/ 2016

REVISED

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No Discharge

PARAMETER		QUANT	TY OR LOADING	i		QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	$\frac{1}{4}\left(\frac{1}{2}\frac{1}{$	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	in in the second	*****	100	6	AND DESCRIPTION	9	Special Control	de nebusida	Twice Per	GRAB
Effluent Gross	REQUIREMENT			29.9 (2.8 (8))	MINIMUM	A. Their A.	MAXIMUM	SU		Month	Philipper .
Solids, total suspended	SAMPLE MEASUREMENT										l
00530 1 0	PERMIT	*****	*****	1000	*****	30	100	5 0 50		Twice Per	GRAB
Effluent Gross	REQUIREMENT			8.8.2		MO AVG	DAILY MX	mg/L		Month	12.6
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0	PERMIT	*****	******	100	*****	15 200	20		100	Twice Per	GRAB
Effluent Gross	REQUIREMENT	Barrier and the state		4		MO AVG	DAILY MX	mg/L		Month	Carlotte.
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			l							
50050 1 0	PERMIT	Reg. Mon.	Reg. Mon.		*****	****	*****	100		Manhi	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD	Balaily I.			100		Weekly	ESTIMA
Chlorine, total residual	SAMPLE										
5000 40	MEASUREMENT		Control of the Contro		*****			Chicago suchers	PSOF THURSDAY AND		0.0000000000000000000000000000000000000
50060 1 0	PERMIT	4 *****	50 M COLUMN 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10.00		.5	1.25	15		Twice Per	GRAB
Effluent Gross	REQUIREMENT	Marie de la discretion	P. A.		TO ARRESTS	MO AVG	INST MAX	mg/L	kaluta a, s	Month	16.65

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 **AREA Code** NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 20

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER 301A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

MONITORING PERIOD TO

MM/DD/YYYY FROM 03/ 01/ 2016 MM/DD/YYYY 3/ 31/ 2016

REVISED

No Discharge

PARAMETER	Triple Light	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	A SECTION OF SECTION	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 31	GRAB	
00530 1 0	PERMIT	*****	*****	N/A	*****	30	100	100000000000000000000000000000000000000	1 July 1	Twice Per	GRAB	
Effluent Gross	REQUIREMENT	especialists proper problem.	er 2014 bye No. OPED - N	IWA	attication of the	MO AVG	DAILY MX	mg/L	Arter 100 at 1	Month	GRAB	
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 31	GRAB	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	e drawn consignations	****** *******************************	N/A	******	15 MO AVG	20 DAILY MX	mg/L	State -	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	*****	**************************************	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	N/A	ne producere	Weekly	ESTIMA	

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

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

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

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 **AREA Code** NUMBER MM/DD/YYYY

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 21

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

03/ 01/ 2016 TO

303A

DISCHARGE NUMBER

MM/DD/YYYY

3/ 31/ 2016

REVISED

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

No Discharge

		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX		SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	LA		1115
pH	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	*****	*****	0.0000	6	*****	9	150 % 70 60 74 60	9671 1 1797	Weekly	GRAB
Effluent Gross	REQUIREMENT	MADE WE	and the second second	计算机制度	MINIMUM	State of the second	MAXIMUM	SU		vveekiy	GRAD
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	*****	*****	2.0	*****	30	100	10000	Sicility at 15	Montely	GRAB
Effluent Gross	REQUIREMENT	erioritati (2002)	1000	distance of		MO AVG	DAILY MX	mg/L		Weekly	GRAD
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0	PERMIT	*****	*****	and the same	****	15	20	Part Called	ri, mari	Weekly	GRAB
Effluent Gross	REQUIREMENT	2.5	during the second	01.	Marian Maria	MO AVG	DAILY MX	mg/L		vvcekiy	GIVAD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										-
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	1.11	*****	*****	*****	N/A	100	Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD	Constitution and the second	4.00		I WA		vvceluy	LOI IWA

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

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

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

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 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:

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

313A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

MONITORING PERIOD

MM/DD/YYYY FROM 03/ 01/ 2016

MM/DD/YYYY TO 3/ 31/ 2016

REVISED

No Discharge

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	The second secon	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.3	N/A	7.5	SU	. 0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****** 16. rs p. 20. 20. rs p. 20.		N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<8	14	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	restant	*****	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	might produced the	e de la companya de l	N/A	Afficial Control of the Control of t	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	And a	Weekly	ESTIMA

