

Beaver Valley Power Station Route 168 P.O. Box 4 Shippingport, PA 15077-0004

January 26, 2012 L-12-041

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 December 2011 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).

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

Should you have any questions regarding the attached and enclosed documents, please direct them to Mr. Donald Salera at 724-682-4141.

Sincerely,

Raymond A. Lieb Director, Site Operations



Beaver Valley Power Station, Unit Nos. 1 and 2 L-12-041 Page 2

Attachment(s):

1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001

Enclosure(s)

A. Discharge Monitoring Report

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

-10.014

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-12-041 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

ATTACHMENT 1

Weekly Dissolved Oxygen Monitoring Results at Outfall 001

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

SAMPLE DATE	SAMPLE TIME	VALUE	UNITS
05-Dec-11	0830	7.49	mg/L
12-Dec-11	1230	8.94	mg/L
19-Dec-11	0920	8.62	mg/L
27-Dec-11	1000	8.48	mg/L

- Attachment 1 END -



MONITORING PERIOD

то

Page 1

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

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0	025615
PERMIT	NUMBER

FROM

MM/DD/YYYY

12/ 01/ 2011

001A

MM/DD/YYYY

12/ 31/ 2011

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

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.5	N/A	8.1	pН	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A ·	6 MINIMUM	******	9 MAXIMUM	рН	1	Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG	GG
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	****** - 19-2	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		GG	GG	GG
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	25.7	27.7	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	Mgal/d	*****	*****	******	N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	, N/A	0.1	0.13	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	0.0	0.1	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	.2 AVERAGE	.5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG	GG
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	******	0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnet	DAAII	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	Kaynel April	724	682-7773	1/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different) Page 2 NAME: FIRST ENERGY NUCLEAR OPERATING DMR MAILING ZIP CODE: 150770004 PA0025615 002A ADDRESS: PA ROUTE 168 MAJOR PERMIT NUMBER DISCHARGE NUMBER (SUBR05) SHIPPINGPORT, PA 150770004 FACILITY: BEAVER VALLEY POWER STATION INTAKE SCREEN BACKWASH LOCATION: PA ROUTE 168 External Outfall SHIPPINGPORT, PA 150770004 MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY No Discharge 12/ 01/ 2011 TO 12/ 31/ 2011 ATTN: RAYMOND A LIEB/DIR SITE OPER FROM FREQUENCY SAMPLE NO. QUANTITY OR LOADING QUALITY OR CONCENTRATION OF ANALYSIS EΧ TYPE PARAMETER VALUE UNITS VALUE VALUE UNITS VALUE VALUE SAMPLE 0.006 0.046 MGD N/A N/A N/A N/A 1/7 EST Flow, in conduit or thru treatment plant MEASUREMENT 50050 1 0 PERMIT Reg. Mon. Req. Mon. ***** ***** ***** N/A Weekly **ESTIMA** DAILY MX Effluent Gross REQUIREMENT MO AVG Mgai/d I certify under penalty of law that this document and all attachments were prepared under my TELEPHONE DATE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER firection or supervision in accordance with a system designed to assure that qualified personn properly gather and evaluate the information submitted. Based on my inquiry of the person or Raymond A. Lieb, DIRECTOR OF SITE persons who manage the system, or those persons directly responsible for gathering the 1/ 27/ 2012 724 682-7773 information, the information submitted is, to the best of my knowledge and belief, true, accurate OPERATIONS and complete. I am aware that there are significant penalties for submitting false information, SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR including the possibility of fine and imprisonment for knowing violations AREA Code NUMBER MM/DD/YYYY TYPED OR PRINTED AUTHORIZED AGENT COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Computer Generated Version of EPA Form 3320-1 (rev. 01/06) Page 1

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different) Page 3 NAME: DMR MAILING ZIP CODE: 150770004 FIRST ENERGY NUCLEAR OPERATING PA0025615 003A MAJOR ADDRESS: PA ROUTE 168 SHIPPINGPORT, PA 150770004 PERMIT NUMBER **DISCHARGE NUMBER** (SUBR05) FACILITY: BEAVER VALLEY POWER STATION 003 LOCATION: PA ROUTE 168 External Outfall MONITORING PERIOD SHIPPINGPORT, PA 150770004 MM/DD/YYYY MM/DD/YYYY No Discharge ATTN: RAYMOND A LIEB/DIR SITE OPER FROM 12/ 01/ 2011 то 12/ 31/ 2011 NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION OF ANALYSIS EX TYPE PARAMETER VALUE VALUE UNITS VALUE VALUE VALUE UNITS SAMPLE 2 / 31 EST 0.041 0.090 MGD N/A N/A N/A Flow, in conduit or thru treatment plant N/A MEASUREMENT 50050 1 0 Reg. Mon. ****** ****** ***** Twice Per PERMIT Reg. Mon. N/A **ESTIMA** Month Effluent Gross REQUIREMENT MO AVG DAILY MX Mgal/d certify under penalty of law that this document and all attachments were prepared under my TELEPHONE DATE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER irection or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or Raymond A. Lieb, DIRECTOR OF SITE persons who manage the system, or those persons directly responsible for gathering the 724 682-7773 1/ 27/ 2012 formation, the information submitted is, to the best of my knowledge and belief, true, accurate **OPERATIONS** and complete. I am aware that there are significant penalties for submitting false information SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR including the possibility of fine and imprisonment for knowing violations AREA Code NUMBER MM/DD/YYYY TYPED OR PRINTED **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. Computer Generated Version of EPA Form 3320-1 (rev. 01/06) Page 1

Form Approved OMB No. 2040-0004

Weekly

Weekly

Weekly

Weekly

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

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

Reg. Mon.

