

June 26, 2003
L-03-104

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 May 2003 NPDES Discharge Monitoring Report (DMR) for FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station, in accordance with the requirements of the permit. Attached to this letter is supplemental monitoring data for Outfall 001 (dissolved oxygen). A review of the reported data indicates there were no exceedances during the report period.

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*

IE25

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	MEASURE UNITS
5/09/03	1100 hours	7.77	mg/L
5/16/03	0945 hours	8.63	mg/L
5/24/03	1300 hours	7.65	mg/L
5/31/03	0840 hours	8.15	mg/L

- END -

Month: MAY
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

Unit 1

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
8,000		2.0		.0000417		0.667					.01		
TOTAL						=	0.667	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:	0.66						
Type: (check one)							
Landfill							
Agr. Utilization							
Other (specify)							
County:	Beaver	Beaver					

(SSR-1 3/21/91)

Signature

Chemistry Manager
Title

6/23/3
Date

(724) 682-5113
Telephone

Month: MAY
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

UNIT 2

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
26,000		2.0	.0000417	2.16				.01	
				TOTAL =		TOTAL =			
				2.16					

	Site 1	Site 2	Site 3	Site 4
Name:	Borough of Monaca	Hopewell Township		
Permit No.:	PA0020125	PA0026328		
Dry Tons Disposed:	2.16			
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

(SSR-1 3/21/91)

Signature

Chemistry Manager
Title

6/23/3
Date

(724) 682-5113
Telephone

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

MAJOR
(SU8R 03)
F - FINAL

UNITS 1&2 COOLG. TOWER BLWDN.

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

PA0025415
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
03	05	01	TO	03	05

PA 15077-0004

PA 15077-0004 FROM

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

NAME 1 PST ENERGY CORP

ADDRESS PA ROUTE 168
SHIPPINGPORT

FACILITY BLAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

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	*****	*****		7.83	*****	8.15	(12	0	1/7	GRAB
CO400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
NITROGEN AMMONIA TOTAL AS N	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19		*	*
00600 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		**	**
01103 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
CHLORIDE TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****	21.16 **	21.16 **	(19	0	1/31	24 HR COMP
04201 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	0 MO AVG	0 DAILY MX	MG/L		WHEN DISCH	COMP
FIBROUS SILICA TOTAL REACTIVE SILICA	SAMPLE MEASUREMENT	*****	*****		*****	**	**	(19		**	**
02730 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
FLOW THROUGH OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	33.7	44.6	(03)	*****	*****	*****		0	DAILY	CONT
50050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		DAILY	CONTIN

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 06 18
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 DETZ D T-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX. * PLANT WAS NOT IN WET LAY-UP IN MAY 2003
** MONITORING REQUIREMENTS DELETED PER NPDES PERMIT AMENDMENT 1

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (F/D/J/perm))

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

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	05	01		03	05	31

*** 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 RESIDUE	SAMPLE MEASUREMENT	*****	*****		*****	0.03	0.10	(19	0	18/31	GCAB
50060 0 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.5	1.25			WEEKLY	GRAB
EFFLUENT GROSS VALU				****		AVERAGE	MAXIMUM	MG/L			
CHLORINE FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	40.02	0.02	(19	0	CONT	REC'D
50064 0 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.2	0.5			CONTINUOUS	RECORD
EFFLUENT GROSS VALU				****		AVERAGE	MAXIMUM	MG/L			
50064 0 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19		*	*
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	0	0			WEEKLY	GRAB
				****		MO AVG	DAILY M	MG/L			
	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

724-622-7340

03 06 18

AREA CODE

NUMBER

YEAR

MO

DAY

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

FLUORINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR DET2 D T-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX. * PLANT WAS NOT IN WET LAY-UP IN MAY 2003

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

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

NAME PECO ENERGY CORP

ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

002 A

DISCHARGE NUMBER

MAJOR
(SU8R 05)

F - FINAL

INTAKE SCREEN BACKWASH

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

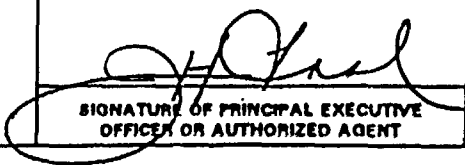
ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
03	05	01	TO	03	05	31