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

TYPED OR PRINTED

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

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

TE	LEPHONE	DATE					
724	682-7773	05/ 26/ 2016					
AREA Code	NUMBER	MM/DD/YYYY					

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

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

Form Approved OMB No. 2040-0004

Page 23

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

401A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/ 01/ 2016 3/ 31/ 2016

REVISED

No Discharge

PARAMETER	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
- Contract and	100 (100) 100 (100) (100) (100)	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	· N/A	N/A	N/A	9.5	N/A	9.8	SU	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******* ******************************	*****	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 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	APPART.	N/A	T. *******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	. <5	<5	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L	10.0	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	era garanta da para a	The second secon	******	N/A		Weekly	ESTIMA

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

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 AREA Code NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 24

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER 403A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharge

1		N	MONITO	PERIOD					
	MM/I	DD/Y	ΥΥ		MM/C	DD/YY	ΛΥΥ		
FROM	03/ 01/ 2016			TO	3/	31/	2016		

REVISED

PARAMETER	The later than the	QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		,	
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	10 10 at 2 1 d 10 2 at 2 1 d 10 2 at 2 2 d	******* Receptor (19 month)	10	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******* ******************************	*******		a la arres A la arres	30 MO AVG	DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	193 x ***** 193 x x x x x x x x x x x x x x x x x x x		A CALL TO LAKE THE	15 MO AVG	20 DAILY MX	mg/L	in sor	Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	TABLE PARTICULAR SERVICES		******	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		A. H. ******		- 90.50 ****** (10.50) 2.759 (10.50)	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	*****	******	AFFECT OF FE	- 14 (14) (14) (15)	antonio La Calotti (R.)	Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	ALCONOMIC PORT	pilitario Lacroni Screen (1977)	en de	**************************************	.5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB

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

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

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 AREA Code MM/DD/YYYY NUMBER

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

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

MG/L. (THE LIMIT IS 35

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER 403A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharge

		N	IONITO	RING	PERIOD		
. [MM/DD/YYYY				MM/E	D/Y	/YY
FROM	03/	01/	2016	то	3/	31/	2016

REVISED

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	er en sjoke Springer sken Diger beskriveren	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE						_				
Hydrazine	MEASUREMENT										`
81313 1 0	PERMIT	*****	*****	2.550	******	0	0	46.00	15.75	Weekly	GRAB
Effluent Gross	REQUIREMENT		Service delica	1000000	Ratio Control Control Co.	MO AVG	DAILY MX	mg/L		vveekiy	GIVAD

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

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

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

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

MG/L. (THE LIMIT IS 35

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 26

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615

FROM

413A

PERMIT NUMBER

MM/DD/YYYY

03/ 01/ 2016

DISCHARGE NUMBER

MM/DD/YYYY

3/ 31/ 2016

REVISED

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BULK FUEL STORAGE DRAIN

Internal Outfall

No Discharg

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT					N/A					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	AMMAN AND AND AND AND AND AND AND AND AND A	agency but a	N/A	6 MINIMUM	Augusta Tolk Paractal Special	9 MAXIMUM	SÜ	34 J. W.	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	granden er en	*****	N/A	Anness Aprile appli	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	ARANA Santa arang san	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		ACCEPTANCE OF THE PARTY OF THE	Andrews (Section)	N/A	43(0)	Weekly	ESTIMA

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

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TELEPHONE DATE 724 682-7773 05/ 26/ 2016 AREA Code NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 27

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER 501A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

MONITORING PERIOD

MM/DD/YYYY FROM 03/ 01/ 2016 MM/DD/YYYY 3/ 31/ 2016

REVISED

No Discharge

PARAMETER	reservation and the second	QUANTITY OR LOADIN			(QUALITY OR CONC	OR CONCENTRATION			FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		200 513	30 MO AVG	100 DAILY MX	mg/L:		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req.:Mon. DAILY:MX	MGD	******* ******************************	**************************************	*****			Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	_
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	
TYPED OR PRINTED	7

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

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

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 **AREA Code** NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

001A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNITS 1&2 COOLG, TOWER BLWDN