MO AVG

. .

Reg. Mon.

DAILY MX

	1													
NAME: ADDRESS:					ER	004A DISCHARGE NU	MBER		DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)					
FACILITY: BEAVER VALLEY POWER STATION									UNIT ONI External (TOWER OVERF	LOW		
ATTN: RAYMO	SHIPPINGPORT, PA 150 DND A LIEB/DIR SITE OPE	·	FRC	MM/DD/Y	YYY	NG PERIOD MM/DD/YY 0 12/ 31/					No Disc	:harge X		
PARAMETER			QUANTITY OR LOADING QUALITY OR C				QUALITY OR CONC	OR CONCENTRATION			FREQUENCY OF ANALYSIS	SAMPLE TYPE		
			VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS					
рН	1	SAMPLE MEASUREMENT			N/A									

N/A

Mgal/d

N/A

N/A

N/A

N/A

6

MINIMUM

.5

.2

AVERAGE

MO AVG

9

MAXIMUM

1.25

INST MAX

.5

MAXIMUM

ρН

N/A

mg/L

mg/L

TYPED OR PRINTED

Raymond A. Lieb, DIRECTOR OF SITE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

00400 1 0

50050 1 0

50060 1 0

50064 1 0

Effluent Gross

Effluent Gross

Effluent Gross

Effluent Gross

OPERATIONS

Chlorine, total residual

Chlorine, free available

Flow, in conduit or thru treatment plant

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the formation, 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 info mation ncluding the possibility of fine and imprisonment for knowing violations

TELEPHONE 724 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

682-7773 AREA Code NUMBER

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

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

DATE

MM/DD/YYYY

1/ 27/ 2012

Page

GRAB

MEASRD

GRAB

GRAB

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different) Page 5 DMR MAILING ZIP CODE: 150770004 NAME: FIRST ENERGY NUCLEAR OPERATING PA0025615 006A MAJOR ADDRESS: PA ROUTE 168 SHIPPINGPORT, PA 150770004 PERMIT NUMBER DISCHARGE NUMBER (SUBR05) FACILITY: BEAVER VALLEY POWER STATION AUX. INTAKE SCREEN BACKWASH External Outfall LOCATION: PA ROUTE 168 SHIPPINGPORT, PA 150770004 MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY No Discharge ATTN: RAYMOND A LIEB/DIR SITE OPER FROM 12/ 01/ 2011 TO 12/ 31/ 2011 FREQUENCY SAMPLE NO. QUANTITY OR LOADING QUALITY OR CONCENTRATION EΧ OF ANALYSIS TYPE PARAMETER VALUE VALUE UNITS VALUE VALUE VALUE UNITS SAMPLE EST Flow, in conduit or thru treatment plant 0.002 0.016 MGD N/A N/A N/A N/A 1/7 MEASUREMENT ****** ***** ***** 50050 1 0 Reg. Mon. PERMIT Reg. Mon. N/A ESTIMA Weekly Effluent Gross REQUIREMENT MO AVG DAILY MX Mgal/d I certify under penalty of law that this document and all attachments were prepared under my TELEPHONE DATE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or Raymond A. Lieb, DIRECTOR OF SITE persons who manage the system, or those persons directly responsible for gathering the 724 682-7773 1/ 27/ 2012 nformation, the information submitted is, to the best of my knowledge and belief, true, accurate, **OPERATIONS** and complete. I am aware that there are significant penalties for submitting false information, SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR ncluding the possibility of fine and imprisonment for knowing violations AREA Code NUMBER MM/DD/YYYY TYPED OR PRINTED AUTHORIZED AGENT COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Computer Generated Version of EPA Form 3320-1 (rev. 01/06) Page 1

Form Approved OMB No. 2040-0004

No Discharge

Page 6

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

.

