

1

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

IE25 NRR

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

U.

# **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

14

r

# ATTACHMENT 2

# Explanation of NODI Codes

| SAMPLE | SAMPLE<br>PARAMETER | DOMI<br>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 <sup>1</sup>                | 216 pounds <sup>3</sup> | 532 pounds <sup>3</sup> | 750 pounds <sup>3</sup> | 480 pounds <sup>3</sup> |
| Outfall 001<br>Concentration              | ND                      | ND                      | ND                      | ND                      |
| Outfall 010<br>Concentration              | N/A <sup>4</sup>        | N/A <sup>4</sup>        | ND                      | ND                      |
| Detox Used <sup>2</sup>                   | 1121 pounds             | 1371 pounds             | 1371 pounds             | 1421 pounds             |
| Outfall 001<br>Concentration <sup>3</sup> | 3.2 mg/L                | 4.2 mg/L                | 3.8 mg/L                | 4.2 mg/L                |
| Outfall 010<br>Concentration <sup>3</sup> | N/A <sup>4</sup>        | N/A <sup>4</sup>        | 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.

1.

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 FORM<sup>1</sup>

| 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<br>Year/ | RING F<br>Month/ |         |         |                |
|                         | PA0025            | 5615   | 2016                   | 09         | 01              | то               | 2016    | 09      | 30             |
|                         |                   |  |                        |            | -               |                  |         |         |                |
| PARAMET                 | ER                | ANALYSIS METHOD  |                        | AB NAME    |                 |                  | LABI    | D NUMBE | R <sup>2</sup> |
| 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 <sup>th</sup> ]   | Beaver V               | alley Powe | r Station       |                  | 04-2742 |         |                |
| рН                      |                   | SM 4500-H+ B [20 <sup>th</sup> ]   | Beaver V               | alley Powe | r Station       |                  | . C     | 4-2742  |                |
| Temperati               | ure               | SM 2550 B [20 <sup>th</sup> ]  | 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 <sup>th</sup> ]  | Beaver V               | alley Powe | r Station       |                  | C       | 4-2742  |                |
| Quaternary A<br>Compoun |                   | Photometric Determination<br>1/2-CHM-ANA-4.23H                                     | Beaver V               | alley Powe | r Station       |                  | C       | 4-2742  |                |
| Bentonite Deto          | oxicant           | Estimated using feed rate<br>and discharge flow rate per<br>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

<sup>1</sup> 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.

<sup>2</sup> 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 FORM<sup>1</sup>

| 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<br>Year/ | RING P<br>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 <sup>2</sup>                                 |  |
| 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<br>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<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>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<br>5<br>5<br>5   | 6        | 8-01120     | and the t                                       |  |
|                         | * 2012 EPA Method Update<br>Rule (MUR) no longer cites<br>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<br>Authorized Agent |
|--|----------------------------|---|
| Richard Bologna<br>General Plant Manager | Date: 10/26/16             | KD Belgen   |

<sup>1</sup> 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.

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

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:<br>ADDRESS: | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |
|-------------------|--|
| FACILITY:         | BEAVER VALLEY POWER STATION  |

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

-

.

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGEF

| PARAMETER                                |                       | QUANT               | TY OR LOADING                 |     |              |                     | ENTRATION             |      | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|--|-----------------------|---------------------|-------------------------------|-----|--------------|---------------------|-----------------------|------|-----------|--------------------------|----------------|
|  |                       | VALUE               | VALUE VALUE UNITS VALUE VALUE |     | VALUE        | VALUE UNITS         |                       |      |           |                          |                |
| pH                                       | SAMPLE<br>MEASUREMENT | N/A                 | N/A                           | N/A | 7.8          | N/A                 | 8.5                   | SU   | 0         | 1 / 7                    | GRAB           |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******              | *****                         | N/A | 6<br>MINIMUM | ******              | 9<br>MAXIMUM          | SU   |           | Weekly                   | ĠRAB           |
| Nitrogen, ammonia total (as N)           | SAMPLE<br>MEASUREMENT | N/A                 | N/A                           | N/A | N/A          | GG                  | GG                    | mg/L | 0         | GG / GG                  | GRAB           |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     | ******                        | N/A | *****        | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | mg/L |           | Weekly                   | GRAB           |
| CLAMTROL CT-1, TOTAL WATER               | SAMPLE<br>MEASUREMENT | N/A                 | N/A                           | N/A | N/A          | <0.034              | <0.034                | mg/L | 0         | DIS / C                  | 24 HR<br>COMP  |
| 04251 1 0<br>Effluent Gross              | PERMIT                | *******             | ******                        | N/A | ******       | 0<br>MO AVG         | 0<br>DAILY MX         | mg/L |           | When<br>Discharging      | COMP24         |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | 41.2                | 49.6                          | MGD | N/A          | N/A                 | N/A                   | N/A  | -         | DAILY                    | CONT           |
| 50050 1 0<br>Effluent Gross              | PERMIT                | Reg. Mon.<br>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<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******              | ******                        | N/A | *****        | .5<br>AVERAGE       | 1.25<br>MAXIMUM       | mg/L |           | Weekly                   | GRAB           |
| Chlorine, free available                 | SAMPLE<br>MEASUREMENT | N/A                 | N/A                           | N/A | N/A          | <0.05               | 0.2                   | mg/L | 0         | Continuous               | RCORDR         |
| 50064 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******              |                               | N/A | *****        | 2<br>AVERAGE        | .5<br>MAXIMUM         | mg/L |           | Continuous               | RCORDR         |
| Hydrazine                                | SAMPLE<br>MEASUREMENT | N/A                 | N/A                           | N/A | N/A          | GG                  | GG                    | mg/L | 0         | GG / GG                  | GRAB           |
| 81313 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******              | ******                        | N/Å | *****        | 0<br>MÖ AVG         | 0.<br>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<br>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<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and bellef, true, accurate,<br>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<br>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

4

Form Approved OMB No. 2040-0004

Page 2

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

٩

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

| PARAMETER                                |                       | QUANTI              | TY OR LOADING         |       | QUALITY OR CONCENTRATION |       |        | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |         |
|--|-----------------------|---------------------|-----------------------|-------|--------------------------|-------|--------|-----------|--------------------------|----------------|---------|
|  |                       | VALUE               | VALUE                 | UNITS | VALUE                    | VALUE | VALUE  | UNITS     |                          |                |         |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | 0.006               | 0.046                 | MGD   | N/A                      | N/A   | N/A    | N/A       | -                        | 1 / 7          | EST     |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req: Mon.<br>MO AVG | Req. Mon.<br>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<br>direction or supervision in accordance with a system designed to assure that qualified personnel  | An PM   | <u> </u>  |          | DATE         |
|--|---|---|-----------|----------|--------------|
| Richard D. Bologna, GENERAL PLANT<br>MANAGER | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>AUTHORIZED AGENT | AREA Code | NUMBER   | MM/DD/YYYY   |

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

Form Approved OMB No. 2040-0004

Page 3

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

,

•

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

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

|  |  | $\Lambda$   |           |          |              |
|--|--|---|-----------|----------|--------------|
| 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<br>MANAGER       | direction or supervision in accordance with a system designed to assure that qualified personnel<br>property gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>and complete. I am aware that there are significant penalities for submitting false information,<br>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<br>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

то

Form Approved OMB No. 2040-0004

Page 4

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

| NAME:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |
|------------------------|--|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004    |

,

•

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<br>(SUBR05)                        |           |
| JNIT ONE COOLG TOWER<br>External Outfall | OVERFLOW  |

No Discharge

| PARAMETER                                |                       | QUANTI              | QUANTITY OR LOADING   |       | QUALITY OR CONCENTRATION |                |                  |        | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|--|-----------------------|---------------------|-----------------------|-------|--------------------------|----------------|------------------|--------|-----------|--------------------------|----------------|
|  |                       | VALUE               | VALUE                 | UNITS | VALUE                    | VALUE          | VALUE            | UNITS  |           |                          |                |
| рН                                       | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A   | 7.7                      | N/A            | 8.3              | рН     | 0         | 1 / 7                    | GRAB           |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               |                       | N/A   | 6<br>MINIMUM             |                | 9<br>MAXIMUM     | Śυ     |           | Weekly                   | GRAB           |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | 6.16                | 7.71                  | MGD   | N/A                      | N/A            | N/A              | N/A    | -         | 1 / 7                    | MEAS           |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD.  |                          | *****          | ******           | N/A    |           | Weekly                   | MEASRD         |
| Chiorine, total residual                 | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A   | N/A                      | <0.06          | 0.09             | mg/L   | 0         | 1 / 7                    | GRAB           |
| 50060 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******              |                       | N/A   | ******                   | .5<br>MO AVG   | 1.25<br>INST MAX | mg/L   |           | Weekly                   | GRAB           |
| Chlorine, free available                 | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A   | N/A                      | <0.05          | 0.08             | mg/L   | 0         | 1 / 7                    | GRAB           |
| 50064 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               |                       | N/A   | *****                    | .2.<br>AVERAGE | .5<br>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<br>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<br>MANAGER | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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)

.

.

.

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

| PARAMETER                                |                       | QUANTI              | TY OR LOADING         |       |       | QUALITY OR CONC | ENTRATION |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|--|-----------------------|---------------------|-----------------------|-------|-------|-----------------|-----------|-------|-----------|--------------------------|----------------|
|  |                       | VALUE               | VALUE                 | UNITS | VALUE | VALUE           | VALUE     | UNITS |           |                          |                |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | 0.002               | 0.016                 | MGD   | N/A   | N/A             | N/A       | N/A   | -         | 1 / 7                    | EST            |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>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<br>direction or supervision in accordance with a system designed to assure that qualified personnel  | 0~00  | TEL       | EPHONE   | DATE         |  |
|--|---|---|-----------|----------|--------------|--|
| Richard D. Bologna, GENERAL PLANT<br>MANAGER                 | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |
|------------------------|--|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004    |

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615 PERMIT NUMBER

MM/DD/YYYY

09/ 01/ 2016 **TO** 

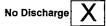
FROM

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 <b>****</b> ** |       | t nijeli a <b>44444</b> (1997)<br>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<br>direction or supervision in accordance with a system designed to assure that qualified personnel  | 1 00  | TEI       | EPHONE   | DATE         |
|--|---|---|-----------|----------|--------------|
| Richard D. Bologna, GENERAL PLANT<br>MANAGER   | property gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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)

.

.