External Outfall

MONITORING PERIOD MM/DD/YYYY

FROM 03/ 01/ 2016 MM/DD/YYYY 3/ 31/ · 2016

REVISED

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FARAMETER	14.00 mg/s	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.9	N/A	8.4	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	2 2 2 2 3 3 3 3 3 4 3 4 3 4 3 4 3 4 3 4	****** Professional	N/A	6 MINIMUM	****** 	9 MAXIMUM	SU	e es Juntas A	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	****** The state of the state o	ALCOHOL: ER SER	N/A	**************************************	Req. Mon. MO AVG	Req. Mon DAILY MX	mg/L	ALEMAN ALEMAN A	Weeklÿ	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	2 - ****** 2 00 (2-4) (3-5) (3-4) (3-5) (4-5)	The second state of the se	- N/A	eritar Registration	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30.8	34.4	MGD	N/A	N/A	N/A	N/A	1	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD		**************************************	Abban La politic Politic	N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.20	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******* 	******	NΑ	AND SELECTION OF THE SE	.5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.2	mg/L	0	2/Day	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	Addition of the	.2 AVERAGE	.5 MAXIMUM	mg/L	0.3	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	444444 44.44.15.16.16.16.1	0 MO AVG	DAILY MX	mg/L	200,340	Weekly	GRAB

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	ľá
	Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	p p ir a
į	TYPED OR PRINTED	ľ

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

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 **AREA Code** NUMBER MM/DD/YYYY

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

HYDRAZINE / AMMONIA MONITORING APPLY DURING PERIODS OF WET LAYUP. REPORT DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX. NALCO 1315 DAILY

Grab samples for Free Chlorine per permit Part C13 are being taken while repairs are made. AES 4-20-16

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

002A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

MONITORING PERIOD

MM/DD/YYYY

MM/DD/YYYY 03/ 01/ 2016 TO 3/ 31/ 2016

REVISED

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	
TYPED OR PRINTED	٦

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

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

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 AREA Code NUMBER MM/DD/YYYY

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

003A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfall

MONITORING PERIOD MM/DD/YYYY

FROM 03/ 01/ 2016 MM/DD/YYYY 3/ 31/ 2016

REVISED

No Discharge

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
·	Park Control of the C	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.113	0.143	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon DAILY MX	MGD		##### ## 15 . p. 16	ANADAS San Paris de la companya de la compa	N/A		Twice Per Month	ESTIMA

TO

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

TYPED OR PRINTED

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

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 **AREA Code** NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

004A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Discharge

	MONITORING PERIOD											
	MM/DD/YYYY				MM/t	DD/YY	YY					
FROM	03/	01/	2016	то	3/	31/	2016					

REVISED

PARAMETER	Supplied to the supplied of th	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	**************************************	2017 15 15 15 15 15 15 15 15 15 15 15 15 15	N/A	6 MINIMUM	***** 	9 MAXIMUM	SU	1 (4) (4) (4)	Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT									_	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******		******	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1	A State W	N/A		.5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	*****	.2: AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TE	LEPHONE	DATE
724	682-7773	05/ 26/ 2016
AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

006A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

03/ 01/ 2016 **TO** 3/ 31/ 2016

REVISED

No Discharge

PARAMETER	52-46 13884	QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAIMILILIN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	MGD	N/A	N/A	· N/A	N/A	1	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******* ******************************	/*************************************	*****	N/A		Weekly	ESTIMA

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

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

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

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 **AREA Code** NUMBER MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

Page

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER 007A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfall

	MONITORING PERIOD											
[MM/DD/YYYY		MM/DD/YYYY									
FROM	03/ 01/ 2016	то	3/ 31/ 2016									

PARAMETER	Children Service (1994)	QUANTITY OR LOADING			QUALITY- OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
1 AVAILETEN	· ···································	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE	-									
00400 1 0	MEASUREMENT PERMIT	A COLUMN TO SERVICE AND A COLU	*****	1.010.16.	6	*****	9	_		Weekly	GRAB
Effluent Gross *	REQUIREMENT SAMPLE				MINIMUM		MAXIMUM	SU			
Flow, in conduit or thru treatment plant 50050 1 0	MEASUREMENT PERMIT	Reg. Mon.	Req. Mon.		*****	*****	*****				
Effluent Gross	REQUIREMENT	MOAVG	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	10 (S)	Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	aller Line (1986)	ATTACA ALIS Serveral Serveral	.2 AVERAGE	.5 MAXIMUM	ma/L		Weekly	GRAB

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

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

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

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 AREA Code NUMBER MM/DD/YYYY