			·	DMR MAILING ZIP CODE: 150770004
NAME:	FIRST ENERGY NUCLEAR OPERATING	PA0025615	007A	
ADDRESS:	PA ROUTE 168	DEDMIT NUMBER		MAJOR
	SHIPPINGPORT, PA 150770004	PERMIT NUMBER	DISCHARGE NUMBER	(SUBR05)
FACILITY:	BEAVER VALLEY POWER STATION			AUX. INTAKE SYSTEM
LOCATION:	PA ROUTE 168			External Outfall
	SHIPPINGPORT, PA 150770004	MONIT	ORING PERIOD	
		MM/DD/YYYY	MM/DD/YYYY	No Discharg
ATTN: RAYMO	OND A LIEB/DIR SITE OPER	FROM 12/ 01/ 2011	TO 12/ 31/ 2011	No Discillary
		·		

PARAMETER		a QUANTITY OR LOADING I QUALITY OR CONCENTRATION I				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE							-			
	MEASUREMENT										
00400 1 0	PERMIT	*****	*****		6 MINIMUM	*****	9			Weekly	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	рН		Heenay	Cird ID
Flow, in conduit or thru treatment plant	SAMPLE										
now, in conductor that treatment plant	MEASUREMENT										
50050 1 0	PERMIT	Reg. Mon.	Req. Mon.		*****	****	*****			Weekly	GRAB
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	******			_		WEEKIY	OI (AD
Chlorine, total residual	SAMPLE										
Chionne, total residual	MEASUREMENT										
50060 1 0	PERMIT	*****	******		*****	.5	1.25		100 A	Maskilu	GRAB
Effluent Gross	REQUIREMENT					MO AVG	INST MAX	mg/L		Weekiy	, SIVAD
Chlorine, free available	SAMPLE						1	<u> </u>			
Chiornie, nee avanable	MEASUREMENT					ļ					
50064 1 0	PERMIT	*****	*****		******		.5		C. 2. 2.	VA/contribution	GRAB
Effluent Gross	REQUIREMENT					AVERAGE	MAXIMUM	mg/L		Weekly	GRAD

		\sim	Λ			
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		T T	TEI	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting faise information.	R. M.	/	724	682-7773	1/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	OFFICER OR	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EVELANATION OF ANY MOLATIONS (Defenses of the						

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

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

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

MONITORING PERIOD

то

Form Approved OMB No. 2040-0004

Page 7

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

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615

FROM

MM/DD/YYYY

12/ 01/ 2011

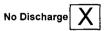
008A DISCHARGE NUMBER

MM/DD/YYYY

12/ 31/ 2011

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE External Outfall



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		, ·	
pН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT	******	******		6 MINIMUM		9 MAXIMUM	рН	8 4	- Twice Per Month	GRAB
Solids, total suspended	SAMPLE				WINNINGW					Monus	
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	*****	ARRAN		******	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	Mgal/d	******	*****	******	N/A		Weekly	ESTIMA

certify under penalty of law that this document and all attachments were prepared under my TELEPHONE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER DATE direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or Raymond A. Lieb, DIRECTOR OF SITE persons who manage the system, or those persons directly responsible for gathering the 724 1/ 27/ 2012 682-7773 information, the information submitted is, to the best of my knowledge and belief, true, accurate, OPERATIONS 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 AREA Code NUMBER MM/DD/YYYY AUTHORIZED AGENT TYPED OR PRINTED

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

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

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 8

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

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

PAOC	25615
PERMIT	NUMBER

FROM

MM/DD/YYYY

12/ 01/ 2011

010A DISCHARGE NUMBER

MM/DD/YYYY

12/ 31/ 2011

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

UNIT 2 COOLING WATER External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.4	N/A	7.7	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	******	9 MAXIMUM	pН		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG	GG
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	3.8	4.3	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	Mgal/d	******	+++++++	******	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.12	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	0.1	0.1	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	A*****	*****	N/A	******	.2 AVERAGE	.5 MAXIMUM	mg/L	19 (19) (19) (19)	Weekly	GRAB

Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

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 certify under penalty of law that this document and all attachments were prepared under my

TELEPHONE DATE 724 682-7773 1/ 27/ 2012 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER MM/DD/YYYY AUTHORIZED AGENT

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

REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.):

MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different) Page FIRST ENERGY NUCLEAR OPERATING DMR MAILING ZIP CODE: 150770004 NAME: PA0025615 011A ADDRESS: PA ROUTE 168 MAJOR SHIPPINGPORT, PA 150770004 PERMIT NUMBER DISCHARGE NUMBER (SUBR05) FACILITY: BEAVER VALLEY POWER STATION **DIESEL GEN & TURBINE DRAINS** LOCATION: PA ROUTE 168 External Outfall MONITORING PERIOD SHIPPINGPORT, PA 150770004 MM/DD/YYYY MM/DD/YYYY No Discharge ATTN: RAYMOND A LIEB/DIR SITE OPER FROM 12/ 01/ 2011 то 12/ 31/ 2011 NO. FREQUENCY SAMPLE QUALITY OR CONCENTRATION QUANTITY OR LOADING OF ANALYSIS EΧ TYPE PARAMETER VALUE VALUE UNITS VALUE VALUE VALUE UNITS SAMPLE Flow, in conduit or thru treatment plant 0.004 0.004 MGD N/A N/A N/A N/A 1/7 EST MEASUREMENT 50050 1 0 PERMIT Req. Mon. Req. Mon. ****** ***** ****** N/A Weekly ESTIMA Effluent Gross DAILY MX REQUIREMENT MO AVG Mgal/d certify under penalty of law that this document and all attachments were prepared under my NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE direction or supervision in accordance with a system designed to assure that qualified personne property gather and evaluate the information submitted. Based on my inquiry of the person or Raymond A. Lieb, DIRECTOR OF SITE persons who manage the system, or those persons directly responsible for gathering the 1/ 27/ 2012 724 682-7773 information, the information submitted is, to the best of my knowledge and belief, true, accurate, OPERATIONS and complete. I am aware that there are significant penalties for submitting false information. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR including the possibility of fine and imprisonment for knowing violations. AREA Code NUMBER MM/DD/YYYY TYPED OR PRINTED AUTHORIZED AGENT COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Computer Generated Version of EPA Form 3320-1 (Rev. 01/06) Page 1

