

July 25, 2003
L-03-115Department 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

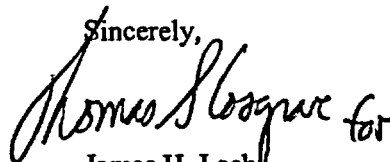
To Whom It May Concern:

Enclosed is the June 2003 NPDES Discharge Monitoring Report (DMR) for FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station, in accordance with the requirements of the permit. Attachment 1 to this letter is supplemental monitoring data for Outfall 001 (dissolved oxygen). A review of the reported data indicates the following parameter exceedances:

- The Maximum Daily and Monthly Average for Oil & Grease at Outfall 008 were exceeded. The event description and corrective actions are included as Attachment 2 to this letter.
- The Maximum Daily and Monthly Average for Total Suspended Solids (TSS) for Internal Outfall 413 were exceeded in May 2003. The amended DMR, description, and corrective actions are included as Attachment 3 to this letter.

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 ManagerAttachments (3)
Enclosurecc: ~~Document Control Desk US NRC~~
US Environmental Protection Agency
S. F. Brown
Central File: **Keyword- DMR**

JE25

ATTACHMENT 1

Weekly Dissolved Oxygen Monitoring Results at Outfall 001

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

| SAMPLE DATE | SAMPLE TIME | VALUE | MEASURE UNITS |
|-------------|-------------|-------|---------------|
| 05-Jun-03 | 0950 hours | 9.10 | mg/L |
| 13-Jun-03 | 1030 hours | 7.31 | mg/L |
| 20-Jun-03 | 0815 hours | 8.12 | mg/L |
| 27-Jun-03 | 0900 hours | 7.63 | mg/L |

- Attachment 1 END -

ATTACHMENT 2

Oil and Grease Exceedance at Outfall 008

BVPS Outfall 008, which receives waste from the Unit 1 Cooling Tower Pumphouse drains and stormwater runoff, is required to be sampled and analyzed for Oil and Grease two times per month. The Maximum Daily limit for Oil and Grease is 20 mg/l and the Monthly Average limit is 15 mg/l. Analysis of a sample taken on June 6, 2003 indicated Oil and Grease was 53 mg/l exceeding the Maximum Daily limit. A second sample taken on June 9, 2003 indicated an Oil and Grease value below detectable limits. The average of the two samples taken was 26.5 mg/l, and thus, the Average Monthly limit was exceeded as well.

The results have been documented in the FENOC Process Improvement Program under Condition Report CR-03-07714. The preliminary investigation indicated that some maintenance had recently been completed on one of the Cooling Tower pumps prior to the pump being re-started. In addition, one of the sump pumps in the building that feeds Outfall 008 had been identified as needing some repairs in April and May. That particular sump apparently had a period of stagnancy. There was also a period of no flow/no discharge through Outfall 008 during June.

To correct the immediate problem, a notification was issued in the FENOC work management system to have the sumps in the Cooling Tower Pumphouse cleaned out. Additional corrective actions will be taken and documented subsequent to the completion of the Condition Report investigation and evaluation.

- Attachment 2 END -

ATTACHMENT 3

Total Suspended Solids Exceedance at Internal Outfall 413

BVPS Internal Outfall 413, consisting of an open water/oil separator, normally receives waste from stormwater. It is located at the lowest elevation of an area in which to contain a fuel oil delivery vehicle when filling the adjacent auxiliary boiler fuel tanks. The water/oil separator is normally valved open to allow stormwater to pass through to external Outfall 013 and its receiving stream, Peggs Run. Therefore, the only flow through Outfall 413 is stormwater. The valve is closed when a delivery vehicle enters to deliver fuel. The Permit limits for Total Suspended Solids (TSS) are 100 mg/l Maximum Daily and 30 mg/l Monthly Average.

A Permit Part C.22 sample was taken on May 1, 2003 from Outfall 413 and analyzed for TSS on May 6, 2003 with a result of 125 mg/l. However, the Permit Part C.22 sampling and analyses are performed and reported by personnel outside of BVPS. The process in place at that time did not include forwarding results for Part C.22 required analyses immediately back to cognizant personnel at BVPS. Rather, all Part C.22 analysis data for a particular sample point was held until a full report could be generated. When the report was generated, it was sent to FirstEnergy Corporation in Akron, Ohio, and a copy forwarded BVPS. Therefore, cognizant personnel in Akron, Ohio and BVPS were not aware of the high TSS for the May 1, 2003 sample.