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 7

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

REQUIREMENT

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

Effluent Gross

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

MM/DD/YYYY

DAILY MX

FROM

03/ 01/ 2016

008A

DISCHARGE NUMBER

MM/DD/YYYY

3/ 31/ 2016

REVISED

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		0	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER	10 12 12 12 12 12 12 12 12 12 12 12 12 12	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	www.	11-444 14-44 14-44 (81-41-41-41-41-41-41-41-41-41-41-41-41-41		6 MINIMUM	ANNANA Paramanananananananananananananananananan	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	(10) 12 ag ag 2 fra	*****		20 (20 (20 (20 (20 (20 (20 (20 (20 (20 (30 MO AVG	100 DAILY MX	mg/L	10.162(10)	Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 · Effluent Gross	PERMIT REQUIREMENT	A EL N. C. LA LOC. LES P. CO.	Constant Park		******	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 ·	PERMIT	Req. Mon.	Req. Mon.	The Sheet	*****	*****	*****	N/A		Weekly	ESTIMA

MGD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER									
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS									
OI LIVATIONS	ı								

TYPED OR PRINTED

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

MO AVG

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

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 **AREA Code** NUMBER MM/DD/YYYY

Weekly

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

ESTIMA

TO

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER 010A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 2 COOLING WATER

External Outfall

MONITORING PERIOD MM/DD/YYYY

FROM 03/ 01/ 2016 MM/DD/YYYY 3/ 31/ 2016

REVISED

No Discharge

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMETER	(1,2,2,2,2,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.7	N/A	8.0	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		197 ***** 1974[10] # 1 1 2 4 5 1	N/A	6 MINIMUM	*****	9 MAXIMUM	SU	in Comme	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	INST MAX	mg/L	100	When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.4	5.8	MGD	N/A	· N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	*****	*****	N/A		Weekly	MEASRD
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD	sa dijeriya a anderida	and the state of	ar santakan dari dari dari		s, carin	a. a. safike 1	
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.2	0.32	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		ELLER CONTRACT	Name and		0.5 MO AVG	1.25 INST MAX	mg/L	14 - 14 E 18	Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.2	mg/L	0 .	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	******	N/A	*****	.2 AVERAGE	.5 MAXIMUM	mg/L	= 12 (1) (1) (1) (1) (1) (1)	Weekly	GRAB

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 **AREA Code** NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA ROUTE 168

SHIPPINGPORT, PA 150770004

PERMIT NUMBER

011A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

MONITORING PERIOD

MM/DD/YYYY FROM 03/ 01/ 2016 TO

PA0025615

MM/DD/YYYY 3/ 31/ 2016

REVISED

No Discharge

PARAMETER	- 18 July 2014	QUANTI	TY OR LOADING	R LOADING QUALITY			ALITY OR CONCENTRATION			FREQUENCY OF ANALYSIS	SAMPLE TYPE
LUMBETEN		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		Affilia Caracia Maria Caracia Maria Caracia	******	N/A		Weekly	ESTIMA

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

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TELEPHONE 724 682-7773 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AREA Code** NUMBER **AUTHORIZED AGENT**

05/ 26/ 2016 MM/DD/YYYY

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

DATE

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 10

Page 1

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

03/ 01/ 2016

FROM

012A

DISCHARGE NUMBER

MM/DD/YYYY

3/ 31/ 2016

REVISED

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
· Alsania i al		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.3	N/A	8.4	SU	0	1 / 31	GRAB
00400 1 0 Effluent Gross		****** *******	The second second	N/A	6 MINIMUM	And All Street	9 MAXIMUM	SU	gairtí.	Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.099	0.112	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****** 10.000 10.000	****** 100 -	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	0.106	0.140	mg/L	0	2 / 31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	******	de de la companya de La companya de la companya de	N/A	entertain	1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req: Mon: DAILY MX	MGD		FARMA	ARABAN MARANAN	N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	480	484	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L"	第1年5	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	1	TE	LEPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	05/ 26/ 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)

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 11

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

03/ 01/ 2016

013A

DISCHARGE NUMBER

MM/DD/YYYY

3/ 31/ 2016

REVISED

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

OUTFALL 013

External Outfall

No Discharge

PARAMETER		QUANT	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	. N/A	N/A	7.3	N/A	7.5	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	personal districts	N/A	6 MINIMUM	****** (4)6 Fro 1642 Sold File (4) (4)	9 MAXIMUM	SU	1. 好趣,	Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01	<0.01	mg/L	0	2 / 31	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	PRESENT.	*******	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	0.017	0.024	mg/L	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	##### ################################	And a state of the	N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005	<0.005	mg/L	0	2 / 31	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	tares Sale (April 1991)	2 march ****** 2 march ************************************	N/A	erene Production of the	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	100 Sept.	Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A		2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	of the Property of the second	Agrania Marketina (2008) Agrania Marketina (2008) Agrania (2008)	*****	N/A	2.000132033	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	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,	4	724	682-7773	05/ 26/ 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)

