

May 27, 2003
L-03-092

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


National Pollutants Discharge Elimination System (NPDES) Monthly Report
Permit No. PA0025615

To Whom It May Concern:

Enclosed is the April 2003 NPDES Discharge Monitoring Report (DMR) for FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station, in accordance with the requirements of the permit. There was one exceedance of a permit limit during the month. Please see the attached "Notice of Noncompliance at Outfall 113," submitted in accordance with permit Part A.3.c(5).

Should you have any questions regarding the attached and enclosed documents, please direct them to Mr. Edward Hubley, Manager Nuclear Environmental & Chemistry, at 724-682-7340.

Sincerely,


James H. Lash
Plant General Manager

Attachment
Enclosure

cc: Document Control Desk US NRC
US Environmental Protection Agency
S. F. Brown
Central File: **Keyword- DMR**

JE25

Notice of Noncompliance at Outfall 113

This report of Noncompliance is provided in accordance with NPDES Permit No. PA0025615, Part A.3.c(5), for FirstEnergy Nuclear Operating Company, Beaver Valley Power Station (BVPS). During April 2003, the Total Suspended Solids (TSS) parameter at Outfall 113 was determined to be 227.6 mg/L which exceeds the Maximum Daily Permit Limit of 50 mg/L. Outfall 113 discharges from the Unit 2 sewage treatment plant.

The sample indicating high TSS was taken at 0802 hours on Monday April 7. Immediate corrective actions were taken to optimize the performance of the plant by the Certified Operator in order to minimize the duration of the condition. A sample taken at 1700 hours on April 8 was analyzed to contain 2.0 mg/L TSS.

The investigation of the event, led by the Certified Operator, indicated the primary cause was sedimentation short-circuiting created by thermal stratification that allowed some finer solids in the plant's secondary clarifier to bypass final settlement. A contributing cause was determined to be above normal loading due to extra personnel working onsite during the Beaver Valley Power Station Unit 1 refueling outage. Flowrates did not exceed plant capacity or the Permit Limit of 0.043 million gallons per day.

The event description, cause analysis, and corrective action to prevent recurrence have been documented in the BVPS Process Improvement Program under Condition Report 03-04824. The action to prevent recurrence is for the Certified Operator to implement a more aggressive and proactive sludge management plan during periods of greater worker population onsite. This includes creating a step to ensure sludge management is enhanced during all refueling outages.

- END -

Month: APRIL
Year: 2003

1. Complete monthly and submit with each DMR. Attach additional sheets and comments as needed for completeness and clarity.
2. Sludge production information will be used to evaluate plant performance. Report only sludge which has been removed from digesters and other solids which have been permanently removed from the treatment process. Do not include sludge from other plants which is processed at your facility.
3. In the disposal site section, report all sludge leaving your facility for disposal. If another plant processes and disposes of your sludge, just provide the name of that plant. If you dispose of sludge from other plants, include their tonnage in the disposal site section and provide their names and individual dry tonnage on the back of this form.
4. If no sludge was removed, note on form.

Permittee: FENOC
Plant: Beaver Valley Power Station
NPDES: PA0025615
Municipality: Shippingport Borough
County: Beaver

For sludge that is incinerated:

Pre-incineration weight = _____ dry tons

Post-incineration weight = _____ dry tons

HAULED AS LIQUID SLUDGE					HAULED AS DEWATERED SLUDGE			
(Gallons)	X	(% Solids)	X	(Conversion Factor) = Dry Tons	(Tons of Dewatered Sludge)	X	(% Solids)	X (.01) = Dry Tons
3,000		2.0		.0000417 = 3.00				.01
TOTAL				= 3.00	TOTAL =			

	Site 1	Site 2	Site 3	Site 4
Name:	Borough of Monaca Sewage Treatment Plant	Hopewell Township		
Permit No.:	PA0020125	PA0026328		
Dry Tons Disposed:		3.00		
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

Signature _____

Chemistry Manager
Title

5/22/3
Date

(724) 682-5113
Telephone

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Month: April
Year: 2007

Instructions:

1. Complete monthly and submit with each DMR. Attach additional sheets and comments as needed for completeness and clarity.
2. Sludge production information will be used to evaluate plant performance. Report only sludge which has been removed from digesters and other solids which have been permanently removed from the treatment process. Do not include sludge from other plants which is processed at your facility.
3. In the disposal site section, report all sludge leaving your facility for disposal. If another plant processes and disposes of your sludge, just provide the name of that plant. If you dispose of sludge from other plants, include their tonnage in the disposal site section and provide their names and individual dry tonnage on the back of this form.
4. If no sludge was removed, note on form.