During a tour, it was noted that debris had been collecting around the drain to Outfall 413 and a request was made to Building Maintenance to clean in and around the water/oil separator. That cleaning was performed on May 2, 2003. Samples taken on May 5 and May 20, yielded analytical results of 13.2 and 22.5 mg/l respectively. The TSS analyses of those two sample indicate that the immediate corrective action (cleaning the stormdrain area) restored the TSS values to less than permit limits. However, the average of the three samples is 56.6 mg/l, and thus, the Average Monthly limit was exceeded as well.

The results have been documented in the FENOC Process Improvement Program under Condition Report CR-03-08040. Current corrective actions included changing the process so that all sample results are immediately forwarded to cognizant FE personnel in Akron and at BVPS; and a review of the routine tour to determine if additional surveillances are needed to identify challenges to limits at Outfall 413 and similar points at BVPS. Additional actions will be incorporated into the BVPS Stormwater Pollution Prevention Plan (SWPPP) as appropriate, subsequent to completion of the condition report investigation.

Page 2 of this Attachment contains the Amended Discharge Monitoring Report (DMR) for May, 2003, for Outfall 413.

PERMITTEE NAME ADDRESS (Include
Facility Name / Location)

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

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

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

| | | | | | | |
|-------------------|---------|---------|------------------|---------|---------|---------|
| (2-16) | | | (17-19) | | | |
| PA0025615 | | | 413 | | | |
| PERMIT NUMBER | | | DISCHARGE NUMBER | | | |
| MONITORING PERIOD | | | | | | |
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 05 | 01 | | 05 | 05 | 31 |
| (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

AMENDED
DMR
MAY 2003

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 | | | | | | | | | | |
| | Permit Requirement | MONITOR AND REPORT | | | MGD | | | | | | |
| Suspended Solids | Sample Measurement | | | | | 53.6 | 125 | | 1 | 3/30* | GRAB |
| | Permit Requirement | | | | | 30 | 100 | MG/L | | 1/WEEK | GRAB |
| Oil and Grease | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | 15 | 20 | MG/L | | 1/WEEK | GRAB |
| pH | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | 6.0 | | 9.0 | S.U. | | 1/WEEK | GRAB |
| | 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 Mgr 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) | Thomas S. Coogrove for J. Lash SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE 724 682-7340 AREA CODE NUMBER | DATE 03 07 21 YEAR MO DAY |
|---|--|---|---|---------------------------------|

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

* SEE ATTACHED LETTER FOR EXPLANATION OF AMENDED DMR AND EXCURSIONS.
Flow occurred in only 3 weeks in May 2003

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 1

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

L-03-115

ATTACHMENT 3, PAGE 2 of 2

Month: JUNE
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 | |
| 14,000 | . | 2.0 | . | .0000417 | 1.17 | | | | .01 | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| TOTAL | | | | | | | TOTAL | | | |
| | | | | | | | | | | |

| | Site 1 | Site 2 | Site 3 | Site 4 |
|--------------------|-------------------|-------------------|--------|--------|
| Name: | Borough of Monaca | Hopewell Township | | |
| Permit No.: | PA0020125 | PA0026328 | | |
| Dry Tons Disposed: | 1,171 | | | |
| Type: (check one) | | | | |
| Landfill | | | | |
| Agr. Utilization | | | | |
| Other (specify) | | | | |
| County: | Beaver | Beaver | | |

Antefixen / Thesen / Fall

Chemistry Manager

(724, 582-5113)

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Month: JUNE
Year: 2003

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 2

SLUDGE PRODUCTION INFORMATION (prior to incineration)

| 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 | |
| 12,500 | | 2.5 | .0000417 | 1.46 | | | .01 | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | </ | | | | |

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: | 1.46 | | | |
| Type: (check one) | | | | |
| Landfill | | | | |
| Agr. Utilization | | | | |
| Other (specify) | | | | |
| County: | Beaver | Beaver | | |

Victor J. Z... Chemistry Manager

(724) 882-5113

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGSPT

PA 15077-0004

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

PA0025415

PERMIT NUMBER

001 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNITS 1&2 COOLG. TOWER BLWDN.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGSPT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 06 | 01 | | 03 | 06 | 30 |