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 12

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

Effluent Gross

Effluent Gross

Hydrazine

81313 1 0

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

03/ 01/ 2016

101A

DISCHARGE NUMBER

MM/DD/YYYY

3/ 31/ 2016

REVISED

Reg. Mon.

MO AVG

Reg. Mon.

DAILY MX

mg/L

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Discharg

DAILY

Weekly

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
оН	SAMPLE										
)	MEASUREMENT										
00400 1 0	PERMIT	*****	*****	not reside	6	*****	9	100		Weekly	GRAB
Effluent Gross	REQUIREMENT	and the second	Fig.	184 (1865) 141 (1	MINIMUM	Or manager of the Control	MAXIMUM	SU		VVCGRIY	CINAL
Solids, total suspended	SAMPLE										
20700 4 0	MEASUREMENT	*****	*****	Contractor and the	*****	30	100	area de la companya del companya de la companya del companya de la			No. St. Colonia School
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	100 E 10		7 (1) 7 (6)		MO AVG	DAILY MX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE							9			
•	MEASUREMENT		*****	Section with a work to	COLORADO DE CO						
00556 1 0	PERMIT	64 444 AUG	120		*****	15	20	and the C	40486	Weekly	GRAB
Effluent Gross	REQUIREMENT	Charles Tolking	The Late Control of		The Parent was a	MO AVG	DAILY MX	mg/L>			
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT		⊶								1
00610 1 0	PERMIT	*****	****	10 m/m	*****	Reg. Mon.	Reg. Mon.	and the same	product and free out		15.175
Effluent Gross	REQUIREMENT	3.4	CONTRACTOR OF THE SECOND		argunta arabit	MO AVG	DAILY MX	mg/L	10513	Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	Reg. Mon.	Req. Mon.		*****	****	*****	176	101-101 PM	ΠΔΙΙΎ	CONTIN

	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	05/ 26/ 2016
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

MGD

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

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

MO AVG

DAILY MX

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.

CONTIN

GRAB

Page 13

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

102A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

MONITORING PERIOD

MM/DD/YYYY 03/ 01/ 2016 FROM

MM/DD/YYYY 3/ 31/ 2016

REVISED

No Discharge

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LUMBELEN	The second secon	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.6	N/A	7.7	SU	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	ÑΆ	6' MINIMUM	******	9 MUMIXAM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	7	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	**************************************	30 MO AVG	100 DAILY MX	mg/L	i esto i e	Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L	1011	Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	. N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******* ******************************	r selge e	******	N/A		Twice Per Month	ESTIMA

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

TYPED OR PRINTED

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

	TEI	<u> EPHONE</u>
	724	682-7773
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
AUTHORIZED AGENT	ليستنسا	

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,

DATE

MM/DD/YYYY

05/ 26/ 2016

Form Approved OMB No. 2040-0004

Page 14

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER 103A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

MONITORING PERIOD

MM/DD/YYYY 03/ 01/ 2016 FROM

MM/DD/YYYY 3/ 31/ 2016

REVISED

No Discharge

PARAMETER		QUANT	ITY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I AIVABLETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.2	N/A	7.5	SU	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	****** TABLE	N/A	6 MINIMUM	****** Editorial and Common and Allendary	9 MAXIMUM	SU	and the	Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	7	8	mg/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	44444 471	ANNANA Billing Exploses	N/A	rugas Salah Esta.	30 MO AVG	100 DAILY MX	mg/L	100	Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.113	0.143	MGD	N/A	N/A	N/A	N/A		30 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD		**************************************	###### 22 ft 200	N/A		Twice Per Month	ESTIMA

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

TYPED OR PRINTED

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

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

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 MM/DD/YYYY AREA Code NUMBER