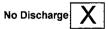
| NAME:<br>ADDRESS: | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168 | PA0025615     |
|-------------------|--|---------------|
|                   | SHIPPINGPORT, PA 150770004                     | PERMIT NUMBER |
| FACILITY:         | BEAVER VALLEY POWER STATION                    |               |
| 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:<br>MAJOR<br>(SUBR05) | 150770004 |
|--|-----------|
| UNIT 1 COOLING TOWER F<br>External Outfall | PUMPHOUSE |



| PARAMETER                                |                       | QUANTI              | LIY DREEDADING I DOALLY DREEDNERNIRATION ( |               |                 | NO.<br>EX     | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE  |   |                    |        |
|--|-----------------------|---------------------|--|---------------|-----------------|---------------|--------------------------|-----------------|---|--------------------|--------|
|  |                       | VALUE               | VALUE                                      | UNITS         | VALUE           | VALUE         | VALUE                    | UNITS           | ] |                    |        |
| рН                                       | SAMPLE<br>MEASUREMENT |                     |  |               |                 |               |                          |                 |   |                    |        |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******              | - <b>******</b>                            |               | 6<br>MINIMUM    | ******        | 9<br>MAXIMUM             | SU -            |   | Twice Per<br>Month | GRAB   |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT |                     |  | 2 NO 10 10 10 | WINIMOW         |               |                          | <u>- 50 - :</u> |   |                    |        |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******              |  | a stranger av |                 | 30<br>MO AVG  | 100<br>DAILY MX          | mg/L            |   | Twice Per<br>Month | GRAB   |
| Oil & grease                             | SAMPLE<br>MEASUREMENT |                     |  |               |                 |               |                          |                 |   |                    |        |
| 00556 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     | ******                                     |               | ******<br>***** | 15.<br>MO AVG | 20<br>DAILY MX           | mg/L            |   | Twice Per<br>Month | GRAB   |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT |                     |  |               |                 |               |                          |                 |   |                    |        |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>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<br>direction or supervision in accordance with a system designed to assure that gualified personnel  | 0000  | TE        | EPHONE   | DATE         |  |
|--|---|---|-----------|----------|--------------|--|
| Richard D. Bologna, GENERAL PLANT<br>MANAGER | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |
|------------------------|--|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>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.<br>EX        | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |                     |               |
|--|-----------------------|--------------------|-----------------------|--------------------------|--------------|--------------|------------------|--------------------------|----------------|---------------------|---------------|
|  |                       | VALUE              | VALUE                 | UNITS                    | VALUE        | VALUE        | VALUE            | UNITS                    |                |                     |               |
| рН                                       | SAMPLE<br>MEASUREMENT | N/A                | N/A                   | N/A                      | 7.9          | N/A          | 8.4              | SU                       | 0              | 1 / 7               | GRAB          |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | <b>★★★★★★</b><br>  | ******                | N/A                      | 6<br>MINIMUM | *****        | 9<br>MAXIMUM     | SU                       |                | Weekly              | GRAB          |
| CLAMTROL CT-1, TOTAL WATER               | SAMPLE<br>MEASUREMENT | N/A                | N/A                   | N/A                      | N/A          | <0.034       | <0.034           | mg/L                     | 0              | DIC / C             | 24 HR<br>COMP |
| 04251 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                    |                       | Ń/A                      |              | 0<br>MO AVG  | 0<br>INST MAX    | mg/L                     |                | When<br>Discharging | COMP24        |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | 4.5                | 5.8                   | MGD                      | N/A          | N/A          | N/A              | N/A                      | <u> </u>       | 1 / 7               | MEAS          |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD                      | ****         | *****        | ·····*           | N/A                      |                | Weekly              | MEASRD        |
| Chlorine, total residual                 | SAMPLE<br>MEASUREMENT | N/A                | N/A                   | N/A                      | N/A          | <0.03        | 0.08             | mg/L                     | 0              | 1 / 7               | GRAB          |
| 50060 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****              | 1                     |                          | *****        | 5<br>MO AVG  | 1.25<br>INST MAX |                          |                | Weekly              | GRAB          |
| Chlorine, free available                 | SAMPLE<br>MEASUREMENT | N/A                | N/A                   | N/A                      | N/A          | <0.03        | 0.1              | mg/L                     | 0              | 1 / 7               | GRAB          |
| 50064 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                    | ******                | N/A                      | *****        | 2<br>AVERAGE | .5<br>MAXIMUM    | ∽mg/L                    |                | Weekly              | GRAB          |

|                  | I certify under penalty of law that this document and all attachments were prepared under my<br>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<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>AUTHORIZED AGENT   | AREA Code | NUMBER   | MM/DD/YYYY   |

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

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

Form Approved OMB No. 2040-0004

Page 9

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

.

•

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

| PARAMETER                                |                       | QUANTI    | TY OR LOADING |   | C     | QUALITY OR CONC | ENTRATION |             | NO.<br>EX  | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|--|-----------------------|-----------|---------------|---|-------|-----------------|-----------|-------------|------------|--------------------------|----------------|
| FARAMETER                                |                       | VALUE     | VALUE         | UNITS   | VALUE | VALUE           | VALUE     | UNITS       |            |                          |                |
| Flow, in conduit or thru treatment plant | SAMPLE<br>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<br>direction or supervision in accordance with a system designed to assure that qualified personnel   | 20:00   | TEL       | EPHONE   | DATE         |
|---|--|---|-----------|----------|--------------|
| Richard D. Bologna, GENERAL PLANT<br>MANAGER                                | roperly gather and evaluate the information submitted. Based on my inquiry of the person or<br>ersons who manage the system, or those persons directly responsible for gathering the<br>normation, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |
|------------------------|--|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>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

| <b>DMR MAILING ZIP CODE:</b><br>MAJOR | 150770004 |
|---------------------------------------|-----------|
| (SUBR05)                              |           |
| BLOWDOWN FROM THE H                   | VAC UNIT  |
| External Outfall                      |           |

No Discharge

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

|  | I certify under penalty of law that this document and all attachments were prepared under my<br>direction or supervision in accordance with a system designed to assure that qualified personnel  | 1011  | TE        | LEPHONE  | DATE         |
|--|---|---|-----------|----------|--------------|
| Richard D. Bologna, GENERAL PLANT<br>MANAGER | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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:<br>ADDRESS:           | FIRST ENERGY NUC<br>PA ROUTE 168<br>SHIPPINGPORT, PA |                       |  | PA0025615              | ER    | 013A<br>DISCHARGE NU                 | MBER                |                       | <b>DMR MA</b><br>MAJOR<br>(SUBR05 | iLING ZIP | CODE: 15077              | '0004         |
|-----------------------------|--|-----------------------|--|------------------------|-------|--------------------------------------|---------------------|-----------------------|-----------------------------------|-----------|--------------------------|---------------|
| FACILITY:<br>LOCATION:      | BEAVER VALLEY PO<br>PA ROUTE 168                     |                       |  |                        |       |                                      |                     |                       | OUTFAL                            |           |                          |               |
| ATTN: RIC                   | Shippingport, pa                                     |                       | Er <b>fr</b>                           | MM/DD/YY<br>OM 09/ 01/ | ŶŶŶ   | ING PERIOD<br>MM/DD/YY<br>TO 09/ 30/ | <b>7YY</b><br>2016  |                       |                                   |           | No Dise                  | :harge        |
|                             |  |                       | QUANT                                  | TY OR LOADING          |       | ]                                    | QUALITY OR CONC     |                       |                                   | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE        |
|                             | PARAMETER  |                       | VALUE                                  | VALUE                  | UNITS | VALUE                                | VALUE               | VALUE                 | UNITS                             | 1         |                          |               |
| pН                          |  | SAMPLE<br>MEASUREMENT | N/A                                    | N/A                    | N/A   | 6.8                                  | N/A                 | 6.9                   | SU                                | 0         | 1 / 7                    | GRAB          |
| 00400 1 0<br>Effluent Gross | 3  | PERMIT<br>REQUIREMENT | 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. |                        | N/A   | 6<br>MINIMUM                         | *****               | 9<br>MAXIMUM          | SU                                |           | Weekly                   | GRAB          |
| Cyanide, total              | (as CN)  | SAMPLE<br>MEASUREMENT | N/A                                    | N/A                    | N/A   | N/A                                  | <0.01               | <0.01                 | mg/L                              | 0         | 2 / 30                   | 24 HR<br>COMP |
| 00720 1 0<br>Effluent Gross | 5  | PERMIT                | ******                                 | ******                 | N/A   | ******                               | Req. Mon.<br>MO AVG | Req. Mon.<br>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<br>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<br>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

Page 12

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

| NAME:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |
|------------------------|--|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>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<br>Internal Outfall | EATMENT   |



| PARAMETER                                |                       | QUANTITY OR LOADING |                       |       | QUALITY OR CONCENTRATION  |                      |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |  |
|--|-----------------------|---------------------|-----------------------|-------|---------------------------|----------------------|-----------------------|-------|-----------|--------------------------|----------------|--|
|  |                       | VALUE               | VALUE                 | UNITS | VALUE                     | VALUE                | VALUE                 | UNITS |           |                          |                |  |
| рН                                       | SAMPLE<br>MEASUREMENT |                     |                       |       |                           |                      |                       |       |           |                          |                |  |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               |                       |       | 6<br>MINIMUM              | *****                | 9<br>MAXIMUM          | SU    |           | Weekly                   | GRAB           |  |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT |                     |                       |       |                           |                      |                       |       |           |                          |                |  |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     |                       |       |                           | 30<br>MØ AVG         | 100<br>DAILY MX       | mg/L  |           | Weekly                   | COMP-2         |  |
| Oil & grease                             | SAMPLE<br>MEASUREMENT |                     |                       |       |                           |                      |                       |       |           |                          |                |  |
| 00556 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     | *****                 |       | 388 4 9 32 3 <b>*****</b> | 15<br>MO AVG         | 20<br>DAILY MX        | mg/L  |           | Weekly                   | GRAB           |  |
| Nitrogen, ammonia total (as N)           | SAMPLE<br>MEASUREMENT |                     |                       |       |                           |                      |                       |       |           |                          |                |  |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     | *****                 |       | ******                    | Req. Mon:<br>MO AVG  | Req. Mon.<br>DAILY MX | mg/L  |           | Weekly                   | GRAB           |  |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT |                     |                       |       | <u> </u>                  |                      |                       |       |           |                          |                |  |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | *****                     | *******<br>******    | *****                 |       |           | DAILY                    | CONTIN         |  |
| Hydrazine                                | SAMPLE<br>MEASUREMENT |                     |                       |       | <u></u>                   |                      | <u></u>               |       |           |                          |                |  |
| 81313 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | *****                 |       |                           | Req. Mon.<br>.MO AVG | Req. Mon.<br>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<br>– 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<br>MANAGER | property gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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

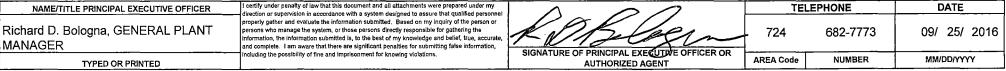
#### PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

| NAME:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 | PA0025615 102A PERMIT NUMBER DISCHARGE NUMBER | DMR MAILING ZIP CODE: 150770004<br>MAJOR<br>(SUBR05) |
|------------------------|--|---|--|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168                                  |   | 102 INTAKE SCREEN HOUSE<br>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<br>OF ANALYSIS | SAMPLE |
|--|--|---------------------|-----------------------|-------|--------------|--------------------------|-----------------|-------|---|--------------------------|--------|
|  | <ul> <li>Margaret</li> <li>Margaret</li> </ul> | VALUE               | VALUE                 | UNITS | VALUE        | VALUE                    | VALUE           | UNITS |   |                          |        |
| pH                                       | SAMPLE<br>MEASUREMENT                          | N/A                 | N/A                   | N/A   | 7.9          | N/A                      | 8.0             | SU    | 0 | 2 / 30                   | GRAB   |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT                          | ******              | ******                | N/A   | 6<br>MINIMUM | 178488<br>               | 9<br>MAXIMUM    | SU    |   | Twice Per<br>Month       | GRAB   |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT                          | N/A                 | N/A                   | N/A   | N/A          | <5.5                     | 7               | mg/L  | 0 | 2 / 30                   | GRAB   |
| 00530 1 0<br>Effluent Gross              | PERMIT   |                     |                       | N/A   |              | 30<br>MO AVG             | 100<br>DAILY MX | mg/L  |   | Twice Per<br>Month       | GRAB   |
| Oil & grease                             | SAMPLE<br>MEASUREMENT                          | N/A                 | N/A                   | N/A   | N/A          | <5                       | <5              | mg/L  | 0 | 2 / 30                   | GRAB   |
| 00556 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT                          |                     | *****                 | N/A   |              | 15<br>MO AVG             | 20<br>DAILY MX  | mg/L  |   | Twice Per<br>Month       | GRAB   |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT                          | <0.001              | <0.001                | MGD   | · N/A        | N/A                      | N/A             | N/A   | - | 2 / 30                   | EST    |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT                          | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | ******<br>1  | ******<br>7              | *****           | N/A   |   | Twice Per<br>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.