*** 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 | ***** | ***** | | 8.06 | ***** | 8.40 | (12 | 0 | 6/30 | GRAB |
| 00400 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 | | * | * |
| 00610 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT MO AVG | REPORT DAILY MX | MG/L | | WEEKLY | GRAB |
| 1.000 1 0 0 TOTAL AS N | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 1.91** | 2.68** | (19 | | 2/30** | GRAB |
| 01045 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT MO AVG | REPORT DAILY MX | MG/L | | TWICE MONTH | GRAB |
| AMMONIA TOTAL AS N | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.94** | 1.22** | (19 | | 2/30** | GRAB |
| 01105 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT MO AVG | REPORT DAILY MX | MG/L | | TWICE MONTH | GRAB |
| CHLORIDE TOTAL WATER | SAMPLE MEASUREMENT | ***** | ***** | | ***** | *** | *** | (19 | | *** | *** |
| 04351 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 0 MO AVG | 0 DAILY MX | MG/L | | WHEN DISC | COMP |
| PHOSPHORUS TOTAL REDOXABLE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | LO.01 | LO.01 | (19 | | 2/30** | GRAB |
| 00730 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT MO AVG | REPORT DAILY MX | MG/L | | TWICE MONTH | GRAB |
| FLOW THROUGH OR THROUGH TREATMENT PLANT | SAMPLE MEASUREMENT | 34.8 | 45.8 | (0.0) | ***** | ***** | ***** | | | 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 | | 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. | | | | COSGROVE | | TELEPHONE | | DATE | |
| JAMES H. LASH PLANT GENERAL MANAGER | | | | | | Thomas Morgan for Lash | | 724-682-7340 | | 03 07 21 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | AREA CODE | | NUMBER | | YEAR | |

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.*** CLAMTROL (CT-1) DISCHARGED 6-3-03; DT-1 (CLAY) ESTIMATE AT 5.6 MG/L DUE TO MALFUNCTION OF ISO SAMPLER. NO CT-1 SAMPLES ANALYZED

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used. * PLANT WAS NOT IN WET LAY-UP IN JUNE 2003.

00026/ This is a 4-part form. PAGE OF

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

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 | 06 | 01 | | 03 | 06 | 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 | | | |
| CHLORINE, TOTAL RESIDUAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.034 | 0.08 | (19 | 0 | 14/30 | GRAB |
| 50060 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 0.5 | 1.25 | | | WEEKLY | GRAB |
| EFFLUENT GROSS VALU | | | | | | AVERAGE | MAXIMUM | MG/L | | | |
| CHLORINE, FREE AVAILABLE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.01 | 0.22 | (19 | 0 | CONT | RCOR |
| 50064 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 0.2 | 0.5 | | | CONTINUOUS | |
| EFFLUENT GROSS VALU | | | | | | AVERAGE | MAXIMUM | MG/L | | | |
| HYDRAZINE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | * | * | (19 | | * | * |
| 51313 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 0 | 0.5 | | | WEEKLY | GRAB |
| EFFLUENT GROSS VALU | | | | | | MO. AVG | DAILY MAX | MG/L | | | |
| | 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 | 03 | 07 | 21 |

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.

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

NAME E.P. ENERGY CORP

ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

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

PA0025415
PERMIT NUMBER

002 A
DISCHARGE NUMBER

MAJOR

(SUHR 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 | 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 | | | |
| FLOW IN CONDUIT OR THRU TREATMENT PLANT 50050 2 0 0 EFFECTIVE CROSS VALU | SAMPLE MEASUREMENT | 0.006 | 0.046 | (00) | ***** | ***** | ***** | | | 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 | | | | | | | | | | |
| | 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.