 Permittee: FENOC
 Plant: Beaver Valley Power Station
 NPDES: PA0025615
 Municipality: Shippingport Borough
 County: Beaver

For sludge that is incinerated:

 Pre-incineration weight = _____ dry tons
 Post-incineration weight = _____ dry tons

UNIT 1

SLUDGE PRODUCTION INFORMATION (prior to incineration)

HAULED AS LIQUID SLUDGE				HAULED AS DEWATERED SLUDGE			
(Gallons)	X (% Solids)	(Conversion Factor)	= Dry Tons	(Tons of Dewatered Sludge)	X (% Solids)	X (.01)	= Dry Tons
16,000	2.0	.0000417	1.33			.01	
TOTAL			= 1.33	TOTAL			=

DISPOSAL SITE INFORMATION: List all sites, even if not used this month

	Site 1	Site 2	Site 3	Site 4
Name:	Borough of Monaca	Hopewell Township		
Permit No.:	PA0020125	PA0026328		
Dry Tons Disposed:		1.33		
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

NAME FIRST ENERGY CORP
ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

PA0025415

PERMIT NUMBER

001 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNITS 1&2 COOLG. TOWER BLWDN.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

*** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.81	*****	8.20	(12	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	8.0 MAXIMUM	SU		WEEKLY	GRAB
NITROGEN AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	20.1	20.1	(19		2/30	GRAB
00610 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
IRON TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19		*	*
01045 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
ALUMINUM TOTAL (AS AL)	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19		*	*
01105 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
CLAMINAL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****	21.17	21.17	(19	0	1/30	24 hr COMP
04251 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WHEN DISCH	COMP
PHENOLIC TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19		*	*
32730 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	27.5	43.6	(03)	*****	*****	*****			Daily	CONT
50050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		DAILY	CONT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
Plant General Manager
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

24-682-736

AREA CODE NUMBER

03 05 21

YEAR MO DAY

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 D T-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX. BETZ DT-1 DAILY MAX 09.1 mg/L. • CT-1 DISCHARGED *** PLANT WAS IN WET LAY-UP IN 2 WEEKS IN APRIL 2003. MONITORING REQUIREMENTS DELETED PER NPDES PERMIT AMENDMENT 1 ONLY 1 TIME IN 2 WEEKS FOR FREE AVAILABLE CHLORINE COLLECTED DURING 7 DAYS IN APRIL 2003 WHEN REORDERED OUT OF SERVICE.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

001 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNITS 1&2 COOLG. TOWER BLWDN.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

*** NO DISCHARGE 1-1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.03	0.06	(19	0	6/30	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.5 AVERAGE	1.25 MAXIMUM	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	0.01	0.18	(19	0	CONT*	REC'D
IN EFFLUENT FIVE AVAILABLE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L		CONTINUOUS	RECORD
50064 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	20.005	20.005	(19	0	2/35**	GRAB
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	0.5 MO AVG	0 DAILY (M)	MG/L		WEEKLY	GRAB
HYDRAZINE	SAMPLE MEASUREMENT										
51313 1 0 0	PERMIT REQUIREMENT			*****							
EFFLUENT GROSS VALU	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724-682-7340

03 05 21

AREA CODE NUMBER

YEAR MO DAY

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 D-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

002 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

INTAKE SCREEN BACKWASH

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN CONDUIT OR TIRU TREATMENT PLANT 50000 : 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.006	0.046	(03)	*****	*****	*****			1/7	EST
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MAX	MGD	*****	*****	*****	****		WEEKLY	ESTIM

	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
PLANT GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-7340

