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October 26, 2016 L-16-319

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

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

Enclosed is the September 2016 NPDES Discharge Monitoring Report (DMR) for FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station, in accordance with the requirements of the Permit. Attachment 1 to this letter is supplemental monitoring data for Outfall 001 (dissolved oxygen). Attachment 2 is the explanation of NODI codes. Attachment 3 is the quarterly clamicide application report.

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

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

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

Sincerely,

Richard D. Bologna General Plant Manager

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Beaver Valley Power Station, Unit Nos. 1 and 2 L-16-319 Page 2

Attachment(s):

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

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-16-319 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

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ATTACHMENT 1

Weekly Dissolved Oxygen Monitoring Results at Outfall 001

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

SAMPLE DATE	SAMPLE TIME	VALUE	UNITS
02-Sep-16	08:30:00 AM	7	mg/L
05-Sep-16	10:00:00 PM	7	mg/L
12-Sep-16	08:15:00 AM	7	mg/L
23-Sep-16	10:20:00 AM	7	mg/L
25-Sep-16	08:45:00 AM	7	mg/L

- Attachment 1 END -

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-16-319 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

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ATTACHMENT 2

Explanation of NODI Codes

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

- Attachment 2 END -

Clamicide Report Enclosure for NPDES Permit No. PA0025615 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

ATTACHMENT 3

Clamicide Report

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

Parameter	Unit 1 A Train	Unit 1 B Train	Unit 2 A Train	Unit 2 B Train
Date	8-16-16 -	8-31-16 -	9-08-16 —	8-23-16 -
Dale	8-17-16	9-01-16	9-09-16	8-24-16
Chemical Used ¹	216 pounds ³	532 pounds ³	750 pounds ³	480 pounds ³
Outfall 001 Concentration	ND	ND	ND	ND
Outfall 010 Concentration	N/A ⁴	N/A ⁴	ND	ND
Detox Used ²	1121 pounds	1371 pounds	1371 pounds	1421 pounds
Outfall 001 Concentration ³	3.2 mg/L	4.2 mg/L	3.8 mg/L	4.2 mg/L
Outfall 010 Concentration ³	N/A ⁴	N/A ⁴	15.5 mg/L	13.2 mg/L

- 1. The chemical used is NALCO H150M; LIMITS: 7,000 pounds per day and No Detectable (ND) amount at Outfalls 001 and 010.
- The Bentonite Based Detoxifying Agent is NALCO 1315 in the form of a dry agent and a slurry mixture; LIMITS: 21,000 pounds per day and ≤ 35 mg/l at Outfalls 001 and 010
- 3. Dry-weight equivalent.

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4. Outfall does not receive wastewater from the target system.

- Attachment 3 END -



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	FirstEnergy	Nuclear Operating Company							
Address:	<u>P.O. Box 4</u>								
	Shippingpo	rt, PA 15077	· · <u>· · · · · -</u>						
	Beaver Vall	ey Power Station							
	PERMIT N	UMBER			MONITO Year/	RING F Month/			
	PA0025	5615	2016	09	01	то	2016	09	30
					-				
PARAMET	ER	ANALYSIS METHOD		AB NAME			LABI	D NUMBE	R ²
Total Residual	Chlorine	SM 4500-CL G [20th]	Beaver V	alley Powe	r Station		C	4-2742	
Free Available	Chlorine	SM 4500-CL G [20 th]	Beaver V	alley Powe	r Station		04-2742		
рН		SM 4500-H+ B [20 th]	Beaver V	alley Powe	r Station		. C	4-2742	
Temperati	ure	SM 2550 B [20 th]	Beaver V	alley Powe	r Station			4-2742	
Flow	•	NA	Beaver V	alley Powe	r Station		C	4-2742	
Total Suspended S	olids (TSS)	SM 2540 D [20 th]	Beaver V	alley Powe	r Station		C	4-2742	
Quaternary A Compoun		Photometric Determination 1/2-CHM-ANA-4.23H	Beaver V	alley Powe	r Station		C	4-2742	
Bentonite Deto	oxicant	Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645	Beaver V	alley Powe	r Station		Q	4-2742	
Hydrazin	e	ASTM D1385-01	Beaver V	alley Powe	Station		0	4-2742	

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

Richard Bologna General Plant Manager

Signature of Principal Executive Officer or Authorized Agent

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.

Date: 10/26/16



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: FirstEn	ergy Nuclear Operating Company	,							
Address: P.O. B	ox 4								
<u>Shippir</u>	ngport, PA 15077								
Beaver	Valley Power Station								
PERM	IT NUMBER			MONITO Year/	RING P Month/				
PA	0025615	2016	09	01	то	2016	09	30	
na na tan			6-38-05-8-C-38-				a shering a	an shirt an	
PARAMETER	ANALYSIS METHOD		LAB NAME			LABI	D NUMBE	ER ²	
Zinc	EPA 200.7 Rev 4.4	FirstEne	ergy Corp-E	Beta Lab		6	8-01120		
Copper	EPÄ 200.7 Rev 4.4	FirstEne	ergy Corp-E	Beta Lab			8-01120	n fin eine sind and Saint an an an an an	
Iron	EPA 200.7 Rev 4.4	1	ergy Corp-B			68-01120			
Chromium	EPA 200.7 Rev 4.4	FirstEne	ergy Corp-B	leta Lab			8-01120		
Ammonia	SM 4500 NH3 F		ergy Corp-B			6	8-01120		
Cyanide	SM 4500-CN E [18th]	FirstEne	ergy Corp-B	leta Lab		6	8-01120		
Chlorobenzene	EPA 624	Test Am	ierican-Can	iton Lab		6	8-00340		
Oil and Grease	EPA 1664 Rev A	FirstEne	rgy Corp-B	eta Lab	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>.</u>	8-01120		
Oil and Grease	EPA 1664 Rev A	PACE	Analytical S	ervices		6	5-00282		
Total Dissolved Solids	SM 2540 C *		ergy Corp-B			6	8-01120		
Total Suspended Solids	SM 2540 D *	FirstEne	ergy Corp-B	eta Lab	2 " - 200 - 200 5 5 5	6	8-01120	and the t	
	* 2012 EPA Method Update Rule (MUR) no longer cites Standard Method editions								

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: <u>724-682-7773</u>	Signature of Principal Executive Officer or Authorized Agent
Richard Bologna General Plant Manager	Date: 10/26/16	KD Belgen

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MONITORING PERIOD

то

001A

DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2016

PA0025615

PERMIT NUMBER

FROM

MM/DD/YYYY

09/ 01/ 2016

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

R VALLEY F LOCATION: PA ROUTE 168 SHIPPINGPORT, PA 150770004

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ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGEF

PARAMETER		QUANT	TY OR LOADING				ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE VALUE UNITS VALUE VALUE		VALUE	VALUE UNITS					
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.8	N/A	8.5	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	ĠRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	GG / GG	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.034	<0.034	mg/L	0	DIS / C	24 HR COMP
04251 1 0 Effluent Gross	PERMIT	*******	******	N/A	******	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	41.2	49.6	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT	Reg. Mon. MO AVG	Req. Mon.	MGD		******		N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE	N/A	N/A	N/A	N/A	<0.05	0.2	mg/L	0	7 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	.5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.05	0.2	mg/L	0	Continuous	RCORDR
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	*****	2 AVERAGE	.5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	GG / GG	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/Å	*****	0 MÖ AVG	0. DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	2 - 1	TE	LEPHONE	DATE
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	KOBelog	724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

No Discharge

Page

Page 1

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Page 2

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

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NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	002A DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			INTAKE SCREEN BACKWASH External Outfall
	SHIPPINGPORT, PA 150770004	MONITORIN	G PERIOD	
ATTN: RICH	HARD D BOLOGNA/GENERAL PLANT MANAGER	FROM 09/ 01/ 2016 TC	MM/DD/YYYY 09/ 30/ 2016	No Discharge

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

NAME/TITLE PRINCIPAL 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	An PM	<u> </u>		DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 1 am aware that there are significant penalties for submitting false information,	Kologin	724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

Page 3

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

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NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	003A DISCHARGE NUMBER	DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			003 External Outfall	
ATTN: RICH	SHIPPINGPORT, PA 150770004 HARD D BOLOGNA/GENERAL PLANT MANAGER	MM/DD/YYYY	ING PERIOD MM/DD/YYYY TO 09/ 30/ 2016	Ν	lo Discharge
[NO. FREQUE	

PARAMETER		QUANTI	TY OR LOADING		C	UALITY OR CONC	ENTRATION	-	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.153	0.288	MGD	N/A	N/A	N/A	N/A	-	27 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon.	MGD	*****	*****		N⁄A .		Month	ESTIMA

		Λ			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my		TEL	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information, and complete. I am aware that there are significant penalities for submitting false information,	Ko Belgin		682-7773	09/ 25/ 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
CONTRACTOR AND FYRIA MATION OF ANY WOLATIONS (D. C	L				

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

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

MONITORING PERIOD

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Form Approved OMB No. 2040-0004

Page 4

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

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

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ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615	
PERMIT NUMBER	DI

MM/DD/YYYY

09/ 01/ 2016

FROM

004A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2016

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

No Discharge

PARAMETER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.7	N/A	8.3	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	6 MINIMUM		9 MAXIMUM	Śυ		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.16	7.71	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD.		*****	******	N/A		Weekly	MEASRD
Chiorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.06	0.09	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	******	.5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.05	0.08	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	*****	.2. AVERAGE	.5 MAXIMUM	. mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	$\rho \sim \rho$	TEL	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	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,	10 01	- 724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

> Page 5

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

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NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	006A DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			AUX. INTAKE SCREEN BACKWASH External Outfall
	SHIPPINGPORT, PA 150770004	MONITO	RING PERIOD	
ATTN: RIC	HARD D BOLOGNA/GENERAL PLANT MANAGER	MM/DD/YYYY FROM 09/ 01/ 2016	MM/DD/YYYY TO 09/ 30/ 2016	No Discharge

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	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	0~00	TEL	EPHONE	DATE	
Richard D. Bologna, GENERAL PLANT MANAGER	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,	& Photogen	724	682-7773	09/ 25/ 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 at	achments here)					

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

.

MONITORING PERIOD

Form Approved OMB No, 2040-0004

> Page 6

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

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615 PERMIT NUMBER

MM/DD/YYYY

09/ 01/ 2016 **TO**

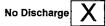
FROM

007A **DISCHARGE NUMBER**

MM/DD/YYYY

09/ 30/ 2016

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



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION		QUALITY OR CONCENTRATION				SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE										
	MEASUREMENT										
00400 1 0	PERMIT	*****	*****		6	*****	9	0.000	L. S. Star	Weekly	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	SU		VVCCNIY	GRAD
Flow, in conduit or thru treatment plant	SAMPLE					1					1
How, in conduit of this treatment plant	MEASUREMENT										
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	*****	*****	1000	1927 P.	Weekly	GRAB
Effluent Gross	REQUIREMENT	MOAVG	DAILY MX	MGD						vveekiy	GRAD
Chlorine, total residual	SAMPLE										
	MEASUREMENT										
50060 1 0	PERMIT	*****	1.546 5 **** **		t nijeli a 44444 (1997) Strijenski pologije		1.25		23262.03	Weekly	GRAB
Effluent Gross	REQUIREMENT					MOAVG	INST MAX	mg/L		WEEKIY	GRAD.
Chloring, free quailable	SAMPLE										
Chlorine, free available	MEASUREMENT					1					,
50064 1 0	PERMIT	*****	*****	A	*****	.2	.5	1000	-32000-493		OPAD
Effluent Gross	REQUIREMENT				an en sen ander de sen sen sen sen sen sen sen sen sen se	AVERAGE	MAXIMUM	mg/L	出来的关键	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	1 00	TEI	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Roblem	- 724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	uding the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
CHIERTO AND EVEL ANATION OF ANY MOLATIONS (5.4					

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

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

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

008A

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

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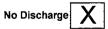
NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168	PA0025615
	SHIPPINGPORT, PA 150770004	PERMIT NUMBER
FACILITY:	BEAVER VALLEY POWER STATION	
LOCATION	PA ROUTE 168	
	SHIPPINGPORT, PA 150770004	MON

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITO	RING	PERIOD	

	MONITORING PERIOD									
	MN/C	DD/YY	(YY		MM/E	DD/YY	YY	1		
FROM	09/	01/	2016	то	09/	30/	2016			

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



PARAMETER		QUANTI	LIY DREEDADING I DOALLY DREEDNERNIRATION (NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS]		
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	- ******		6 MINIMUM	******	9 MAXIMUM	SU -		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT			2 NO 10 10 10	WINIMOW			<u>- 50 - :</u>			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******		a stranger av		30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		******		****** *****	15. MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	******	******	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that gualified personnel	0000	TE	EPHONE	DATE	
Richard D. Bologna, GENERAL PLANT MANAGER	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,	Killen	724	682-7773	09/ 25/ 2016	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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

Form Approved OMB No. 2040-0004

Page 7

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 8

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

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

.

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

09/ 01/ 2016 **TO**

FROM

010A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2016

(SUBR05)
UNIT 2 COOLING WATER
External Outfall

MAJOR

No Discharge

DMR MAILING ZIP CODE: 150770004

PARAMETER	QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.9	N/A	8.4	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	★★★★★★ 	******	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.034	<0.034	mg/L	0	DIC / C	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			Ń/A		0 MO AVG	0 INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.5	5.8	MGD	N/A	N/A	N/A	N/A	<u> </u>	1 / 7	MEAS
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	N/A	N/A	N/A	N/A	<0.03	0.08	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	1		*****	5 MO AVG	1.25 INST MAX			Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.03	0.1	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	*****	2 AVERAGE	.5 MAXIMUM	∽mg/L		Weekly	GRAB

	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 personnal	$\int \int \partial \partial$	TEI	LEPHONE	DATE
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kalga	724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

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

.