Thomas S. Cosgrove for J. Lash

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 682-7340

AREA CODE NUMBER

DATE

03 07 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

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

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 |
| 05 | 06 | 01 | | 05 | 06 | 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 & DET. (AS N) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.58 | 0.60 | (19 | | 2/30* | GRAB |
| 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 | ***** | ***** | | ***** | <0.05 | <0.05 | (19 | | 2/30* | GRAB |
| 00665 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT DAILY MX | MG/L | | TWICE MONTH | GRAB |
| EFFLUENT GROSS VALU | | | | **** | | | | | | | |
| IRON (AS FE) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.74 | 0.76 | (19 | | 2/30* | GRAB |
| 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 | ***** | ***** | | ***** | 0.58 | 0.82 | (19 | | 2/30* | GRAB |
| 01105 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT DAILY MX | MG/L | | TWICE MONTH | GRAB |
| EFFLUENT GROSS VALU | | | | **** | | | | | | | |
| FRENCH CREEK TOTAL RECEIVED LOAD | SAMPLE MEASUREMENT | ***** | ***** | | ***** | <0.01 | <0.01 | (19 | | 2/30* | GRAB |
| 32730 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT DAILY MX | MG/L | | TWICE MONTH | GRAB |
| EFFLUENT GROSS VALU | | | | **** | | | | | | | |
| FLOW THROUGH EFFLUENT PLANT | SAMPLE MEASUREMENT | 0.103 | 0.329 | (03) | ***** | ***** | ***** | | | 2/30 | EST |
| 50050 1 0 0 | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | TWICE MONTH | ESTIM |
| 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 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
 Thomas Skopman for J. Lash

TELEPHONE

DATE

 724-682-7340
 AREA CODE NUMBER

 03 07 21
 YEAR MO DAY

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

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

NAME ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

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

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 03 | 06 | 01 | TO | 03 | 06 |

*** 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 | | | |
| 00400 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | ***** | ***** | | 8.06 | ***** | 8.06 | (12 | | 1/30* | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | SU | | WEEKLY | GRAB |
| 01045 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ** | ** | (19 | | ** | ** |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT MO AVG | REPORT DAILY MX | MG/L | | TWICE MONTH | GRAB |
| 01105 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ** | ** | (19 | | ** | ** |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT MO AVG | REPORT DAILY MX | MG/L | | TWICE MONTH | GRAB |
| 02730 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ** | ** | (19 | | ** | ** |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT MO AVG | REPORT DAILY MX | MG/L | | TWICE MONTH | GRAB |
| 03050 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | 15.4 | 77.1 | (00) | ***** | ***** | ***** | | | 1/7 | MEAS |
| | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | ***** | | WEEKLY | MEAS |
| 03060 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.32 | 0.32 | (19 | | 1/30* | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 0.5 MO AVG | 1.25 INST MAX | MG/L | | WEEKLY | GRAB |
| 03064 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.06 | 0.06 | (19 | | 1/30* | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 0.2 AVERAGE | 0.5 MAXIMUM | MG/L | | WEEKLY | GRAB |

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

Thomas Kozma for J. Lash
CASGROVE

TELEPHONE

724.682.7340

DATE

03 07 21

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

* Flow AND DISCHARGE OCCURRED IN ONLY 1 WEEK IN JUNE 2003.

** MONITORING AND SAMPLING DELETED PER NPDES PERMIT, AMENDMENT 1.

NAME CENT 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

(SUER 05)

F - FINAL

AUX. INTAKE SCREEN BACKWASH

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ACTIN: MATTHEW J. HARTMAN

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 06 | 01 | | 03 | 06 | 30 |

 *** 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) | ***** | ***** | ***** | | | | |
| 500SC 1 0 0 | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | MOD | ***** | ***** | ***** | **** | | WEEKLY | ESTIM |
| ENVELOPE CROSS VALU | 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 | 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. | CO GROVE Thomas G. Gryn for Lash | TELEPHONE | DATE | | | |
| JAMES H. LASH PLANT GENERAL MANAGER TYPED OR PRINTED | | | 724 682-7340 | 03 | 07 | 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)

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 162

SHIPPINGPORT

PA 15077-0004

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

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 | 06 | 01 | TO | 03 | 06 |

 *** 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 | | | |
| 50400 1 0 0 | SAMPLE MEASUREMENT | ***** | ***** | | | ***** | | (12 | | | |
| EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | **** | 6.0 | ***** | 9.0 | MINIMUM MAXIMUM SU | | WEEKLY | GRAB |
| 50050 1 0 0 | SAMPLE MEASUREMENT | | | (0.1) | ***** | ***** | ***** | | | | |
| EFFLUENT GROSS VALU | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | WEEKLY | ESTIMA |
| 50060 1 0 0 | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19 | | | |
| EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0.5 | 1.25 | MO AVG INST MAX MG/L | | WEEKLY | GRAB |
| 50064 1 0 0 | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | 0.2 | 0.5 | AVERAGE MAXIMUM MG/L | | WEEKLY | GRAB |
| EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0.2 | 0.5 | AVERAGE MAXIMUM MG/L | | WEEKLY | GRAB |
| | 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 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.