*** 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			
FLOW IN CONDUIT OR THRU TREATMENT PLANT 50050 : 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.006	0.046	(03)	*****	*****	*****			1/7	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIM
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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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 724-662-7340		DATE 03 06 18		
			AREA CODE	NUMBER	YEAR	MO	DAY

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

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)

PA0025415

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	05	01		03	05	31

*** NO DISCHARGE 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			
NITRITENITRATETOTAL: DEF (AS N) 00530 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19		*	*
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
PHOSPHORUSTOTAL (AS P) 00605 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19		*	*
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
INTEL (AS FL) 01045 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19		*	*
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
ALUMINUMTOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19		*	*
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
PHENOL (AS TOTAL REMOVEABLE) 02730 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19		*	*
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
FLUORIDE (AS FLUORIDE) OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.031	0.085	(03)	*****	*****	*****			2/31	Est
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		TWICE MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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 06 18			
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER		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

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

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

PA0025415

PERMIT NUMBER

004 A

DISCHARGE NUMBER

MAJOR
(SUBR 05)

F - FINAL

AUX. INTAKE SCREEN BACKWASH

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-000 FROM

ATTN: MATTHEW J. HARTMAN


MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	05	01		03	05	31

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER	<input checked="" type="checkbox"/>	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	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
20000 1 0 0 PERMIT GROSS VALU	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MOD	*****	*****	*****	****		WEEKLY	ESTIM
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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JAMES H. LASH Plant General Manager TYPED OR PRINTED			74	682-7340	03 06 18

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY
	74	682-7340	03	06	18

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

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

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

007 A

DISCHARGE NUMBER

MAJOR

(SUFR 05)

F - FINAL

AUX. INTAKE SYSTEM

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	05	01		03	05	31

*** 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			
00400 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****			*****		(12			
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
00000 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMATE
00060 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	0.5 MO AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L		WEEKLY	GRAB
00064 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****			(12			
	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT.	724.682-7340 AREA CODE NUMBER	03 YEAR	06 MO	18 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.

PERMITTEE NAME ADDRESS (Include
Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

(2-16)			(17-19)				
PA0025615			008				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	03	05	01		03	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Amendment No. 1

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

NOTE: Read Instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measurement	20.001	20.001	MGD	.	.	.	.	.	1/7	EST
	Permit Requirement	MONITOR AND REPORT			.	.	.		.	1/WEEK	ESTIMATE
Suspended Solids	Sample Measurement	.	.	.	.	5.0	6.4	MGL	0	2/31	GRAB
	Permit Requirement	.	.		.	30	100		.	2/MONTH	GRAB
Oil and Grease	Sample Measurement	.	.	.	.	25.0	25.0	MGL	0	2/31	GRAB
	Permit Requirement	.	.		.	15	20		.	2/MONTH	GRAB
pH	Sample Measurement	.	.	.	7.84	.	7.98	S.U.	.	2/31	GRAB
	Permit Requirement	.	.		6.0	.	9.0		.	2/MONTH	GRAB
	Sample Measurement	.	.	.	.	.	.	.	.	.	.
	Permit Requirement	.	.		.	.	.		.	.	.
	Sample Measurement	.	.	.	.	.	.	.	.	.	.
	Permit Requirement	.	.		.	.	.		.	.	.
	Sample Measurement	.	.	.	.	.	.	.	.	.	.
	Permit Requirement	.	.		.	.	.		.	.	.

NAME/TITLE PRINCIPAL EXECUTIVE
OFFICER

JAMES H. LASH

Plant General Manager
TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 682-7340

AREA
CODE NUMBER

DATE

03 06 18
YEAR MO DAY

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

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

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)

P40025415

PERMIT NUMBER

010 A

DISCHARGE NUMBER

MAJOR

(SUDB 05)

F - FINAL

UNIT 2 COOLING WATER

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	05	01		03	05	31

*** 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	*****	*****		7.53	*****	7.77	(12	0	1/7	GRAB
00400 0 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
CLAMTROL (CT-1) TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19		*	*
04251 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	0 MD AVG	0 INST MAX	MG/L		WHEN DISCH	COMP 2
FLUORIDE CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.36	0.43	(03)	*****	*****	*****			1/7	MEAS
50050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MD	*****	*****	*****	*****		WEEKLY	MEASRD
CHLORIDE TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	LO.02	0.04	(19	0	1/7	GRAB
50060 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	0.5 MD AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB
CHLORINE FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	LO.02	LO.02	(19	0	1/7	GRAB
50064 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L		WEEKLY	GRAB
	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