•

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	011A DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			DIESEL GEN & TURBINE DRAINS External Outfall
	SHIPPINGPORT, PA 150770004	MONIT	ORING PERIOD	
ATTN: RIC	HARD D BOLOGNA/GENERAL PLANT MANAGER	MM/DD/YYYY FROM 09/ 01/ 2016	TO 09/ 30/ 2016	- No Discharge

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.004	0.004	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	$\mathcal{P}^{(n)}(x) = \sum_{\substack{i=1,\dots,n\\ i \neq i \neq i}}^{n} \mathcal{P}^{(n)}(x) = \sum_{\substack{i=1,\dots,n\\ i \neq i}}^{n} \mathcal{P}^{(n)}(x) = \sum_{\substack{i=1,\dots,n}}$		4	*****	N/A		Weeklv	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD				State State	Margaret -	AACCU A	

~

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	20:00	TEL	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	roperly gather and evaluate the information submitted. Based on my inquiry of the person or ersons who manage the system, or those persons directly responsible for gathering the normation, the information submitted is, to the best of my knowledge and belief, true, accurate, nd complete. I am aware that there are significant penalties for submitting false information,	Kobeleen	724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)					

MONITORING PERIOD

Page 10

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

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

.

.

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

FROM

09/ 01/ 2016 **TO**

012A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2016

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

No Discharge

PARAMETER		QUANTI	TY OR LOADING				ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.2	N/A	8.5	SU	0	2 / 30	GRAB
00400 1 0 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	0.0719	0.1100	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A		Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.1	mg/L	0	2 / 30	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		1.5 MO AVG	1.5 DAILY MX	, ,⊂mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Neg. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	662	828	mg/L	0	2 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req. Mon. MO AVG	Req: Mon. DAILY MX	mg/L		Twice Per Month	GRAB

	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	1011	TE	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	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,	Robalogu	724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

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

.

Copper, total (as Cu)

01042 1 0

34301 1 0

50050 1 0

Effluent Gross

Chlorobenzene

Effluent Gross

Effluent Gross

Flow, in conduit or thru treatment plant

NAME: ADDRESS:	FIRST ENERGY NUC PA ROUTE 168 SHIPPINGPORT, PA			PA0025615	ER	013A DISCHARGE NU	MBER		DMR MA MAJOR (SUBR05	iLING ZIP	CODE: 15077	'0004
FACILITY: LOCATION:	BEAVER VALLEY PO PA ROUTE 168								OUTFAL			
ATTN: RIC	Shippingport, pa		Er fr	MM/DD/YY OM 09/ 01/	ŶŶŶ	ING PERIOD MM/DD/YY TO 09/ 30/	7YY 2016				No Dise	:harge
			QUANT	TY OR LOADING]	QUALITY OR CONC			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
	PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1		
pН		SAMPLE MEASUREMENT	N/A	N/A	N/A	6.8	N/A	6.9	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	3	PERMIT REQUIREMENT	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Cyanide, total	(as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01	<0.01	mg/L	0	2 / 30	24 HR COMP
00720 1 0 Effluent Gross	5	PERMIT	******	******	N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Month	COMP24
Copper, total ((as Cu)	SAMPLE	N/A	N/A	N/A	N/A	0.0325	0.0549		0	2/30	24 HR

N/A

N/A

N/A

N/A

MGD

MGD

N/A

N/A

N/A

6

0.0325

Reg. Mon.

MO AVG

< 0.005

Reg. Mon.

MO AVG

N/A

0.0549

< 0.005

Reg. Mon.

DAILY MX

N/A

Τ.

Reg. Mon.

DAILY MX

0

0

-

mg/L

mg/L

mg/L

1

mg/L

N/A

N/A

2 / 30

Twice Per

Month

2 / 30

Twice Per-

Month

2 / 30

Twice Per.

Month

COMP

COMP24

24 HR

COMP

COMP24

EST

ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my	\wedge \wedge a	TEI	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my incuity of the person or persons who manage the system, or these persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and compilet. I am aware that there are significant penalities for submitting false information,		- 724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXEQUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

N/A

N/A

0.002

Req. Mon.

MO AVG

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

N/A

ä 17

N/A

tala i

0.002

Reg: Mon.

DAILY MX

100

Sec.

Page 11

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

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

•

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

09/ 01/ 2016 **TO**

FROM

101A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2016

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



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
рН	SAMPLE MEASUREMENT											
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT											
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MØ AVG	100 DAILY MX	mg/L		Weekly	COMP-2	
Oil & grease	SAMPLE MEASUREMENT											
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		388 4 9 32 3 *****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB	
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT											
00610 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		******	Req. Mon: MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				<u> </u>							
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	******* ******	*****			DAILY	CONTIN	
Hydrazine	SAMPLE MEASUREMENT				<u></u>		<u></u>					
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****			Req. Mon. .MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my – direction or supervision in accordance with a system designed to assure that qualified personnel	D = D / I	TE	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Delign	- 724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved OMB No. 2040-0004

No Discharge

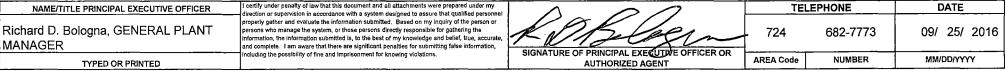
PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 102A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168		102 INTAKE SCREEN HOUSE Internal Outfall
	SHIPPINGPORT, PA 150770004	MONITORING PERIOD	

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
FROM	09/ 01/ 2016	то	09/ 30/ 2016						

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE
	 Margaret Margaret 	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.9	N/A	8.0	SU	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	178488 	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5.5	7	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT			N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A		15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	· N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****** 1	****** 7	*****	N/A		Twice Per Month	ESTIMA



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.

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Form Approved OMB No. 2040-0004

Page 14

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

.

