

May 28, 2003  
ND3CDM:0413

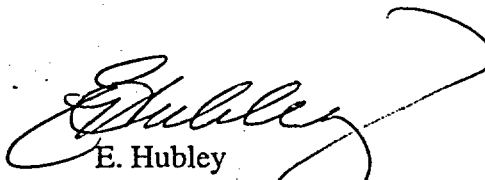
Department of Environmental Protection  
Bureau of Water Quality Management  
Attention: DMR Clerk  
400 Waterfront Drive  
Pittsburgh, PA 15222

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

To Whom It May Concern:

Enclosed is an amended Discharge Monitoring Report (DMR) for Beaver Valley Power Station (BVPS), NPDES Permit No. PA0025615, for Outfall 004. This amended report is to note that more than trace amount of foam was observed at the outfall for a short period of time, and the condition was corrected with measures taken to prevent recurrence. The condition was evaluated and documented in the BVPS Process Improvement Program under Condition Report 03-05342.

Please contact me at 724-682-7340 if you have any questions.

  
E. Hubley  
Manager, Nuclear Environmental & Chemistry

Enclosure

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

JE25

NAME FIRST ENERGY CORP

 ADDRESS PA ROUTE 168  
SHIPPINGPORT

PA 13077-0004

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 13077-0004 FROM

ATTN: MATTHEW J HARTMAN

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

\*\*\* 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			
FH	SAMPLE MEASUREMENT	*****	*****		7.56	*****	7.93	( 12	0	3/30*	GRAB
CO400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALU				*****	MINIMUM		MAXIMUM				
IRON TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	**	**	( 19		**	**
(AS FE)											
01045 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT			TWICE	GRAB
EFFLUENT GROSS VALU				*****		MON AVG	DAILY MX	MG/L		MONTH	
ALUMINUM TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	**	**	( 19		**	**
(AS AL)											
01105 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT			TWICE	GRAB
EFFLUENT GROSS VALU				*****		MON AVG	DAILY MX	MG/L		MONTH	
PHENOL CS TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	**	**	( 19		**	**
RECOVERABLE											
32730 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT			TWICE	GRAB
EFFLUENT GROSS VALU				*****		MON AVG	DAILY MX	MG/L		MONTH	
FLOW IN CONDUIT OR	SAMPLE MEASUREMENT	9.17	31.2	( 03)	*****	*****	*****			1/7	MEAS
THRU TREATMENT PLANT											
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		WEEKLY	MEAS
EFFLUENT GROSS VALU		MON AVG	DAILY MX								
CHLORINE TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	( 19	0	3/30*	GRAB
RESIDUAL											
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.5	1.25			WEEKLY	GRAB
EFFLUENT GROSS VALU				*****		MON AVG	INST MAX	MG/L			
CHLORINE FREE	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	( 19	0	3/30*	GRAB
AVAILABLE											
50064 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2	0.5			WEEKLY	GRAB
EFFLUENT GROSS VALU				*****		AVERAGE	MAXIMUM	MG/L			

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)

\* DISCHARGE OCCURRED IN ONLY 3 WEEKS IN APRIL 2003.

\*\* MONITORING REQUIREMENTS DELETED PER NPDES PERMIT, AMENDMENT 1 IMPLEMENTED.

\*\*\* MORE THAN TRACE AMOUNT OF FORMALIN WAS OBSERVED AT THE OUTFALL ON 4/18/03. THE CONDITION WAS CORRECTED AS SOON AS IT WAS OBSERVED, AND PREVENTIVE MEASURES WERE IMPLEMENTED.