724-682-7310
AREA CODE NUMBER

03 06 18
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 25 IN G/L AS A DAILY MAX.) * CLAMTROL (CT-1) WAS NOT DISCHARGED AT OUTFALL 010 IN MAY 2003

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

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	05	01		03	05	31

*** 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 SOURCE : 0 0 BEAVER VALLEY	SAMPLE MEASUREMENT	0.004	0.004	(03)	*****	*****	*****			1/7	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	NOD	*****	*****	*****	****		WEEKLY	ESTIM
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	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

724 652-7340
AREA CODE NUMBER

03 06 18
YEAR MO DAY

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

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)

PA0025415

PERMIT NUMBER

012 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

BLOWDOWN FROM THE HVAC UNIT

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J. HARTMAN

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
03	05	01	TO	03	05

*** 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			
PFI		*****	*****		8.89	*****	8.89	(12	0	1/31	GRAB
00400 0 0 0		*****	*****	*****	6.0	*****	9.0	SU		ONCE/MONTH	GRAB
EFFLUENT GROSS VALU		*****	*****	*****	MINIMUM	*****	MAXIMUM				
CHROMIUM TOTAL		*****	*****		*****	*	*	(19		*	*
01034 0 0 0		*****	*****	*****	*****	0.2	0.2	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALU		*****	*****	*****	*****	MD AVG	DAILY MX				
COPPER TOTAL		*****	*****		*****	0.24*	0.34*	(19		2/31*	GRAB
01042 0 0 0		*****	*****	*****	*****	REPORT	REPORT	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALU		*****	*****	*****	*****	MD AVG	DAILY MX				
ZINC TOTAL		*****	*****		*****	16.1*	25.5*	(19	0*	2/31*	GRAB
01092 0 0 0		*****	*****	*****	*****	1.0	1.0	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALU		*****	*****	*****	*****	MD AVG	DAILY MX				
FLOW TO CONDUIT OR		20.001	20.001	(03)	*****	*****	*****			1/31	EST
THRU PLANT PLAN		REPORT	REPORT		*****	*****	*****	*****		ONCE/MONTH	ESTIM
50050 0 0 0		MD AVG	DAILY MX	MOD	*****	*****	*****	*****			
EFFLUENT GROSS VALU		*****	*****	*****	*****	3342*	3856*	(19		2/31*	GRAB
01070 0 0 0		*****	*****	*****	*****	REPORT	REPORT	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALU		*****	*****	*****	*****	MD AVG	DAILY MX				
		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 06 18

AREA CODE NUMBER

YEAR MO DAY

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

* CHROMIUM MONITORING AND LIMITS; ZINC MONITORING AND LIMITS; TOTAL DISSOLVED SOLIDS MONITORING; AND COPPER MONITORING REVISED AND 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

013 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

OUTFALL 013

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	05	01		03	05	31

*** 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	*****	*****		*****	*****	*	(15		*	*
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	110 INST MAX	DEG.		WEEKLY	GRAB
CO400 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		7.19		7.72	(12	0	1/7	CALC
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	CALC TO
CO720 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****			LO.02	LO.02	(19		3/31	CALC
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	CALC TO
CO140 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****			0.047	0.053	(19		3/31	*
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	CALC TO
CO050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.013	0.019	(013	*****	*****	*****	*****		1/7	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		WEEKLY	ESTIM
CO060 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19		*	*
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.5 MO AVG	1.25 INST MAX	MG/L		TWICE MONTH	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 ensure 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 06 18

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 DELETED FOR TSS AND TEMPERATURE AND COPPER REVISED TO 2/MONTH

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

NAME FIRST ENERGY CORP

ADDRESS PO ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
03	05	01	03	05	31

*** 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	*****	*****		7.42	*****	7.74	(12	0	3/31*	Grab
CO400 1 0 0 EFFLUENT CADSS VALU	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
CO500 1 0 0 EFFLUENT CADSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	13.4	22.8	(19	0	2/31*	2 Hr Comp
CO500 1 0 0 EFFLUENT CADSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	COMP
CO500 1 0 0 EFFLUENT CADSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	11.0	17.0	(19	0	2/31*	Grab
CO500 1 0 0 EFFLUENT CADSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
CO500 1 0 0 EFFLUENT CADSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19		*	*
CO500 1 0 0 EFFLUENT CADSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
CO500 1 0 0 EFFLUENT CADSS VALU	SAMPLE MEASUREMENT	0.14	1.69	(03)	*****	*****	*****			Daily	Cont
CO500 1 0 0 EFFLUENT CADSS VALU	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		DAILY	CONTIN
CO500 1 0 0 EFFLUENT CADSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	**	**	(19		**	**
CO500 1 0 0 EFFLUENT CADSS 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

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 06 18

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.