AREA CODE

NUMBER

03 05 21

YEAR

MO

DAY

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

* FOAM WAS OBSERVED IN OTHER THAN TRACE AMOUNTS ON 4/8/03, DUE TO BIOCIDES ADDITION DURING SCREENWASH PUMP OPERATION. THE CONDITION WAS IMMEDIATELY IDENTIFIED, AND BIOCIDES ADDITION WAS STOPPED.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

003 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

003

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

*** NO DISCHARGE 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19		*	*
00630 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
EFFLUENT GROSS VALU				****							
PHOSPHORUS TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19		*	*
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
EFFLUENT GROSS VALU				****							
IRON TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19		*	*
01045 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
EFFLUENT GROSS VALU				****							
ALUMINUM TOTAL (AS AL)	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19		*	*
01105 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
EFFLUENT GROSS VALU				****							
PHENOLICS TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19		*	*
32730 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
EFFLUENT GROSS VALU				****							
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	0.062	0.189	(03)	*****	*****	*****			2/30	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		TWICE MONTH	ESTIMATE
EFFLUENT GROSS VALU											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724-482-7346

AREA CODE

NUMBER

DATE

03 05 21

YEAR

MO

DAY

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

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

* MONITORING REQUIREMENTS DELETED PER NPDES PERMIT, AMENDMENT 1

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

OMB No. 2040-0004

PA0025615

PERMIT NUMBER

004 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT ONE COOLG TOWER OVERFLOW

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

*** NO DISCHARGE () ***

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.56	*****	7.93	(12	0	3/30*	GRAB
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****		*****	**	**	(19		**	**
01045 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY M	MG/L		TWICE MONTH	GRAB
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	*****	*****		*****	**	**	(19		**	**
01105 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY M	MG/L		TWICE MONTH	GRAB
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****		*****	**	**	(19		**	**
32700 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY M	MG/L		TWICE MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	9.17	31.2	(03)	*****	*****	*****			1/7	MEAS
50050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	(19	0	3/30*	GRAB
50060 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MO AVG	25 INST MAX	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	(19	0	3/30*	GRAB
50064 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 AVERAGE	0.5 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		
JAMES H. LASH PLANT GENERAL MANAGER TYPED OR PRINTED							724 682-7340		03 05 21		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

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

* DISCHARGE OCCURRED IN ONLY 3 WEEKS IN APRIL 2003.

** MONITORING REQUIREMENTS DELETED PER NPDES PERMIT, AMENDMENT 1

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if different))

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

006 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

AUX. INTAKE SCREEN BACKWASH

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		WEEKLY	ESTIMATE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH
PLANT GENERAL MANAGER
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA CODE

NUMBER

YEAR

MO

DAY

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 160

SHIPPINGPORT

PA 15077-0004

PA0025415

PERMIT NUMBER

007 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

AUX. INTAKE SYSTEM

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
03	04	01	TO	03	04

 *** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FH	SAMPLE MEASUREMENT	*****	*****			*****		(12			
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALU				****	MINIMUM		MAXIMUM				
FLOW IN CONDUIT OR	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
THRU TREATMENT PLAN											
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT					****		WEEKLY	ESTIMA
EFFLUENT GROSS VALU		MO AVG	DAILY MX	MGD				****			
CHLORINE TOTAL	SAMPLE MEASUREMENT	*****	*****		*****			(19			
RESIDUAL											
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.5	1.25	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALU				****		MO AVG	INST MAX				
CHLORINE FREE	SAMPLE MEASUREMENT	*****	*****		*****			(19			
AVAILABLE											
50064 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.2	0.5	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALU				****		AVERAGE	MAXIMUM				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
PLANT GENERAL MANAGER
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA CODE

NUMBER

YEAR

MO

DAY

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.