Page 13

Form Approved OMB No. 2040-0004

Page 14

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

.

•

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

| PARAMETER                                |                       | QUANTI    | QUANTITY OR LOADING   |       |         | QUALITY OR CONCENTRATION |          |  |  | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|--|-----------------------|-----------|---|-------|---------|--------------------------|----------|--|--|--------------------------|----------------|
|  |                       | VALUE     | VALUE   | UNITS | VALUE   | VALUE                    | VALUE    | UNITS                                      |  |                          |                |
| рН                                       | SAMPLE<br>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<br>MEASUREMENT | N/A       | N/A   | N/A   | N/A     | <4                       | <4       | mg/L                                       | 0  | 2 / 30                   | 24 HR<br>COMP  |
| 00530 1 0                                | PERMIT                | *****     | *****   | NUA S | *****   | 30                       | 100      | $(1,2) \in \mathcal{T}^{-1}_{\mathcal{T}}$ | د اور ورز او د<br>د اور ورز او د         | Twice Per 🔅              | COMP24         |
| Effluent Gross                           | REQUIREMENT           |           | 1860 - 1970 - 1970<br>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<br>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<br>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<br>MANAGER | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>AUTHORIZED AGENT | AREA Code | NUMBER   | MM/DD/YYYY   |

.

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

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

MONITORING PERIOD

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.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|--|-----------------------|--|-----------------------|------------|--------------------------|--------------|-----------------|--------|-----------|--------------------------|----------------|
|  |                       | VALUE                                  | VALUE                 | UNITS      | VALUE                    | VALUE        | VALUE           | UNITS  |           |                          |                |
| рН                                       | SAMPLE<br>MEASUREMENT | N/A                                    | N/A                   | N/A        | 7.2                      | N/A          | 7.8             | S∪     | 0         | 1 / 7                    | GRAB           |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |  | *****                 | > N/A      | 6<br>MINIMUM             | ******       | 9<br>MAXIMUM    | SU     |           | Weekly                   | GRAB           |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT | N/A                                    | N/A                   | N/A        | N/A                      | <4           | <4              | mg/L   | 0         | 1 / 7                    | GRAB           |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ************************************** |                       | N/A        | ******                   | 30<br>MO AVG | 100<br>DAILY MX | mg/L   |           | Weekly                   | GRAB           |
| Oil & grease                             | SAMPLE<br>MEASUREMENT | N/A                                    | N/A                   | N/A        | N/A                      | <5           | <5              | mg/L   | 0         | 1 / 7                    | GRAB           |
| 00556 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |  | ******                | <b>N/A</b> | *****                    | 15<br>MO AVĞ | 20<br>DAILY MX  | ⊂ mg/L |           | Weekly                   | GRAB           |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | 0.002                                  | 0.002                 | MGD        | N/A                      | N/A          | N/A             | N/A    | -         | 1 / 7                    | EST            |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG                    | Req. Mon.<br>DAILY MX | MGD.       | *****                    |              | ******          | N/A    |           | Weekly                   | ESTIMA         |

|                                   | I certify under penalty of law that this document and all attachments were prepared under my<br>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<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate<br>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<br>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:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |
|------------------------|--|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>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<br>Internal Outfall | IT        |



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

|                  | I certify under penalty of law that this document and all attachments were prepared under my<br>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<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |
|------------------------|--|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>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.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|--|-----------------------|---------------------|---------------------------------------|-------|--------------------------|-----------------|-----------------|---------|-----------|--------------------------|----------------|
| FARAIVETER                               |                       | VALUE               | VALUE                                 | UNITS | VALUE                    | VALUE           | VALUE           | UNITS   | ]         |                          |                |
| pH                                       | SAMPLE<br>MEASUREMENT |                     | · · · · · · · · · · · · · · · · · · · |       |                          |                 |                 |         |           |                          |                |
| 00400 1 0<br>Effluent Gross              | PERMIT                | *****               | *****                                 |       | 6<br>MINIMUM             | ******          | 9<br>MAXIMUM    | ີຮັບ    |           | C. Twice Per<br>Month    | GRAB           |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT |                     |                                       |       |                          | ,               |                 |         |           |                          |                |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     | ******                                |       | *****                    | 30<br>MO'AVG    | 60<br>DAILY MX  | ing/L   |           | Twice Per<br>Month       | COMP-8         |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT |                     |                                       |       |                          |                 |                 |         |           |                          |                |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ,023<br>MO AVG      | Req. Mon<br>DAILY MX                  | MĠD   | ******<br>General        |                 |                 |         |           | Weekly                   | MEASRD         |
| Chlorine, total residual                 | SAMPLE<br>MEASUREMENT |                     |                                       |       |                          |                 |                 |         |           |                          |                |
| 50060 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               |                                       |       | *****                    | 1.4<br>MO AVG   | 3:3<br>INST MAX | mg/L    |           | Twice Per<br>Month       | GRAB           |
| Coliform, fecal general                  | SAMPLE<br>MEASUREMENT |                     |                                       |       |                          |                 |                 |         |           |                          |                |
| 74055 1 1<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     | *****                                 |       | ******                   | 200<br>MO GEOMN |                 | #/100mL |           | Twice Per<br>Month       | GRAB           |
| BOD, carbonaceous, 05 day 20 C           | SAMPLE<br>MEASUREMENT |                     |                                       |       |                          |                 |                 |         |           |                          |                |
| 80082 1 0<br>Effluent Gross              | PERMIT                | *******<br>*******  | *****                                 |       | ****                     | 25<br>MO AVG    | 50<br>DAILY MX  | mg/L    |           | Twice Per<br>Month       | COMP-8         |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER       | I certify under penalty of law that this document and all attachments were prepared under my<br>direction or supervision in accordance with a system designed to assure that qualified personnel  | $\Delta$ $\alpha$   | TEL       | EPHONE   | DATE         |
|--|---|---|-----------|----------|--------------|
| Richard D. Bologna, GENERAL PLANT<br>MANAGER | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>AUTHORIZED AGENT | AREA Code | NUMBER   | MM/DD/YYYY   |
|  |   |   |           |          |              |

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

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

Form Approved OMB No. 2040-0004

Page 18

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

.

•

| NAME:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 | PA0025615<br>PERMIT NUMBER | 211A<br>DISCHARGE NUMBER |  |
|------------------------|--|----------------------------|--------------------------|--|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>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<br>OF ANALYSIS | SAMPLE<br>TYPE |
|--|-----------------------|--|-----------------------|------------|--------------|--------------------------|-----------------|---------|---|--------------------------|----------------|
|  |                       | VALUE                                  | VALUE                 | UNITS      | VALUE        | VALUE                    | VALUE           | UNITS   |   |                          |                |
| рН                                       | SAMPLE<br>MEASUREMENT | N/A                                    | N/A                   | N/A        | 7.2          | N/A                      | 8.2             | SU      | 0 | 1 / 7                    | GRAB           |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ************************************** | *****                 | <b>Ń/A</b> | 6<br>MINIMUM | ******                   | 9<br>MAXIMUM    | SU      |   | Weekly                   | GRAB           |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT | N/A                                    | N/A                   | N/A        | N/A          | <4                       | <4              | mg/L    | 0 | 1 / 7                    | GRAB           |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****                                  | *****                 | N/A        | *****        | 30<br>MO AVG             | 100<br>DAILY MX | nig/L.C |   | Weekly                   | GRAB           |
| Oil & grease                             | SAMPLE<br>MEASUREMENT | N/A                                    | N/A                   | N/A        | N/A          | <5                       | <5              | mg/L    | 0 | 1 / 7                    | GRAB           |
| 00556 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |  |                       | N/A        |              | 15<br>MO AVG             | 20<br>DAILY MX  | mg/L    |   | Weekly                   | GRAB           |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | 0.002                                  | 0.002                 | MGD        | N/A          | N/A                      | N/A             |         | - | 1 / 7                    | EST            |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG                    | Req. Mon.<br>DAILY MX | MGD        |              |                          | ******          | N/A     |   | Weekly                   | ÊSTIMA         |

|   |                   | LEPHONE  | DATE         |
|---|-------------------|----------|--------------|
| direction or supervision in accordance with a system designed to assure that qualified personnel<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |
|------------------------|--|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004    |

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

| PA0025615     |  |
|---------------|--|
| PERMIT NUMBER |  |

MM/DD/YYYY

09/ 01/ 2016 **TO** 

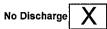
FROM

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<br>TYPE |
|--|-----------------------|---------------------|-----------------------|-------|---|--------------------------|------------------|-------|----|--------------------|----------------|
|  |                       | VALUE               | VALUE                 | UNITS | VALUE                                     | VALUE                    | VALUE            | UNITS |    |                    |                |
| рН                                       | SAMPLE<br>MEASUREMENT |                     |                       |       |   |                          |                  |       |    |                    |                |
| 00400 1 0<br>Effluent Gross              | PERMIT                |                     | ******                |       | 6<br>MINIMUM                              | *****                    | 9<br>MAXIMUM     | ຣບ    |    | Twice Per<br>Month | GRAB           |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT |                     |                       |       |   |                          |                  |       |    |                    |                |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     |                       |       | ******                                    | 30<br>MO AVG             | 100<br>DAILY MX  | mg/L  |    | Twice Per<br>Month | GRAB           |
| Oil & grease                             | SAMPLE<br>MEASUREMENT |                     |                       |       | * · · · · · · · · · · · · · · · ·         |                          |                  |       |    |                    |                |
| 00556 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******              | ******                |       |   | 15<br>MO AVG             | 20<br>DAILY MX   | mg/L  |    | Twice Per<br>Month | GRAB           |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT |                     |                       |       |   |                          |                  |       |    |                    |                |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req: Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | *******<br>****************************** |                          | *****            |       | ない | Weekly             | ESTIMA         |
| Chlorine, total residual                 | SAMPLE<br>MEASUREMENT |                     |                       |       |   | ,                        |                  |       |    |                    |                |
| 50060 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ******                |       | ******                                    | 5<br>MO AVG              | 1.25<br>INST MAX | mg/L  |    | Twice Per<br>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<br>MANAGER                    | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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

Page 20

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

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

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

|                                   | I certify under penalty of law that this document and all attachments were prepared under my<br>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<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, frue, accurate,<br>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<br>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:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |
|------------------------|--|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004    |

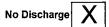
,

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<br>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<br>REQUIREMENT |                     |  |               | 6<br>MINIMUM             |                          | 9<br>MAXIMUM                          | ່ຮບ   |                    | Weekly                                 | GRAB           |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT |                     |  |               |                          |                          |                                       |       |                    |  |                |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     | *****                                  |               |                          | 30<br>MÕ AVG             | 100<br>DAILY MX                       | ≪mg/L |                    | Weekly                                 | .GRAB          |
| Oil & grease                             | SAMPLE<br>MEASUREMENT |                     | ······································ |               |                          |                          |                                       |       |                    |  |                |
| 00556 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     | *****                                  |               | ******<br>*****          | 15<br>MO AVG             | 20<br>DAILY MX                        | mg/L  |                    | Weekly                                 | GRAB           |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT |                     |  |               |                          |                          |                                       |       |                    |  |                |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX                  | MGD           |                          |                          |                                       | N/A   |                    | Weekly                                 | ESTIMA         |

|  | I certify under penalty of law that this document and all attachments were prepared under my<br>direction or supervision in accordance with a system designed to assure that qualified personnel  | $\rho$ $\rho$ $\gamma$  | TEI       | EPHONE   | DATE         |
|--|---|---|-----------|----------|--------------|
| Richard D. Bologna, GENERAL PLANT<br>MANAGER | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 | PA0025615<br>PERMIT NUMBER |
|------------------------|--|----------------------------|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004    | MÓNI<br>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<br>Internal Outfall |           |