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NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	P	PA0025615 ERMIT NUMBER		103A	DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168					SLUDGE SETTLING BASIN Internal Outfall	
	SHIPPINGPORT, PA 150770004		MONIT	ORING	PERIOD		
ATTN: RICI	HARD D BOLOGNA/GENERAL PLANT MANAGER	FROM	MM/DD/YYYY 09/01/2016	то	MM/DD/YYYY 09/ 30/ 2016		No Discharge

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.6	N/A	7.8	SU	0	2 / 30	GRAB
00400 1 0	PERMIT	*****	*****	N/A	6	*****	9	and starts		Twice Per	GRAB
Effluent Gross	REQUIREMENT			JWA	MINIMUM		MAXIMUM	SU -		Month	GRAD
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 30	24 HR COMP
00530 1 0	PERMIT	*****	*****	NUA S	*****	30	100	$(1,2) \in \mathcal{T}^{-1}_{\mathcal{T}}$	د اور ورز او د د اور ورز او د	Twice Per 🔅	COMP24
Effluent Gross	REQUIREMENT		1860 - 1970 - 1970 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 -	N/A		MOAVG	DAILY MX	∵ mg/L ⊶		Month 🕵	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.153	0.288	MGD	N/A	N/A	N/A	N/A	-	27 / 30	EST
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	******	*****	N/A	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Twice Per	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD						Month	SEO LINIA

	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	\wedge \wedge \wedge	TE	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	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,	K. Dholgen	724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

то

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: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

09/ 01/ 2016

FROM

111A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2016

150770004
DG

No Discharge

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.2	N/A	7.8	S∪	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	> N/A	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************		N/A	******	30 MO AVG	100 DAILY MX	mg/L		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 AVĞ	20 DAILY MX	⊂ mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD.	*****		******	N/A		Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1 0 1	TEL	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT	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,	K Diffelogen	. 724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

.

Form Approved OMB No. 2040-0004

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 16

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

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

.

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615 PERMIT NUMBER

MM/DD/YYYY

09/ 01/ 2016 **TO**

FROM

113A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2016

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
UNIT 2 SEWAGE TMT PLAN Internal Outfall	IT



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM		9 MAXIMUM	SÙ		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******			****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	043 MO AVG	Req. Mon DAILY MX	MGD	******			N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****			1.4 MO AVG	3.3 INST MAX	iamg/L ∞		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****			200 MO GEOMN	******	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT		Agrandi at a state at a		*****	25 MO AVG	50 DAILY MX	mg/L		Twice Per	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1-20	TEI	LEPHONE	DATE
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kalage	724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

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

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615 PERMIT NUMBER 203A DISCHARGE NUMBER

	MONITORING PERIOD							
ļ	MM/DD/YYYY		MM/DD/YYYY					
FROM	09/ 01/ 2016	то	09/ 30/ 2016					

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



Page 17

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAIVETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS]		
pH	SAMPLE MEASUREMENT		· · · · · · · · · · · · · · · · · · ·								
00400 1 0 Effluent Gross	PERMIT	*****	*****		6 MINIMUM	******	9 MAXIMUM	ີຮັບ		C. Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT					,					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******		*****	30 MO'AVG	60 DAILY MX	ing/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	,023 MO AVG	Req. Mon DAILY MX	MĠD	****** General					Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			*****	1.4 MO AVG	3:3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT		*****		******	200 MO GEOMN		#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT	******* *******	*****		****	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	Δ α	TEL	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	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,	Kablagen	724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

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

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•

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

	MONITORING PERIOD									
	MM/DI	D/YY	ΥY		MM/E	D/Y	YY			
FROM	09/	01/	2016	то	09/	30/	2016			

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

No Discharge

PARAMETER			QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.2	N/A	8.2	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	*****	Ń/A	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	nig/L.C		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A		-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD			******	N/A		Weekly	ÊSTIMA

		LEPHONE	DATE
direction or supervision in accordance with a system designed to assure that qualified personnel persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting fails enformation, manage the system.	724	682-7773	09/ 25/ 2016
Including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFIC AUTHORIZED AGENT	ICER OR AREA Code	NUMBER	MM/DD/YYYY

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

09/ 01/ 2016 **TO**

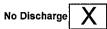
FROM

213A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2016

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



Page 19

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION					SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT		******		6 MINIMUM	*****	9 MAXIMUM	ຣບ		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT				******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT				* · · · · · · · · · · · · · · · ·						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******			15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO AVG	Req. Mon. DAILY MX	MGD	******* ******************************		*****		ない	Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT					,					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		******	5 MO AVG	1.25 INST MAX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	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	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	chments here)				

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

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

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PI	PA0025615 ERMIT NUMBER	DI	301A SCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168					UNIT 2 AUX BOILER BLOWDOWN Internal Outfall
	SHIPPINGPORT, PA 150770004	[MONITO	RING	PERIOD	
ATTN: RIC		FROM	MM/DD/YYYY 09/01/2016	то	MM/DD/YYYY 09/ 30/ 2016	No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	terrer († 1997) Standardski († 1997)	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	******	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****** ******* ***********************		******	N/A		Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	\wedge	TE	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalities for submitting false information,	LO Bolgen	- 724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

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

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

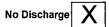
,

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615 PERMIT NUMBER 303A DISCHARGE NUMBER

	MONITORING PERIOD							
	MM/D	D/YY	YY		MM/C	D/Y	ΥΎΥ	
FROM	09/	01/	2016	то	09/	30/	2016	

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



Page 21

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE										
00400 1 0	MEASUREMENT	*****	******	in the second	antilia anna Anglia an t	******	್ಷಣ್ಣ ನಿರ್ವಹಿಸಿ ಎಂದಿ ಹೆಸ್ಟ್ ಎಂದಿ ಕ್ಷೇ		and all the states	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	່ຮບ		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****			30 MÕ AVG	100 DAILY MX	≪mg/L		Weekly	.GRAB
Oil & grease	SAMPLE MEASUREMENT		······································								
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		****** *****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD				N/A		Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	ρ ρ γ	TEI	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	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 penallies for submitting false information,	Kphologan	724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

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

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615	
PERMIT NUMBER	

09/ 01/ 2016 **TO**

FROM

313A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2016

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

No Discharge

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.8	N/A	6.9	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4.6	6	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A		30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB.
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	******	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRĂB
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 ÁVG	Req. Mon. DAILY MX	MGD	******			N/A		Weekly	ESTIMA

	direction or supervision in accordance with a system designed to assure that qualified personnel	\wedge $1 \land$	TEL	_EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	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,	KOplan	724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	Including the possibility of fine and Imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Form Approved OMB No. 2040-0004

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

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NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	P	PA0025615 ERMIT NUMBER	DI	401A SCHARGE NUMBER	DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168					CHEM.FEED AREA OF AUX Internal Outfall	BOILERS
	SHIPPINGPORT, PA 150770004		MONITO	DRING	PERIOD		
			MM/DD/YYYY		MM/DD/YYYY		No Diochorge
ATTN: RIC	CHARD D BOLOGNA/GENERAL PLANT MANAGER	FROM	09/ 01/ 2016	то	09/ 30/ 2016		No Discharge

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	9.0	N/A	9.1	SU	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	******	Req. Mon. MAXIMUM	ຮັບ		Twice Per	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT			N/A		15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******* ******************************	******	NA		Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		<u> </u>	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT	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,	KD Blage	724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	Including the possibility of fine and Imprisonment for knowing violations.	SIGNATÚRE OF PRINCIPAL EXECUZIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

.

