

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

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,

*David Shusterman*  
for *Rich D Bologna*

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

**ATTACHMENT 1**

**Weekly Dissolved Oxygen Monitoring Results at Outfall 001**

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

<b>SAMPLE DATE</b>	<b>SAMPLE TIME</b>	<b>VALUE</b>	<b>UNITS</b>
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**

<b>SAMPLE</b>	<b>SAMPLE PARAMETER</b>	<b>DOMI CODE</b>	<b>COMMENT</b>
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 Date	Sample 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 -

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

Form Approved  
OMB No. 2040-0004

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

Page 1

**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

001A
DISCHARGE NUMBER

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.1	N/A	8.5	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Nitrogen, ammonia 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	*****	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	0 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. DAILY MX	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 Richard D. Bologna, GENERAL PLANT MANAGER	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.	TELEPHONE		DATE
		724 682-7773	11/ 22/ 2016	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>David Starbas 2 for Rich D. Bologna</i>	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.

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

Form Approved  
OMB No. 2040-0004

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

Page 2

**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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant		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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.	<i>David Shartsburgh</i> <i>for Rich B. Bologna</i>	<b>TELEPHONE</b>		<b>DATE</b>
Richard D. Bologna, GENERAL PLANT MANAGER			724	682-7773	11/ 22/ 2016
<b>TYPED OR PRINTED</b>	<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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

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SHIPPINGPORT, PA 150770004

PA0025615  
**PERMIT NUMBER**

003A  
**DISCHARGE NUMBER**

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
003  
External Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

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

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Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	11/ 22/ 2016
<b>TYPED OR PRINTED</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

*David Sherbaugh*  
*Dr Rich B. Bologna*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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.



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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**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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	7.9	N/A	8.0	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	7.71	7.71	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req: Mon. MO AVG	Req: Mon. DAILY MX	MGD	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<0.05	0.09	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	.5 MO.AVG	1.25 INST.MAX	mg/L		Weekly	GRAB
Chlorine, free available	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<0.05	0.08	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

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Richard D. Bologna, GENERAL PLANT MANAGER			724	682-7773	11/ 22/ 2016
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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**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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant		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

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<b>TYPED OR PRINTED</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

*David Shartsburg*  
*for Rich D Bologna*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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SHIPPINGPORT, PA 150770004

PA0025615  
**PERMIT NUMBER**

007A  
**DISCHARGE NUMBER**

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>										
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>										
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY:MX	MGD	*****	*****	*****			Weekly	GRAB
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>										
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	.5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	<b>SAMPLE MEASUREMENT</b>										
50064 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

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Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	11/ 22/ 2016
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>

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.

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

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**ADDRESS:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615
<b>PERMIT NUMBER</b>

008A
<b>DISCHARGE NUMBER</b>

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

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

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Richard D. Bologna, GENERAL PLANT MANAGER		724 682-7773		11/ 22/ 2016
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>MM/DD/YYYY</b>

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

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**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615  
PERMIT NUMBER

010A  
DISCHARGE NUMBER

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

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.7	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	*****	*****	*****	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	*****	*****	*****	*****	5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.03	0.1	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

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 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.	<i>Daniel Shurbaugh</i> for <i>Richard D Bologna</i>	TELEPHONE		DATE
Richard D. Bologna, GENERAL PLANT MANAGER			724 682-7773	11/ 22/ 2016	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved  
OMB No. 2040-0004

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

Page 9

**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
<b>PERMIT NUMBER</b>

011A
<b>DISCHARGE NUMBER</b>

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
DIESEL GEN & TURBINE DRAINS  
External Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant		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 Richard D. Bologna, GENERAL PLANT MANAGER	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.	TELEPHONE		DATE
		724 682-7773		11/ 22/ 2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
		<i>David Shartsburg</i> <i>for Rich D Bologna</i>		MM/DD/YYYY

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

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

Form Approved  
OMB No. 2040-0004

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

Page 10

**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

012A
DISCHARGE NUMBER

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	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	-	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

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 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.	<i>David Sharbaugh</i> <i>for Rich D Bologna</i>	TELEPHONE		DATE
Richard D. Bologna, GENERAL PLANT MANAGER			724 682-7773	11/ 22/ 2016	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved  
OMB No. 2040-0004

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

Page 11

**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**

013A  
**DISCHARGE NUMBER**

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
OUTFALL 013  
External Outfall

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

No Discharge

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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.	<i>David Shabang</i> for <i>Rich D. Bologna</i>	<b>TELEPHONE</b>		<b>DATE</b>
Richard D. Bologna, GENERAL PLANT MANAGER			724	682-7773	11/ 22/ 2016
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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.