No Discharge

| PARAMETER                                |                       | QUANTI              | QUANTITY OR LOADING   |       |              | QUALITY OR CONCENTRATION |                 |       |   | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|--|-----------------------|---------------------|-----------------------|-------|--------------|--------------------------|-----------------|-------|---|--------------------------|----------------|
|  |                       | VALUE               | VALUE                 | UNITS | VALUE        | VALUE                    | VALUE           | UNITS |   |                          |                |
| рН                                       | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A   | 6.8          | N/A                      | 6.9             | SU    | 0 | 1 / 7                    | GRAB           |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     | *****                 | N/A   | 6<br>MINIMUM | *****                    | 9<br>MAXIMUM    | SU    |   | Weekly                   | GRAB           |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A   | N/A          | <4.6                     | 6               | mg/L  | 0 | 1 / 7                    | GRAB           |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     | *****                 | N/A   |              | 30<br>MO AVG             | 100<br>DAILY MX | mg/L  |   | Weekly                   | GRAB.          |
| Oil & grease                             | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A   | N/A          | <5                       | <5              | mg/L  | 0 | 1 / 7                    | GRAB           |
| 00556 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     | ******                | N/A   | ******       | 15<br>MO AVG             | 20<br>DAILY MX  | mg/L  |   | Weekly                   | GRĂB           |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | 0.002               | 0.002                 | MGD   | N/A          | N/A                      | N/A             | N/A   | - | 1 / 7                    | EST            |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO ÁVG | Req. Mon.<br>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<br>MANAGER | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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

Page 23

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

,

.

| NAME:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 | P    | PA0025615<br>ERMIT NUMBER | DI    | 401A<br>SCHARGE NUMBER | <b>DMR MAILING ZIP CODE:</b><br>MAJOR<br>(SUBR05) | 150770004    |
|------------------------|--|------|---------------------------|-------|------------------------|---|--------------|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168                                  |      |                           |       |                        | CHEM.FEED AREA OF AUX<br>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<br>OF ANALYSIS | SAMPLE<br>TYPE |
|--|-----------------------|---------------------|-----------------------|-------|---------------|---|----------------------|-------|---|--------------------------|----------------|
|  |                       | VALUE               | VALUE                 | UNITS | VALUE         | VALUE                                     | VALUE                | UNITS |   |                          |                |
| рН                                       | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A   | 9.0           | N/A                                       | 9.1                  | SU    | 0 | 2 / 30                   | GRAB           |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******              | *****                 | N/A   | 6<br>MINIMUM  | ******                                    | Req. Mon.<br>MAXIMUM | ຮັບ   |   | Twice Per                | GRAB           |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A   | N/A           | <4  | <4                   | mg/L  | 0 | 2 / 30                   | GRAB           |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               |                       | N/A   | <b>******</b> | 30<br>MO AVG                              | 100<br>DAILY MX      | mg/L  |   | Twice Per<br>Month       | GRAB           |
| Oil & grease                             | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A   | N/A           | <5  | <5                   | mg/L  | 0 | 2 / 30                   | GRAB           |
| 00556 1 0<br>Effluent Gross              | PERMIT                |                     |                       | N/A   |               | 15<br>MO AVG                              | 20<br>DAILY MX       | mg/L  |   | Twice Per<br>Month       | GRAB           |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | <0.001              | <0.001                | MGD   | N/A           | N/A                                       | N/A                  | N/A   | - | 1 / 7                    | EST            |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | ******        | *******<br>****************************** | ******               | NA    |   | Weekly                   | ESTIMA         |

|                                   | I certify under penalty of law that this document and all attachments were prepared under my<br>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<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |
|------------------------|--|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>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.<br>EX          | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |  |                     |        |
|--|-----------------------|---------------------|----------------------------|-------|---|--------------------|--------------------------|----------------|--|---------------------|--------|
|  |                       | VALUE               | VALUE                      | UNITS | VALUE   | VALUE              | VALUE                    | UNITS          |  |                     |        |
| рН                                       | SAMPLE<br>MEASUREMENT |                     |                            |       |   |                    |                          |                |  |                     |        |
| 00400 1 0<br>Effluent Gross              | PERMIT                |                     | *****                      |       | 6<br>MINIMUM  |                    | 9<br>MAXIMUM             | SU             |  | Weekly              | GRAB   |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT |                     | <u>,</u>                   |       | <u>ili - ye kili - e tang - na ana an</u> fan an                                |                    |                          |                |  |                     |        |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******              |                            |       | ******  | 30<br>MO AVG       | 100<br>DAILY MX          | mg/L           |  | Weekly              | GRAB   |
| Oil & grease                             | SAMPLE<br>MEASUREMENT |                     |                            |       |   |                    |                          |                |  |                     |        |
| 00556 1 0<br>Effluent Gross              | PERMIT                |                     |                            |       | ******  | 15<br>MO AVG       | 20<br>DAILY MX           | mg/L           |  | Weekly              | GRAB   |
| Nitrogen, ammonia total (as N)           | SAMPLE<br>MEASUREMENT |                     |                            |       |   |                    |                          |                |  |                     |        |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     |                            |       | ()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>()<br>( | Req. Mon<br>MO AVG | Req. Mon.<br>DAILY MX    | ≪<br>mg/L      |  | Weekly              | GRAB   |
| CLAMTROL CT-1, TOTAL WATER               | SAMPLE<br>MEASUREMENT |                     |                            |       |   |                    |                          |                |  |                     |        |
| 04251 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******              |                            |       | *****   | 0<br>MO AVG        | 0<br>DAILY MX            | mg/L           |  | When<br>Discharging | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT |                     |                            |       |   |                    |                          |                |  |                     |        |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.                  | MGD   | ******  |                    | ******                   |                |  | Weekly              | ESTIMA |
| Chlorine, total residual                 | SAMPLE<br>MEASUREMENT |                     |                            |       |   |                    |                          |                |  |                     |        |
| 50060 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | *****                      |       | *****   | .5<br>MO AVG       | 1:25<br>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<br>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<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |      | A0025615                   | DI   | 403A<br>SCHARGE NUMBER      | <b>DMR MAILING ZIP CODE:</b> 150770004<br>MAJOR<br>(SUBR05) |  |
|------------------------|--|------|----------------------------|------|-----------------------------|---|--|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168                                  |      |                            |      |                             | CONDENSATE BLOWDOWN & RIVR WAT<br>Internal Outfall          |  |
|                        | SHIPPINGPORT, PA 150770004   |      | MONITO                     | RING | PERIOD                      |   |  |
| ATTN: RIC              | CHARD D BOLOGNA/GENERAL PLANT MANAGER  | FROM | MM/DD/YYYY<br>09/ 01/ 2016 | то   | MNI/DD/YYYY<br>09/ 30/ 2016 | No Discharge  |  |

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

|   | I certify under penalty of law that this document and all attachments were prepared under my<br>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<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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:<br>ADDRESS: | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 | PA0025615<br>PERMIT NUMBER | 413A<br>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.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|--|-----------------------|---------------------|-----------------------|-------|--------------------------|--------------|-----------------|-------|-----------|--------------------------|----------------|
|  |                       | VALUE               | VALUE                 | UNITS | VALUE                    | VALUE        | VALUE           | UNITS |           |                          |                |
| рН                                       | SAMPLE<br>MEASUREMENT |                     |                       |       |                          | N/A          |                 |       |           |                          |                |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     | *****                 | ŇA    | 6<br>MINIMUM             |              | 9<br>MAXIMUM    | ່ວ່ຽນ |           | Weekly                   | GRAB           |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT |                     |                       |       |                          |              |                 |       |           |                          |                |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     | *****                 | NĄ    |                          | 30<br>MO AVG | 100<br>DAILÝ MX | mg/L  |           | Weekly                   | GRAB           |
| Oil & grease                             | SAMPLE<br>MEASUREMENT |                     |                       |       |                          |              |                 |       |           |                          |                |
| 00556 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******              | *****                 | N/A   |                          | 15<br>MO AVG | 20<br>DAILY MX  | mg/L  |           | Weekly                   | GRAB           |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT |                     |                       |       |                          |              |                 |       |           |                          |                |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>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<br>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<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |
|------------------------|--|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>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:<br>MAJOR<br>(SUBR05) | 150770004 |
|--|-----------|
| UNIT 1 GENRTR BLWDWN<br>Internal Outfall   | FILT BW   |



| PARAMETER                                    |             | QUANTITY OR LOADING |           |   | QUALITY OR CONCENTRATION |        |          |   | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>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<br>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<br>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<br>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<br>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<br>OUTE 168<br>PINGPORT, PA 1507  |                        |         | PA0025615             | ĪR    | 001A<br>DISCHARGE NU | MBER                |                       | ILING ZIP CODE: 150770004                |           |                          |                |
|-----------------------------|---|------------------------|---------|-----------------------|-------|----------------------|---------------------|-----------------------|--|-----------|--------------------------|----------------|
| LOCATION: PAR               | /ER VALLEY POWEF<br>OUTE 168<br>PINGPORT, PA 1507 |                        |         | MONITORING PERIOD     |       |                      |                     |                       | 'S 1&2 COOLG. TOWER BLWDN<br>mai Outfall |           |                          |                |
| ATTN: RICHARD D BO          | FR  | MM/DD/YY<br>OM 09/ 01/ |         | MM/DD/YY<br>0 09/ 30/ |       |                      |                     |                       | No Disc                                  | harge     |                          |                |
| PARAM                       | FTER  |                        | QUANT   | TY OR LOADING         |       |                      |                     | ENTRATION             |  | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|                             |   | ( 2016-2029) (324)     | VALUE   | VALUE                 | UNITS | VALUE                | VALUE               | VALUE                 | UNITS                                    |           |                          |                |
| рН                          |   | SAMPLE<br>MEASUREMENT  | N/A     | N/A                   | N/A   | 7.8                  | N/A                 | 8.5                   | SU                                       | 0         | 1 / 7                    | GRAB           |
| 00400 1 0<br>Effluent Gross |   | PERMIT<br>REQUIREMENT  |         |                       | N/A   | 6<br>MINIMUM         | ******              | 9<br>MAXIMUM          | SU                                       |           | Weekly                   | GRAB           |
| Nitrogen, ammonia tota      | al (as N)   | SAMPLE<br>MEASUREMENT  | N/A     | N/A                   | N/A   | N/A                  | GG                  | GG                    | mg/L                                     | 0         | GG / GG                  | GRAB           |
| 00610 1 0<br>Effluent Gross |   | PERMIT<br>REQUIREMENT  | +117788 | ******                | N/A   | ******               | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | mg/L                                     |           | Weekly                   | GRAB           |
| CLAMTROL CT-1, TO           | TAL WATER   | SAMPLE<br>MEASUREMENT  | N/A     | N/A                   | N/A   | N/A                  | <0.034              | <0.034                | mg/L                                     | 0         | DIS / C                  | 24 HR<br>COMP  |
| 04251 1 0<br>Effluent Gross |   | PERMIT<br>REQUIREMENT  | ******  | *****                 | N/A   | ******               | 0<br>MO AVG         | 0<br>DAILY MX         | mg/L                                     |           | When<br>Discharging      | COMP24         |
| Flow, in conduit or thru    | treatment plant                                   | SAMPLE<br>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<br>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<br>MEASUREMENT | N/A                                      | N/A           | N/A         | N/A                    | <0.05         | 0.2             | mg/L   | 0     | 7 / 30      | GRAB      |
| 50060 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******                                   | *****         | N/A         | Alexandre and a second | .5<br>AVERAGE | 1.25<br>MAXIMUM | mg/L   |       | Weekly      | GRAB      |
| Chlorine, free available                 | SAMPLE<br>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<br>MEASUREMENT | N/A                                      | N/A           | N/A         | N/A                    | GG            | GG              | mg/L   | 0     | GG / GG     | GRAB      |
| 81313 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |  | ******        | N/A         | ******                 | 0<br>MO AVG   | 0<br>DAILY MX   | mg/Ŀ   |       | Weekly      | GRAB      |

