



November 23, 2016 L-16-344

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

SUBJECT:

<u>Beaver Valley Power Station Discharge Monitoring Report (NPDES) Permit No. PA0025615</u>

Enclosed is the October 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 storm water results.

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

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

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

Sincerely,

Dam Shuburol Aor Rich D Bologin

Richard D. Bologna General Plant Manager

> IE25 NRR

Beaver Valley Power Station, Unit Nos. 1 and 2 L-16-344 Page 2

Attachment(s):

- 1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001
- 2. Explanation of NODI Codes
- 3. Quarterly Storm water 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-16-344 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

ATTACHMENT 1

Weekly Dissolved Oxygen Monitoring Results at Outfall 001

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

SAMPLE DATE	SAMPLE TIME	VALUE	UNITS
03-Oct-16	11:50:00 AM	7	mg/L
09-Oct-16	12:40:00 PM	7	mg/L
17-Oct-16	08:15:00 AM	7	mg/L
23-Oct-16	08:30:00 AM	8	mg/L
30-Oct-16	10:00:00 AM	7	mg/L

- Attachment 1 END -

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-16-344 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

ATTACHMENT 2

Explanation of NODI Codes

SAMPLE	E SAMPLE DOMI PARAMETER CODE		COMMENT
001A	CT-1	GG	Clamicide not performed
010A	CT-1	GG	Clamicide not performed

- Attachment 2 END -

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-16-344 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

ATTACHMENT 3 Permit Part C.21 Iron and Zinc Stormwater Monitoring Results

Sample	Sample				
Date	Time	Outfall	Parameter	Result	Units
20-Oct-16	0955	Outfall #003	Zinc	0.0748	mg/l
20-Oct-16	0955	Outfall #003	Iron	0.3460	mg/l
20-Oct-16	0955	Outfall #008	Zinc	0.0144	mg/l
20-Oct-16	0955	Outfall #008	Iron	0.0514	mg/l
20-Oct-16	1605	Outfall #011	Zinc	0.0964	mg/l
20-Oct-16	1605	Outfall #011	Iron	0.0994	mg/l

- Attachment 3 END -



MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGEF

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2016

001A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2016

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING	_		QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			<u> </u>
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.1	N/A	8.5	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	⇒N⁄A :	, 16 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.2	<0.2	mg/L	0	1 / 7	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	factoria de la companya de la compan	Req Mon. MO AVG	Req Mon DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	DIS / C	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******	****	N/A	******	0 MO AVG	DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0	0.0	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO AVG	Req: Mon.	MGD		******		N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.04	0.14	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	**************************************	5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.05	0.2	mg/L	0	Continuous	RCORDR
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	*****	2 AVERAGE	.5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.002	<0.002	mg/L	0	1 / 7	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	0 MO AVG	0 DAILY MX	ma/L	igit jaan	Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER							
Richard D. Bologna, GENERAL PLANT MANAGER							
TYPED OR PRINTED							

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

_	Dand Startsup L	TEL	EPHONE	DATE		
	for Rich D. Bologna	724	682-7773	11/ 22/ 2016		
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY		

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

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.

10/27/16-10/31/16 Twice daily grab samples for FAC were substituted for continuous monitoring due to the unavailability of the monitor.

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Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615 PERMIT NUMBER

002A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Discharge

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 10/ 01/ 2016 TO 10/ 31/ 2016

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
ANABETER	a Para la Para Legado.	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****** *******************************	B. Later and the second of the	1. (2014) 1. (2014) 1. (2014) 1. (2014)	NA⊡	9 (92.7)	Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER						
Richard D. Bologna, GENERAL PLANT MANAGER						
TYPED OR PRINTED						

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

TELEPHONE DATE 11/ 22/ 2016 724 682-7773 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER MM/DD/YYYY **AUTHORIZED AGENT**

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: BEAVER VALLEY POWER STATION LOCATION: PA ROUTE 168

PA0025615 PERMIT NUMBER

003A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfall

No Discharge

SHIPPINGPORT, PA 150770004 MONITORING PERIOD MNI/DD/YYYY MM/DD/YYYY ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER FROM 10/ 01/ 2016 TO 10/ 31/ 2016

PARAMETER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.170	1.054	MGD	N/A	N/A	N/A	N/A	-	29 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	*****	*****	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	Daya Sharsaugh	TEI	LEPHONE	DATE
	properly gether 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 compilete. I am aware that there are significant penalties for submitting false information,	For Rich B. Bobyng	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER 004A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Discharge

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 10/ 01/ 2016 **TO** 10/ 31/ 2016

PARAMETER	QUANTITY OR LOADIN			NG QUALITY OR CONCENTRATION						FREQUENCY OF ANALYSIS	SAMPLE TYPE
L VIVAILETEIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.9	N/A	8.0	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	6 MINIMUM	******	9 MAXIMUM	SU".		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.71	7.71	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon.	MGD	*****	*****	*****	- N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.05	0.09	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	****	N/A	*****	5. ∴ MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.05	0.08	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	*****	2 AVERAGE	.5 MAXIMUM	∰mg/L [™]		Weekly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1)4	mil S	Jan 1	Sam	TEI	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	for v	Ruh	B. 1	Bologna	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATUR		ЛРАL EXI ORIZED A	ECUTIVE OFFICER OR	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: BEAVER VALLEY POWER STATION LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER 006A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Discharge

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 10/ 01/ 2016 TO 10/ 31/ 2016

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONC	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
AMMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	******	******* ******************************	N/A		Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that gualified personnel	Daud:	sharsau 4	TEL	EPHONE .	DATE
Richard D. Bologna, GENERAL PLANT	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	for Rich	D Bologna	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		INCIPAL EXECUTIVE OFFICER OR I'HORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

MONITORING PERIOD

TO

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Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