NAME FIRST ENERGY CORP

 ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

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

PA0025415

PERMIT NUMBER

008 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 1 COOLING TOWER PUMPHOUSE

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

*** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLOR (PT-CO UNITS)	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(10		*	*
00080 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	PT-CO		TWICE MONTH	GRAB
EFFLUENT GROSS VALUE				****							
FM	SAMPLE MEASUREMENT	*****	*****		7.33		7.42	(12	0	2/30	GLAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0		9.0	SU		TWICE MONTH	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM				
SOLIDS TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	9.3	10.7	(19	0	2/30	GLAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		TWICE MONTH	GRAB
EFFLUENT GROSS VALUE				****							
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	25.0	25.0	(19	0	2/30	GLAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		TWICE MONTH	GRAB
EFFLUENT GROSS VALUE				****							
NITROGEN AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19		*	*
00610 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
EFFLUENT GROSS VALUE				****							
IRON TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19		*	*
01045 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
EFFLUENT GROSS VALUE				****							
MANGANESE TOTAL (AS MN)	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19		*	*
01055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
EFFLUENT GROSS VALUE				****							
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		
JAMES H. LASH PLANT GENERAL MANAGER							724 682-7340		03 05 21		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

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

* MONITORING REQUIREMENTS DELETED PER NPDES PERMIT, AMENDMENT 1.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

008 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 1 COOLING TOWER PUMPHOUSE

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
03	04	01	03	04	30

*** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC, TOTAL (AS ZN) C1092 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19		*	*
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
ALUMINUM, TOTAL (AS AL) C1105 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19		*	*
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
PHENOLICS, TOTAL RECOVERABLE C2700 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19		*	*
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLAN S0050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	20.00	20.00	(03)	*****	*****	*****			1/7	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
PLANT GENERAL MANAGER
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-7340

03 05 21

AREA CODE

NUMBER

YEAR

MO

DAY

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

* MONITORING REQUIREMENTS DELETED PER NPDES PERMIT, AMENDMENT 1.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

010 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 COOLING WATER

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
03	04	01	03	04	30

*** NO DISCHARGE 1-1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.40	*****	7.93	(12	0	1/7	SLAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.10	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
CLANTRAL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****	41.17	41.17	(19	0	1/30*	24 HR COMP
04251 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0	0	MG/L		WHEN DISCH	COMP 24
EFFLUENT GROSS VALUE					MD AVG		INST MAX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.97	3.46	(03)	*****	*****	*****			1/7	Meas
50000 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****		WEEKLY	MEAS
EFFLUENT GROSS VALUE		MD AVG	DAILY MX	MGD							
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	(19	0	5/30	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.5	1.25	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE					*****	MD AVG	INST MAX				
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	(19	0	5/30	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2	0.5	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE					*****	AVERAGE	MAXIMUM				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-7360 03 05 21

AREA CODE NUMBER YEAR MO DAY

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 05 M G/L AS A DAILY MAX.) BETZ DT-1 DAILY MAX 5.9 mg/L & CT-1 DISCHARGED ONLY 1 DAY IN APRIL 2003.

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location (V/D) (if/when))

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

011 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

DIESEL GEN & TURBINE DRAINS

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J. HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

*** NO DISCHARGE 1-1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 0000 1 0 0 EFFLUENT CROSS VALU	SAMPLE MEASUREMENT	0.004	0.004	(03)	*****	*****	*****			1/7	Est
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIM
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH
PLANT GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA
CODE

NUMBER

YEAR

MO

DAY

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025415

PERMIT NUMBER

012 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

BLOWDOWN FROM THE HVAC UNIT

FACILITY GRAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
03	04	01	TO	03	04	30

*** NO DISCHARGE 1-1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FH	SAMPLE MEASUREMENT	*****	*****		8.51	*****	8.51	(12	0	1/30	GRAB
C0400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		ONCE/MONTH	GRAB
CHROMIUM TOTAL (AS CR)	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(12		*	*
C1034 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 MO AVG	0.2 DAILY/MX	MG/L		WEEKLY	GRAB
COPPER TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****		*****	0.57	0.93	(12		2/30*	GRAB
C1042 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY/MX	MG/L		WEEKLY	GRAB
ZINC TOTAL (AS ZN)	SAMPLE MEASUREMENT	*****	*****		*****	43.0	60.9	(12		2/30*	GRAB
C1092 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	1.0 MO AVG	1.0 DAILY/MX	MG/L		WEEKLY	GRAB
FLOW IN CONDUIT OR TREATMENT PLAN	SAMPLE MEASUREMENT	40.001	40.001	(03)	*****	*****	*****			1/30	EST
50050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY/MX	MGD	*****	*****	*****	****		ONCE/MONTH	ESTIM
SOLIDS TOTAL DISCHARGE	SAMPLE MEASUREMENT	*****	*****		*****	400	428	(12		2/30*	GRAB
70295 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY/MX	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724.682-7340