 Thomas A. Morgan for J. Lash
COWBOY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

 724-682-7340
AREA CODE NUMBER

 03 07 21
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 P.O. BOX 168
SHIPPINGPORT

PA 15077-0004

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

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 | TO | YEAR | MO | DAY |
|------|----|-----|----|------|----|-----|
| 03 | 06 | 01 | | 03 | 06 | 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 | | | |
| COLOR (PT-CO UNITS) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ** | ** | (10 | | ** | * |
| 00080 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT MO AVG | REPORT DAILY M | PT-CO | | TWICE MONTH | GRAB |
| EFFLUENT GROSS VALU | | | | | | | | | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 7.59 | | 7.63 | (12 | 0 | 2/30 | GRAB |
| 00400 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | SU | | TWICE MONTH | GRAB |
| EFFLUENT GROSS VALU | | | | | | | | | | | |
| SOLIDS TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | | 18.0 | 19.5 | (19 | 0 | 2/30 | GRAB |
| 00530 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 30 MO AVG | 100 DAILY M | MG/L | | TWICE MONTH | GRAB |
| EFFLUENT GROSS VALU | | | | | | | | | | | |
| CL 2 REAGL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 29.0 | 33.0 | (19 | 1* | 2/30 | GRAB |
| 00574 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 15 MO AVG | 20 DAILY M | MG/L | | TWICE MONTH | GRAB |
| EFFLUENT GROSS VALU | | | | | | | | | | | |
| NITROGEN AMMONIA TOTAL AS N | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ** | ** | (19 | | ** | ** |
| 00610 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT MO AVG | REPORT DAILY M | 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 M | MG/L | | TWICE MONTH | GRAB |
| EFFLUENT GROSS VALU | | | | | | | | | | | |
| MANGANESE TOTAL (AS MN) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ** | ** | (19 | | ** | ** |
| 01085 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT MO AVG | REPORT DAILY M | MG/L | | TWICE MONTH | GRAB |
| EFFLUENT GROSS VALU | | | | | | | | | | | |
| 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 | | | | | | Thomas Stegman for J. Lash CORROVE | | 724 682-7340 | | 03 07 21 | |
| COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) | | | | | | | | | | | |
| * SEE ATTACHED LETTER FOR EXPLANATION OF EXCURSION ** CONSENT ORDER SECTION 5 SAMPLES REQUIRE 72 HOURS OF NON-PRECIPITATION BEFORE SAMPLES ARE COLLECTED DURING JUNE 2003. THERE WAS NO FLOW AT OUTFALL 008 DURING QUALIFYING PERIODS OF 72 HOURS OF NON-PRECIPITATION. | | | | | | | | | | | |

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

NAME FIRST ENERGY CORP

ADDRESS P. ROUTE 168

SHIPPINGPORT

PA 13077-0004

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 13077-0004 FROM

ATTN: MATTHEW J HARTMAN

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 06 | 01 | | 03 | 06 | 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 | | | |
| ZINC TOTAL (AS ZN) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ** | ** | (19 | | ** | ** |
| 01992 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT DAILY MX | MG/L | | TWICE MONTH | GRAB |
| EFFLUENT GROSS VALU | | | | **** | | | | | | | |
| AMMONIA 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 | | | | **** | | | | | | | |
| PHOSPHORUS TOTAL RECOVERABLE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ** | ** | (19 | | ** | ** |
| 00730 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT DAILY MX | MG/L | | TWICE MONTH | GRAB |
| EFFLUENT GROSS VALU | | | | **** | | | | | | | |
| PHOSPHORUS CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 20.001 | 20.001 | (00) | ***** | ***** | ***** | | | 1/7 | EST |
| 00050 1 0 0 | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | WEEKLY | ESTIM |
| 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

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.