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

MAJOR
(SUBR 05)
F - FINAL
102 INTAKE SCREENHOUSE

*** NO DISCHARGE 1-1 ***
NOTE: Read instructions before completing this form.

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 13077-0004

PA0025415
PERMIT NUMBER

102 A
DISCHARGE NUMBER

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 13077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	05	01		03	05	31

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			
FH 00400 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		7.66	*****	7.75	(12	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE MONTH	GRAB
SUSPENDED SOLIDS 00530 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	12.3	20.5	(19	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MD AVG	100 DAILY MX	MG/L		TWICE MONTH	GRAB
OIL & GREASE 00550 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	15.0	15.0	(19	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MD AVG	20 DAILY MX	MG/L		TWICE MONTH	GRAB
FLOW THROUGH TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	40.001	40.001	(03	*****	*****	*****			2/31	EST
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		TWICE MONTH	ESTIMA
	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 1682-7340
AREA CODE NUMBER

03 06 18
YEAR MO DAY

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

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

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

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

103 A

DISCHARGE NUMBER

NAUTR

(SUOR 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	05	01		03	05	31

*** NO DISCHARGE 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	SAMPLE MEASUREMENT	*****	*****		6.57	*****	7.40	(12	0	3/31	GRAB
CO400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SI		TWICE MONTH	GRAB
BOD5 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	12.7	13.5	1	0	2/31	24 HR COMP
CO530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE MONTH	COMP24
PH 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.006	0.017	(00)	*****	*****	*****			29/31	MONS
PH 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MOD	*****	*****	*****	****		TWICE MONTH	ESTIM
	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	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		
JAMES H. LASH PLANT GENERAL MANAGER TYPED OR PRINTED			724.682-7340 AREA CODE NUMBER	03	06	18 YEAR MO DAY

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

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

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

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

NAME FLETCHER ENERGY CORP

ADDRESS PA ROUTE 16B
SHIPPENSBURG

PA 15077-0004

PA0025415
PERMIT NUMBER

110 A
DISCHARGE NUMBER

MAJOR

(SUOR 05)

F - FINAL

UNIT 2 SERVICE WATER BACKWASH

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPENSBURG

PA 15077-0004 FROM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
03	05	01	TO	03	05

*** 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 0 0 PERMIT REQUIREMENT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MOD	*****	*****	*****	****		WEEKLY	ESTIMATE
	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										
	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 18
YEAR MO DAY

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

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)

FA0025415

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

ADMIN MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
03	05	01		03	05	31

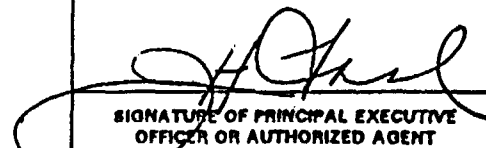
*** NO DISCHARGE 1 1 ***

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	SAMPLE MEASUREMENT	*****	*****		6.71	*****	7.13	(12	0	1/7	GRAB
C0402 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
ED 100 100 SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	44.0	44.0	(19	0	1/7	GRAB
C0506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
ED 100 100 SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	45.0	45.0	(19	0	1/7	GRAB
C0006 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW REPORT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	0.002	0.002	(0.01	*****	*****	*****			1/7	Est
50050 1 0 0 EFFLUENT GROSS VALU	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
724 682-7340

DATE
03 06 18

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

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

00075 / This is a 4-part form.