DATE

03 05 21

AREA CODE

NUMBER

YEAR

MO

DAY

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

MONITORING REQUIREMENTS FOR CHROMIUM DELETED; MONITORING FREQUENCY FOR COPPER, ZINC, TDS DELETED TO 2/MONTH; AND EFFLUENT LIMITS FOR CHROMIUM AND ZINC DELETED PER NPDES PERMIT. AMENDMENT

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

013 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

OUTFALL 013

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

*** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****	*	(13		*	*
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	INST MAX	DEG.		WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	*****	*****		7.32	*****	7.58	(12		1/7	CALC
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	7.0 MAXIMUM	SU		WEEKLY	CALC TO
CYANIDE TOTAL (AS CN) 00720 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	40.11	40.20	(19		2/30	CALC
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	CALC TO
COPPER TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	0.08	0.13	(19		2/30	CALC
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	CALC TO
FLOW IN CONDUIT OR THRU TREATMENT PLANT 50000 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.605	0.009	(03)	*****	*****	*****			1/7	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		WEEKLY	ESTIMA
CHLORINE TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19		*	*
	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MO AVG	1.25 INST MAX	MG/L		WEEKLY	CALC TO
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-7340

AREA CODE NUMBER

03 05 21

YEAR MO DAY

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

THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.
* MONITORING REQUIREMENTS FOR COPPER REVISED TO 2/MONTH; MONITORING AND EFFLUENT LIMITS DELETED PER NPDES PERMIT AMENDMENT 1.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

101 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

101 CHEMICAL WASTE TREATMENT

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.55	*****	7.70	(12	0	3/30*	GRAB
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.5	8.5	(19	0	3/30*	2 Hr COMP
00530 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	30 MD AVG	100 DAILY MX		MG/L		WEEKLY	COMP
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	15.0	15.0	(19	0	3/30*	GRAB
00584 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	15 MD AVG	20 DAILY MX		MG/L		WEEKLY	GRAB
NITROGEN AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	10.1	10.1	(19		2/30*	GRAB
00610 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	2.28	68.3	(03)	*****	*****	*****			DAILY	CONT
50090 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		DAILY	CONT
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****	10.005	10.005	(19		2/30*	GRAB
81310 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
 PLANT GENERAL MANAGER

TYPED OR PRINTED

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

 SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 682-7340

AREA CODE NUMBER

DATE

03 05 21

YEAR MO DAY

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.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025415

PERMIT NUMBER

102 4

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

102 INTAKE SCREENHOUSE

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTEN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.45	*****	7.60	(12	0	2/30	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.01	*****	9.00	MINIMUM MAXIMUM		TWICE MONTH	GRAB
EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	16.2	25.9	(19	0	2/30	GRAB
SOLIDS TOTAL	PERMIT REQUIREMENT	*****	*****	*****	*****	30	100	MD AVG DAILY MX		TWICE MONTH	GRAB
SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	45.0	45.0	(19	0	2/30	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15	20	MD AVG DAILY MX		TWICE MONTH	GRAB
EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	*****		2/30	EST
OIL & GREASE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		TWICE MONTH	ESTIM
00556 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	*****			
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	40.001	40.001	(03)	*****	*****	*****	*****			
THRU TREATMENT PLAN	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
00050 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	*****			
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
LAST GENERAL MANAGER
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA CODE

NUMBER

YEAR

MO

DAY

724-682-7340

03 05 21

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.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025415

PERMIT NUMBER

103 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

SLUDGE SETTLING BASIN

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J. HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.93	*****	6.97	(12	0	2/30	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	7.0	SU		TWICE MONTH	GRAB
EFFLUENT GROSS VALU				****	MINIMUM		MAXIMUM				
SOLIDS TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	7.9	11.8	(19	0	2/30	24 HR COMP
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	30	100	MG/L		TWICE MONTH	COMP 24
00530 1 0 0				****		MO AVG	DAILY MX				
EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.050	0.158	(03)	*****	*****	*****			30/30	MEAS
FLOW IN CONDUIT OR	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		TWICE MONTH	ESTIMA
THRU TREATMENT PLAN		MO AVG	DAILY MX					****			
50050 1 0 0	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALU	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-7340