Thomas Morgan for J. Lash
CROOK

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 692-7340

DATE

03 07 21

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

** SEE NOTE ON PAGE 1 OF 2 FOR OUTFALL 008.

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

MAJOR
(SUBR 05)

F - FINAL

UNIT 2 COOLING WATER

PA0025615

010 A

PERMIT NUMBER

DISCHARGE NUMBER


MONITORING PERIOD

PA 15077-0000 FROM

ATTN: MATTHEW J HARTMAN


*** 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 | ***** | ***** | | 7.42 | ***** | 8.13 | (12 | 0 | 1/7 | Grab |
| 00100 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | ***** | 5.0 MINIMUM | ***** | 9.0 MAXIMUM | SU | | WEEKLY | GRAB |
| 04251 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | ***** | ***** | | ***** | * | * | (19 | | * | * |
| 04251 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 0 MD AVG | 0 INST MAX | MG/L | | WHEN DISCH | COMP 24 |
| 04251 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | 3.51 | 4.32 | (0.0) | ***** | ***** | ***** | | | 1/7 | Meas |
| 04251 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | REPORT MD AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | ***** | | WEEKLY | MEASRD |
| 04251 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.0 | 0.0 | (19 | 0 | 1/7 | Grab |
| 04251 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 0.5 MD AVG | 1.25 INST MAX | MG/L | | WEEKLY | GRAB |
| 04251 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.0 | 0.0 | (19 | 0 | 1/7 | Grab |
| 04251 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
724-682-740

DATE
03 07 21

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

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

G/L AS A DAILY MAX.) * CLAMITROL (CT-1) NOT DISCHARGED IN JUNE 2003

MG/L. (THE LIMIT IS 35 M

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

NAME CARLE ENERGY CORP

ADDRESS 14 ROUTE 168
SHIPPINGPORT

PA 15077-0004

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

PA0025615
PERMIT NUMBER

011 A
DISCHARGE NUMBER

Form Approved,
OMB No. 2040-0004

MAJOR
(SUBR 05)
F - FINAL
DIESEL GEN & TURBINE DRAINS

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 06 | 01 | | 03 | 06 | 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 50050 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 0.004 | 0.004 | (03) | ***** | ***** | ***** | | | 1/7 | EST |
| | 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 | | | | | | | | | | |

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.

COSGROVE
Thomas Skopman for J. Lash
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 682-7340
AREA CODE NUMBER

DATE

03 07 21
YEAR MO DAY

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

NAME PAUL ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

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 | TO | YEAR | MO | DAY |
|------|----|-----|----|------|----|-----|
| 03 | 06 | 01 | | 03 | 06 | 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 | ***** | ***** | | 8.38 | ***** | 8.38 | (12 | 0 | 1/30 | GRAB |
| 00100 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | SI | | ONCE/MONTH | GRAB |
| 01034 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | ***** | ***** | | ***** | * | * | (19 | | * | * |
| 01034 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 0.2 MO AVG | 0.2 DAILY M | MG/L | | WEEKLY | GRAB |
| 01042 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.18 | 0.28 | (19 | | 2/30* | GRAB |
| 01042 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT MO AVG | REPORT DAILY M | MG/L | | WEEKLY | GRAB |
| 01042 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 8.41 | 10.7 | (19 | 0* | 2/30* | GRAB |
| 01042 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1.0 MO AVG | 1.0 DAILY M | MG/L | | WEEKLY | GRAB |
| 01042 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | 40.001 | 40.001 | (00) | ***** | ***** | ***** | | | 1/30 | Est |
| 00050 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | ***** | | ONCE/MONTH | ESTIM |
| 01400 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 426 | 504 | (19 | | 2/30* | GRAB |
| 01400 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT MO AVG | REPORT DAILY M | 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.

 Thomas Stoyan Caroline
for J. Lash

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)

* CHROMIUM MONITORING AND SAMPLING DELETED; COPPER, ZINC, AND TOTAL DISSOLVED SOLIDS MONITORING REVISED TO 2/MONTH; ZINC LIMITS DELETED PER NPDES PERMIT, AMENDMENT 1