PAGE 07

NAME BEVERLY ENERGY CORP

ADDRESS ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

113 A

DISCHARGE NUMBER

FACILITY

(SUFR 05)

F - FINAL

UNIT 2 SEWAGE TMT PLANT

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	05	01		03	05	01

*** 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	*****	*****		7.63	*****	7.93	(12	0	2/31	GRAB
CO400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE MONTH	GRAB
CO100 1 0 0 SUSPENDED SOLIDS	SAMPLE MEASUREMENT	*****	*****		*****	5.3	6.3	(19	0	2/31	8HR COMP
CO500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	60 DAILY MX	MG/L		TWICE MONTH	COMP-B
FLUORIDE IN CONDUIT OR THERMAL TREATMENT PLAN	SAMPLE MEASUREMENT	0.010	0.016	(0.3)	*****	*****	*****		0	1/7	MEAS
CO050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.043 MO AVG	REPORT DAILY MX	MCD	*****	*****	*****	*****		WEEKLY	MEASRD
CHLORINE TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.38	0.53	(19	0	2/31	GRAB
CO060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	1.4 MO AVG	3.3 INST MAX	MG/L		TWICE MONTH	GRAB
CHLORINE TOTAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	174	*****	(13	0	2/31	GRAB
74005 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MO GEOMN	*****	#/ 100ML		TWICE MONTH	GRAB
CO001 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	3.2	3.3	(19	0	2/31	8HR COMP
CO002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	25 MO AVG	50 DAILY MX	MG/L		TWICE MONTH	COMP-B
	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 ensure 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

724-122-7340

03 06 18

AREA CODE NUMBER

YEAR MO DAY

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.

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

NAME TIDE ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

203 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

MAIN SEWAGE TMT PLANT

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	05	01		03	05	31

*** 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	*****	*****		7.52	*****	7.90	(12	0	2/31	GRAB
CO400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE MONTH	GRAB
CO500 1 0 0 SURFACET	SAMPLE MEASUREMENT	*****	*****		*****	26.0	29.0	(19	0	2/31	8HE Comp
CO500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	60 DAILY MX	MG/L		TWICE MONTH	COMP-B
FLUO 1 0 0 THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.006	0.012	(0.3)	*****	*****	*****		0	1/7	Mens
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.023 MO AVG	REPORT DAILY MX	MOD	*****	*****	*****	****		WEEKLY	MEASRD
CHLORINE TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	1.2	2.1	(19	0	2/31	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	1.4 MO AVG	3.3 INST MAX	MG/L		TWICE MONTH	GRAB
CHLORINE TOTAL GEMMA	SAMPLE MEASUREMENT	*****	*****		*****	11	*****	(13	0	2/31	GRAB
74005 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200 MO GEOMN	*****	#/ 100M		TWICE MONTH	GRAB
50070 1 0 0 CHLORINE RESIDUE	SAMPLE MEASUREMENT	*****	*****		*****	3.3	3.6	(19	0	2/31	8HE Comp
50082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	25 MO AVG	50 DAILY MX	MG/L		TWICE MONTH	COMP-B
	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 ensure 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

724-682-7310

AREA CODE

NUMBER

DATE

03 06 18

YEAR MO DAY

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

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

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

MAJOR
(SUBR 05)
F - FINAL
211 TURBINE BLDG

*** NO DISCHARGE 1 ***
NOTE: Read instructions before completing this form.

PA0025615		211 A	
PERMIT NUMBER		DISCHARGE NUMBER	

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	05	01	TO	03	05	31

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (FD/perm))

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

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	*****	*****		7.12	*****	7.78	(12	0	1/7	GRAB
CO400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SUSPENDED SOLIDS CO050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	13.3	36.5	(19	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
CU 2 REAGI CO056 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
FLUORINE CONDUIT OR TRAP TREATMENT PLAN CO050 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	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

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 06 18
AREA CODE NUMBER YEAR MO DAY

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

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

NAME FORT ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025619

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	YEAR	MO	DAY
03	05	01	TO	03	05

*** 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			
EFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			*****		(12			
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE MONTH	GRAB
EFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****					(17			
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE MONTH	GRAB
EFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****					(15			
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	MG/L		TWICE MONTH	GRAB
EFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
	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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724-632-7340

AREA CODE NUMBER

DATE

03 06 18

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

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

PA0025415

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	05	01		03	05	31

*** 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			
SOLIDS TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	24.0	24.0	(19	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		TWICE MONTH	GRAB
SOLIDS PLANT 00536 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	25.0	25.0	(19	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	15 MD AVG	20 DAILY MX	MG/L		TWICE MONTH	GRAB
POLLUTANT CONDUIT OR TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	20.001	20.001	(03)	*****	*****	*****			1/7	EST
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY	ESTIM
	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 06 18

AREA CODE NUMBER

YEAR MO DAY

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

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

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

NAME ENERGY CORP

ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

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

PA0025415

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: JENNIFER J. HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	05	01		03	05	31