03 05 21

AREA CODE NUMBER

YEAR MO DAY

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if different))

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

110 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 SERVICE WATER BACKWASH

OMB No. 2040-0004

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN CONDUIT OR THRU TREATMENT PLANT 50050 L D O EFFLUENT GROSS VALU	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD				****		WEEKLY	ESTIMATE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES A. LASH
PLANT GENERAL MANAGER
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-7340

AREA CODE NUMBER

03 05 21

YEAR MO DAY

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025415

PERMIT NUMBER

111 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

111 DIESEL GENERATOR BLDG

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

ATTN: MATTHEW J HARTMAN

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.87	*****	7.05	(12	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	4.3	5.2	(19	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	25.0	25.0	(19	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****			1/7	EST
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
FLOW TH CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

774 682-7340

03 05 21

AREA CODE

NUMBER

YEAR

MO

DAY

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

OMB No. 2040-0004

PA0025415

PERMIT NUMBER

113 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 SEWAGE TMT PLANT

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.93	*****	7.45	(12	0	3/30	GRAB
20400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	8.0	SU		TWICE MONTH	GRAB
EFFLUENT GROSS VALU				****	MINIMUM		MAXIMUM				
SOLIDS TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	228 *	55.3	(19	1	9/30	BHR COMP
SUSPENDED											
30530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30	60	MG/L		TWICE MONTH	COMP - B
EFFLUENT GROSS VALU				****		MD AVG	DAILY MAX				
FLOW THROUGH CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.006	(03)	*****	*****	*****		0	1/7	MEAS
30050 1 0 0	PERMIT REQUIREMENT	0.043	REPORT		*****	*****	*****	****		WEEKLY	MEASRD
EFFLUENT GROSS VALU		MD AVG	DAILY MAX	MGD				****			
CHLORINE TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.38	0.49	(19	0	3/30	GRAB
30060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	1.4	3.3	MG/L		TWICE MONTH	GRAB
EFFLUENT GROSS VALU				****		MD AVG	INST MAX				
COLIFORM FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	17.0	*****	(13	0	2/30	GRAB
74055 1 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	2000	*****	#/ 100M		TWICE MONTH	GRAB
EFFLUENT GROSS VALU				****		MD GEOM					
BOD5 CARBONACEOUS	SAMPLE MEASUREMENT	*****	*****		*****	3.6	4.1	(19	0	2/30	BHR COMP
30082 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	25	50	MG/L		TWICE MONTH	COMP - B
EFFLUENT GROSS VALU				****		MD AVG	DAILY MAX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

ASST GENERAL MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-7340

03 05 21

AREA CODE NUMBER

YEAR MO DAY

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

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

SEE ATTACHED LETTER FOR EXPLANATION OF EXCURSION.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

203 A

DISCHARGE NUMBER

MAJOR

(SUBR 03)

F - FINAL

MAIN SEWAGE TMT PLANT

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

*** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.80	*****	7.50	(12	0	3/30	GRAB
20400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	5.0	*****	7.0	SU		TWICE MONTH	GRAB
30100 TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	29.7	36.8	(19	0	4/30	8HR COMP
30530 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	30	MO AVG	50	DAILY MX		TWICE MONTH	COMP
FLOW IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	0.0009	0.002	(03)	*****	*****	*****		0	8/30	Meas
50050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	0.023	REPORT	MGD	*****	*****	*****	*****		WEEKLY	MEAS
CHLORINE TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.26	0.52	(19	0	4/30	GRAB
50060 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	1.4	3.3	MG/L		TWICE MONTH	GRAB
COLIFORM FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	129	*****	(13	0	3/30	GRAB
74055 1 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	2000	*****	#/ 100M		TWICE MONTH	GRAB
300, CHLORINE 25 DAY 200	SAMPLE MEASUREMENT	*****	*****		*****	4.5	5.9	(19	0	4/30	8HR COMP
30082 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	25	50	DAILY MX		TWICE MONTH	COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
PLANT GENERAL MANAGER
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724.632-7340