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

Form Approved  
OMB No. 2040-0004

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

Page 12

**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

101A
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
101 CHEMICAL WASTE TREATMENT  
Internal Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH											
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended											
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP-2
Oil & grease											
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)											
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											
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****			DAILY	CONTIN
Hydrazine											
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 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
Richard D. Bologna, GENERAL PLANT MANAGER		724 682-7773		11/ 22/ 2016
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

*Dwight Shambaugh*  
*for Rich D Bologna*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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.

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

Form Approved  
OMB No. 2040-0004

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

Page 13

**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
<b>PERMIT NUMBER</b>

102A
<b>DISCHARGE NUMBER</b>

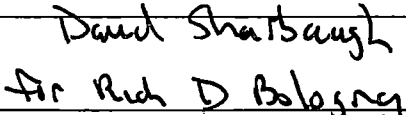
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
102 INTAKE SCREEN HOUSE  
Internal Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Richard D. Bologna, GENERAL PLANT MANAGER	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 Shartsbaugh For Rich D Bologna SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			724 682-7773	11/ 22/ 2016	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved  
OMB No. 2040-0004

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

Page 14

**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
<b>PERMIT NUMBER</b>

103A
<b>DISCHARGE NUMBER</b>

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	7.9	N/A	8.1	SU	0	2 / 31	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	5	6	mg/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.170	1.054	MGD	N/A	N/A	N/A	N/A	-	29 / 31	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	N/A		Twice Per Month	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	11/ 22/ 2016
<b>TYPED OR PRINTED</b>	<i>David Sharbaugh</i> <i>for Rich D Bologna</i>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>
	<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>			

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.

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

Form Approved  
OMB No. 2040-0004

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

Page 15

**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

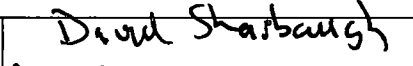
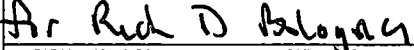
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
111 DIESEL GENERATOR BLDG  
Internal Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.7	N/A	7.8	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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
Richard D. Bologna, GENERAL PLANT MANAGER			724 682-7773	11/ 22/ 2016	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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

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

Form Approved  
OMB No. 2040-0004

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

Page 16

**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

113A  
DISCHARGE NUMBER

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO.AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	043 MO AVG	Req. Mon DAILY MX	MGD	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.4 MO AVG	3.3 INST MAX	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 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
Richard D. Bologna, GENERAL PLANT MANAGER		724 682-7773		11/ 22/ 2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved  
OMB No. 2040-0004

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

Page 17

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

PA0025615  
PERMIT NUMBER

203A  
DISCHARGE NUMBER

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	023 MO AVG	Req: Mon. DAILY MX	MGD	*****	*****	*****			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	200 MO GEOMN	*****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT 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 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
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	11/ 22/ 2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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.

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

Form Approved  
OMB No. 2040-0004

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

Page 18

**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
<b>PERMIT NUMBER</b>

211A
<b>DISCHARGE NUMBER</b>

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

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.3	N/A	7.7	SU	0	1 / 7	GRAB
	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	5	mg/L	0	1 / 7	GRAB
	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO-AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO-AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A		-	1 / 7	EST
	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 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
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	11/ 22/ 2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

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

Form Approved  
OMB No. 2040-0004

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

Page 19

**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

213A
DISCHARGE NUMBER

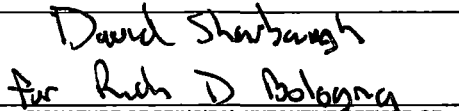
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
UNIT 2 COOL TOWER PUMPHOUSE  
Internal Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 Shurbangh For Rich D Bologna	TELEPHONE		DATE
Richard D. Bologna, GENERAL PLANT MANAGER			724 682-7773	11/ 22/ 2016	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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



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

Form Approved  
OMB No. 2040-0004

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

Page 20

**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
<b>PERMIT NUMBER</b>

301A
<b>DISCHARGE NUMBER</b>

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	N/A		Weekly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	11/ 22/ 2016
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>

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.