Effluent Gross

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

REQUIREMENT

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2016

MM/DD/YYYY

10/ 31/ 2016

AVERAGE

MUMIXAM

007A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfall

Weekly

PARAMETER	The second secon	QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE						· · · · · · · · · · · · · · · · · · ·				
00400 1 0	MEASUREMENT PERMIT	*****	*****		6	****	9				A
Effluent Gross	REQUIREMENT	Company of the Compan	The state of the s	a i	MINIMUM		MAXIMUM	SU	15.5	Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	******	*****			Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT				7.00						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	200 Gart - 144 A	1	*****	.5 MO AVG	1.25 INST MAX	mg/L	14.50 m	Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT		- Vidio Vi				<u> </u>				
50064 1 0	PERMIT	*****	*****		*****	.2	.5	1000	0.6070.0	Modely	CDAR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		Jaur	スマル	۲ میر	Saux		TEL	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	for	- R1	41	>	Byou	189	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	316	NATURE C			D AGENT	OFFICER OR	AREA Code	NUMBER	MM/DD/YYYY

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

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

GRAB

Form Approved OMB No. 2040-0004

Page 7

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615 PERMIT NUMBER

008A

DISCHARGE NUMBER

UNIT 1 COOLING TOWER PUMPHOUSE

DMR MAILING ZIP CODE: 150770004

External Outfall

MAJOR

(SUBR05)

No Discharge

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 10/ 01/ 2016 **TO** 10/ 31/ 2016

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hq	SAMPLE										
pri	MEASUREMENT						1		l .		
00400 1 0	PERMIT	*****	******		6	\$1.74 + ******	9.45	Mark Street		Twice Per	GRAB .
Effluent Gross	REQUIREMENT				MINIMUM*	12.00	9 MAXIMUM	SU	100	Month :	GRAD
Solids, total suspended	SAMPLE							Ī			
Solius, total suspended	MEASUREMENT										·
00530 1 0	PERMIT	*****	******	Eight of the	*****	/ 30	100	14 A 150		Twice Per	GRAB
Effluent Gross	REQUIREMENT		Reference to the second			MO AVG	DAILY MX	mg/L	1.00	Month	GRAD
Oil & grease	SAMPLE										
Oil & grease	MEASUREMENT							1		1	
00556 1 0	PERMIT	4 (4 th + + + + + + + + + + + + + + + + + +	*****	7.7	****	15	20	第45 公司	图16年期	Twice Per	GRAB
Effluent Gross	REQUIREMENT			6 27 20		MO AVG	DAILY MX	mg/L		Month	GRAD
Flow in conduit or thru treatment plant	SAMPLE		A STATE OF THE STA								
Flow, in conduit or thru treatment plant	MEASUREMENT								1		
50050 1 0	PERMIT	Reg. Mon.	Reg. Mon.		*****	*****	*****	MIN NAME	20/3/1/18	1977	FOTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD	en diller d			N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	
Richard D. Bologna, GENERAL PLANT MANAGER	
TYPED OR PRINTED	

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

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

TEI	LEPHONE	DATE
724	682-7773	11/ 22/ 2016
AREA Code	NUMBER	MM/DD/YYYY

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

50060 1 0

50064 1 0

Effluent Gross

Effluent Gross

Chlorine, free available

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

PA0025615 PERMIT NUMBER

N/A

FROM

MM/DD/YYYY

10/ 01/ 2016 **TO**

010A

DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2016

.5

MO AVG

< 0.03

AVERAGE-

2 -

1.25

.5 ·

mg/L

mg/L

0

INST MAX

0.1

MAXIMUM.

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOLING WATER

External Outfall

No Discharge

Weekly

1 / 7

Weekly

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LAMILIEM	Land Company	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.7	N/A	7.9	su	0	1 / 7	GRAB
00400 1 0	PERMIT	****	*****	S SIZE	6	*****	9.	1139/14		Weekly	GRAB
Effluent Gross	REQUIREMENT			N/A	6 MINIMUM		MAXIMUM	*√SU-⊬	73.0	vveekiy	GIVAD
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	DIC / C	24 HR COMP
04251 1 0	PERMIT	*****	*****	N/A	******	0.14	0	73.74576	A 2246	When	COMP24
Effluent Gross	REQUIREMENT			I VIA		MO AVG	INST MAX	∞mg/L		Discharging	COME 24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.2	3.6	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0	PERMIT	Reg. Mon.	Req. Mon.	2000年	*****	*****	*****	N/A			THE ACOD
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD				* IN/A		Weekly	WEASKD.
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.05	0.07	mg/L	0	1 / 7	GRAB

N/A

N/A

N/A

	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	David Stursang	TEI	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting faise information,	for Rul D Bologna	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

N/A

GRAB

GRAB

GRAB

Form Approved OMB No. 2040-0004

Page

ESTIMA

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

Effluent Gross

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

DAILY MX

FROM

MO AVG

011A DISCHARGE NUMBER

10/ 31/ 2016

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Discharge

Weekly

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

10/ 01/ 2016 **TO**

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

REQUIREMENT

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.004	0.004	MGD	N/A	N/A	N/A	N/A	_	1 / 7	EST
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	*****	*****	NI/A-		Monthy	COTINAL

MGD

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	Richard D. Bologna, GENERAL PLANT MANAGER
*	TYPED OR PRINTED

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

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

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

DATE

MM/DD/YYYY

11/ 22/ 2016

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

012A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Discharge

FROM ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/ 01/ 2016 TO 10/ 31/ 2016

PARAMETER	d. (e.)	QUANT	ITY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I AMBIETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.5	N/A	8.6	SU	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	6 MINIMUM	******	9 MAXIMUM	SU		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0683	0.0820	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	7514) 1514)	Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.1	mg/L	0	2 / 31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	*****	1.5 MO AVG	1:5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	-N/A		Once Per Month	· ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	650	680	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A		Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	Dur		Track	are -	TEL	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penaltiles for submitting false information,	for Ri	d >	D Bo	logna	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE U		RIZED AGE	JTIVE OFFICER OR NT	AREA Code	NUMBER	MM/DD/YYYY

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2016

013A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2016

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

OUTFALL 013 External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.1	N/A	7.3	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01	<0.01	mg/L	0	2 / 31	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****** ******	N/A	44444	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		:Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.0112	0.0123	mg/L	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	******	N/A	Market 1	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005	<0.005	mg/L	0	2 / 31	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	PERSONAL PROPERTY.	24 (1 to 1 t	N/A	TO Spring Large	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	100 mg/s	Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon: DAILY MX	MGD	*****		Tariff of Various	.N/A	200	Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	David Sharbane &	TE	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	for Ruh D. Blogna	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OF AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 12

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

NAME:

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

10/ 01/ 2016 **TO**

101A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2016

DMR MAILING ZIP CODE: 150770004 **MAJOR**

(SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

0	Discharge	X

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX		SAMPLE TYPE
PARAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT								-		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		<u> </u>								
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******		******	30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	esana Anti-	******			15 MO AVG	20 DAILY MX	mg/L	14-1 10-12-14	Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		*****	Req. Mon. MO AVG	Req: Mon. DAILY-MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT								-		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req: Mon. DAILY MX	MGD	****** 100		**************************************			DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT										-
81313 1 0 Effluent Gross	PERMIT REQUIREMENT		******			Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1	Juny	2	saugh		TEI	EPHONE	DATE
MANA OFF	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,	107	Nich	D	Bo 16 a	, 104	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGN	ATURE OF PRI AUT	HORIZED		TICER OR	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

PA0025615 PERMIT NUMBER

DISCHARGE NUMBER

102A

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Discharge

SHIPPINGPORT, PA 150770004			MONIT	DRING	PERIOD		
TTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER	FROM	MM/DD/ 10/ 01		то	MM/ (31/	YY 2016

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.9	N/A	8.0	su	0	2 / 31	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			NA	6 MINIMUM	*****	9 MAXIMUM	SU:		Twice Per Month	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4.0	<4.0	mg/L	0	2 / 31	GRAB	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			NA		30 MO AVG	100 DAILY MX	mg/L		Twice Per 1 Month	GRAB	
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 31	GRAB	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	*****	N/A	**************************************	15. MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req. Mon. DAILY MX	MGD	**************************************	L	*****	WA		Twice Per Month	ESTIMA	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	Dand	Sha	Baus	TEI	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Ar Rud	D	plogreg	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	I .	THORIZED /	ECUTIVE OFFICER OR AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

103A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Discharge

BEAVER VALLEY POWER STATION PA ROUTE 168

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 10/ 01/ 2016 TO 10/ 31/ 2016

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
IAMELEK		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.9	N/A	8.1	SU	0	·2 / 31	GRAB
00400 1 0	PERMIT	***	******	Section 1	4. 1. 6 Table 1	E 12 ******	9		通数学 点。	Twice Per	GRAB
Effluent Gross	REQUIREMENT		e e e e e e e e e e e e e e e e e e e	N/A	MINIMUM		MAXIMUM	su -	4000000	Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	5	6	mg/L	0	2 / 31	24 HR COMP
00530 1 0	PERMIT	***	*****	% - CO (4.5%)	ARREST TO THE STATE OF THE STAT	30	100	ではは選		Twice Per	COMP24
Effluent Gross	REQUIREMENT	(元)・日間(1)(2)(2)(2)(2)	Face Strike	N/A		MOAVG	DAILY MX	mg/L		Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.170	1.054	MGD	N/A	N/A	N/A	N/A	-	29 / 31	EST
50050 1 0	PERMIT	Reg. Mon.	Reg. Mon.	EL TOTAL	*****	Address of the contract of the	******	N. L.	CONSERVE	Twice Per	COTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD				N/A	***	Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	David	Shar	Sauch	TEL	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	for Ruh	DB	blogna	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		ITHORIZED AG	CUTIVE OFFICER OR SENT	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

Form Approved OMB No. 2040-0004

Page 15

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168 SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2016 **TO**

111A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2016

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
IAMILILIA		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.7	N/A	7.8	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	ŇĀ	6 MINIMUM	******	9 MAXIMUM	້ ຮັບ		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A		15 MO AVG	20 DAILY MX			Weekly	GRAB.
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon.	MGD∠		*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	Divid Sharbaugh	TEI	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615 PERMIT NUMBER

113A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

UNIT 2 SEWAGE TMT PLANT Internal Outfall

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 10/ 01/ 2016 **TO** 10/ 31/ 2016

PARAMETER		QUANTI	TY OR LOADING	·	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I AIVAINE LEIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT	*****	*****		6.	1 (1) (1) (1) (1) (1) (1)	9	1.17	in Er-t	Twice Per	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	∵ SU ⇒	400	Month	GRAD
Solids, total suspended	SAMPLE										
	MEASUREMENT		Control del la casa del misso del como	Problems Contactuals					7		Manager day you and built and out of the late.
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******		******	30 MO AVG	60 DAILY MX	mg/L	and said	Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	200		***		,					3 month 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
50050 1 0	PERMIT	.043	Reg. Mon		2 ***** (B)	******	*****	. N/A	in a second	Weekly	MEASRD
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD			a Parkin Care		との数数	vveekiy	WEAGKD
Chlorine, total residual	SAMPLE MEASUREMENT				•						-
50060 1 0	PERMIT	*****	m 対域 ***** (2017) こったがわり (2017)	tures a	*****	1.4	ેવું ા 3:3° કે ક	1000000	-77	Twice Per	GRAB
Effluent Gross	REQUIREMENT			100 A	$b_2 y_1 \cdot y_2 y_2 \cdot y_3$	MO AVG	INST MAX	mg/L		Month	5
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1	PERMIT	*****	*****		*****	200	*****			Twice Per	GRAB
Effluent Gross	REQUIREMENT			A 100 A 100		MO GEOMN		#/100mL	法规 代数	Month / 2	
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										1
80082 1 0	PERMIT	*****	*****		****	25	50	公司体验		Twice Per	COMP-8
Effluent Gross	REQUIREMENT			of the		MO AVG	DAILY MX	mg/L		Month	CUMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	Dwel Sharbard	TE	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Fur Rich D Bologn G SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

PA0025615 PERMIT NUMBER 203A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

SHIPPINGPORT, PA 150770004	MONITO	RING	PERIOD	
		MM/DD/YYYY		MM/DD/YYYY
ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER	FROM[10/ 01/ 2016	то	10/ 31/ 2016

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	s		
рН	SAMPLE MEASUREMENT								-		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	Ties.	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Rer Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		*****	30. MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT							<u> </u>			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.023 MO AVG	Req: Mon. DAILY MX	MGD		******			i j	Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		*****			1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT							_			
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	******			200 MO GEOMN		#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT								j		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			******	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	David Shar Sury	TE	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	for Ruh Bologia	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

Page 18

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615
PERMIT NUMBER

211A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

211 TURBINE BLDG Internal Outfall

No Discharge

	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
FROM	10/ 01/ 2016	TO	10/ 31/ 2016					