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

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

Form Approved OMB No. 2040-0004

Page 15

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

111A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

MONITORING PERIOD

MM/DD/YYYY FROM 03/ 01/ 2016

MM/DD/YYYY 3/ 31/ 2016

REVISED

No Discharge

PARAMETER		QUANTI	QUALITY OR LOADING QUALITY OR CONCENTRATION				ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
TANAMETER	The state of the s	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			i	
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	7.8	SU	0	1 / 7	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	or ****** Carolina della Carolina della Carolina della Carolina della Carolina della Carolina della Carolina della Caroli	*****	N/A	6 MINIMUM	**************************************	9 MAXIMUM	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	1 / 7	GRAB	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	AAAAAA Laga Aaaaaaa	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB	
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	- -	1 / 7	EST	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	*****	N/A		Weekly	ESTIMA	

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

TYPED OR PRINTED

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

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

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 AREA Code MM/DD/YYYY NUMBER

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

03/ 01/ 2016

113A

MONITORING PERIOD

DISCHARGE NUMBER

MM/DD/YYYY

3/ 31/ 2016

REVISED

25

MO AVG

50

mg/L

DAILY MX

DMR MAILING ZIP CODE: 150770004

Page 16

MAJOR

(SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

No Discharge

Twice Per

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER	EAL SECTION	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT		-								
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	18 18 18 18 18 18 18 18 18 18 18 18 18 1	Market I	6 MINIMUM	*****	9 MAXIMUM	SU	ar No. 14	Twice Per Month	GRAB.
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	44.444 4. 762 CHANCE	*****		*****	30 MO AVG	60 DAILY MX	mg/L	11543	Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.043 MO AVG	Req. Mon DAILY MX	MGD	******	******	******	N/A	edition in the	Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT				as an order of the second seco						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	Attention of the second of the	r tanin	A PARTIES	10 (11 11 1	1.4 MO AVG	3.3 INST MAX	mg/L	To John St.	Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT		Carried Strategies (Carried	1,000	*****	200 MO GEOMN	***************************************	#/100mL	710	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	,	TE	LEPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	05/ 26/ 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.

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

BOD, carbonaceous, 05 day 20 C

80082 1 0

Effluent Gross

COMP-8

Form Approved OMB No. 2040-0004

Page 17

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

203A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

ATTN: CHARLES V MCFEATERS	/DIR SITE OPER	FR	OM 03/ 01/		3/ 31/	2016 REVISE	<u>)</u>			No Disc	harge	
PARAMETER		QUANT	ITY OR LOADING	;		QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
оН	SAMPLE											

MONITORING PERIOD

PARAMETER		QUANTI	- UK LOADING			ZOALITT OR CONC	ENTRATION		EX	OF ANALYSIS	TYPE
FARABLEER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		*****	30 MO AVG	60 DAILY MX	mg/L	1901,0	Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.023 MO AVG	Req. Mon. DAILY MX	MGD			******			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	and the second				1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	******				200 MO GEOMN	27 (1997) (etc.)	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT				_						
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			******	25 MO AVG	50 DAILY MX	mg/L =		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	40	TE	LEPHONE	DATE
Charles V McFeaters DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	05/ 26/ 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:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

211A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

211 TURBINE BLDG Internal Outfall

MONITORING PERIOD TO

MM/DD/YYYY FROM 03/ 01/ 2016 MM/DD/YYYY 3/ 31/ 2016

REVISED

No Discharge

PARAMETER		QUANTITY OR LOADING QUALITY OR CO				QUALITY OR CONC	ONCENTRATION			FREQUENCY OF ANALYSIS	SAMPLE TYPE	
AMMETER	professional designation of the second secon	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.6	N/A	7.1	SU	0	1 / 7	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	6 MINIMUM		9 MAXIMUM	SU	18 (18) 18 (18)	Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	5	mg/L	0	1 / 7	GRAB	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Acceptance of the control of the con	N/A	ENB EXPLAINED IN	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB	
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	****** *******************************	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A		-	1 / 7	EST	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	. N/A	ing the con-	Weekly	ESTIMA	

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

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 AREA Code MM/DD/YYYY NUMBER