DATE

03 05 21

AREA CODE NUMBER YEAR MO DAY

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

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

211 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

211 TURBINE BLDG

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.40	*****	8.57	(12	0	1/7	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.4	9.5	(19	0	1/7	Grab
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	LS.0	LS.0	(19	0	1/7	Grab
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW TO OUTLET OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****			1/7	Est
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 James H. LASH
Plant General Manager

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724-682-7340

DATE

03 05 21

AREA CODE

NUMBER

YEAR

MO

DAY

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025415

PERMIT NUMBER

213 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 COOL TOWER PUMPHOUSE

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
P11	SAMPLE MEASUREMENT	*****	*****			*****		(12			
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	5.0	*****	9.0	SU		TWICE MONTH	GRAB
EFFLUENT GROSS VALU					MINIMUM		MAXIMUM				
00530 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****			(19			
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MD AVG	100 DAILY MX	MG/L		TWICE MONTH	GRAB
00530 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****			(19			
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MD AVG	20 DAILY MX	MG/L		TWICE MONTH	GRAB
00530 1 0 0	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		WEEKLY	ESTIMATE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JAMES H. LASH
PLANT GENERAL MANAGER
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

74 682-7340 03 05 21
AREA CODE NUMBER YEAR MO DAY

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

SAMPLE SHALL BE TAKEN AT DISCHARGE FROM THE PUMP HOUSE PRIOR TO MIXING WITH ANY OTHER WATER.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

301 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 AUX BOILER BLOWDOWN

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

*** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SUSPENDED SOLIDS COD30 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	14.0	14.0	(19	0	2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE MONTH	GRAB
SUSPENDED SOLIDS COD30 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	15.0	15.0	(19	0	2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		TWICE MONTH	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT SD050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	20.001	20.001	(03)	*****	*****	*****			1/7	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY ESTIMA	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
PLANT GENERAL MANAGER
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724.682-7360

03 05 21

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.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

303 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 1 OIL WATER SEPARATOR

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

*** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.68	*****	8.48	(12	0	2/30*	GRAB
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
00100 TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.7	7.2	(19	0	2/30*	GRAB
00500 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
01100 OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	LS.0	LS.0	(19	0	2/30*	GRAB
00500 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	0.010	0.028	(03)	*****	*****	*****			1/2	EST
50050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
PLANT GENERAL MANAGER

TYPED OR PRINTED

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

 SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-7340

03 05 21

 AREA
CODE

NUMBER

YEAR

MO

DAY

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

SAMPLE SHALL BE TAKEN AT OVERFLOW FROM THE OIL WATER SEPARATOR PRIOR TO MIXING WITH ANY OTHER WATER.
* DISCHARGE OCCURRED IN ONLY 2 WEEKS IN APRIL 2003.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

313 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

313 TURBINE BLDG DRAIN

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
03	04	01	TO	03	04	30

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FH	SAMPLE MEASUREMENT	*****	*****		6.57	*****	7.07	(12	0	1/7	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	7.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
00500 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	6.5	13.0	(19	0	1/7	GRAB
SUSPENDED											
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30	100	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE						MO AVG	DAILY MX				
00504 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	6.5	13.0	(19	0	1/7	GRAB
EFFLUENT GROSS VALUE					*****	15	25.0	MG/L		WEEKLY	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.002	(0.3)	*****	*****	*****			1/7	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****		WEEKLY	ESTIM
EFFLUENT GROSS VALUE		MO AVG	DAILY MX	MGD							
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
PLANT GENERAL MANAGER
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-7340

03 05 21

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.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

401 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

CHEM. FEED AREA OF AUX BOILERS

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

*** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.94	*****	7.97	(12	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	REPORT MAXIMUM	SU		TWICE MONTH	GRAB
SOLIDS TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	44.0	44.0	(19	0	2/30	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	45.0	45.0	(19	0	2/30	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		TWICE MONTH	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	40.001	40.001	(03)	*****	*****	*****			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIM
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL MANAGER

TYPED OR PRINTED

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 SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

24 682-7340

AREA CODE NUMBER

DATE

03 05 21

YEAR MO DAY

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.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