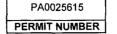
MONITORING PERIOD

то

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

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

ATTN: RAYMOND A LIEB/DIR SITE OPER



FROM

MM/DD/YYYY

12/ 01/ 2011

012A DISCHARGE NUMBER

MM/DD/YYYY

12/ 31/ 2011

DMR MAIL	ING ZIP CODE	:	15	077	0004
MAJOR					
(SUBR05)					

BLOWDOWN FROM THE HVAC UNIT External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.1	N/A	8.2	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	6 MINIMUM	****	9 MAXIMUM	рН		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0767	0.0866	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	0.0	0.0	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	Mgal/d	*****	*****	******	N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	674	708	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

		Δ β .			
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	1/ 27/ 2012
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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



Form Approved OMB No. 2040-0004

PERMITTEE N	AME/ADDRESS (include F	acility Name/Location	if Different)						,			Page 11	
NAME: ADDRESS:										DMR MAILING ZIP CODE: 15077 MAJOR (SUBR05)			
FACILITY: LOCATION:	BEAVER VALLEY POW PA ROUTE 168		OUTFALL 013 External Outfall										
ATTN: RAYMO	SHIPPINGPORT, PA 150770004 MONITORING PERIOD ATTN: RAYMOND A LIEB/DIR SITE OPER FROM 12/ 01/ 2011 TO 12/ 31/ 2011												
	PARAMETER		QUANT	QUANTITY OR LOADING QUALITY OR CO					OR CONCENTRATION			SAMPLE TYPE	
			VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
pН		SAMPLE MEASUREMENT	N/A	N/A	N/A	6.8	N/A	7.2	N/A	. 0	1 / 7	GRAB	
00400 1 0 Effluent Gross	77 9	PERMIT	*****	******	N/A	6 MINIMUM	******	9 MAXIMUM	Hα		Weekly	GRAB	

рН	MEASUREMENT	N/A	N/A	N/A	6.8	N/A	7.2	N/A	. 0	1 / 7	GRAB
00400 1 0	PERMIT	*****	******	N/A	6	*****	9			Weekly	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	рН			
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	· N/A	ND	ND	N/A	0	2 / 31	24 HR COMP
00720 1 0	PERMIT	*****	*****	N1/A	*****	Reg. Mon.	Req. Mon.		10000	Twice Per	COMP24
Effluent Gross	REQUIREMENT			N/A		MO AVG	DAILY MX	mg/L		Month	
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0082	0.0113	N/A	0	2 / 31	24 HR COMP
01042 1 0	PERMIT	*****	*****	N/A	*****	Req. Mon.	Req. Mon.			Twice Per	COMP24
Effluent Gross	REQUIREMENT			1.073		MO AVG	DAILY MX	mg/L	1. C.	Month	00m 24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	N/A	0	2 / 31	24 HR COMP
34301 1 0	PERMIT	*****	*****		*****	Reg. Mon.	Reg. Mon.			Twice Per	104500000000000000000000000000000000000
Effluent Gross	REQUIREMENT			N/A		MOAVG	DAILY MX	mg/L		Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0	PERMIT	Reg. Mon.	Req. Mon.		*****	*****	*****	N/A		Twice Per	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	_Mgal/d						Month	LONINA

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 NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE properly gather and evaluate the information submitted. Based on my inquiry of the person or Raymond A. Lieb, DIRECTOR OF SITE persons who manage the system, or those persons directly responsible for gathering the 724 682-7773 1/ 27/ 2012 information, the information submitted is, to the best of my knowledge and belief, true, accurate, OPERATIONS and complete. I am aware that there are significant penalties for submitting false information, SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR including the possibility of fine and imprisonment for knowing violations. AREA Code NUMBER MM/DD/YYYY TYPED OR PRINTED AUTHORIZED AGENT

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.