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

09/ 01/ 2016 **TO**

FROM

403A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2016

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	

CONDENSATE BLOWDOWN & RIVR WAT Internal Outfail



Page 24

PARAMETER	QUANTI	TY OR LOADING	G 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		*****		6 MINIMUM		9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		<u>,</u>		<u>ili - ye kili - e tang - na ana an</u> fan an						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******			******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT				******	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT				() () () () () () () () () () () () () (Req. Mon MO AVG	Req. Mon. DAILY MX	≪ mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******			*****	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon.	MGD	******		******			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	.5 MO AVG	1:25 INST MAX	mg/L		Weekly	GRAB

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	1 10	TE	LEPHONE	DATE
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kobelogu	724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved OMB No. 2040-0004

Page 25

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

.

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004		A0025615	DI	403A SCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)	
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168					CONDENSATE BLOWDOWN & RIVR WAT Internal Outfall	
	SHIPPINGPORT, PA 150770004		MONITO	RING	PERIOD		
ATTN: RIC	CHARD D BOLOGNA/GENERAL PLANT MANAGER	FROM	MM/DD/YYYY 09/ 01/ 2016	то	MNI/DD/YYYY 09/ 30/ 2016	No Discharge	

PARAMETER		QUANTI	TY OR LOADING	_		QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT									-	
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	******* 2014 - 2014 - 2014 - 2014 - 2014 - 2014	10 ******			0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	12-00	TEL	EPHONE	DATE
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Robelogu	- 724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments here)				
UNODAZINE AND ANNONIA MONITODING TO ADD		NUM MANUAL IN FOR DETT OF 4 MULEN DICOURDO	INC (24 LID (THE LIMIT IS 25 MC/L

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

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

Form Approved OMB No. 2040-0004

Page 26

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

.

FACILITY: BEAVER VALLEY POWER STATION LOCATION: PA ROUTE 168	NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	413A DISCHARGE NUMBER
SHIPPINGPORT, PA 150770004 MONITORING PERIOD		PA ROUTE 168	MONITO	DRING PERIOD
MM/DD/YYYY MM/DD/YY			MM/DD/YYYY	MM/DD/YYYY

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

[MONITORING PERIOD										
	MM/DD/YYYY		MM/DD/YYYY								
FROM	09/ 01/ 2016	то	09/ 30/ 2016								

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
BULK FUEL STORAGE DRA	IN
internal Outfall	



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT					N/A					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	ŇA	6 MINIMUM		9 MAXIMUM	່ວ່ຽນ		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	NĄ		30 MO AVG	100 DAILÝ MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	10-01	TEL	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT	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,	Kopelegn	724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 27

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

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

.

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615	
PERMIT NUMBER	D

MM/DD/YYYY

09/ 01/ 2016 **TO**

FROM

501A

NIM/DD/YYYY

09/ 30/ 2016

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



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE										
	MEASUREMENT										
00530 1 0	PERMIT	******	*****			30	100	+7+) <u>+</u> 2+		Weekiy	GRAB
Effluent Gross	REQUIREMENT			and a second s Second second s		MO AVG	DAILY MX	mg/L		VVEEKIY C	GRAD
Flow, in conduit or thru treatment plant	SAMPLE										
Flow, in conduit of third reatment plant MEA	MEASUREMENT										
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	2	*****	1. S.		Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MOAVG	DAILY MX	MGD						- vvcckiy	STINIA S

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my		TEL	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	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 penalities for submitting false information.	Labelan	724	682-7773	09/ 25/ 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
ONHIENTS AND EVELANATION OF ANY VIOLATIONS (Deference of effect	hunde hast				

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

FIRST ENERGY NUCLEAR OPERATING

•

*

NAME:

ADDRESS: PA R	T ENERGY NUCLEA OUTE 168 PINGPORT, PA 1507			PA0025615	ĪR	001A DISCHARGE NU	MBER		ILING ZIP CODE: 150770004			
LOCATION: PAR	/ER VALLEY POWEF OUTE 168 PINGPORT, PA 1507			MONITORING PERIOD					'S 1&2 COOLG. TOWER BLWDN mai Outfall			
ATTN: RICHARD D BO	FR	MM/DD/YY OM 09/ 01/		MM/DD/YY 0 09/ 30/					No Disc	harge		
PARAM	FTER		QUANT	TY OR LOADING				ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(2016-2029) (324)	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН		SAMPLE MEASUREMENT	N/A	N/A	N/A	7.8	N/A	8.5	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross		PERMIT REQUIREMENT			N/A	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Nitrogen, ammonia tota	al (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	+117788	******	N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TO	TAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.034	<0.034	mg/L	0	DIS / C	24 HR COMP
04251 1 0 Effluent Gross		PERMIT REQUIREMENT	******	*****	N/A	******	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru	treatment plant	SAMPLE MEASUREMENT	41.2	49.6	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT

	REQUIREMENT	LAR CLARKE CONS	AN AND STRATE	15 10 10 10		MUAVG		mg/L 🗧		Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	41.2	49.6	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0	PERMIT	Reg. Mon:	Reg. Mon.		******	******	*****	BILL A	和和高级的	Daile	CONTIN
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD				N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.05	0.2	mg/L	0	7 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	Alexandre and a second	.5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.05	0.2	mg/L	0	Continuous	RCORDR
50064 1 0	PERMIT	*****	******	N/A	*****	.2	.5	2010		Continuous	RCORDR
Effluent Gross	REQUIREMENT	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				AVERAGE	MAXIMUM	mg/L		Conunuous	- NOOKDIN
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	GG / GG	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	******	0 MO AVG	0 DAILY MX	mg/Ŀ		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	0 0 1	TE	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	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 penallies for submitting false information,	KOBelog	724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Page 1

Form Approved OMB No. 2040-0004

DMR MAILING ZIP CODE: 150770004

Page 1

Form Approved OMB No. 2040-0004

Page 2

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 002A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168		INTAKE SCREEN BACKWASH External Outfall
	SHIPPINGPORT, PA 150770004	MONITORING PERIOD	
ATTN: RICH	HARD D BOLOGNA/GENERAL PLANT MANAGER	MM/DD/YYYY MM/DD/YYYY FROM 09/ 01/ 2016 TO 09/ 30/ 2016	No Discharge

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******			N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL 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	An RI	TEL	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	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,	Kologin	724	682-7773	09/ 25/ 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 (Deferring of the	al monto hora)				_

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

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Form Approved OMB No. 2040-0004

Page

3

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

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NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 003A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168		003 External Outfall
	SHIPPINGPORT, PA 150770004	MONITORING PERIOD	
ATTN: RICH	IARD D BOLOGNA/GENERAL PLANT MANAGER	MM/DD/YYYY MN/DD/YYYY FROM 09/ 01/ 2016 TO 09/ 30/ 2016	No Discharge

PARAMETER		QUANT	ITY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plan	SAMPLE MEASUREMENT	0.153	0.288	MGD	N/A	N/A	N/A	N/A	-	27 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Reg. Mon. DAILY MX	MGD	*****		*****	N/A		Twice Per Month	ESTIMA

		\sim			
	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	0 0/1	TE	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	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,	Ko Belgin	724	682-7773	09/ 25/ 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)