*** 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			
FIN	SAMPLE MEASUREMENT	*****	*****		7.23	*****	7.44	(12	0	3/31*	GRAB
COBOD 0 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SURFACE	SAMPLE MEASUREMENT	*****	*****			9.1	16.4	(19	0	3/31*	GRAB
COBOD 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
COBOD 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			5.3	6.0	(19	0	3/31*	GRAB
COBOD 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW MEASUREMENT OR THROUGH FLOW PLAN	SAMPLE MEASUREMENT	0.019	0.056	(0.3)	*****	*****	*****			1/1	EST
COBOD 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		WEEKLY	ESTIMATE
	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 06 18

AREA CODE

NUMBER

YEAR

MO

DAY

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

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

* DISCHARGE OCCURRED IN ONLY 3 WEEKS IN MAY 2003

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168
SWEEPINGPORT

PA 15077-0004

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

PA0025415
PERMIT NUMBER

313 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL.

313 TURBINE BLDG DRAIN

FACILITY BEAVER VALLEY POWER STATION

LOCATION SUFFRINGTON

PA 15077-0004FROM

AT THE MATTHEW J. HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	05	01			02	05	3

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

[illegible]

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 _____

724,682-734

03	06	18
----	----	----

AREA
CODE

NUMBER

[illegible]

MO

DAY

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.

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

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	05	01		03	05	31

*** 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	*****	*****		7.97	*****	8.21	(12	0	2/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	REPORT MAXIMUM	SU		TWICE MONTH	GRAB
00100 1 0 0 SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.0	6.0	(12	0	2/31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		TWICE MONTH	GRAB
001 1 0 0 OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	15.0	15.0	(12	0	2/31	GRAB
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		TWICE MONTH	GRAB
00000 1 0 0 THRU TREATMENT PLANT	SAMPLE MEASUREMENT	40.001	40.001	(03)	*****	*****	*****			1/7	EST
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKL	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

724 682-7340

AREA CODE NUMBER

DATE

03 06 18

YEAR MO DAY

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

SAMPLE SHALL BE TAKEN AT CHEMICAL FEED AREA DRAINE PRIOR TO MIXING WITH ANY OTHER WATER

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

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	05	01		03	05	31

 *** NO DISCHARGE ☒ ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPL. TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****		(12			
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			19			
00530 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			(19			
00556 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN AMMONIA TOTAL AS N	SAMPLE MEASUREMENT	*****	*****		*****			(19			
00610 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
CLANTR 1 0 1 TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****			(19			
04231 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	0 MO AVG	0 DAILY MX	MG/L		WHEN DISCHRG	COMP2
FLOW THROUGH OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		WEEKLY	ESTIMA
CHLORINE TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			(19			
50060 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	0.5 MO AVG	1.25 INST MA	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 06 18			
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER		YEAR MO DAY	

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BRIC 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 408 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)

PA0025415

PERMIT NUMBER

403 A

DISCHARGE NUMBER

HAZAR

(SUBR 05)

F - FINAL

CONDENSATE BLOWDOWN & RIVER WAY

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	05	01		03	05	3

*** 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			
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****			(19			
81312 : 0 0 EFFICIENT PROCESS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0 MD AVG	0 DAILY MAX	MG/L		WEEKLY	GRAB
	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

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SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

224 682-7340

03 06 18

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 81312 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 100 PRIOR TO MIXING WITH ANY OTHER WATER.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

412 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	YEAR	MO	DAY
03	03	01	03	03	31

*** 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	*****	*****		7.52	*****	7.54	(12	0	2/31*	GENB
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	17.9	22.5	(19	0	2/31*	GRAB
00530 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	25.0	25.0	(19	0	2/31*	GRAB
00556 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	40.001	40.001	(03	*****	*****	*****			1/7	EST
50000 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT MD 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

DATE

724 682-7410

03 06 18

AREA CODE

NUMBER

YEAR

MO

DAY

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

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

DISCHARGE OCCURRED IN ONLY 2 WEEKS IN MAY 2003

NAME PEEB ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

501 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 1 GENRTR BLWDN FILT BW

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	05	01		03	05	31

*** 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			
SOLIDS TOTAL SUSPENDED 00000 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19			
	PERMIT REQUIREMENT	*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
TREATMENT PLANT OR TREATMENT PLAN 00000 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			031	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MD	*****	*****	*****	***		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	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 06 18
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.