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

Form Approved  
OMB No. 2040-0004

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

Page 21

**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

303A  
DISCHARGE NUMBER

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
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 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
Richard D. Bologna, GENERAL PLANT MANAGER		724 682-7773		11/ 22/ 2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SAMPLES SHALL BE TAKEN AT THE OVERFLOW FROM THE OIL WATER SEPARATOR PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved  
OMB No. 2040-0004

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

Page 22

**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
<b>PERMIT NUMBER</b>

313A
<b>DISCHARGE NUMBER</b>

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.	<i>Daniel J. Harbaugh</i> <i>for Rich Bologna</i>	<b>TELEPHONE</b>		<b>DATE</b>
Richard D. Bologna, GENERAL PLANT MANAGER			724	682-7773	11/ 22/ 2016
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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.

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

Form Approved  
OMB No. 2040-0004

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

Page 23

**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

401A  
DISCHARGE NUMBER

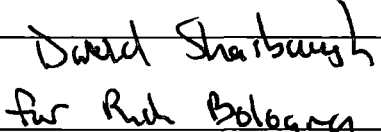
**DMR MAILING ZIP CODE:** 150770004  
MAJOR (SUBR05)  
CHEM.FEED AREA OF AUX BOILERS  
Internal Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	9.0	N/A	9.3	SU	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	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		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

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 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 Sharbaugh for Rich Bologna	TELEPHONE		DATE
TYPED OR PRINTED			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 CHEMICAL FEED AREA DRAINS PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved  
OMB No. 2040-0004

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

Page 24

**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

403A  
DISCHARGE NUMBER

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Richard D. Bologna, GENERAL PLANT MANAGER	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.	TELEPHONE		DATE
		724 682-7773		11/ 22/ 2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved  
OMB No. 2040-0004

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

Page 25

**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

403A  
DISCHARGE NUMBER

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.	<i>David Shabansky</i> <i>For Rich D Bologna</i>	<b>TELEPHONE</b>		<b>DATE</b>
Richard D. Bologna, GENERAL PLANT MANAGER			724	682-7773	11/ 22/ 2016
<b>TYPED OR PRINTED</b>	<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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

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

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

Form Approved  
OMB No. 2040-0004

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

Page 26

**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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	11/ 22/ 2016
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

*David Sheehan*  
*for Rich D Bologna*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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.

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

Form Approved  
OMB No. 2040-0004

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

Page 27

**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
<b>PERMIT NUMBER</b>

501A
<b>DISCHARGE NUMBER</b>

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended 00530 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****			Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Richard D. Bologna, GENERAL PLANT MANAGER	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.	TELEPHONE		DATE
		724 682-7773		11/ 22/ 2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
		<i>Richard D. Bologna</i>		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.



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

Form Approved  
OMB No. 2040-0004

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

Page 1

**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**

001A  
**DISCHARGE NUMBER**

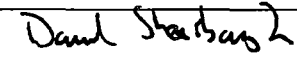
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
UNITS 1&2 COOLG. TOWER BLWDN  
External Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Richard D. Bologna, GENERAL PLANT MANAGER	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 Stebbins for Rich D. Bologna	TELEPHONE		DATE
			724 682-7773	11/ 22/ 2016	AREA Code

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.

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

Form Approved  
OMB No. 2040-0004

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

Page 2

**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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

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

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Richard D. Bologna, GENERAL PLANT MANAGER		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	724 682-7773	11/ 22/ 2016	
<b>TYPED OR PRINTED</b>			<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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

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

Form Approved  
OMB No. 2040-0004

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

Page 3

**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**

003A  
**DISCHARGE NUMBER**

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
003  
External Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	11/ 22/ 2016
<b>TYPED OR PRINTED</b>	<i>David Shartsbaugh</i> <i>Dr Rich B. Bologna</i>	<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b> <b>NUMBER</b> <b>MM/DD/YYYY</b>

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.

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

Form Approved  
OMB No. 2040-0004

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

Page 4

**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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	7.9	N/A	8.0	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	7.71	7.71	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<0.05	0.09	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<0.05	0.08	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.	<i>David Shorban</i> <i>for Rich B. Bologna</i>	<b>TELEPHONE</b>		<b>DATE</b>
Richard D. Bologna, GENERAL PLANT MANAGER			724	682-7773	11/ 22/ 2016
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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

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

Form Approved  
OMB No. 2040-0004

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

Page 5

**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
<b>PERMIT NUMBER</b>

006A
<b>DISCHARGE NUMBER</b>

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
AUX. INTAKE SCREEN BACKWASH  
External Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross		0.002	0.016	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
	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	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 Shaberg for Rich D Bologna	TELEPHONE		DATE
			724	682-7773	11/ 22/ 2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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

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

Form Approved  
OMB No. 2040-0004

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

Page 6

**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

007A  
DISCHARGE NUMBER

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

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****			Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	.5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	.2 AVERAGE	.5 MAXIMUM	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 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
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	11/ 22/ 2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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.