|  | I certify under penalty of law that this document and all attachments were prepared under my<br>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<br>MANAGER | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and bellef, true, accurate,<br>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<br>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:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 | PA0025615 002A PERMIT NUMBER DISCHARGE NUMBER   | DMR MAILING ZIP CODE: 150770004<br>MAJOR<br>(SUBR05) |
|------------------------|--|---|--|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168                                  |   | INTAKE SCREEN BACKWASH<br>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.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|--|-----------------------|---------------------|-----------------------|-------|--------|-----------------|-----------|-------|-----------|--------------------------|----------------|
|  |                       | VALUE               | VALUE                 | UNITS | VALUE  | VALUE           | VALUE     | UNITS |           |                          |                |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | 0.006               | 0.046                 | MGD   | N/A    | N/A             | N/A       | N/A   | -         | 1 / 7                    | EST            |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>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<br>direction or supervision in accordance with a system designed to assure that qualified personnel  | An RI   | TEL       | EPHONE   | DATE         |
|--|---|---|-----------|----------|--------------|
| Richard D. Bologna, GENERAL PLANT<br>MANAGER                 | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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)

×.

5

Form Approved OMB No. 2040-0004

Page

3

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

٦

•

| NAME:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 | PA0025615 003A PERMIT NUMBER DISCHARGE NUMBER   | DMR MAILING ZIP CODE: 150770004<br>MAJOR<br>(SUBR05) |
|------------------------|--|---|--|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168                                  |   | 003<br>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.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|---|-----------------------|---------------------|-----------------------|-------|-------|-----------------|-----------|-------|-----------|--------------------------|----------------|
|   |                       | VALUE               | VALUE                 | UNITS | VALUE | VALUE           | VALUE     | UNITS |           |                          |                |
| Flow, in conduit or thru treatment plan | SAMPLE<br>MEASUREMENT | 0.153               | 0.288                 | MGD   | N/A   | N/A             | N/A       | N/A   | -         | 27 / 30                  | EST            |
| 50050 1 0<br>Effluent Gross             | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Reg. Mon.<br>DAILY MX | MGD   | ***** |                 | *****     | N/A   |           | Twice Per<br>Month       | ESTIMA         |

|  |   | $\sim$  |           |          |              |
|--|---|---|-----------|----------|--------------|
|  | I certify under penalty of law that this document and all attachments were prepared under my<br>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<br>MANAGER | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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 |   |

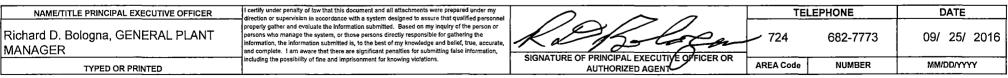
ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

.

-

.

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

| PARAMETER                                |                       | QUANTI              | TY OR LOADING         |       |       | QUALITY OR CONC | ENTRATION |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|--|-----------------------|---------------------|-----------------------|-------|-------|-----------------|-----------|-------|-----------|--------------------------|----------------|
| FARAINETER                               |                       | VALUE               | VALUE                 | UNITS | VALUE | VALUE           | VALUE     | UNITS |           |                          |                |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | 0.002               | 0.016                 | MGD   | N/A   | N/A             | N/A       | N/A   | -         | 1 / 7                    | EST            |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>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<br>direction or supervision in accordance with a system designed to assure that qualified personnel  | 00-01      | TEL       | EPHONE   | DATE         |
|--|---|------------|-----------|----------|--------------|
| Richard D. Bologna, GENERAL PLANT<br>MANAGER                   | property gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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** 

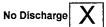
FROM

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.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|--|-----------------------|---------------------|-----------------------|-------|--------------------------|---------------|------------------|-------|-----------|--------------------------|----------------|
|  |                       | VALUE               | VALUE                 | UNITS | VALUE                    | VALUE         | VALUE            | UNITS |           |                          |                |
| рН                                       | SAMPLE<br>MEASUREMENT |                     |                       |       |                          |               |                  |       |           |                          |                |
| 00400 1 0<br>Effluent Gross              | PERMIT                |                     | *****                 |       | 6<br>MINIMUM             |               | 9<br>MAXIMUM     | SU    |           | Weekly                   | GRAB           |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT |                     |                       |       |                          |               |                  |       |           |                          |                |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | ******                   | *****         |                  |       |           | Weekly                   | GRAB           |
| Chlorine, total residual                 | SAMPLE<br>MEASUREMENT |                     |                       |       |                          |               |                  |       |           |                          |                |
| 50060 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ******                |       | *****                    | 5<br>MO AVG   | 1.25<br>INST MAX | mg/L  |           | Weekly                   | GRAB           |
| Chlorine, free available                 | SAMPLE<br>MEASUREMENT |                     |                       |       |                          |               |                  |       |           |                          |                |
| 50064 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | <b>*****</b>        | *****                 |       | ******                   | 2.<br>AVERAGE | 5<br>MAXIMUM     | mġ/L  |           | Weekly                   | GRAB           |

|  | I certify under penalty of law that this document and all attachments were prepared under my<br>direction or supervision in accordance with a system designed to assure that qualified personnel   | 1 00  | TEL       | EPHONE   | DATE         |
|--|--|---|-----------|----------|--------------|
| Richard D. Bologna, GENERAL PLANT<br>MANAGER | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |
|------------------------|--|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004    |

~

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

| PA0025615     |  |
|---------------|--|
| PERMIT NUMBER |  |

MM/DD/YYYY

09/ 01/ 2016 **TO** 

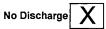
FROM

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.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE     |        |
|--|-----------------------|---------------------|-----------|--------------------------|--------------|--------------|-----------------|-----------|--------------------------|--------------------|--------|
|  |                       | VALUE               | VALUE     | UNITS                    | VALUE        | VALUE        | VALUE           | UNITS     |                          |                    |        |
| рН                                       | SAMPLE<br>MEASUREMENT |                     |           |                          |              |              |                 | -         |                          |                    |        |
| 00400 1 0<br>Effluent Gross              | PERMIT                |                     |           |                          | 6<br>MINIMUM | ******       | 9<br>MAXIMUM    | SU        |                          | Twice Per<br>Month | GRAB   |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT |                     |           |                          |              |              |                 |           |                          |                    |        |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | *****     |                          |              | 30<br>MO AVG | 100<br>DAILY MX | mg/L      |                          | Twice Per<br>Month | GRAB   |
| Oil & grease                             | SAMPLE<br>MEASUREMENT |                     |           |                          |              |              |                 |           |                          |                    |        |
| 00556 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               |           |                          |              | 15<br>MO AVG | 20<br>DAILY MX  | mg/L      |                          | Twice Per<br>Month | GRAB   |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT |                     |           |                          |              |              |                 |           |                          |                    |        |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon. | MGD                      |              | *****        |                 | N/A       |                          | Weeklý             | ESTIMA |

| Richard D. Bologna, GENERAL PLANT<br>MANAGER  property gather and evaluate the information submitted. Based on my inquiry of the person of<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>including the possibility of fine and imprisonment for knowing violations.<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br>ADEA Control<br>ADEA CO | NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | i certify under penalty of law that this document and all attachments were prepared under my<br>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<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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     |

.

ς.

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.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|--|-------------------------------|---------------------|-----------------------|-------|--------------------------|------------------|------------------|-------|-----------|--------------------------|----------------|
|  | 44、小学教授-学校<br>第15-946 来 15-10 | VALUE               | VALUE                 | UNITS | VALUE                    | VALUE            | VALUE            | UNITS |           |                          |                |
| рН                                       | SAMPLE<br>MEASUREMENT         | N/A                 | N/A                   | N/A   | 7.9                      | N/A              | 8.4              | SU    | 0         | 1 / 7                    | GRAB           |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT         |                     | ******                | N/A   | 6<br>MINIM⊍M             | ******<br>****** | 9<br>MAXIMUM     | SU    |           | Weekly                   | GRAB           |
| CLAMTROL CT-1, TOTAL WATER               | SAMPLE<br>MEASUREMENT         | N/A                 | N/A                   | N/A   | N/A                      | <0.034           | <0.034           | mg/L  | 0         | DIC / C                  | 24 HR<br>COMP  |
| 04251 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT         |                     |                       | N/A   |                          | 0<br>MO AVG      | 0<br>INST MAX    | mg/L  |           | When Street              | COMP24         |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT         | 4.5                 | 5.8                   | MGD   | N/A                      | N/A              | N/A              | N/A   |           | 1 / 7                    | MEAS           |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT         | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   |                          |                  |                  | N/A   |           | Weekly                   | MEASRD         |
| Chlorine, total residual                 | SAMPLE<br>MEASUREMENT         | N/A                 | N/A                   | N/A   | N/A                      | <0.03            | 0.08             | mg/L  | 0         | 1 / 7                    | GRAB           |
| 50060 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT         | ******              | ******                |       |                          | 5<br>MO AVG      | 1.25<br>INST MAX | mg/L  |           | Weekly                   | GRAB           |
| Chlorine, free available                 | SAMPLE<br>MEASUREMENT         | N/A                 | N/A                   | N/A   | N/A                      | <0.03            | 0.1              | mg/L  | 0         | 1 / 7                    | GRAB           |
| 50064 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT         | ******              | *****                 | N/A   | ******                   | 2<br>AVERAGE     | .5<br>MAXIMUM    | mg/L  |           | Weekly                   | GRAB           |

|  | I certify under penalty of law that this document and all attachments were prepared under my<br>direction or supervision in accordance with a system designed to assure that qualified personnel  | $\Lambda$ $\Lambda$   | TEL       | EPHONE   | DATE         |
|--|---|---|-----------|----------|--------------|
| Richard D. Bologna, GENERAL PLANT<br>MANAGER | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|--|-----------------------|---------------------|-----------------------|-------|--------------------------|-------|-------|-------|-----------|--------------------------|----------------|
|  |                       | VALUE               | VALUE                 | UNITS | VALUE                    | VALUE | VALUE | UNITS |           |                          |                |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | 0.004               | 0.004                 | MGD   | N/A                      | N/A   | N/A   | N/A   | -         | 1 / 7                    | EST            |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Reg: Mon.<br>MO AVG | Req. Mon.<br>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<br>direction or supervision in accordance with a system designed to assure that qualified personnel  | 20.00   | TEL          | EPHONE | DATE         |  |
|---|---|---|--------------|--------|--------------|--|
| Richard D. Bologna, GENERAL PLANT<br>MANAGER                    | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>AUTHORIZED AGENT | AREA Code    | NUMBER | MM/DD/YYYY   |  |
| COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac | hments here)  |   | • • • • • •  |        | <u>_</u>     |  |

•

Form Approved OMB No. 2040-0004

Page 10

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

| NAME:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |
|------------------------|--|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004    |