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 4

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

NAME:FIRST ENERGY NUCLEAR OPERATINGADDRESS:PA ROUTE 168SHIPPINGPORT, PA 150770004	PA0025615 004A PERMIT NUMBER DISCHARGE NUMBER
FACILITY:BEAVER VALLEY POWER STATIONLOCATION:PA ROUTE 168SHIPPINGPORT, PA 150770004	

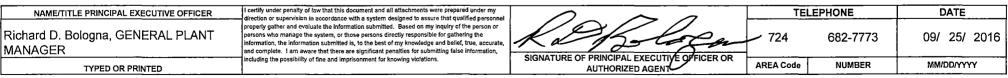
ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

		MONITORING PERIOD								
	MM/DD/YYYY				MM/C	רא/סנ	/YY			
FROM	09/	01/	2016	то	09/	30/	2016			

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

No Discharge

PARAMETER		QUANTITY OR LOADING			(QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.7	N/A	8.3	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.16	7.71	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD		*****	******	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.06	0.09	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	*****	.5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.05	0.08	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A		.2 AVERAGE	5 MAXIMUM	⊂ mg/L		Weekly	GRAB



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

Form Approved OMB No. 2040-0004

> Page 5

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

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NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	006A DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			AUX. INTAKE SCREEN BACKWASH External Outfall
	SHIPPINGPORT, PA 150770004	MONITO	DRING PERIOD	
ATTN: RIC	CHARD D BOLOGNA/GENERAL PLANT MANAGER	MM/DD/YYYY FROM 09/ 01/ 2016	MM/DD/YYYY TO 09/ 30/ 2016	No Discharge

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	00-01	TEL	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	& Dorlegon	724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all atta	chments here)	· · ·			

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)	
DISCHARGE MONITORING REPORT (DMR)	

MONITORING PERIOD

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

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615	
PERMIT NUMBER	D

MM/DD/YYYY

09/ 01/ 2016 **TO**

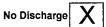
FROM

007A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2016

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



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT		*****		6 MINIMUM		9 MAXIMUM	SU		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	*****				Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		*****	5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		******	2. AVERAGE	5 MAXIMUM	mġ/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	1 00	TEL	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	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 failse information,	K & Blogm	- 724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved OMB No. 2040-0004

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 7

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

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

~

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

09/ 01/ 2016 **TO**

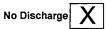
FROM

008A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2016

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



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

Richard D. Bologna, GENERAL PLANT MANAGER property gather and evaluate the information submitted. Based on my inquiry of the person of 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, including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR ADEA Control ADEA CO	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	0000	TEL	EPHONE	DATE
	•	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kilforlagen	724	682-7773	09/ 25/ 2016
AUTIONZED AGENT	TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 8

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

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

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ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

09/ 01/ 2016 **TO**

FROM

010A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2016

२				

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

No Discharge

PARAMETER		QUANTI			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	44、小学教授-学校 第15-946 来 15-10	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		******	N/A	6 MINIM⊍M	****** ******	9 MAXIMUM	SU		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.034	<0.034	mg/L	0	DIC / C	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		0 MO AVG	0 INST MAX	mg/L		When Street	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.5	5.8	MGD	N/A	N/A	N/A	N/A		1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD				N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.03	0.08	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******			5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.03	0.1	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

	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	Λ Λ	TEL	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	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,	Kallya	724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different) Page 9 NAME: FIRST ENERGY NUCLEAR OPERATING DMR MAILING ZIP CODE: 150770004 PA0025615 011A ADDRESS: PA ROUTE 168 MAJOR SHIPPINGPORT, PA 150770004 PERMIT NUMBER **DISCHARGE NUMBER** (SUBR05) FACILITY: BEAVER VALLEY POWER STATION **DIESEL GEN & TURBINE DRAINS** LOCATION: PA ROUTE 168 External Outfall SHIPPINGPORT, PA 150770004 MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY No Discharge ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER FROM 09/ 01/ 2016 **TO** 09/ 30/ 2016

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	20.00	TEL	EPHONE	DATE	
Richard D. Bologna, GENERAL PLANT MANAGER	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,	Kobeleen	724 682-7773		09/ 25/ 2016	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments here)		• • • • • •		<u>_</u>	

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Form Approved OMB No. 2040-0004

Page 10

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

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

,

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ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615	
PERMIT NUMBER	

FROM

012A DISCHARGE NUMBER

MONITORING PERIOD									
MM/0	DD/Y	(YY		MM/C	DD/Y	(YY T			
09/	01/	2016	то	09/	30/	2016			

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

No Discharge

PARAMETER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.2	N/A	8.5	SU	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	6 MINIMUM	102000 (1000) 102000 102000	9 MAXIMUM	່ວນ		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0719	0.1100	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.1	mg/L .	0	2 / 30	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD				N/A		Once Per. Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	662	828	mg/L	0	2 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req. Mon. MO AVG	Req: Mon: DAILY MX	mg/L		Twice Per Month	GRAB

	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	1011	TE	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT	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,	Randelagu	724	682-7773	09/ 25/ 2016
	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

DISCHARGE MONITORING REPORT (DMR)												B No. 2040-0004
PERMITTEE N	NAME/ADDRESS (includ	de Facility Name/Location if D)ifferent)									Page 1
NAME: FIRST ENERGY NUCLEAR OPERATING ADDRESS: PA ROUTE 168 SHIPPINGPORT, PA 150770004			-	PA0025615 013A PERMIT NUMBER DISCHARGE NUMBER					DMR MAILING ZIP CODE: MAJOR (SUBR05)		CODE: 15077	70004
FACILITY: LOCATION:	BEAVER VALLEY PO PA ROUTE 168 SHIPPINGPORT, PA							OUTFALL External (
ATTN: RIC	,	ENERAL PLANT MANAGER	FRO	MM/DD/YY	YY	MM/DD/YY 0 09/ 30/					No Dise	charge
	PARAMETER	БАМЕТЕВ		QUANTITY OR LOADING		QUALITY OR CONCENTR/		ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.8	N/A	6.9	SU	0	1 / 7	GRAB
00400 1 0	PERMIT	*****	******	N/A	6	******	9	N. A. Service		Weekly	GRAB
Effluent Gross	REQUIREMENT		南部大王 · V韩	IN/A	MINIMUM	一些"我们都不是吗?"	MAXIMUM	SU		AACOVIA'	
Cyanide, total (as CN)	SAMPLE	N/A	N/A	N/A	N/A	<0.01	<0.01	ma/l	0	2 / 30	24 HR
	MEASUREMENT				IN/A	0.01	~0.01	mg/L		2 / 50	COMP
00720 1 0	PERMIT	4	*****	N/A	*****	Req. Mon.	Req. Mon.	2.9 2.90		Twice Per	COMP24
Effluent Gross	REQUIREMENT			IN/A		MOAVG	DAILY MX	mg/L		Month	20.00WIF 24
	SAMPLE	N/A	N/A	N/A	N/A	0.0325	0.0549		0	2 / 30	24 HR
Copper, total (as Cu)	MEASUREMENT	I INVA	IN/A	IN/A	I IN/A	0.0325	0.0549	mg/L	U	2730	COMP
01042 1 0	PERMIT	5 18 18 *** **	1	N/A	*****	Req. Mon.	Reg. Mon			Twice Per	COMP24
Effluent Gross	REQUIREMENT	这一些 的复数 法 等	医療などの感	N/A		MOAVG	DAILY MX	mg/L		Month	CONT 24
Chlorobenzene	SAMPLE	N/A	N/A	N/A	N/A	<0.005	<0.005		0	2 / 30	24 HR
Chioroberizerie	MEASUREMENT	IN/A	IN/A	IN/A	IN/A	<0.005	NU.005	mg/L	U	2730	COMP
34301 1 0	PERMIT	AN AN A CARLEND AND AN A CARLEND AND AN A CARLEND AND A	2 ******	N/A	*****	Reg. Mon.	Reg. Mon.	3 - 3 Ba	- 1. 20	Twice Per	COMP24
Effluent Gross	REQUIREMENT				a. 觀察導 编码 19-1	MOAVG	DAILY MX	ୁ mg/Lି		Month	CONF 24
Flow, in conduit or thru treatment plant	SAMPLE	0.002	0.002	MGD	N/A	N/A	N/A	N/A	_	2 / 30	EST
in low, in conduct of and treatment plant	MEASUREMENT	0.002	0.002	WGD	N/A	IN/A		IN/A	-		201
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	******	이 가장 방송 손 물건	N/A		CTwice Per	ESTIMA
Effluent Gross	REQUIREMENT	MOAVG	DAILY MX	MGD				2 2 V/A - 2		Month 🔍	