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
PANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.3	N/A	7.7	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	NA	6 MINIMUM	******	9 MAXIMUM	SU	ancer a Treefice	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	5	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	*****	30 ··· MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A		-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req.Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****		******* ******************************	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, GENERAL PLANT MANAGER
TYPED OR PRINTED

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

David Sharbang	TEI	LEPHONE	DATE		
for Rich Blogger	724	682-7773	11/ 22/ 2016		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY		

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

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

10/ 01/ 2016

213A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2016

DMR MAILING ZIP CODE: 150770004 **MAJOR**

(SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

PARAMETER	1.00 mg (1.00 mg) (1.00 mg)	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION	QUALITY OR CONCENTRATION			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT						,				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****		6 MINIMUM	******	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	The state of the s	e elektronistis kan centra yang j		SE WIINIWOW SE		MAXIMONIS SE		## 7 # # # # # # # # # # # # # # #		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT				*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	g GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	**********		u Paga	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req. Mon. DAILY MX	MGD		******	*****			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	****** *******		*****	.5 MO AVG	1.25 INST MAX	ma/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, GENERAL PLANT MANAGER
TYPED OR PRINTED

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

,	David Sharbarah	TEL	EPHONE	DATE
·.	for high D Bolonna	724	682-7773	11/ 22/ 2016
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 20

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615 PERMIT NUMBER

10/ 01/ 2016

FROM

301A

DISCHARGE NUMBER

10/ 31/ 2016

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

TO

(SUBR05) **UNIT 2 AUX BOILER BLOWDOWN**

DMR MAILING ZIP CODE: 150770004

Internal Outfall

MAJOR

No Discharge

PARAMETER			TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TANAMETER	en de la companya de	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	77 - 27 A A C C C C C C C C C C C C C C C C C	*****	N/A	ARBANA	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	10000	19 1 ****** Salas	N/A	******	15 MO AVG	20 DAILY MX	mg/L	1811 1810 <u>10</u>	Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	******	111114 111114 111114	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, GENERAL PLANT MANAGER
TYPED OR PRINTED

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

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

ì		LEPHONE	DATE
	724	682-7773	11/ 22/ 2016
	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 21

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

PA0025615 PERMIT NUMBER

303A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

No Discharge

SHIPPINGPORT, PA 150770004	Ĺ			<u>IONITO</u>	PRING	PERIOD		j
	[MM/I	DD/Y	/YY :		MM/I	DD/YY	ſΥΥ
TTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER	FROM	10/	01/	2016	TO	10/	31/	2016
	-	•						
We appear the second of the se					-	•		

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	Tourd Thursange	TEI	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. Lam aware that there are slonificant cenaities for submitting false information.	For Righ D Bologna	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 22

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

NAME:

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

313A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Discharge

]	L _i	ſ	MONITO	RING	PERIOD		
[MM/c	DD/Y\	ſΥΥ		MM/C	D/YY	YYY
FROM	10/	01/	2016	TO	10/	31/	2016

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAIGHIE TEX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.1	N/A	7.3	su	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	6 MINIMUM		9 MAXIMUM	SU		Weekly	_GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<6	10	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			NA		30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	NA		15 MO AVG	20 DAILY MX	mg/L	346	Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD			******	N/A		Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	David Traisaus	TEI	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	for Ruh Bologna	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 23

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

BEAVER VALLEY POWER STATION

PA0025615 PERMIT NUMBER

401A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Discharge

[N	IONITO	RING	PERIOD		
	MM/	DD/Y\	ſΥΥ		MM/I	DD/Y	/YY
ROM	10/	01/	2016	то	10/	31/	2016

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	9.0	N/A	9.3	SU	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	NA	6 MINIMUM		Req. Mon. MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		**************************************	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice:Per - Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	ŅA	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD		*****	**************************************	N/A		Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	Duric	1-5	trank	Hay L	TE	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	for R			16g~0	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowlng violations.		AUTHO		ECUTIVE OFFICER 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

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

FROM

MM/DD/YYYY

10/ 01/ 2016 **TO**

403A

MM/DD/YYYY

10/ 31/ 2016

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT Internal Outfall

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		A (2.0.2)	6 MINIMUM	******	9 Maximum	SU:	1865 1865	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******				Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	*****	Sangar Sangar		0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	*****	*****	ran Est		Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		******	.5 MO AVG	1.25 INST MAX	ma/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	Dand Shartswyl	TEL	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

MG/L. (THE LIMIT IS 35

MONITORING PERIOD

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2016 TO

403A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2016

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No

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

	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		Dane	12	Levi	Same		TEI	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the Information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		R	مام	0	Bolog	<u>NG</u>	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SiGi	NATURE OF			EXECUTIVE O	PFICER OR	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved OMB No. 2040-0004

Page 26

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168 SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

413A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

BULK FUEL STORAGE DRAIN

Internal Outfall

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/ 01/ 2016 **TO** ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER FROM 10/ 31/ 2016

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	- I	
FARAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT					N/A					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A:		30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	-				· -					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	7	N/A_	******	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	N/A:	arana Mara	Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	David The bang	TEL	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penelties for submitting false information,	for Ruh D Bologan	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 27

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

ATTN: RICHARD

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIP

PA0025615 PERMIT NUMBER

501A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

PPINGPORT, PA 150770004			V	IONITO	RING	PERIOD				
		MM/E	D/YY	YYY		MM/E	MM/DD/YYYY			
D BOLOGNA/GENERAL PLANT MANAGER	FROM	10/	01/	2016	TO	10/	31/	2016		

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
Section 1		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE										
Solids, total suspended	MEASUREMENT							i			1
00530 1 0	PERMIT	*****	17.2 (A*****	45 Y 19 (1)	******	30	100	MILLS PA	24: A.16	2.78.18.79.00 Page 1	GRAB
Effluent Gross	REQUIREMENT				S. A. P. Brander, C.	MO AVG	DAILY MX	mg/L		: Weekly.	GRAB
Eleve in conduit or thru treetment plant	SAMPLE										
Flow, in conduit or thru treatment plant	MEASUREMENT										1
50050 1 0	PERMIT	Reg. Mon.	Reg. Mon.		133 A. W. 1888 1	A	BOOK WARREST CO.	111	35. H	2014 (COMPAND O	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD		Sir Back St. Son A				Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	Dund Trustaces	TEI	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the Information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Br Rul D. Coly and SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: BEAVER VALLEY POWER STATION LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGEF

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2016

DISCHARGE NUMBER

001A

MM/DD/YYYY

10/ 31/ 2016

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

UNITS 1&2 COOLG, TOWER BLWDN

External Outfall

No Discharge

PARAMETER	31t	QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.1	N/A	8.5	su	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	: N/A	6 MINIMUM	****	9 MAXIMUM	ຮັບ		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.2	<0.2	mg/L	0	1 / 7	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A		Reg Mon: MO AVG	Req. Mon. DAILY MX	mg/L	Ten.	Weekly	GRAB*
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	DIS / C	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A		0 MO AVG	DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0	0.0	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon.	MGD	******	******		N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.04	0.14	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		.5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.05	0.2	mg/L	0	Continuous	RCORDR
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	************	.2 AVERAGE	.5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.002	<0.002	mg/L	0	1 / 7	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A		0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	Dank	Starbanh	TE	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	for Rich	D. Bologna	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE O	F PRINCIPAL EXECUTIVE OFFICER (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.

10/27/16-10/31/16 Twice daily grab samples for FAC were substituted for continuous monitoring due to the unavailability of the monitor.

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

002A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Discharge

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 10/ 01/ 2016 **TO** 10/ 31/ 2016

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
AMMETER	Section 5	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD		******	******	N/A		Weekly	ESTIMA

	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	David	Sharraugh		TEL	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	for R.	ch B. Bulogn		724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE	OF PRINCIPAL EXECUTIVE OF AUTHORIZED AGENT	FILEROR	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER 003A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfall

No Discharge

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD MN/DD/YYYY MM/DD/YYYY FROM 10/ 01/ 2016 TO 10/ 31/ 2016

PARAMETER		QUANTI	QUANTITY OR LOADING		(QUALITY OR CONC	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.170	1.054	MGD	N/A	N/A	N/A	N/A	-	29 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon: DAILY MX	200	******	AND HOUSE		N/A		Twice Per Month	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	David Sharswegt	TEI	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	For Rich B. Bobana	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2016 **TO**

004A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2016

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Discharge

PARAMETER		QUANT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.9	N/A	8.0	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	6 MINIMUM	*****	9 MAXIMUM	su	7 (2) 1 (2)	Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.71	7.71	MGD	N/A	N/A	N/A	N/A	_	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon.	MGD	******	******	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.05	0.09	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	. N/A	2000.00	5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.05	0.08	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	******	2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

	l 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	Ī	Sand	\mathcal{Z}	wisau	4	TEI	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		Ruch	()	. Bolo	25×01	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGI			AL EXECUTIV ZED AGENT	OFFICER OR	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

Page 5

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

PA0025615 PERMIT NUMBER

006A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Discharge

		ı	MONITO	RING	PERIOD	
	MM/I	DD/Y	YYY		MM/	DD/YY
FROM	10/	01/	2016	то	10/	31/
	FROM		MM/DD/Y	MM/DD/YYYY	MM/DD/YYYY	

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

	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	Dand	sharsay 4	TEL	LEPHONE	DATE
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	for Rich	D Bologna	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		NCIPAL EXECUTIVE OFFICER OR HORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

Page 6

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

PA0025615 PERMIT NUMBER

007A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfall

SHIPPINGPORT, PA 150770004	1	MONITO	MONITORING PERIOD		
		MM/DD/YYYY		MM/DD/YYYY	
ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER	FROM	10/ 01/ 2016	то	10/ 31/ 2016	
	-		=	-	

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
pH	SAMPLE							1				
<u> </u>	MEASUREMENT				The second secon			4	1/2/Frant - C 1995 - 1 - 491 -	James Comp M. J. graduo Grania Comp No.	Turni at 1. Fr. & Sc. atmos	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******	er g	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT											
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****			Weekly	GRAB	
Chlorine, total residual	SAMPLE MEASUREMENT				171							
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		******	,5 MO AVG	1.25 INST MAX	mg/L	eleve 2. H	Weekly	GRAB	
Chlorine, free available	SAMPLE MEASUREMENT					,						
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	.2 AVERAGE	.5. MAXIMUM	mg/L		Weekly	GRAB	

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	David St	m Bauch	TEL	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	for Ruh 1	D Bdogney	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		CIPAL EXECUTIVE OFFICER OR DRIZED 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.

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2016 **TO**

008A

DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2016

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

DMR MAILING ZIP CODE: 150770004

External Outfall

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
рН	SAMPLE MEASUREMENT											
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	່ຮບ		/ Twice Per / Month	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT								7.2			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		**************************************	30 MO AVG	100 DAILY MX	mg/L		Twice Per / Month	GRAB	
Oil & grease	SAMPLE MEASUREMENT											
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		*****	15 MO AVG	20 DAILY MX	mg/L	institution	Twice Per Month	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT											
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO AVG	Req. Mon.	MGD	******	*****	******	N/A		Weekly	ESTIMA	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER							
Richard D. Bologna, GENERAL PLANT MANAGER							

TYPED OR PRINTED

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

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

TEI	EPHONE	DATE
724	682-7773	11/ 22/ 2016
AREA Code	NUMBER	MM/DD/YYYY

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2016

010A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2016

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOLING WATER

External Outfall

No Discharge

PARAMETER		QUANT	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
IAMMETER	Post Property (Feb.) Post Property (Feb.)	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.7	N/A	7.9	SU	0	1 / 7	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	###### ###############################	N/A	6 MINIMUM	*****	9 Maximum	SU		Weekly	GRAB .	
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	DIC / C	24 HR COMP	
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******	**************************************	N/A	*****	0 MO AVG	0 INST MAX	mg/L		When Discharging	COMP24	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.2	3.6	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon DAILY MX	MGD	Asserta Paris Street Control	i thinks	******	N/A		Weekly	MEASRD	
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.05	0.07	mg/L	0	1 / 7	GRAB	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		******		Andrew Super-	.5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB	
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	·N/A	<0.03	0.1	mg/L	0	1 / 7	GRAB	
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		tenosara papa	N/A	*****	.2 AVERAGE	.5 MAXIMUM	mg/L	32 (95 lb) v	Weekly	GRAB	

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	Davel	Sharsans	1	TEL	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	for Red	D Bolo		724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.		PRINCIPAL EXECUTIV LUTHORIZED AGENT	ME OFFICER OR	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)

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 15077000

ATTN: RICHARD D BOLOGNA/GENERAL F

PA0025615 PERMIT NUMBER

011A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Discharge

004		MONITORING PERIOD							
		MM/DD/YYYY				MM/DD/YYYY			
PLANT MANAGER	FROM	10/ 01/ 2016		то	10/ 31/ 2016				
			-		-				

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	SAMPLE TYPE	
I AVAIILE LEIV		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.004	0.004	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD		*****	******	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the Information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the Information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false Information,
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.