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

MEASUREMENT

PERMIT

REQUIREMENT

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

50060 1 0

Effluent Gross

BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

MM/DD/YYYY

FROM

03/ 01/ 2016

213A

DISCHARGE NUMBER

MM/DD/YYYY

3/ 31/ 2016

REVISED

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No Discharge

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PARAMETER	And the second s	QUANT	ITY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			I	
pH	SAMPLE											
рп	MEASUREMENT				,						1	
00400 1 0	PERMIT	*****	*****	100 m (S. 1964)	6	*****	9	4.3	Street, 11-10	Twice Per	GRAB	
Effluent Gross	REQUIREMENT	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	447754.27		MINIMUM	3,442,640	MAXIMUM	SU ∵	(2 2) (1) (1) (1)	Month	GRAD	
Solids, total suspended	SAMPLE MEASUREMENT											
00530 1 0	PERMIT	*****	*****	14.5	*****	30	100			Twice Per	GRAB	
Effluent Gross	REQUIREMENT			2018		MO AVG	DAILY MX	mg/L		Month	GRAD	
Oil & grease	SAMPLE MEASUREMENT	-										
00556 1 0	PERMIT	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	*****	A Charles and the	*****	15	20		(100 per 200 per	Twice Per	GRAB	
Effluent Gross	REQUIREMENT	Harry Control of the	A STATE OF THE STA		4.2	MO AVG	DAILY MX	mg/L		Month	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT											
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	*****	*****	100		Mackly	ECTIMA	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD	AND RESERVED IN CO.	Carried Harris Control of the	A STATE OF THE STA		43.3	Weekly	ESTIMA	
Chlorine, total residual	SAMPLE						,					

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

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified persons 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, accura and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

-5

MO AVG

1.25

INST MAX

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 AREA Code NUMBER MM/DD/YYYY

Twice Per

Month

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.

GRAB

Form Approved OMB No. 2040-0004

Page 20

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER 301A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY FROM 03/ 01/ 2016 TO

3/ 31/ 2016 REVISED No Discharge

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FANAMETER	CHARLES IN THE STREET	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1 30 10 12 13 13 13 13 13 13 13 13 13 13 13 13 13	###### 	N/A	****	30 MO AVG	100 DAILY MX	mg/L	1021	Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	100 名 150 电影		N/A	and repeat of the con-	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	*****	******	in to the state of	N/A	in set a s	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	1	TEI	LEPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	05/ 26/ 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.

Form Approved OMB No. 2040-0004

Page 21

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

303A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

No Discharge

	MONITO	PERIOD	
	MM/DD/YYYY		MM/DD/YYYY
ROM	03/ 01/ 2016	TO	3/ 31/ 2016

REVISED

PARAMETER	eren graft En graft bestelligt	QUANTI	TY OR LOADING		(QUALITY OR CONC	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE										
P''	MEASUREMENT									_	· ·
00400 1 0	PERMIT	****	*****		6	*****	9			Weekly	GRAB
Effluent Gross	REQUIREMENT	garante baran da sa kalenda	as call the redelice	117417166	MINIMUM	Paragraph and the second	MAXIMUM	SU		vveekiy	GRAD
Solids, total suspended	SAMPLE							1			
Solids, total suspended	MEASUREMENT			<u> </u>							ĺ
00530 1 0	PERMIT	*****	*****		*****	30	100		eric in	Weekly	CDAR
Effluent Gross	REQUIREMENT	27 (2010) 20062 3 (2010) 2010		SALENCE		MO AVG	DAILY MX	mg/L		vveekiy	GRAB
Oil & grease	SAMPLE									<u>, , , , , , , , , , , , , , , , , , , </u>	
Oil & grease	MEASUREMENT							}			ĺ
00556 1 0	PERMIT	*****	*****	100	*****	15	20	100		1872-217	GRAB
Effluent Gross	REQUIREMENT	Britisch Gebief Zicht St				MO AVG	DAILY MX	mg/L		Weekly	GRAD
Flow, in conduit or thru treatment plant	SAMPLE										
rrow, in conduit or till treatment plant	MEASUREMENT			1							-
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	Service No.	*****	*****	*****	N/A	res (interest at	Weakly	COTHAN
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD	4 process (10 pt 10 pt 1	STATISTICS OF	1000	W/A	1907	Weekly	ESTIMA

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

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

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

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 **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:

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

313A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfail

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

FROM 03/ 01/ 2016 TO 3/ 31/ 2016

REVISED

No Discharge

PARAMETER		QUANT	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
7 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Profession (24)	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.3	N/A	7.5	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******* ******************************	######################################	N/A	6 MINIMUM	****** (%) (42.494)(%)	9 MAXIMUM	SU	A THE	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<8	14	mg/L	0	1 / 7	. GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	###### ###############################	N/A	*****	30 MO AVG	100 DAILY MX	mg/L	replace en el se la figura de la seconomia de la	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	All Annual Control	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	******* ******************************	******	N/A		Weekly	ESTIMA