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

Form Approved  
OMB No. 2040-0004

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

Page 7

**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
<b>PERMIT NUMBER</b>

008A
<b>DISCHARGE NUMBER</b>

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

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
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	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 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
Richard D. Bologna, GENERAL PLANT MANAGER		724 682-7773		11/ 22/ 2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved  
OMB No. 2040-0004

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

Page 8

**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**

010A  
**DISCHARGE NUMBER**

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	7.7	N/A	7.9	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	DIC / C	24 HR COMP
04251 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	0 MO AVG	0 INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	3.2	3.6	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	0.05	0.07	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<0.03	0.1	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.	<i>David Sharsbaugh</i> <i>for Rich D Bologna</i>	<b>TELEPHONE</b>		<b>DATE</b>
Richard D. Bologna, GENERAL PLANT MANAGER			724	682-7773	11/ 22/ 2016
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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)



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

Form Approved  
OMB No. 2040-0004

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

Page 9

**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
<b>PERMIT NUMBER</b>

011A
<b>DISCHARGE NUMBER</b>

**DMR MAILING ZIP CODE:** 150770004  
MAJOR (SUBR05)  
DIESEL GEN & TURBINE DRAINS  
External Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant		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 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
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	11/ 22/ 2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

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

Form Approved  
OMB No. 2040-0004

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

Page 10

**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

012A
DISCHARGE NUMBER

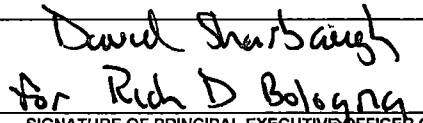
**DMR MAILING ZIP CODE:** 150770004  
MAJOR (SUBR05)  
BLOWDOWN FROM THE HVAC UNIT  
External Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	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	-	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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Richard D. Bologna, GENERAL PLANT MANAGER	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 Sharbaugh for Rich D Bologna	TELEPHONE		DATE
			724 682-7773	11/ 22/ 2016	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved  
OMB No. 2040-0004

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

Page 11

**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**

013A  
**DISCHARGE NUMBER**

**DMR MAILING ZIP CODE:** 150770004  
MAJOR (SUBR05)  
OUTFALL 013  
External Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	7.1	N/A	7.3	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Cyanide, total (as CN)	<b>SAMPLE MEASUREMENT</b>	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	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	Req. Mon. MO.AVG	Req. Mon. DAILY.MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	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	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	Req. Mon. MO.AVG	Req. Mon. DAILY.MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	<b>SAMPLE MEASUREMENT</b>	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	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	Req. Mon. MO.AVG	Req. Mon. DAILY.MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO.AVG	Req. Mon. DAILY.MX	MGD	*****	*****	*****	N/A		Twice Per Month	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	11/ 22/ 2016
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>

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.

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

Form Approved  
OMB No. 2040-0004

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

Page 12

**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
<b>PERMIT NUMBER</b>

101A
<b>DISCHARGE NUMBER</b>

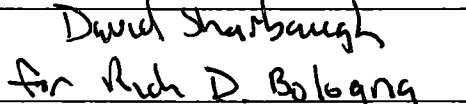
**DMR MAILING ZIP CODE:** 150770004  
MAJOR (SUBR05)  
101 CHEMICAL WASTE TREATMENT  
Internal Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	SU		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/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 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

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 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 Shambaugh for Rich D Bologna	TELEPHONE		DATE
TYPED OR PRINTED			724 682-7773	11/ 22/ 2016	
Richard D. Bologna, GENERAL PLANT MANAGER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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

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

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

Form Approved  
OMB No. 2040-0004

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

Page 13

**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

102A  
DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
102 INTAKE SCREEN HOUSE  
Internal Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.	<i>David Shartsbaugh</i> <i>for Rich D Bologna</i>		<b>TELEPHONE</b>		<b>DATE</b>
Richard D. Bologna, GENERAL PLANT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		724	682-7773	11/ 22/ 2016
<b>TYPED OR PRINTED</b>			<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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.