	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 gualified personnel	$\wedge \wedge a$	TEI	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	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 00 10 00 0	724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXEQUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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Form Approved

11

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

FIRST ENERGY NUCLEAR OPERATING
PA ROUTE 168
SHIPPINGPORT, PA 150770004
BEAVER VALLEY POWER STATION
PA ROUTE 168
SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

FROM

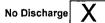
09/ 01/ 2016 **TO**

101A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2016

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



Page 12

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pН	SAMPLE MEASUREMENT										· · · · · · · · · · · · · · · · · · ·
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****** ******* **********************			6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****			30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT				-						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	e tribers	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****			Reg. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon.	MGD	*****	****** *******	******			DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT					Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	D = D/I	TE	EPHONE	DATE
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, irue, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Bolger	- 724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved OMB No. 2040-0004

Page 13

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

.

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025		102A DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168				102 INTAKE SCREEN HOUSE Internal Outfall
	SHIPPINGPORT, PA 150770004		MONITORING	G PERIOD	
ATTN: RIC	HARD D BOLOGNA/GENERAL PLANT MANAGER		0/YYYY 01/ 2016 TO	MM/DD/YYYY 09/ 30/ 2016	No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.9	N/A	· 8.0	SU	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT		*****	N/A	6 MINIMUM	4*************************************	9 MAXIMUM	່ຽບ		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5.5	7	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Twice Per 3	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	· N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon. DAILY MX	MGD	*****			N/A		Twice Per Month	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	Λ Ω Ω	TE	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT	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,	KOBlogn	- 724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	103A DISCHARGE NUMBER	DMR MAIL MAJOR (SUBR05)	ING ZIP CODE: 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			SLUDGE S Internal OL	SETTLING BASIN Itfall
	SHIPPINGPORT, PA 150770004	MONITC MM/DD/YYYY	DRING PERIOD MM/DD/YYYY	、	No Discharge
ATTN: RICH	HARD D BOLOGNA/GENERAL PLANT MANAGER	FROM 09/ 01/ 2016	TO 09/ 30/ 2016		

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.6	N/A	7.8	ຣບ	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 30	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.153	0.288	MGD	N/A	N/A	N/A	N/A	-	27 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req: Mon. DAILY MX	MGD	******			N/A		Twice Per Month	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	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.	K. Dholgen	724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

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

,

•

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	111A DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			111 DIESEL GENERATOR BLDG Internal Outfall
	SHIPPINGPORT, PA 150770004	MONITO	RING PERIOD	
ATTN: RIC	HARD D BOLOGNA/GENERAL PLANT MANAGER	MM/DD/YYYY FROM 09/ 01/ 2016	MM/DD/YYYY TO 09/ 30/ 2016	No Discharge

PARAMETER			QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.2	N/A	7.8	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	6 MINIMUM		9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT			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				ŇA		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 0 1	TE	EPHONE	DATE
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		. 724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

Form Approved OMB No. 2040-0004

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

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

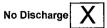
ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615	
PERMIT NUMBER	

113A DISCHARGE NUMBER

	MONITORING PERIOD										
[MM/DD/YYYY				MM/E	DDM	TYY T				
FROM[09/	01/	2016	то [09/	30/	2016				

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) UNIT 2 SEWAGE TMT PLANT Internal Outfall



Page 16

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		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 DAILÝ MX	mg/Ľ		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.043 MO AVG	Req. Mon DAILY MX	MGD				•N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		******			1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	****	******		*****	200 MO GEOMN		#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT					25 MO ÁVG	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	1-20	TEI	LEPHONE	DATE	
Richard D. Bologna, GENERAL PLANT MANAGER	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,	Karalage	724	682-7773	09/ 25/ 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.

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 17

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

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615					
PERMIT NUMBER					

FROM

MM/DD/YYYY

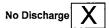
09/ 01/ 2016 TO

203A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2016

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



PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT				6 MINIMUM	******	9 MAXIMÙM	s∪		Twice Per Month	<u>Ĝ</u> RAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT				*****	30 MO AVG	60 DA1LY MX	mg/L		Twice Per	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT							:			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.023 MO AVG	Req. Mon. DAILY MX	MGD	**************************************		*****			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	1 111111111111111111111111111111111111			*****	200 MO GEÓMN	1	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT					25 MO AVG	50 DAILÝ MX	mg/L		Twice Per.	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	13 11	TEI	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kablagen	724	682-7773	09/ 25/ 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.