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

TELEPHONE DATE 724 682-7773 11/ 22/ 2016 AREA Code NUMBER MM/DD/YYYY

Form Approved OMB No. 2040-0004

Page 10

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

012A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Discharge

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 10/ 01/ 2016 TO 10/ 31/ 2016

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.5	N/A	8.6	SU	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	6 MINIMUM	******	9 MAXIMUM	SU:		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0683	0.0820	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A		Req. Mon. MO.AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.1	mg/L	0	2 / 31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	ı	1 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	Atalah ing	*****	N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	650	680	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******* ******************************	N/A	i de la companya de l	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Rer :: Month ::	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	Du	d '	Jack	Sareh	TE	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	for R	ich '	DB	solegna solegna	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE		RIZED A	CUTIVE OFFICER O	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

Page 11

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615 PERMIT NUMBER

013A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

OUTFALL 013 External Outfall

No Discharge

[MONITORING PERIOD									
	MM/DD/YYYY	_	MM/DD/YYYY							
FROM[10/ 01/ 2016	TO	10/ 31/ 2016							

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PANAMETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.1	N/A	7.3	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01	<0.01	mg/L	0	2 / 31	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	******	N/A	*****	Req: Mon. MO AVG	Reg: Mon DAILY MX			Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.0112	0.0123	mg/L	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	******	Req. Mon. MO AVG	Req. Mon.* DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005	<0.005	mg/L	0	2 / 31	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******* 	N/A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	_	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	richter (Sono Alexandra Paris	N/A		Twice Per :: Month	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	Daniel 9	nathane &	TE	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	for Ruh	D. Blogne	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		AL EXECUTIVE OFFMER OF ZED 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.

101A

DISCHARGE NUMBER

Form Approved OMB No. 2040-0004

Page 12

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

BEAVER VALLEY POWER STATION

PA0025615

PERMIT NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 10/ 01/ 2016 TO 10/ 31/ 2016 DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Discharge

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

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	Devel	Tharbar	unh	TEL	EPHONE .	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	for Rid	D Bol	1 , 169119	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PF	THORIZED AGENT	VE OPFICER OR	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: BEAVER VALLEY POWER STATION LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

PERMIT NUMBER

PA0025615

102A DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Discharge

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 10/ 01/ 2016 **TO** 10/ 31/ 2016

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.9	N/A	8.0	SU	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month:	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4.0	<4.0	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	ŇÆ		15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req Mon. DAILY MX	MGD		*****		N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	Dand	Sharsaus	TEL	.EPHONE	DATE
MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Ar Rich	D Bologray	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		NCIPAL EXECUTIVE OFFICER OR HORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

103A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Discharge

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 10/ 01/ 2016 TO 10/ 31/ 2016

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION	_	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.9	N/A	8.1	SU	0	2 / 31	GRAB
00400 1 0	PERMIT	****	******		6.20	The Property of the Party of th	9 200	3 (47) 75)		Twice Per	GRAB
Effluent Gross	REQUIREMENT			N/A	MINIMUM	CONTROL Z	9 MAXIMUM	· SU		Month :	GRAD
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	5	6	mg/L	0	2 / 31	24 HR COMP
00530 1 0	PERMIT	14. *******	*****	% N/484	19	30	(100)	35,21,78	输入空 。2	Twice Per	COMP24
Effluent Gross	REQUIREMENT			N/A		MOAVG	DAILY MX	mg/L	MARKET TO	Month :: □	COMF 24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.170	1.054	MGD	N/A	N/A	N/A	N/A	-	29 / 31	EST
50050 1 0	PERMIT	Req. Mon.	Reg. Mon.	14 Tab	**************************************	*****	*****	N/A	建约时 法设	Twice Per	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD	·维基特、5.000000000000000000000000000000000000	A STATE OF THE STA		I WA		Month	COLINIA

	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	David Sh	arsaugh	TEI	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	for Ruh D	Blogna	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL E AUTHORIZED		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:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

111A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05) 111 DIESEL GENERATOR BLDG

Internal Outfall

No Discharge

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 10/ 01/ 2016 **TO** 10/ 31/ 2016

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION					SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS]			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.7	N/A	7.8	SU	0	1 / 7	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	6 MINIMUM	*****	9 MAXIMUM	ຮ່ບ		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	1 / 7	GRAB	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			NA	*****	30 MO AVG	100 DAILY MX	mg/L		-Weekl y	GRAB	
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A		15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	*****	N/A		Weekly	ESTIMA	

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	7	> 5 5 5 5 5	$\overline{\zeta}$	ma!	Saug	$\overline{\ }$	TEI	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	* * * *	Rid	7		<u> 2loga</u>		724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGN		AUTHO		ECUTIVE OF	FICER OR	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615 PERMIT NUMBER

113A DISCHARGE NUMBER

MAJOR (SUBR05)

DMR MAILING ZIP CODE: 150770004

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

[MONITORING PERIOD												
	MM/	DD/Y\	/YY		MM/E	PYYOC	YY						
ROM	10/	01/	2016	TO	10/	31/	2016						

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	7*****			6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****			30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	043 MO AVG	Req. Mon DAILY MX	MGD			*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT								-1:		
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT					200 MO GEOMN	****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT					25 MO AVG	50 DAILY MX	∞mg/L		Twice Per Month	COMP-8

		~			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	Dwel Sharbaugh	TEL	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, thue, accurate, and complete. I am aware that there are significant penalties for submitting false information,	For Rich D Bologna	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615 PERMIT NUMBER