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

TYPED OR PRINTED

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

TEI	EPHONE	DATE					
724	682-7773	05/ 26/ 2016					
AREA Code	NUMBER	MM/DD/YYYY					
		1					

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

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

Form Approved OMB No. 2040-0004

Page 23

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

401A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Discharge

	MONITORING PERIOD												
	MM/C	DD/Y	YY		MM/t	DD/YY	/ΥY						
ROM	03/ 01/	2016	то	3/	31/	2016							

REVISED

PARAMETER		QUANTI	QUANTITY OR LOADING QUALITY OR CONCENTRATION						NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	9.5	N/A	9.8	SU	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	NA	6 MINIMUM	Philosophia Philosophia	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 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	******* 16 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -	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	*****	ATTENDED TO ARTHURS	Parameter programmes and the programmes and the pro	N/A		Weekly	ESTIMA

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

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

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

TE	LEPHONE	DATE
724	682-7773	05/ 26/ 2016
AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 24

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

MM/DD/YYYY

03/ 01/ 2016

FROM

403A

DISCHARGE NUMBER

MM/DD/YYYY

3/ 31/ 2016

REVISED

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

oV	Discharge	X
	_	, , , ,

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	Company of the second s	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			,
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	A STATE	A STATE OF THE STA	14 mg	6 MINIMUM	###### Particular of the second of the secon	9 MAXIMUM	SU	4 pr	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	Livering (1885)	*****			30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	·									
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	19 19 19 ****** 19 19 19 19 19 19 19 19 19 19 19 19 19 1	10 (44) (10) 10 (44) (10)		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT					_					
00610 1 0 Effluent Gross	PERMIT REQUIREMENT		##### III Lander	11 PK - M	*****	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	Access May 12 to 12 and 12 May 12 to 12 and 12	(1) *******		******	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	******	****** (1)	Carry Control of the	inight.	and and a	Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	grafic ***** Selections ***	100	*****	.5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	05/ 26/ 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)

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

MG/L. (THE LIMIT IS 35

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

03/ 01/ 2016

403A

DISCHARGE NUMBER

MM/DD/YYYY

3/ 31/ 2016

REVISED

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

1	1
No Discharge	X

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAMILIEN	e dest	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	and the second second	****** (485)	FE HER	kining and a second a second and a second and a second and a second and a second an	0 : MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

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

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

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 AREA Code NUMBER MM/DD/YYYY

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

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

MG/L, (THE LIMIT IS 35

Form Approved OMB No. 2040-0004

Page 26

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615

413A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BULK FUEL STORAGE DRAIN

Internal Outfall

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 03/ 01/ 2016 TO 3/ 31/ 2016

REVISED

PARAMETER		QUANT	ITY OR LOADING	i		QUALITY OR CONC	ENTRATION		NO. FREQUENCY EX OF ANALYSI		SAMPLE TYPE
	Season Season	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT					N/A					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******* The age of the second	47.10 (1.44**** - 1.42 (1.42) (1.44)	N/A	6 MINIMUM	****** *******************************	9 MAXIMUM	SÜ,		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT						1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	11.19 4***** 117.4900 14.144 14.144	ANTONIO SERVICE	NA	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****** 12 12 12 12 12 12 12 12 12 12 12 12 12 1	1 ******* 1 * * * * * * * * * * * * * *	N/A	****** *******************************	15 MO AVG	20 DAILY MX	mg/L	etiatika Nyaétan	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	ering a second of the second o	*****	*****	N/A		Weekly	ESTIMA

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

TYPED OR PRINTED

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

TELEPHONE DATE 724 682-7773 05/ 26/ 2016 **AREA Code** NUMBER MM/DD/YYYY

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 27

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

MM/DD/YYYY

03/ 01/ 2016

FROM

501A

DISCHARGE NUMBER

MM/DD/YYYY

3/ 31/ 2016

REVISED

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Discharge

PARAMETER	process of the second s	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	*****	*****	of body com-	****	30	100	25.5	Sept. Comment	Weekly	GRAB
Effluent Gross	REQUIREMENT	dieselle in 1999		un produkt in	Collaboration of	MO AVG	DAILY MX	mg/L		vveekiy	GRAD.
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	****** 0 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	*****		Sale les		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	2	TE	LEPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	1	724	682-7773	05/ 26/ 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 INTERNAL MP 501 PRIOR TO MIXING WITH ANY OTHER WATER.