403 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

CONDENSATE BLOWDOWN & RIVER WAT

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

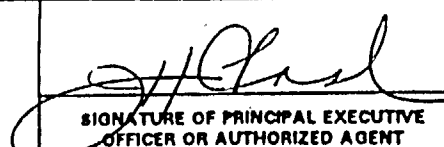
PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.97	*****	7.33	(12	0	2/30*	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL		*****	*****		*****	5.7	7.4	19	0	2/30*	GRAB
SUSPENDED		*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	45.0	45.0	(19	0	2/30*	GRAB
OIL & GREASE		*****	*****		*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	40.1	40.1	(19		1/30**	GRAB
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
00610 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	***	***	(19		***	***
CLARIFIER #1-1, TOTAL WATER		*****	*****		*****	0 MD AVG	0 DAILY MX	MG/L		WHEN DISCH	COMP 2 IR
04201 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	0.001	0.001	(03		1/7	EST
FLOW, DISCHARGE OR THRU TREATMENT PLANT		*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MGD		WEEKLY	ESTIM
50050 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	0.02	0.03	(19	0	2/30*	GRAB
CHLORIDE, TOTAL RESIDUAL		*****	*****	****	*****	0.5 MD AVG	1-25 INST MAX	MG/L		WEEKLY	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH
PLANT GENERAL MANAGER

TYPED OR PRINTED

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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

24682-7340

AREA CODE NUMBER

DATE

03 05 21

YEAR MO DAY

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 D T-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. ~~*** NO CLARIFIER (CF-1) DISCHARGED FROM OUTFALL 403.~~

DISCHARGE OCCURRED IN ONLY 2 WEEKS IN APRIL 2003. This is a 4-part form.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA00025615

PERMIT NUMBER

403 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

CONDENSATE BLOWDOWN & RIVR WAT

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

*** NO DISCHARGE 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****	LO.005	LO.005	(19	0	1/30	GRAB
21313 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MAX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALU	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-7340

03 05 21

AREA CODE

NUMBER

YEAR

MO

DAY

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 SETZ D T-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHAL

BE TAKEN AT MP 455 PRIOR TO MIXING WITH ANY OTHER WATER.

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

SEE NOTES ON PAGE 1 OF 2

This is a 4-part form.

PAGE OF

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

413 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

BULK FUEL STORAGE DRAIN

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J. HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

*** NO DISCHARGE 1-1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FH	SAMPLE MEASUREMENT	*****	*****		7.68	*****	7.68	(12	0	1/30*	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	8.30	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALU				****	MINIMUM		MAXIMUM				
SOLIDS TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	11.5	11.5	(19	0	1/30*	GRAB
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	30	100	MG/L		WEEKLY	GRAB
00530 1 0 0				****		MO AVG	DAILY MX				
EFFLUENT GROSS VALU				****							
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	25.0	25.0	(19	0	1/30*	GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	15	20	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALU				****		MO AVG	DAILY MX				
FLOW, TREATMENT OR	SAMPLE MEASUREMENT	20.001	20.001	(03)	*****	*****	*****			1/7	EST
THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIM
50050 1 0 0		MO AVG	DAILY MX	MGD				****			
EFFLUENT GROSS VALU											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
PLANT GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

 724 682-7340
AREA CODE NUMBER
03 05 21
YEAR MO DAY

DATE

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

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

* DISCHARGE OCCURRED IN ONLY 1 WEEK IN APRIL 2003.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

501 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 1 GENRTR BLWDWN FILT BW

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

 *** NO DISCHARGE ☒ ***

NOTE: Read Instructions before completing this form.

ATTN: MATTHEW J HARTMAN

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS TOTAL	SAMPLE MEASUREMENT	*****	*****		*****			(17			
SUSPENDED	PERMIT REQUIREMENT			***		30	100			WEEKLY	GRAB
00530 1 0 0				***		MD AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALU	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
FLOW IN CONDUIT OR	PERMIT REQUIREMENT	REPORT	REPORT					****		WEEKLY	ESTIMA
THRU TREATMENT PLAN		MD AVG	DAILY MX	MGD				****			
50050 1 0 0	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALU	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-7340

03 05 21

AREA CODE

NUMBER

YEAR

MO

DAY

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

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