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

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

NAME: ADDRESS: FACILITY:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004 BEAVER VALLEY POWER STATION	P	PA0025615 ERMIT NUMBER	DI	101A SCHARGE NUMBER
LOCATION:	PA ROUTE 168				
	SHIPPINGPORT, PA 150770004		MONITO	RING	PERIOD
			MM/DD/YYYY		MM/DD/YYYY
ATTN: RAYMO	OND A LIEB/DIR SITE OPER	FROM	12/ 01/ 2011	то	12/ 31/ 2011

ER

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

No Discharge

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.6	N/A	8.0	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	******	9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	21	50	mg/L	0	1 / 7	2 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP-2
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
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG	GG
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	extends.	N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.016	0.017	MGD	N/A	N/A	N/A	N/A	-	DAILY	GRAB
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	N/A		DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG	GG
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS TYPED OR PRINTED

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

TELEPHONE DATE 724 682-7773 1/ 27/ 2012 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code MM/DD/YYYY NUMBER AUTHORIZED AGENT

The only discharge was during the first and last weeks of December. WMC 1-23-12

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

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

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

Page 12

Form Approved

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

DMR MAILING ZIP CODE: 150770004 NAME: FIRST ENERGY NUCLEAR OPERATING PA0025615 102A ADDRESS: MAJOR PA ROUTE 168 PERMIT NUMBER DISCHARGE NUMBER (SUBR05) SHIPPINGPORT, PA 150770004 FACILITY: BEAVER VALLEY POWER STATION **102 INTAKE SCREEN HOUSE** LOCATION: PA ROUTE 168 Internal Outfall SHIPPINGPORT, PA 150770004 MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY No Discharge ATTN: RAYMOND A LIEB/DIR SITE OPER FROM 12/ 01/ 2011 TO 12/ 31/ 2011 FREQUENCY SAMPLE NO. QUANTITY OR LOADING **QUALITY OR CONCENTRATION** EX OF ANALYSIS TYPE PARAMETER VALUE UNITS VALUE UNITS VALUE VALUE VALUE SAMPLE pН N/A 7.2 N/A 7.4 0 2 / 31 GRAB N/A N/A pН MEASUREMENT 00400 1 0 ****** Twice Per PERMIT ***** ****** 6 9 S (2) GRAB N/A Effluent Gross REQUIREMENT MINIMUM MAXIMUM ρН Month SAMPLE Solids, total suspended N/A N/A N/A N/A 9 .11 mg/L 0 2 / 31 GRAB MEASUREMENT 00530 1 0 PERMIT ****** ****** ***** 30 100 Twice Per (14)¥ GRAB N/A Month Effluent Gross MO AVG REQUIREMENT DAILY MX mg/L SAMPLE 0 GRAB Oil & grease N/A N/A N/A N/A ND ND mg/L 2 / 31 MEASUREMENT 00556 1 0 ***** ****** ***** Twice Per PERMIT 15 20 GRAB N/A Effluent Gross Month REQUIREMENT MO AVG DAILY MX mg/L SAMPLE Flow, in conduit or thru treatment plant < 0.001 < 0.001 MGD N/A N/A N/A N/A 2 / 31 EST MEASUREMENT 50050 1 0 ***** ***** ***** PERMIT Reg. Mon. Reg. Mon. Twice Per ESTIMA N/A Effluent Gross MO AVG DAILY MX Month REQUIREMENT Mgal/d certify under penalty of law that this document and all attachments were prepared under my NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE firection or supervision in accordance with a system designed to assure that qualified personn property gather and evaluate the information submitted. Based on my inquiry of the person or Raymond A. Lieb, DIRECTOR OF SITE persons who manage the system, or those persons directly responsible for gathering the 724 682-7773 1/ 27/ 2012 nformation, the information submitted is, to the best of my knowledge and belief, true, accurate **OPERATIONS** and complete. I am aware that there are significant penalties for submitting false information, SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR ncluding the possibility of fine and imprisonment for knowing violations. AREA Code NUMBER MM/DD/YYYY TYPED OR PRINTED AUTHORIZED AGENT 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.

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

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PF	PA0025615		103A SCHARGE NUMBER	DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
FACILITY: LOCATION:	BEAVER VALUEY POWER STATION PA ROUTE 168					SLUDGE SETTLING BASIN	
	SHIPPINGPORT, PA 150770004		MONITO	RING	PERIOD		
			MM/DD/YYYY		MM/DD/YYYY		No Discharge
ATTN: RAYMO	OND A LIEB/DIR SITE OPER	FROM	12/ 01/ 2011	TO	12/ 31/ 2011		

PARAMETER		QUANTI	TITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7,2	N/A	7.5	pН	0	3 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	27	94	mg/L	0	6 / 31	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Twice Per. Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	******	*****	N/A		Twice Per Month	ESTIMA

		1 .			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1 an //	1	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICE		724	682-7773	1/ 27/ 2012
including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

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

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

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

ADDRESS: PA ROU	NERGY NUCLEAR OPERATING ITE 168 IGPORT, PA 150770004	PA0025615 PERMIT NUMBER	111A DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: BEAVER LOCATION: PA ROU	R VALLEY POWER STATION			111 DIESEL GENERATOR BLDG Internal Outfall
SHIPPIN ATTN: RAYMOND A LIEI	NGPORT, PA 150770004 B/DIR SITE OPER	MONITORIN MM/DD/YYYY FROM 12/ 01/ 2011 TO	MM/DD/YYYY	No Discharge
		QUANTITY OR LOADING	QUALITY OR CONCENTRATION	NO. FREQUENCY SAMPLE

PARAMETER	QUANTITY OR LUADING								OF ANALYSIS	TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.3	N/A	7.8	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekiy	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND ´	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	 	(***** **	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Weekiy	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	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	Mgal/d	******	******	******	N/A		Weekiy	ESTIMA

	· · · · · · · · · · · · · · · · · · ·	$\land \land \land$			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	1 A BIL	TEI	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	1/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

...