,

•

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.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|--|-----------------------|---------------------|-----------------------|-------|--------------------------|-----------------------------------|-----------------------|--------|-----------|--------------------------|----------------|
|  |                       | VALUE               | VALUE                 | UNITS | VALUE                    | VALUE                             | VALUE                 | UNITS  |           |                          |                |
| рН                                       | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A   | 8.2                      | N/A                               | 8.5                   | SU     | 0         | 2 / 30                   | GRAB           |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     | ******                | N/A   | 6<br>MINIMUM             | 102000 (1000)<br>102000<br>102000 | 9<br>MAXIMUM          | ່ວນ    |           | Once Per     Month       | GRAB           |
| Copper, total (as Cu)                    | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A   | N/A                      | 0.0719                            | 0.1100                | mg/L   | 0         | 2 / 30                   | GRAB           |
| 01042 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     |                       | N/A   |                          | Req. Mon.<br>MO AVG               | Req. Mon.<br>DAILY MX | mg/L   |           | Twice Per<br>Month       | GRAB           |
| Zinc, total (as Zn)                      | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A   | N/A                      | 0.1                               | 0.1                   | mg/L . | 0         | 2 / 30                   | GRAB           |
| 01092 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     |                       | N/A   |                          | 1.5<br>MO AVG                     | 1.5<br>DAILY MX       | mg/L   |           | Twice Per<br>Month       | GRAB           |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | <0.001              | <0.001                | MGD   | N/A                      | N/A                               | N/A                   | N/A    | -         | 1 / 30                   | EST            |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   |                          |                                   |                       | N/A    |           | Once Per.<br>Month       | ESTIMA         |
| Solids, total dissolved                  | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A   | N/A                      | 662                               | 828                   | mg/L   | 0         | 2 / 30                   | GRAB           |
| 70295 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     |                       | N/A   |                          | Req. Mon.<br>MO AVG               | Req: Mon:<br>DAILY MX | mg/L   |           | Twice Per<br>Month       | GRAB           |

|                                   | I certify under penalty of law that this document and all attachments were prepared under my<br>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<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and bellef, true, accurate,<br>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<br>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<br>ADDRESS: PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |  |                                | -          | PA0025615 013A PERMIT NUMBER DISCHARGE NUMBER |       |                       |       |                       | <b>DMR MAILING ZIP CODE:</b><br>MAJOR<br>(SUBR05) |           | CODE: 15077              | 70004           |
| FACILITY:<br>LOCATION:  | BEAVER VALLEY PO<br>PA ROUTE 168<br>SHIPPINGPORT, PA |                                |            |   |       |                       |       | OUTFALL<br>External ( |   |           |                          |                 |
| ATTN: RIC   | ,  | ENERAL PLANT MANAGER           | FRO        | MM/DD/YY                                      | YY    | MM/DD/YY<br>0 09/ 30/ |       |                       |   |           | No Dise                  | charge          |
|   | PARAMETER  | БАМЕТЕВ                        |            | QUANTITY OR LOADING                           |       | QUALITY OR CONCENTR/  |       | ENTRATION             |   | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE  |
|   | FARAMETER  |                                | VALUE      | VALUE   | UNITS | VALUE                 | VALUE | VALUE                 | UNITS   |           |                          |                 |

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

| рН  | SAMPLE<br>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 <b>***</b> **   | 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      | <b>NU.005</b> | 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<br>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<br>MANAGER | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>AUTHORIZED AGENT | AREA Code | NUMBER   | MM/DD/YYYY   |

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

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

.

Form Approved

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

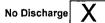
09/ 01/ 2016 **TO** 

101A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2016

| DMR MAILING ZIP CODE:                      | 150770004 |
|--|-----------|
| MAJOR                                      |           |
| (SUBR05)                                   |           |
| 101 CHEMICAL WASTE TRE<br>Internal Outfall | EATMENT   |



Page 12

| PARAMETER                                |                       | QUANTITY OR LOADING                                |           |           | QUALITY OR CONCENTRATION |                     |                       |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE                        |
|--|-----------------------|--|-----------|-----------|--------------------------|---------------------|-----------------------|-------|-----------|--------------------------|---------------------------------------|
| FARAMETER                                |                       | VALUE  | VALUE     | UNITS     | VALUE                    | VALUE               | VALUE                 | UNITS |           |                          |                                       |
| pН                                       | SAMPLE<br>MEASUREMENT |  |           |           |                          |                     |                       |       |           |                          | · · · · · · · · · · · · · · · · · · · |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | <b>******</b><br>*******<br>********************** |           |           | 6<br>MINIMUM             | ******              | 9<br>MAXIMUM          | SU    |           | Weekly                   | GRAB                                  |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT |  |           |           |                          |                     |                       |       |           |                          |                                       |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |  | *****     |           |                          | 30<br>MO AVG        | 100<br>DAILY MX       | mg/L  |           | Weekly                   | COMP-2                                |
| Oil & grease                             | SAMPLE<br>MEASUREMENT |  |           |           | -                        |                     |                       |       |           |                          |                                       |
| 00556 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******   | *****     | e tribers | *****                    | 15<br>MO AVG        | 20<br>DAILY MX        | mg/L  |           | Weekly                   | GRAB                                  |
| Nitrogen, ammonia total (as N)           | SAMPLE<br>MEASUREMENT |  |           |           |                          |                     |                       |       |           |                          |                                       |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******   | *****     |           |                          | Reg. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | mg/L  |           | Weekly                   | GRAB                                  |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT |  |           |           |                          |                     |                       |       |           |                          |                                       |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG                                | Req. Mon. | MGD       | *****                    | ******<br>*******   | ******                |       |           | DAILY                    | CONTIN                                |
| Hydrazine                                | SAMPLE<br>MEASUREMENT |  |           |           |                          |                     |                       |       |           |                          |                                       |
| 81313 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |  |           |           |                          | Req. Mon.<br>MO AVG | Req. Mon.<br>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<br>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<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and bellef, irue, accurate,<br>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<br>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:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 | PA0025 |                       | 102A<br>DISCHARGE NUMBER   | DMR MAILING ZIP CODE: 150770004<br>MAJOR<br>(SUBR05) |
|------------------------|--|--------|-----------------------|----------------------------|--|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168                                  |        |                       |                            | 102 INTAKE SCREEN HOUSE<br>Internal Outfall          |
|                        | SHIPPINGPORT, PA 150770004   |        | MONITORING            | G PERIOD                   |  |
| ATTN: RIC              | HARD D BOLOGNA/GENERAL PLANT MANAGER   |        | 0/YYYY<br>01/ 2016 TO | MM/DD/YYYY<br>09/ 30/ 2016 | No Discharge   |

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

|                                   | I certify under penalty of law that this document and all attachments were prepared under my<br>direction or supervision in accordance with a system designed to assure that qualified personnel  | $\Lambda$ $\Omega$ $\Omega$                                     | TE        | LEPHONE  | DATE         |
|-----------------------------------|---|---|-----------|----------|--------------|
| Richard D. Bologna, GENERAL PLANT | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 | PA0025615<br>PERMIT NUMBER | 103A<br>DISCHARGE NUMBER   | <b>DMR MAIL</b><br>MAJOR<br>(SUBR05) | ING ZIP CODE: 150770004  |
|------------------------|--|----------------------------|----------------------------|--------------------------------------|--------------------------|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168                                  |                            |                            | SLUDGE S<br>Internal OL              | SETTLING BASIN<br>Itfall |
|                        | SHIPPINGPORT, PA 150770004   | MONITC<br>MM/DD/YYYY       | DRING PERIOD<br>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<br>OF ANALYSIS | SAMPLE<br>TYPE |
|--|-----------------------|---------------------|-----------------------|-------|--------------|--------------------------|-----------------|-------|---|--------------------------|----------------|
|  |                       | VALUE               | VALUE                 | UNITS | VALUE        | VALUE                    | VALUE           | UNITS |   |                          |                |
| рН                                       | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A   | 7.6          | N/A                      | 7.8             | ຣບ    | 0 | 2 / 30                   | GRAB           |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     |                       | N/A   | 6<br>MINIMUM |                          | 9<br>MAXIMUM    | SU    |   | Twice Per<br>Month       | GRAB           |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A   | N/A          | <4                       | <4              | mg/L  | 0 | 2 / 30                   | 24 HR<br>COMP  |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     | *****                 | N/A   | *****        | 30<br>MO AVG             | 100<br>DAILY MX | mg/L  |   | Twice Per Month          | COMP24         |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | 0.153               | 0.288                 | MGD   | N/A          | N/A                      | N/A             | N/A   | - | 27 / 30                  | EST            |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req: Mon.<br>DAILY MX | MGD   | ******       |                          |                 | N/A   |   | Twice Per<br>Month       | ESTIMA         |

|  | I certify under penalty of law that this document and all attachments were prepared under my<br>direction or supervision in accordance with a system designed to assure that qualified personnel  |   | TE        | LEPHONE  | DATE         |
|--|---|---|-----------|----------|--------------|
| Richard D. Bologna, GENERAL PLANT<br>MANAGER | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 | PA0025615<br>PERMIT NUMBER      | 111A<br>DISCHARGE NUMBER                     | DMR MAILING ZIP CODE: 150770004<br>MAJOR<br>(SUBR05) |
|------------------------|--|---------------------------------|--|--|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168                                  |                                 |  | 111 DIESEL GENERATOR BLDG<br>Internal Outfall        |
|                        | SHIPPINGPORT, PA 150770004   | MONITO                          | RING PERIOD                                  |  |
| ATTN: RIC              | HARD D BOLOGNA/GENERAL PLANT MANAGER   | MM/DD/YYYY<br>FROM 09/ 01/ 2016 | MM/DD/YYYY           TO         09/ 30/ 2016 | No Discharge   |

| PARAMETER                                |                       |                     | QUANTITY OR LOADING    |       | QUALITY OR CONCENTRATION |              |                 |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|--|-----------------------|---------------------|------------------------|-------|--------------------------|--------------|-----------------|-------|-----------|--------------------------|----------------|
|  |                       | VALUE               | VALUE                  | UNITS | VALUE                    | VALUE        | VALUE           | UNITS |           |                          |                |
| рН                                       | SAMPLE<br>MEASUREMENT | N/A                 | N/A                    | N/A   | 7.2                      | N/A          | 7.8             | SU    | 0         | 1 / 7                    | GRAB           |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     | *****                  | N/A   | 6<br>MINIMUM             |              | 9<br>MAXIMUM    | SU    |           | Weekly                   | GRAB           |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT | N/A                 | N/A                    | N/A   | N/A                      | <4           | <4              | mg/L  | 0         | 1 / 7                    | GRAB           |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     |                        | N/A   | *****                    | 30<br>MO AVG | 100<br>DAILY MX | mg/L  |           | Weekly                   | GRAB           |
| Oil & grease                             | SAMPLE<br>MEASUREMENT | N/A                 | N/A                    | N/A   | N/A                      | <5           | <5              | mg/L  | 0         | 1 / 7                    | GRAB           |
| 00556 1 0<br>Effluent Gross              | PERMIT                |                     |                        | N/A   |                          | 15<br>MO AVG | 20<br>DAILY MX  | mg/L  |           | Weekly                   | GRAB           |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | 0.002               | 0.002                  | MGD   | N/A                      | N/A          | N/A             | N/A   | -         | 1 / 7                    | EST            |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req., Mon.<br>DAILY MX | MGD   |                          |              |                 | ŇA    |           | Weekly                   | ESTIMA         |

|                  | I certify under penalty of law that this document and all attachments were prepared under my<br>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<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |
|------------------------|--|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004    |