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

Form Approved  
OMB No. 2040-0004

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

Page 14

**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
<b>PERMIT NUMBER</b>

103A
<b>DISCHARGE NUMBER</b>

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	7.9	N/A	8.1	SU	0	2 / 31	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	5	6	mg/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.170	1.054	MGD	N/A	N/A	N/A	N/A	-	29 / 31	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	N/A		Twice Per Month	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.	<i>David Sharbaugh</i> <i>for Rich D Bologna</i>	<b>TELEPHONE</b>		<b>DATE</b>
Richard D. Bologna, GENERAL PLANT MANAGER			724	682-7773	11/ 22/ 2016
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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.

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

Form Approved  
OMB No. 2040-0004

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

Page 15

**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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.7	N/A	7.8	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO.AVG	100 DAILY.MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO.AVG	20 DAILY.MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO.AVG	Req. Mon. DAILY.MX	MGD	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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
Richard D. Bologna, GENERAL PLANT MANAGER		724 682-7773		11/ 22/ 2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved  
OMB No. 2040-0004

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

Page 16

**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

113A  
DISCHARGE NUMBER

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	043 MO AVG	Req: Mon DAILY MX	MGD	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general 74055 1 1 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	200 MO GEOMN	*****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	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 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
Richard D. Bologna, GENERAL PLANT MANAGER		724 682-7773	11/ 22/ 2016	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OTHER WATER.



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

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

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

PA0025615  
PERMIT NUMBER

203A  
DISCHARGE NUMBER

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	.023 MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****			Weekly	MEASRD
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general 74055 1 1 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	200 MO GEOMN	*****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	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 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
Richard D. Bologna, GENERAL PLANT MANAGER		724 682-7773		11/ 22/ 2016
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved  
OMB No. 2040-0004

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

Page 18

**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
<b>PERMIT NUMBER</b>

211A
<b>DISCHARGE NUMBER</b>

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.3	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	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	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.	TELEPHONE		DATE
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	11/ 22/ 2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

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

Form Approved  
OMB No. 2040-0004

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

Page 19

**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
<b>PERMIT NUMBER</b>

213A
<b>DISCHARGE NUMBER</b>

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.	<i>David Shorbaugh</i> <i>for Rich D Bologna</i>	<b>TELEPHONE</b>		<b>DATE</b>
Richard D. Bologna, GENERAL PLANT MANAGER			724	682-7773	11/ 22/ 2016
<b>TYPED OR PRINTED</b>	<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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.

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

Form Approved  
OMB No. 2040-0004

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

Page 20

**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
<b>PERMIT NUMBER</b>

301A
<b>DISCHARGE NUMBER</b>

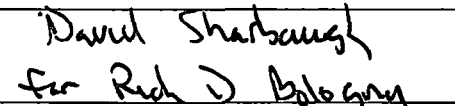
**DMR MAILING ZIP CODE:** 150770004  
MAJOR (SUBR05)  
UNIT 2 AUX BOILER BLOWDOWN  
Internal Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
	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 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 Shatbaugh for Rich D Bologna	TELEPHONE		DATE
Richard D. Bologna, GENERAL PLANT MANAGER			724 682-7773	11/ 22/ 2016	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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

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

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

Form Approved  
OMB No. 2040-0004

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

Page 21

**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
<b>PERMIT NUMBER</b>

303A
<b>DISCHARGE NUMBER</b>

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	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	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.	TELEPHONE		DATE
		724 682-7773		11/ 22/ 2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Richard D Bologna</i>		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.

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

Form Approved  
OMB No. 2040-0004

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

Page 22

**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
<b>PERMIT NUMBER</b>

313A
<b>DISCHARGE NUMBER</b>

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.	<i>Daniel Shurburgh</i> <i>for Rich Bologna</i>	<b>TELEPHONE</b>		<b>DATE</b>
Richard D. Bologna, GENERAL PLANT MANAGER			724	682-7773	11/ 22/ 2016
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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.

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

Form Approved  
OMB No. 2040-0004

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

Page 23

**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
<b>PERMIT NUMBER</b>

401A
<b>DISCHARGE NUMBER</b>

**DMR MAILING ZIP CODE:** 150770004  
MAJOR (SUBR05)  
CHEM.FEED AREA OF AUX BOILERS  
Internal Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.	<i>David Sharbaugh</i> <i>for Rich Bologna</i>	<b>TELEPHONE</b>		<b>DATE</b>
Richard D. Bologna, GENERAL PLANT MANAGER			724	682-7773	11/ 22/ 2016
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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.