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

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



Form Approved OMB No. 2040-0004

Page 16

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 113A PERMIT NUMBER DISCHARGE NUMBER
FACILITY:	BEAVER VALLEY POWER STATION	
LOCATION:	PA ROUTE 168	
	SHIPPINGPORT, PA 150770004	MONITORING PERIOD
		MM/DD/YYYY MM/DD/YYYY

ATTN: RAYMOND A LIEB/DIR SITE OPER

	MONITORING PERIOD										
	MM/DD/YYYY		MM/DD/YYYY								
FROM	12/ 01/ 2011	то	12/ 31/ 2011								

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6. MINIMUM	******	9 MAXIMUM	рН		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	Reg. Mon DAILY MX	Mgal/d	******	ardana Ali	******	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

		Λ Λ .			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that gualified personnel	P In lat	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting faise information,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	1/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)



.

Form Approved OMB No. 2040-0004

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

.

.

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	P	PA0025615 ERMIT NUMBER	D	203A SCHARGE NUMBER	 DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168					MAIN SEWAGE TMT PLANT Internal Outfall	
	SHIPPINGPORT, PA 150770004			DRING	PERIOD		
ATTN: RAYMO	ND A LIEB/DIR SITE OPER	FROM	MM/DD/YYYY 12/ 01/ 2011	то	MM/DD/YYYY 12/ 31/ 2011	٢	lo Discharge

PARAMETER	DARAMETED				C	QUALITY OR CONC	ENTRATION	.	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		6 MINIMUM	******	9 MAXIMUM	рН		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	Mgal/d	******	TTTTT	******			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								Market Market California Televisione		
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

		Λ			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Reupic Chil	724	682-7773	1/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

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

NAME: ADDRESS: FACILITY:	FIRST ENERGY NUCLE/ PA ROUTE 168 SHIPPINGPORT, PA 150 BEAVER VALLEY POWE	0770004		PA0025615 PERMIT NUME		211A DISCHARGE NU	MBER		DMR MAI MAJOR (SUBR05) 211 TURE Internal O			0004
LOCATION: ATTN: RAYMC	PA ROUTE 168 SHIPPINGPORT, PA 150 DND A LIEB/DIR SITE OPE	•	FRG	MM/DD/Y		MM/DD/YY			internal O		No Disc	harge
	PARAMETER		QUANTI		6	C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
-11	1	SAMPLE				0.0		7.5		0	4 1 7	0040

N/A

6.6

6

N/A

7.5

9

pН

0

1/7

Weekly

N/A

N/A

MEASUREMENT

PERMIT

00400 1 0	PERMIT	*****	*****	N/A	6	*****	9		1000	Weekly	GRAB
Effluent Gross	REQUIREMENT			1977	MINIMUM		MAXIMUM	pН		WEEKIY	Olviu
Solids, total suspended	SAMPLE MEASUREMENT	· N/A	N/A	N/A	N/A	ND	ND	mg/L	0	1 / 7	GRAB
00530 1 0	PERMIT	*****	*****	N/A	******		100		100	Weekly	GRAB
Effluent Gross	REQUIREMENT			IN/A		MO AVG	DAILY MX	mg/L		VVEEKIY	GIVAD.
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND	ND	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	Mgai/d	*****	*****	******	N/A		Weekly	ESTIMA
					,						

		\land \land			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	2 hhll	TE	LEPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	1/ 27/ 201
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

[pH

00400 1 0

Page 18

GRAB

MONITORING PERIOD

Page 19

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

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

PAOC	25615
PERMIT	NUMBER

FROM

MM/DD/YYYY

12/ 01/ 2011 **TO**

213A DISCHARGE NUMBER

MM/DD/YYYY

12/ 31/ 2011

DMR MAILING ZIP CODE:	15077000
MAJOR	

(SUBR05)

Λ

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No Discharge

ATTN: RAYMOND A LIEB/DIR SITE OPER

PARAMETER	QUANTITY OR LOADING					QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE UNITS		VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6 MIŇIMUM	******	9 MAXIMUM	рН		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 	20 DAILY MX	ma/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	Mgal/d	******	*****	******			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 personnet		TE	LEPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	Rainel Why	724	682-7773	1/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 20

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

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

PAOC	25615
PERMIT	NUMBER

FROM

MM/DD/YYYY

12/ 01/ 2011 **TO**

301A DISCHARGE NUMBER

MM/DD/YYYY

12/ 31/ 2011

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

.