DISCHARGE MONITORING REPORT (DMR)

211A

DISCHARGE NUMBER

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different) FIRST ENERGY NUCLEAR OPERATING

SHIPPINGPORT, PA 150770004

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

BEAVER VALLEY POWER STATION

PA ROUTE 168

PA ROUTE 168

NAME:

ADDRESS:

FACILITY:

LOCATION:

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		ТЕ	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT	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,	K Malor	724	682-7773	09/ 25/ 2016

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

including the possibility of fine and imprisonment for knowing violations. TYPED OR PRINTED

and complete. I am aware that there are significant penalties for submitting false information,

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

MANAGER

211 TURBINE BLDG Internal Outfall

No Discharge

150770004

NA	TIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)	
	DISCHARGE MONITORING REPORT (DMR)	

PARAMETER		QUANTI	Y OR LOADING QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.2	N/A	8.2	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A		30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A		-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon: MO AVG	Req. Mon. DAILY MX	MGD				N/A		Weekly	ESTIMA

	MONITORING PERIOD										
	MM/E	DD/Y	(YY	MM/E	D/Y	ſΫΥ					
FROM	09/	01/	2016	то	09/	30/	2016				

PA0025615

PERMIT NUMBER

DMR MAILING ZIP CODE	
MAJOR	
(SUBR05)	

MM/DD/YYYY

NUMBER

AREA Code

MONITORING PERIOD

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different) FIRST ENERGY NUCLEAR OPERATING

SHIPPINGPORT, PA 150770004

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

BEAVER VALLEY POWER STATION

PA ROUTE 168

PA ROUTE 168

NAME:

ADDRESS:

FACILITY:

LOCATION:

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

09/ 01/ 2016 **TO**

FROM

213A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2016

DMR MAILING ZIP CODE:	15077000
MAJOR	
(SUBR05)	
UNIT 2 COOL TOWER PUM	PHOUSE
Internal Outfall	



PARAMETER		QUANT	QUANTITY OR LOADING QUALITY OR CONCENTRATION				NO. FREQUENCY EX OF ANALYSIS		SAMPLE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT				6 MINIMUM		9 MAXIMUM	ິຣບ		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT								*, <u>() , () () () () () () () () (</u>	na v station in the second	<u>1. 1</u>
00530 1 0 Effluent Gross	PERMIT					30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******				15 MO AVG	20 DAILY MX	mg/L		Twice Per	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	*****			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT	******	*****		10 1 ***** *	5 MO AVG	1.25 INST MAX	ma/L		Twice Per Month	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	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,	Rotalipa	_ 724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Page 10

Form Approved

OMB No. 2040-0004

09/ 30/ 2016

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

•

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	301A DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			UNIT 2 AUX BOILER BLOWDOWN Internal Outfall
	SHIPPINGPORT, PA 150770004	MONIT	DRING PERIOD	
		MM/DD/YYYY	MM/DD/YYYY	No Discharge

09/ 01/ 2016 **TO**

FROM

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO.FREQUENCYEXOF ANALYSIS		SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 30	GRAB
00530 1 0	PERMIT		*****	NI/A S		30	100	12233		Twice Per	GRAB
Effluent Gross	REQUIREMENT			N/A		MO AVG	DAILY MX	mg/L		Month	GRAD
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0	PERMIT	ARARATA CARACTER	******	NUA	******	15	20			Twice Per	GRAB
Effluent Gross	REQUIREMENT			N/A	and the second second	MOAVG	DAILY MX	mg/L		Month	GRAD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****		*****	N/A		Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MOAVG	DAILY MX	MGD				NWA	1. A. A. A.	VVEEKIY.	EOTINA

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	β β β	TEI	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information,	LO Bolger	- 724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL PREDUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Form Approved OMB No. 2040-0004

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

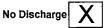
NAME:	FIRST ENERGY NUCLEAR OPERATING
ADDRESS:	PA ROUTE 168
	SHIPPINGPORT, PA 150770004
FACILITY:	BEAVER VALLEY POWER STATION
LOCATION:	PA ROUTE 168
	SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615 PERMIT NUMBER 303A DISCHARGE NUMBER

	MONITORING PERIOD											
	MM/DD/YYYY	MM/DD/YYYY										
FROM	09/ 01/ 2016	TO 09/ 30/ 2016										

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



PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT		******		6 MINIMUM	****** 600	9 MAXIMUM	່ຽບ		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										· · · · · · · · · · · · · · · · · · ·
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD				N/A		Weekiy	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	0 0 0	TEI	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	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,	Kphologan	724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

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

.

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	P	PA0025615 ERMIT NUMBER	D	313A ISCHARGE NUMBER	DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168					313 TURBINE BLDG DRAIN Internal Outfall	
	SHIPPINGPORT, PA 150770004		MONI	TORING	PERIOD		
ATTN: RIC	CHARD D BOLOGNA/GENERAL PLANT MANAGER	FROM	MM/DD/YYYY 09/ 01/ 201	6 то	MM/DD/YYYY 09/ 30/ 2016		No Discharge

PARAMETER					QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.8	N/A	6.9	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	6 MINIMUM		9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4.6	6	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A		30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD				N/A		Weekly	ESTIMA

	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	× 10	TEI	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT	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,	KOplan	724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 23

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

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

09/ 01/ 2016 **TO**

FROM

401A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2016

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	

CHEM.FEED AREA OF AUX BOILERS Internal Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	9.0	N/A	9.1	SU	0	2 / 30	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 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			NĄ		15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD				NA		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
	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,	KDBlage	724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	Including the possibility of fine and Imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUZIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
CONNENTS AND EVELANATION OF ANY VIOLATIONS (Defenses all other	hwanta haw)				-

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 24

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

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

FROM

09/ 01/ 2016 **TO**

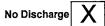
403A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2016

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

Internal Outfall



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT		*****	and the second sec	6 MINIMUM		9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		file and the second	30 MO AVG	100 DAILY MX	mg/L		· Weekly ·	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******				15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT				1997 - 1997 -	Req. Mon MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT					0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****		******* ******************************			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT	*****	******* ******************************			.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	1 10	TEI	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalities for submitting false information,	Kobelsen	724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 25

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004		PA0025615 RMIT NUMBER	DI	403A SCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168					CONDENSATE BLOWDOWN & RIVR WAT Internal Outfall
	SHIPPINGPORT, PA 150770004	Γ	MONITO	RING	PERIOD	
ATTN: RIC	HARD D BOLOGNA/GENERAL PLANT MANAGER	FROM	MM/DD/YYYY 09/ 01/ 2016	то	MM/DD/YYYY 09/ 30/ 2016	No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	12-00	TEL	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information,	Robelegen	_ 724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments here)				

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

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

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 PA ROUTE 168
	SHIPPINGPORT, PA 150770004

,

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615	
PERMIT NUMBER	

MM/DD/YYYY

09/ 01/ 2016 **TO**

FROM

DISCHA

MM/DD/YYYY

09/ 30/ 2016

413A	
RGE NUMBER	

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



Page 26

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT					N/A					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	SU 🚽		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT							_			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon DAILY MX	MGD			******	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	10-00	TEI	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	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,	Kobelogn	724	682-7773	09/ 25/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 27

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

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

-

.

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615	ĺ
PERMIT NUMBER	

MM/DD/YYYY

FROM

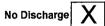
09/ 01/ 2016 **TO**

501A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2016

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



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****			30 MO AVG	100 DAILY MX	mg/L		Weekiy	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	******* 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	******	******			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 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.	0-00	TEI	LEPHONE	DATE	
Richard D. Bologna, GENERAL PLANT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	724	682-7773	09/ 25/ 2016	
TYPED OR PRINTED			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.