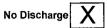
ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

| 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.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE     |        |
|--|-----------------------|---------------------|----------------------|-------|-----------------|-----------------|-----------------|-----------|--------------------------|--------------------|--------|
|  |                       | VALUE               | VALUE                | UNITS | VALUE           | VALUE           | VALUE           | UNITS     |                          |                    |        |
| pH                                       | SAMPLE<br>MEASUREMENT |                     |                      |       |                 |                 |                 |           |                          |                    |        |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     | *****                |       | 6<br>MINIMUM    | ******          | 9<br>MAXIMUM    | SU        |                          | Twice Per<br>Month | GRAB   |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT |                     |                      |       |                 |                 |                 |           |                          |                    |        |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     | *****                |       |                 | 30<br>MO AVG    | 60<br>DAILÝ MX  | mg/Ľ      |                          | Twice Per<br>Month | COMP-8 |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT |                     |                      |       |                 |                 |                 |           |                          |                    |        |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | .043<br>MO AVG      | Req. Mon<br>DAILY MX | MGD   |                 |                 |                 | •N/A      |                          | Weekly             | MEASRD |
| Chlorine, total residual                 | SAMPLE<br>MEASUREMENT |                     |                      |       |                 |                 |                 |           |                          |                    |        |
| 50060 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     | ******               |       |                 | 1.4<br>MO AVG   | 3.3<br>INST MAX | mg/L      |                          | Twice Per<br>Month | GRAB   |
| Coliform, fecal general                  | SAMPLE<br>MEASUREMENT |                     |                      |       |                 |                 |                 |           |                          |                    |        |
| 74055 1 1<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ****                | ******               |       | *****           | 200<br>MO GEOMN |                 | #/100mL   |                          | Twice Per<br>Month | GRAB   |
| BOD, carbonaceous, 05 day 20 C           | SAMPLE<br>MEASUREMENT |                     |                      |       |                 |                 |                 |           |                          |                    |        |
| 80082 1 0<br>Effluent Gross              | PERMIT                |                     |                      |       |                 | 25<br>MO ÁVG    | 50<br>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<br>direction or supervision in accordance with a system designed to assure that qualified personnel  | 1-20  | TEI       | LEPHONE  | DATE         |  |
|--|---|---|-----------|----------|--------------|--|
| Richard D. Bologna, GENERAL PLANT<br>MANAGER | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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

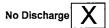
09/ 01/ 2016 TO

203A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2016

| DMR MAILING ZIP CODE:<br>MAJOR<br>(SUBR05) | 150770004 |
|--|-----------|
| MAIN SEWAGE TMT PLANT<br>Internal Outfall  |           |



| PARAMETER                                |                       | QUANTI  | TY OR LOADING         |       | (                                      | QUALITY OR CONC | ENTRATION       |         | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|--|-----------------------|---|-----------------------|-------|--|-----------------|-----------------|---------|-----------|--------------------------|----------------|
|  |                       | VALUE   | VALUE                 | UNITS | VALUE                                  | VALUE           | VALUE           | UNITS   |           |                          |                |
| рН                                       | SAMPLE<br>MEASUREMENT |   |                       |       |  |                 |                 |         |           |                          |                |
| 00400 1 0<br>Effluent Gross              | PERMIT                |   |                       |       | 6<br>MINIMUM                           | ******          | 9<br>MAXIMÙM    | s∪      |           | Twice Per<br>Month       | <u>Ĝ</u> RAB   |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT |   |                       |       |  |                 |                 |         |           |                          |                |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |   |                       |       | *****                                  | 30<br>MO AVG    | 60<br>DA1LY MX  | mg/L    |           | Twice Per                | COMP-8         |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT |   |                       |       |  |                 |                 | :       |           |                          |                |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | .023<br>MO AVG                                | Req. Mon.<br>DAILY MX | MGD   | ************************************** |                 | *****           |         |           | Weekly                   | MEASRD         |
| Chlorine, total residual                 | SAMPLE<br>MEASUREMENT |   |                       |       |  |                 |                 |         |           |                          |                |
| 50060 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |   |                       |       |  | 1.4<br>MO AVG   | 3.3<br>INST MAX | mg/L    |           | Twice Per<br>Month       | GRAB           |
| Coliform, fecal general                  | SAMPLE<br>MEASUREMENT |   |                       |       |  |                 |                 |         |           |                          |                |
| 74055 1 1<br>Effluent Gross              | PERMIT<br>REQUIREMENT | 1 <b>111111111111111111111111111111111111</b> |                       |       | *****                                  | 200<br>MO GEÓMN | 1               | #/100mL |           | Twice Per<br>Month       | GRAB           |
| BOD, carbonaceous, 05 day 20 C           | SAMPLE<br>MEASUREMENT |   |                       |       |  |                 |                 |         |           |                          |                |
| 80082 1 0<br>Effluent Gross              | PERMIT                |   |                       |       |  | 25<br>MO AVG    | 50<br>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<br>direction or supervision in accordance with a system designed to assure that qualified personnel  | 13 11   | TEI       | EPHONE   | DATE         |
|--|---|---|-----------|----------|--------------|
| Richard D. Bologna, GENERAL PLANT<br>MANAGER | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, frue, accurate,<br>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<br>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<br>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<br>persons who manage the system, or those persons directly responsible for gathering the<br>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.<br>EX    | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |   |        |        |
|--|-----------------------|---------------------|---------------------------------------|-------|--------------|--------------|--------------------------|----------------|---|--------|--------|
|  |                       | VALUE               | VALUE                                 | UNITS | VALUE        | VALUE        | VALUE                    | UNITS          |   |        |        |
| рН                                       | SAMPLE<br>MEASUREMENT | N/A                 | N/A                                   | N/A   | 7.2          | N/A          | 8.2                      | SU             | 0 | 1 / 7  | GRAB   |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     |                                       | N/A   | 6<br>MINIMUM |              | 9<br>MAXIMUM             | SU             |   | Weekly | GRAB   |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT | N/A                 | N/A                                   | N/A   | N/A          | <4           | <4                       | mg/L           | 0 | 1 / 7  | GRAB   |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               |                                       | N/A   |              | 30<br>MO AVG | 100<br>DAILY MX          | mg/L           |   | Weekly | GRAB   |
| Oil & grease                             | SAMPLE<br>MEASUREMENT | N/A                 | N/A                                   | N/A   | N/A          | <5           | <5                       | mg/L           | 0 | 1 / 7  | GRAB   |
| 00556 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******              |                                       | N/A   |              | 15<br>MO AVG | 20<br>DAILY MX           | mg/L           |   | Weekly | GRAB   |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | 0.002               | 0.002                                 | MGD   | N/A          | N/A          | N/A                      |                | - | 1 / 7  | EST    |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon:<br>MO AVG | Req. Mon.<br>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<br>EX OF ANALYSIS |       | SAMPLE   |  |               |
|--|-----------------------|---------------------|--|-------|---------------------|--------------|---------------------------------|-------|--|--|---------------|
|  |                       | VALUE               | VALUE  | UNITS | VALUE               | VALUE        | VALUE                           | UNITS |  |  |               |
| рН                                       | SAMPLE<br>MEASUREMENT |                     |  |       |                     |              |                                 |       |  |  |               |
| 00400 1 0<br>Effluent Gross              | PERMIT                |                     |  |       | 6<br>MINIMUM        |              | 9<br>MAXIMUM                    | ິຣບ   |  | Twice Per<br>Month   | GRAB          |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT |                     |  |       |                     |              |                                 |       | *, <u>( ) , ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( </u> | na v station in the second | <u>1. 1</u>   |
| 00530 1 0<br>Effluent Gross              | PERMIT                |                     |  |       |                     | 30<br>MO AVG | 100<br>DAILY MX                 | mg/L  |  | Twice Per<br>Month   | GRAB          |
| Oil & grease                             | SAMPLE<br>MEASUREMENT |                     |  |       |                     |              |                                 |       |  |  |               |
| 00556 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******              |  |       |                     | 15<br>MO AVG | 20<br>DAILY MX                  | mg/L  |  | Twice Per  | GRAB          |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT |                     |  |       |                     |              |                                 |       |  |  |               |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX                        | MGD   | ******              | ******       | *****                           |       |  | Weekly   | <b>ESTIMA</b> |
| Chlorine, total residual                 | SAMPLE<br>MEASUREMENT |                     |  |       |                     |              |                                 |       |  |  |               |
| 50060 1 0<br>Effluent Gross              | PERMIT                | ******              | *****  |       | 10 1 <b>*****</b> * | 5<br>MO AVG  | 1.25<br>INST MAX                | ma/L  |  | Twice Per<br>Month   | GRAB          |

|  | I certify under penalty of law that this document and all attachments were prepared under my<br>direction or supervision in accordance with a system designed to assure that qualified personnel  |   | TE        | LEPHONE  | DATE         |
|--|---|---|-----------|----------|--------------|
| Richard D. Bologna, GENERAL PLANT<br>MANAGER | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 | PA0025615<br>PERMIT NUMBER | 301A<br>DISCHARGE NUMBER | DMR MAILING ZIP CODE: 150770004<br>MAJOR<br>(SUBR05) |
|------------------------|--|----------------------------|--------------------------|--|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168                                  |                            |                          | UNIT 2 AUX BOILER BLOWDOWN<br>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<br>TYPE |
|--|-----------------------|------------------|---------------|--------|--------------------------|--------|----------|-------|---------------------------|-----------|----------------|
|  |                       | VALUE            | VALUE         | UNITS  | VALUE                    | VALUE  | VALUE    | UNITS |                           |           |                |
| Solids, total suspended                  | SAMPLE<br>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<br>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<br>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<br>direction or supervision in accordance with a system designed to assure that qualified personnel   | $\beta$ $\beta$ $\beta$   | TEI       | EPHONE   | DATE         |
|--|--|---|-----------|----------|--------------|
| Richard D. Bologna, GENERAL PLANT<br>MANAGER | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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)

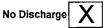
| NAME:     | FIRST ENERGY NUCLEAR OPERATING |
|-----------|--------------------------------|
| ADDRESS:  | PA ROUTE 168                   |
|           | SHIPPINGPORT, PA 150770004     |
| FACILITY: | BEAVER VALLEY POWER STATION    |
| LOCATION: | PA ROUTE 168                   |
|           | SHIPPINGPORT, 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<br>OF ANALYSIS | SAMPLE<br>TYPE                        |
|--|-----------------------|---------------------|-----------------------|-------|--------------|--------------------------|-----------------|-------|--|--------------------------|---------------------------------------|
| FARAINETER                               |                       | VALUE               | VALUE                 | UNITS | VALUE        | VALUE                    | VALUE           | UNITS |  |                          |                                       |
| рН                                       | SAMPLE<br>MEASUREMENT |                     |                       |       |              |                          |                 |       |  |                          |                                       |
| 00400 1 0<br>Effluent Gross              | PERMIT                |                     | ******                |       | 6<br>MINIMUM | ******<br>600            | 9<br>MAXIMUM    | ່ຽບ   |  | Weekly                   | GRAB                                  |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT |                     |                       |       |              |                          |                 |       |  |                          |                                       |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     |                       |       |              | 30<br>MO AVG             | 100<br>DAILY MX | mg/L  |  | Weekly                   | GRAB                                  |
| Oil & grease                             | SAMPLE<br>MEASUREMENT |                     |                       |       |              |                          |                 |       |  |                          | · · · · · · · · · · · · · · · · · · · |
| 00556 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     |                       |       |              | 15<br>MO AVG             | 20<br>DAILY MX  | mg/L  |  | Weekly                   | GRAB                                  |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT |                     |                       |       |              |                          |                 |       |  |                          |                                       |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>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<br>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<br>MANAGER | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 | P    | PA0025615<br>ERMIT NUMBER | D      | 313A<br>ISCHARGE NUMBER    | <b>DMR MAILING ZIP CODE:</b><br>MAJOR<br>(SUBR05) | 150770004    |
|------------------------|--|------|---------------------------|--------|----------------------------|---|--------------|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168                                  |      |                           |        |                            | 313 TURBINE BLDG DRAIN<br>Internal Outfall        |              |
|                        | SHIPPINGPORT, PA 150770004   |      | MONI                      | TORING | PERIOD                     |   |              |
| ATTN: RIC              | CHARD D BOLOGNA/GENERAL PLANT MANAGER  | FROM | MM/DD/YYYY<br>09/ 01/ 201 | 6 то   | MM/DD/YYYY<br>09/ 30/ 2016 |   | No Discharge |