203A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 10/ 01/ 2016 **TO** 10/ 31/ 2016 DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
AINMILILIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM	******	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1 Ave 2 Ave						1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	A CONTRACTOR OF THE PARTY OF TH	A STATE OF THE STA	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				<u> </u>					7,740 5	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.023 MO AVG	Reg. Mon. DAILY MX	MGD	*****		*****			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT				-						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT				*****	1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT			1000		200 MO GEOMN	***	#/100mL		Twice Per Month	GRAB'
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT					25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	David Shar Bury	TE	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	for Ruh Bologra	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 18

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615 PERMIT NUMBER

211A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 10/ 01/ 2016 **TO** 10/ 31/ 2016 DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05) 211 TURBINE BLDG Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	Ņ/A	7.3	N/A	7.7	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	5	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A	###### ###############################	30 . MO AVG	100 DAILY MX	mq/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		******	NA	*****	15 MO AVG	20 DAILY MX	mg/L	e valda.	Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A		-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD .	******	******	******	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, GENERAL PLANT MANAGER
TYPED OR PRINTED

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

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

TELEPHONE DATE 724 682-7773 11/ 22/ 2016 AREA Code NUMBER MM/DD/YYYY

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2016

213A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2016

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
I AIVABLE LETT		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE VALUE					
рН	SAMPLE MEASUREMENT											
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******		6 MINIMUM	******	9 MAXIMUM *	SU		Twice Per: Month	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT								-			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT				******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB	
Oil & grease	SAMPLE MEASUREMENT											
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******			*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT											
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Reg. Mon. DAILY MX	MGD	*****	******	***************************************			Weekly	ESTIMA	
Chlorine, total residual	SAMPLE MEASUREMENT											
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		*****	.5 MO AVG	1.25 INST MAX	ma/L		Twice Per Month	GRAB	

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel)dt	uul s	2/2	Burah	TE	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Tw.	R	uch	D	SECUTIVE OFFICER OR	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SiGr	AIURE	-		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.

Form Approved OMB No. 2040-0004

Page 20

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER 301A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

No Discharge

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY **FROM** 10/ 01/ 2016 **TO** 10/ 31/ 2016

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Richard D. Bologna, GENERAL PLANT
MANAGER

TYPED OR PRINTED

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

N	i wu	7/1	rangl				
fu	Ruch	2	Balo GAA EXECUTIVE OFFICER OR				
SIGNATI							
AUTHORIZED AGENT							

1	TEI	LEPHONE	DATE
	724	682-7773	11/ 22/ 2016
	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 21

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

AT

BEAVER VALLEY POWER STATION

PA ROUTE 168

PA0025615 PERMIT NUMBER

303A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

SHIPPINGPORT, PA 150770004	ļ	MONITO	DRING	PERIOD
		MM/DD/YYYY	MM/DD/YYYY	
ITN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER	FROM	10/ 01/ 2016	то	10/ 31/ 2016

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONC	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		1	
pH	SAMPLE										
'	MEASUREMENT	_									
00400 1 0	PERMIT		*****	* 15 20 1	6 MINIMUM	******	91.77 (m.)	Mary A		Weekly	GRAB
Effluent Gross	REQUIREMENT		10000000000000000000000000000000000000	the first of	MINIMUM		MAXIMUM	≥ SU 🚁			
Solids, total suspended	SAMPLE										
,	MEASUREMENT		_								
00530 1 0	PERMIT	******	*****	C. 200 4 1	*****	30	100			Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		weekly.	
Oil & grease	SAMPLE										
On & grease	MEASUREMENT							l			
00556 1 0	PERMIT	*****	*****		*****	15,	20	- 1 A	さら継ん	Weekly -	"GRAB
Effluent Gross	REQUIREMENT				and Francisco	MO AVG	DAILY MX	mg/L		And Parker in	
Flow, in conduit or thru treatment plant	SAMPLE										
l low, in conduit or this freatment plant	MEASUREMENT				L			<u> </u>			
50050 1 0	PERMIT	Réq. Mon.	Req. Mon.	与影響于在	*****	******	*****	NI/A		Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	MGD	\$ 1985 × 486	27 - 28 - W. A.	进行中国的影响。	N/A	De Grand	vvcekiy	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	Dand Thatsangl	TEI	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	for Righ D Belong	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 22

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

10/ 01/ 2016

313A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2016

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Discharge

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONC	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
, AMARIETEN		VALUE	VALUE	VALUE UNITS		VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.1	N/A	7.3	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	. N/A	6 MINIMUM		9 MAXIMUM	SU:		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<6	10	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A		30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	**************************************	N/A	******	15 MO AVG	.20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	erence en	7/1	N/A	15.	Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	Davel Traisbaurs	TE	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information,	for Rich Bologna	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER 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

Page 23

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

PA0025615 PERMIT NUMBER

401A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Discharge

SHIPPINGPORT, PA 150770004	MONITO	PERIOD		
		MM/DD/YYYY		MM/DD/YYYY
ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER	FROM	10/ 01/ 2016	то	10/ 31/ 2016

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONC	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
COVABLETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	9.0	N/A	9.3	SU	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	M. 14501 (350)		N/A	6 MINIMUM	*****	Req Mon. MAXIMUM	SU		Twice Per Month	GRAB⊨
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	******	NA		15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO AVG	Req: Mon. DAILY MX	MGD	*****	*****	*****	N/A		Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		SWY		rank	buy	<u> </u>	TEL	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Fur		سلم		64~4		724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNA			RIZED A	ECUTIVE OF	-ICER OR	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

Page 24

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

403A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT Internal Outfall

MONITORING PERIOD MM/DD/YYYY 10/ 01/ 2016 **TO** 10/ 31/ 2016

PARAMETER		QUANTI	TY OR LOADING	_	(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT								-		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		6 MINIMUM	******	9 MAXIMUM	SÜ		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT				******	30 MO AVG	100 DAILY MX	mq/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT		1 · · · · · · · · · · · · · · · · · · ·	7	ramin a provincia A miljopino. Li	1 100 100 100 100 100 100 100 100 100 1			<u> </u>		
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		- 19-10 - 19-10 - 19-10	15 MO AVG	20 DAILY MX	mg/L	7	Weekly	GRAB:
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	7,307									
00610 1 0 Effluent Gross	PERMIT REQUIREMENT				*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	11.50	Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	To the state of th	******	a Piloto	******	0 MO AVG	0 DAILY MX	ma/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD		******	*****			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****			.5 MO AVG	1.25 INST MAX	mg/L		- Weekly.	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		who ?	mo	Sum	1	TEI	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Foc	Rul	<u> </u>		plogna	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNAT			AGENT	E OFFICER OR	AREA Code	NUMBER	MM/DD/YYYY