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

Form Approved  
OMB No. 2040-0004

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

Page 24

**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

403A  
DISCHARGE NUMBER

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

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

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 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
Richard D. Bologna, GENERAL PLANT MANAGER		724 682-7773		11/ 22/ 2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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



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

Form Approved  
OMB No. 2040-0004

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

Page 25

**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

403A
DISCHARGE NUMBER

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine 81313 1 0 Effluent Gross		*****	*****		*****	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 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
Richard D. Bologna, GENERAL PLANT MANAGER		724 682-7773		11/ 22/ 2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved  
OMB No. 2040-0004

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

Page 26

**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

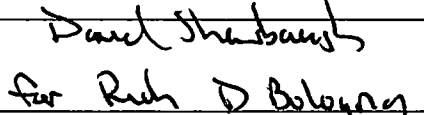
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
BULK FUEL STORAGE DRAIN  
Internal Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH						N/A					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended											
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease											
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											
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 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
TYPED OR PRINTED			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 DISCHARGE FROM OWS #24 PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved  
OMB No. 2040-0004

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

Page 27

**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
<b>PERMIT NUMBER</b>

501A
<b>DISCHARGE NUMBER</b>

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon DAILY MX	MGD	*****	*****	*****			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 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
Richard D. Bologna, GENERAL PLANT MANAGER		724 682-7773		11/ 22/ 2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
		<i>Dr. Richard D. Bologna</i>		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.



## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

<b>Permittee Name:</b> <u>FirstEnergy Nuclear Operating Company</u>										
<b>Address:</b> <u>P.O. Box 4</u>										
<u>Shippingport, PA 15077</u>										
<u>Beaver Valley Power Station</u>										
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day						
PA0025615				2016	10	01	TO	2016	10	31
<b>PARAMETER</b>		<b>ANALYSIS METHOD</b>		<b>LAB NAME</b>		<b>LAB ID NUMBER<sup>2</sup></b>				
Total Residual Chlorine		SM 4500-CL G [20 <sup>th</sup> ]		Beaver Valley Power Station		04-2742				
Free Available Chlorine		SM 4500-CL G [20 <sup>th</sup> ]		Beaver Valley Power Station		04-2742				
pH		SM 4500-H+ B [20 <sup>th</sup> ]		Beaver Valley Power Station		04-2742				
Temperature		SM 2550 B [20 <sup>th</sup> ]		Beaver Valley Power Station		04-2742				
Flow		NA		Beaver Valley Power Station		04-2742				
Total Suspended Solids (TSS)		SM 2540 D [20 <sup>th</sup> ]		Beaver Valley Power Station		04-2742				
Quaternary Amine Compounds		Photometric Determination ½-CHM-ANA-4.23H		Beaver Valley Power Station		04-2742				
Bentonite Detoxicant		Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645		Beaver Valley Power Station		04-2742				
Hydrazine		ASTM D1385-01		Beaver Valley Power Station		04-2742				

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

**Name/Title Principal Executive Officer**

 Richard Bologna  
 General Plant Manager

**Phone:** 724-682-7773
**Date:** 11/22/16
**Signature of Principal Executive Officer or Authorized Agent**

Daniel Sharkey for Rich D Bologna

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

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



## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

 Permittee Name: FirstEnergy Nuclear Operating Company

 Address: P.O. Box 4
Shippingport, PA 15077
Beaver Valley Power Station
**PERMIT NUMBER**
**PA0025615**
**MONITORING PERIOD**

Year/Month/Day

2016

10

01

TO

2016

10

31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
Zinc	EPA 200.7 Rev 4.4	FirstEnergy Corp-Beta Lab	68-01120
Copper	EPA 200.7 Rev 4.4	FirstEnergy Corp-Beta Lab	68-01120
Iron	EPA 200.7 Rev 4.4	FirstEnergy Corp-Beta Lab	68-01120
Chromium	EPA 200.7 Rev 4.4	FirstEnergy Corp-Beta Lab	68-01120
Ammonia	SM 4500 NH3 F	FirstEnergy Corp-Beta Lab	68-01120
Cyanide	SM 4500-CN E [18th]	FirstEnergy Corp-Beta Lab	68-01120
Chlorobenzene	EPA 624	Test American-Canton Lab	68-00340
Oil and Grease	EPA 1664 Rev A	FirstEnergy Corp-Beta Lab	68-01120
Oil and Grease	EPA 1664 Rev A	PACE Analytical Services	65-00282
Total Dissolved Solids	SM 2540 C *	FirstEnergy Corp-Beta Lab	68-01120
Total Suspended Solids	SM 2540 D *	FirstEnergy Corp-Beta Lab	68-01120
	* 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 possibility 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

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

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