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

|                                   | I certify under penalty of law that this document and all attachments were prepared under my<br>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<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |
|------------------------|--|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>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<br>OF ANALYSIS | SAMPLE<br>TYPE |
|--|-----------------------|---------------------|-----------------------|-------|--------------------------|--------------|----------------------|-------|---|--------------------------|----------------|
|  |                       | VALUE               | VALUE                 | UNITS | VALUE                    | VALUE        | VALUE                | UNITS |   |                          |                |
| рН                                       | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A   | 9.0                      | N/A          | 9.1                  | SU    | 0 | 2 / 30                   | GRAB           |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | ******                | N/A   | 6<br>MINIMUM             | *****        | Req. Mon.<br>MAXIMUM | su    |   | Twice Per<br>Month       | GRAB           |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A   | N/A                      | <4           | <4                   | mg/L  | 0 | 2 / 30                   | GRAB           |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     |                       | N/A   |                          | 30<br>MO AVG | 100<br>DAILY MX      | mg/L  |   | Twice Per                | GRAB           |
| Oil & grease                             | SAMPLE<br>MEASUREMENT | N/A                 | N/A                   | N/A   | N/A                      | <5           | <5                   | mg/L  | 0 | 2 / 30                   | GRAB           |
| 00556 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     |                       | NĄ    |                          | 15<br>MO AVG | 20<br>DAILY MX       | mg/L  |   | Twice Per<br>Month       | GRAB           |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT | <0.001              | <0.001                | MGD   | N/A                      | N/A          | N/A                  | N/A   | - | 1 / 7                    | EST            |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>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<br>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<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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<br>OF ANALYSIS | SAMPLE<br>TYPE |
|--|-----------------------|---------------------|---|--|---|--------------------|---|-------|--|--------------------------|----------------|
|  |                       | VALUE               | VALUE                                     | UNITS  | VALUE   | VALUE              | VALUE                                     | UNITS |  |                          |                |
| pН                                       | SAMPLE<br>MEASUREMENT |                     |   |  |   |                    |   |       |  |                          |                |
| 00400 1 0<br>Effluent Gross              | PERMIT                |                     | *****                                     | and the second sec | 6<br>MINIMUM  |                    | 9<br>MAXIMUM                              | SU    |  | Weekly                   | GRAB           |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT |                     |   |  |   |                    |   |       |  |                          |                |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | *****               | *****                                     |  | file and the second   | 30<br>MO AVG       | 100<br>DAILY MX                           | mg/L  |  | · Weekly ·               | GRAB           |
| Oil & grease                             | SAMPLE<br>MEASUREMENT |                     |   |  |   |                    |   |       |  |                          |                |
| 00556 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | ******              |   |  |   | 15<br>MO AVG       | 20<br>DAILY MX                            | mg/L  |  | Weekly                   | GRAB           |
| Nitrogen, ammonia total (as N)           | SAMPLE<br>MEASUREMENT |                     |   |  |   |                    |   |       |  |                          |                |
| 00610 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     |   |  | 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -<br>1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -<br>1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - | Req. Mon<br>MO AVG | Req. Mon.<br>DAILY MX                     | mg/L  |  | Weekly                   | GRAB           |
| CLAMTROL CT-1, TOTAL WATER               | SAMPLE<br>MEASUREMENT |                     |   |  |   |                    |   |       |  |                          |                |
| 04251 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     |   |  |   | 0<br>MO AVG        | 0<br>DAILY MX                             | mg/L  |  | When<br>Discharging      | COMP24         |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT |                     |   |  |   |                    |   |       |  |                          |                |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Reg. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX                     | MGD  | *****   |                    | *******<br>****************************** |       |  | Weekly                   | ESTIMA         |
| Chlorine, total residual                 | SAMPLE<br>MEASUREMENT |                     |   |  |   |                    |   |       |  |                          | <del></del>    |
| 50060 1 0<br>Effluent Gross              | PERMIT                | *****               | *******<br>****************************** |  |   | .5<br>MO AVG       | 1.25<br>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<br>direction or supervision in accordance with a system designed to assure that qualified personnel   | 1 10  | TEI       | EPHONE   | DATE         |
|--|--|---|-----------|----------|--------------|
| Richard D. Bologna, GENERAL PLANT<br>MANAGER | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and bellef, true, accurate,<br>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<br>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:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |      | PA0025615<br>RMIT NUMBER   | DI   | 403A<br>SCHARGE NUMBER     | DMR MAILING ZIP CODE: 150770004<br>MAJOR<br>(SUBR05) |
|------------------------|--|------|----------------------------|------|----------------------------|--|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168                                  |      |                            |      |                            | CONDENSATE BLOWDOWN & RIVR WAT<br>Internal Outfall   |
|                        | SHIPPINGPORT, PA 150770004   | Γ    | MONITO                     | RING | PERIOD                     |  |
| ATTN: RIC              | HARD D BOLOGNA/GENERAL PLANT MANAGER   | FROM | MM/DD/YYYY<br>09/ 01/ 2016 | то   | MM/DD/YYYY<br>09/ 30/ 2016 | No Discharge X                                       |

| PARAMETER                   |                       | QUANTI | QUANTITY OR LOADING |       | QUALITY OR CONCENTRATION |             |               |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|-----------------------------|-----------------------|--------|---------------------|-------|--------------------------|-------------|---------------|-------|-----------|--------------------------|----------------|
|                             |                       | VALUE  | VALUE               | UNITS | VALUE                    | VALUE       | VALUE         | UNITS |           |                          |                |
| Hydrazine                   | SAMPLE<br>MEASUREMENT |        | •                   |       |                          |             |               |       |           |                          |                |
| 81313 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT |        | ******              |       |                          | 0<br>MO AVG | 0<br>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<br>direction or supervision in accordance with a system designed to assure that qualified personnel   | 12-00   | TEL       | EPHONE   | DATE         |
|---|--|---|-----------|----------|--------------|
| Richard D. Bologna, GENERAL PLANT<br>MANAGER                    | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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<br>PA ROUTE 168 |
|           | SHIPPINGPORT, PA 150770004                  |

,

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

| PA0025615     |  |
|---------------|--|
| PERMIT NUMBER |  |

MM/DD/YYYY

09/ 01/ 2016 **TO** 

FROM

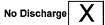
DISCHA

MM/DD/YYYY

09/ 30/ 2016

| 413A       |  |
|------------|--|
| RGE NUMBER |  |
|            |  |

| DMR MAILING ZIP CODE:                     | 150770004 |
|---|-----------|
| MAJOR                                     |           |
| (SUBR05)                                  |           |
| BULK FUEL STORAGE DRA<br>Internal Outfall | IN        |



Page 26

| PARAMETER                                |                       | QUANTITY OR LOADING |                      | QUALITY OR CONCENTRATION |              |              |                 | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE TYPE |        |
|--|-----------------------|---------------------|----------------------|--------------------------|--------------|--------------|-----------------|-----------|--------------------------|-------------|--------|
|  |                       | VALUE               | VALUE                | UNITS                    | VALUE        | VALUE        | VALUE           | UNITS     |                          |             |        |
| рН                                       | SAMPLE<br>MEASUREMENT |                     |                      |                          |              | N/A          |                 |           |                          |             |        |
| 00400 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     |                      | N/A                      | 6<br>MINIMUM |              | 9<br>MAXIMUM    | SU 🚽      |                          | Weekly      | GRAB   |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT |                     |                      |                          |              |              |                 |           |                          |             |        |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     |                      | N/A                      | *****        | 30<br>MO AVG | 100<br>DAILY MX | mg/L      |                          | Weekly      | GRAB   |
| Oil & grease                             | SAMPLE<br>MEASUREMENT |                     |                      |                          |              |              |                 | _         |                          |             |        |
| 00556 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     |                      | N/A                      |              | 15<br>MO AVG | 20<br>DAILY MX  | mg/L      |                          | Weekly      | GRAB   |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT |                     |                      |                          |              |              |                 |           |                          |             |        |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon<br>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<br>direction or supervision in accordance with a system designed to assure that qualified personnel  | 10-00   | TEI       | EPHONE   | DATE         |
|--|---|---|-----------|----------|--------------|
| Richard D. Bologna, GENERAL PLANT<br>MANAGER | properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>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<br>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:<br>ADDRESS:      | FIRST ENERGY NUCLEAR OPERATING<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004 |
|------------------------|--|
| FACILITY:<br>LOCATION: | BEAVER VALLEY POWER STATION<br>PA ROUTE 168<br>SHIPPINGPORT, PA 150770004    |

-

.

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

| PA0025615     | ĺ |
|---------------|---|
| PERMIT NUMBER |   |

MM/DD/YYYY

FROM

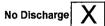
09/ 01/ 2016 **TO** 

501A DISCHARGE NUMBER

MM/DD/YYYY

09/ 30/ 2016

| DMR MAILING ZIP CODE:<br>MAJOR<br>(SUBR05) | 150770004 |
|--|-----------|
| UNIT 1 GENRTR BLWDWN<br>Internal Outfall   | FILT BW   |



| PARAMETER                                |                       | QUANTITY OR LOADING |                       |       | QUALITY OR CONCENTRATION   |              |                 |       | NO.<br>EX | FREQUENCY<br>OF ANALYSIS | SAMPLE<br>TYPE |
|--|-----------------------|---------------------|-----------------------|-------|--|--------------|-----------------|-------|-----------|--------------------------|----------------|
|  |                       | VALUE               | VALUE                 | UNITS | VALUE  | VALUE        | VALUE           | UNITS |           |                          |                |
| Solids, total suspended                  | SAMPLE<br>MEASUREMENT |                     |                       |       |  |              |                 |       |           |                          |                |
| 00530 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT |                     | *****                 |       |  | 30<br>MO AVG | 100<br>DAILY MX | mg/L  |           | Weekiy                   | GRAB           |
| Flow, in conduit or thru treatment plant | SAMPLE<br>MEASUREMENT |                     |                       |       |  |              |                 |       |           |                          |                |
| 50050 1 0<br>Effluent Gross              | PERMIT<br>REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | *******<br>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<br>direction or supervision in accordance with a system designed to assure that qualified personnel<br>properly gather and evaluate the information submitted. Based on my inquiry of the person or<br>persons who manage the system, or those persons directly responsible for gathering the<br>information, the information submitted is, to the best of my knowledge and belief, true, accurate,<br>and complete. I am aware that there are significant penalties for submitting false information,<br>including the possibility of fine and imprisonment for knowing violations. | 0-00  | TEI       | LEPHONE  | DATE         |  |
|--|---|---|-----------|----------|--------------|--|
| Richard D. Bologna, GENERAL PLANT<br>MANAGER |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR<br>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.