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

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

MG/L. (THE LIMIT IS 35

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 25

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

10/ 01/ 2016 **TO**

403A DISCHARGE NUMBER

MM/DD/YYYY

10/ 31/ 2016

DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05) CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfail

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

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnal		Dane	12	Lev	Same		TEI	EPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		RI	مكر	<i>b</i>	Bolog	م ۸۰۷	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGI	NATURE O			D AGENT	OFFICER OR	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

PA0025615 PERMIT NUMBER

413A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05) **BULK FUEL STORAGE DRAIN**

Internal Outfall

No Discharge

O O / 1 1 1 O 1 1 1 .	TATAGOTE 100								
	SHIPPINGPORT, PA 150770004		MONITORING PERIOD						7
			MM/	DD/Y	YYY		MM/D	D/YYYY]
ATTN: RIC	HARD D BOLOGNA/GENERAL PLANT MANAGER	FROM	10/	01/	2016	то	10/	31/ 2016	3

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT			-		N/A				,	
00400 1 0	PERMIT	****	******	N/A	6	****	9		1977	Weekly	GRAB
Effluent Gross Solids, total suspended	REQUIREMENT SAMPLE MEASUREMENT				MINIMUM		MAXIMUM	SU			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	N/A	****	30 MO AVG	100 DAILY MX	mg/L	11.0	Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A		15 MO AVG	20 DAILY MX	∼ mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		_								
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	*****	******	N/A	Aria di Selata	Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		and	$\frac{2}{}$	mi	saus	TE	LEPHONE	DATE
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	194	Rul	٨	D	Bologna	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATO			RIZED AG	CUTIVE OFFICER O	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

Page 27

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

PA0025615
PERMIT NUMBER

501A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******			******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req. Mon. DAILY MX	MGD	**************************************	*******		selection of	6.0	Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	Durch Truesaux	TE	LEPHONE	DATE
Richard D. Bologna, GENERAL PLANT MANAGER	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Br Rul D. Colyng SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	FirstEnergy	Nuclear Operating Company							
Address:	P.O. Box 4								
	Shippingpor	t, PA 15077							
	Beaver Valle	ey Power Station							
	PERMIT N	UMBER			MONITO Year/	RING F Month/			
,	PA0025	6615	2016	10	01	то	2016	10	31
						× 367: =			
PARAMET	ER	ANALYSIS METHOD	t a the least	AB NAME			LABI	D NUMBE	R²
Total Residual	Chlorine	SM 4500-CL G [20 th]	Beaver V	alley Powe	r Station		C)4-2742	
Free Available	Chlorine	SM 4500-CL G [20 th]	Beaver V	alley Powe	r Station)4-2742	
рН		SM 4500-H+ B [20 th]	Beaver V	alley Powe	r Station		()4-2742	
Temperat		SM 2550 B [20 th]	Beaver V	alley Powe	r Station		()4-2742	
Flow		NA	Beaver V	alley Powe	r Station		C	4-2742	
Total Suspended S	Solids (TSS)	SM 2540 Ď [20 th]	Beaver V	alley Powe	r Station	is a	Ç	4-2742	
Quaternary A Compoun		Photometric Determination 1/2-CHM-ANA-4.23H	Beaver V	alley Powe	r Station		C)4-2742	
Bentonite Det	oxicant	Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645	1	alley Powe	r Station		est C)4-2742	
Hydrazin	e	ASTM D1385-01	Beaver V	alley Powe	r Station		- C	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: <u>724-682-7773</u>	Signature of Principal Executive Officer or Authorized Agent
Richard Bologna General Plant Manager	Date: <u>11/22/16</u>	David Sharbay & For Ruh DBologne

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

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



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	FirstEnergy	Nuclear Operating Company			-				
Address:	P.O. Box 4 Shippingpor Beaver Valle	t, PA 15077 ey Power Station							
	PERMIT NU	JMBER			MONITO Year/	RING F			,
	PA0025	615	2016	10	01	то	2016	10	31
PARAMET	ER	ANALYSIS METHOD		LAB NAME	•		LABI	D NUMBE	R²
Zinc		EPA 200.7 Rev 4.4	FirstEne	ergy Corp-E	eta Lab		6	3-01120	
Copper		EPA 200.7 Rev 4.4	FirstEne	ergy Corp-E	eta Lab		6	3-01120	
Iron	· · · · · · · · · · · · · · · · · · ·	EPA 200.7 Rev 4.4	FirstEne	ergy Corp-E	eta Lab		6	3-01120	
Chromiui	n	EPA 200.7 Rev 4.4	FirstEne	ergy Corp-E	eta Lab		6	3-01120	
Ammonia	3	SM 4500 NH3 F	FirstEne	rgy Corp-B	eta Lab	* ` `	68	3-01120	
Cyanide		SM 4500-CN E [18th]	FirstEne	ergy Corp-B	eta Lab		6	3-01120	
Chlorobenz	ene	EPA 624		erican-Car			68	3-00340	<u></u>
Oil and Gre	ase	EPA 1664 Rev A	FirstEne	rgy Corp-B	eta Lab		68	3-01120	
Oil and Gre	ase	EPA 1664 Rev A	PACE A	Analytical S	ervices		6:	5-00282	
Total Dissolved	Solids	SM 2540 C *	FirstEne	rgy Corp-B	eta Lab		68	3-01120	i Kuri su Busi sa
Total Suspende	d Solids	SM 2540 D *	FirstEne	rgy Corp-B	eta Lab		68	3-01120	
		* 2012 EPA Method Update Rule (MUR) no longer cites Standard Method editions							, , , , , , , , , , , , , , , , , , ,

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

Name/Title Principal Executive Officer

Phone: 724-682-7773

Signature of Principal Executive Officer or

Authorized Agent

Richard Bologna

General Plant Manager

Date: 11/22/16

Starburgh for Rich D B-log ng

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

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