No Discharge

ATTM.	DAVMOND	SITE OPER
ALUN.	RAYMUNU	SHE UPER

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FANAMETER	144 (1998)	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	ND ·	ND	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	ND	ND	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 pla	nt 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	Mgal/d	******	*****		N/A		Weekly	ESTIMA

TELEPHONE DATE I certify under penalty of law that this document and all attachments were prepared under my NAME/TITLE PRINCIPAL EXECUTIVE OFFICER direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or Raymond A. Lieb, DIRECTOR OF SITE 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 724 1/ 27/ 2012 682-7773 OPERATIONS and complete. I am aware that there are significant penalties for submitting false information, SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR ncluding the possibility of fine and imprisonment for knowing violations. AREA Code NUMBER MM/DD/YYYY AUTHORIZED AGENT TYPED OR PRINTED

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

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

Form Approved OMB No. 2040-0004

Page 21

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

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

PA0025615
PERMIT NUMBER

303A DISCHARGE NUMBER

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

No Discharge

ATTN:	RAYMOND	ΑL	IEB/DIR	SITE	OPER

	Ň	IONITC	RING	PERIOD		
	MM/DD/YY	ŶŶ		MM/C	DD/Y	YY
FROM	12/ 01/	2011	то	12/	31/	2011

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.2	N/A	7.2	pН	0	1 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	_ 21	21	mg/L	0	1 / 31	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	6	6	mg/L	0	1 / 31	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	0.019	0.056	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	Mgal/d	******	******	******	N/A		Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	2 m	TEL	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penatities for submitting faits information.	Raynel Whit	724	682-7773	1/ 27/ 2012
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

The only discharge was during the last week of December. WMC 1-23-12 SAMPLES SHALL BE TAKEN AT THE OVERFLOW FROM THE OIL WATER SEPARATOR PRIOR TO MIXING WITH ANY OTHER WATER.

MONITORING PERIOD

то

Form Approved OMB No. 2040-0004

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

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

PA0025615	
PERMIT NUMBER	

FROM

MM/DD/YYYY

12/ 01/ 2011

313A DISCHARGE NUMBER

MM/DD/YYYY

12/ 31/ 2011

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

No Discharge

ATTN: RAYMOND A LIEB/DIR SITE OPER

PARAMETER		QUANTI	UUANITTY UK LUADING I UUATTY UK CUNCENTRATION I					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.8	N/A	7.2	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	K *****	N/A	6 MINIMUM	*****	9 MAXIMUM	ρН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	10	16	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	ND	ND	mg/L	1	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	2 (de	*****	Ň/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plan	t 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	Mgal/d	******	******	******	N/A		Weekly	ESTIMA

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel TELEPHONE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER DATE properly gather and evaluate the information submitted. Based on my inquiry of the person or Raymond A. Lieb, DIRECTOR OF SITE persons who manage the system, or those persons directly responsible for gathering the 724 682-7773 1/ 27/ 2012 information, the information submitted is, to the best of my knowledge and belief, true, accurate, OPERATIONS and complete. I am aware that there are significant penalties for submitting false information, SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR including the possibility of fine and imprisonment for knowing violations. AREA Code NUMBER MM/DD/YYYY TYPED OR PRINTED AUTHORIZED AGENT

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.

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

Page 1

Page 23

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

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615
PERMIT NUMBER

401A DISCHARGE NUMBER

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

	MONITORING PERIOD							
	MM/DD/YYYY				MM/C	DD/Y	(YY	
FROM	12/	01/	2011	то	12/	31/	2011	

			Г
No	Disc	harge	

PARAMETER	TED		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.7	N/A	7.8	рН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	******	Req. Mon. MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3	5	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	ND	ND	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 plan	It 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	Mgal/d	******	******	*****	N/A		Weekly	ESTIMA

certify under penalty of law that this document and all attachments were prepared under my NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or Raymond A. Lieb, DIRECTOR OF SITE persons who manage the system, or those persons directly responsible for gathering the 724 682-7773 1/ 27/ 2012 formation, the information submitted is, to the best of my knowledge and belief, true, accurate, **OPERATIONS** and complete. I am aware that there are significant penalties for submitting false information, SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR ncluding the possibility of fine and imprisonment for knowing violations. AREA Code NUMBER MM/DD/YYYY TYPED OR PRINTED AUTHORIZED AGENT

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.

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

MONITORING PERIOD

то

Form Approved OMB No. 2040-0004

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

NAME:FIRST ENERGY NUCLEAR OPERATINGADDRESS:PA ROUTE 168SHIPPINGPORT, PA 150770004FACILITY:BEAVER VALLEY POWER STATIONLOCATION:PA ROUTE 168SHIPPINGPORT, PA 150770004

• PA0025615
PERMIT NUMBER

MM/DD/YYYY

12/ 01/ 2011

FROM

403A DISCHARGE NUMBER

MM/DD/YYYY

12/ 31/ 2011

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT Internal Outfall



ATTN: RAYMOND A LIEB/DIR SITE OPER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT		· · · · · · · · · · · ·							· .	
00400 1 0 Effluent Gross	PERMIT	*****	******		6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE							<u> </u>			
00530 1 0 Effluent Gross	PERMIT	******	*****		******	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT					<u></u>					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		******	15 MO AVG	20 DAILY MX	mg/L	1.12	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	Mgal/d	******	******	******		1	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

		\wedge $//$			
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		TEI	EPHONE	DATE
Raymond A. Lieb, DIRECTOR OF SITE	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.		724	682-7773	1/ 27/ 2012
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.		AREA Code	NUMBER	MM/DD/YYYY

~

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

ł

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

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

•

PERMITTEE NAME/ADDRESS (includ	e Facility Name/Location	if Different)									Page 2
ADDRESS: PA ROUTE 168 SHIPPINGPORT, PA	RESS: PA ROUTE 168 SHIPPINGPORT, PA 150770004 PERMIT NUMBER			403A DISCHARGE NU	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)						
ACILITY: BEAVER VALLEY PO OCATION: PA ROUTE 168								CONDE! Internal (WDOWN & RIV	'R WAT
SHIPPINGPORT, PA		FR	MM/DD/YY OM 12/ 01/	YY	MM/DD/Y					No Disc	charge X
		QUANTI	ITY OR LOADING				ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		OF ANALISIS	ITPE
lydrazine	SAMPLE MEASUREMENT										
1313 1 0 ffluent Gross	PERMIT REQUIREMENT	*****	*****		******	0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB
		malty of law that this document a			//	7	$-\Lambda \pi$	TELE	PHONE		DATE
Raymond A. Lieb, DIRECTOR O	DF SITE persons who mainformation, the	rvision in accordance with a sys and evaluate the information sub nage the system, or those perso information submitted is, to the t am aware that there are signific	omitted. Based on my inquiry o ons directly responsible for gath best of my knowledge and belie	f the person or lering the f, true, accurate,	- Fee	upol 1	Lif -	724	682-777		27/20
TYPED OR PRINTED	1	sibility of fine and imprisonment	for knowing violations.			RINCIPAL EXECUTIVE		REA Code	NUMBER	K MM	/DD/YYYY
OMMENTS AND EXPLANATION OF ANY VIOLATIONS		IG PERIODS OF W	ET LAYUP. REPC	RT THE D	AILY MAXIMUM F	FOR BETZ DT-1 WH	EN DISCHARGI	NG (24 HR. C	COMP.):	MG/L. (THE LI	VIT IS 35
MG/L AS A DAILY MAX.) SAMPLES S computer Generated Version of EPA Form 3320	HALL BE TAKEN AT MP									·	Page 2
	· -····,										
1											

MONITORING PERIOD

то

Form Approved OMB No. 2040-0004

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

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

PA0025615
PERMIT NUMBER

FROM

MM/DD/YYYY

12/ 01/ 2011

413A DISCHARGE NUMBER

MM/DD/YYYY

12/ 31/ 2011

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	

BULK FUEL STORAGE DRAIN Internal Outfall



Page 26

ATTN: RAYMOND A LIEB/DIR SITE OPER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	`N/A	N/A	N/A		N/A		рН		······································	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	******	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A				mg/L			
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			mg/L			
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			MGD				N/A			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	*****	******	N/A		Weekly	ESTIMA

I certify under penalty of law that this document and all attachments were prepared under my TELEPHONE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER DATE 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 Raymond A. Lieb, DIRECTOR OF SITE persons who manage the system, or those persons directly responsible for gathering the 724 682-7773 1/ 27/ 2012 information, the information submitted is, to the best of my knowledge and belief, true, accurate OPERATIONS 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 AREA Code NUMBER MM/DD/YYYY TYPED OR PRINTED 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.

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

MONITORING PERIOD

-

Form Approved OMB No. 2040-0004

Page 27

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

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

PA0025615
PERMIT NUMBER

MARKIND DOGOOV

501A DISCHARGE NUMBER

BILLIOD DOOD

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	

UNIT 1 GENRTR BLWDWN FILT BW Internal Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

PARAMETER

R	FROM 12/ 01/ 20	1 то	12/ 31/ 2011			No Disc	harge X
	QUANTITY OR LOADING		QUALITY OR CON	CENTRATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		1					

		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE										
	MEASUREMENT]			
00530 1 0	PERMIT	*****	******		*****	30	100			Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		Weekiy	
Flow, in conduit or thru treatment plant	SAMPLE										1
	MEASUREMENT										L
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		*****	******	*****		5.35	Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d						weekly	LOTIMA

I certify under penalty of law that this document and all attachments were prepared under my NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 724 682-7773 1/ 27/ 2012 Raymond A. Lieb, DIRECTOR OF SITE 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, OPERATIONS including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER MM/DD/YYYY TYPED OR PRINTED AUTHORIZED AGENT 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.