NAME FIRST ENERGY CORP

ADDRESS P. ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

000025415

PERMIT NUMBER

012 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 | 06 | 01 | | 03 | 06 | 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 | | | |
| TEMPERATURE, WATER DEG. F. HRENNHEIT 00011 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | * | (15 | | * | * |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 110 INST MAX | DEG. | | WEEKLY | GRAB |
| PH 00400 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | ***** | ***** | | 7.29 | ***** | 7.88 | (12 | 0 | 1/2 | CALC |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 MINIMUM | ***** | 9.05 MAXIMUM | SU | | WEEKLY | CALC TO |
| CHLORIDE, TOTAL (MG/L) 00720 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 40.02 | 40.02 | (19 | | 2/30 | CALC |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT MD AVG | REPORT DAILY MX | MG/L | | TWICE MONTHLY | CALC TO |
| COPPER, TOTAL (MG/L) 01042 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.053 | 0.064 | (19 | | 1/7 | CALC |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT MD AVG | REPORT DAILY MX | MG/L | | WEEKLY | CALC TO |
| FLUORIDE, COMBINED OR FREE FLUORIDE PLAN 50050 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | 0.029 | 0.044 | (03) | ***** | ***** | ***** | ***** | | 1/7 | EST |
| | PERMIT REQUIREMENT | REPORT MD AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | ***** | | WEEKLY | ESTIMATE |
| CHLORINE, TOTAL (MG/L) 50060 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | ***** | ***** | | ***** | * | * | (19 | | * | * |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 0.5 MD AVG | 1.25 INST MAX | MG/L | | TWICE MONTHLY | 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 James H. Lash
for J. Lash

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 682-7340

DATE

03 07 21

AREA CODE

NUMBER

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.
* TEMPERATURE AND TRC MONITORING AND EFFLUENT LIMITS DELETED PER NPDES PERMIT, AMENDMENT 1

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

NAME ENERGY CORP

ADDRESS P.O. BOX 168

SHEPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

013 9

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

OUTFALL 013

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHEPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD

| YEAR | MO | DAY | TO | YEAR | MO | DAY |
|------|----|-----|----|------|----|-----|
| 03 | 04 | 01 | | 03 | 06 | 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 | | | |
| CHLOROFORM | SAMPLE MEASUREMENT | ***** | ***** | | ***** | LO.005 | LO.005 | (19 | 0 | 2/91 | Calc |
| 34301 1 0 0 ENTIRE T. GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO. AVG | REPORT DAILY MAX | MG/L | | TWICE | CALC. |
| | 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 | 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 | AREA CODE | NUMBER | YEAR |

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPENSBURG

PA 15077-0004

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

PA0025413

PERMIT NUMBER

101 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

101 CHEMICAL WASTE TREATMENT

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPENSBURG

PA 15077-0004 FROM

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 03 | 06 | 01 | TO | 03 | 06 |

*** 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 | ***** | ***** | | 6.87 | ***** | 7.46 | (12 | 0 | 7/30 | GRAB |
| 00400 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | SU | | WEEKLY | GRAB |
| SOLIDS TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 6.0 | 15.2 | (19 | 0 | 1/7 | 2HR COMP |
| 00500 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 30 MO AVG | 100 DAILY MX | MG/L | | WEEKLY | COMP-2 |
| CL & LEAD | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 45.0 | 45.0 | (19 | 0 | 1/7 | GRAB |
| 00056 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 15 MO AVG | 20 DAILY MX | MG/L | | WEEKLY | GRAB |
| NITROGEN AMMONIA TOTAL (AL NO) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | * | * | (19 | | * | * |
| 00510 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT MO AVG | REPORT DAILY MX | MG/L | | WEEKLY | GRAB |
| FLOW IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.004 | 0.013 | (03 | ***** | ***** | ***** | | | DAILY | CONT |
| 00000 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | ***** | | DAILY | CONT |
| AMMONIA | SAMPLE MEASUREMENT | ***** | ***** | | ***** | * | * | (19 | | * | * |
| 01310 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

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 07 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.

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

NAME FIRST ENERGY CORP

ADDRESS PO BOX ROUTE 168

SHIPPINGPORT

FA 15077-0004

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

PA0025615

PERMIT NUMBER

102 A

DISCHARGE NUMBER

MAJOR

(SUPER 05)

F - FINAL

102 INTAKE SCREENHOUSE

FACILITY BEAVER VALLEY POWER STATION

LOCATION SLEEPINGPORT

PA 15077-0004FROM

MONITORING PERIOD

| | | |
|------|----|-----|
| YEAR | MO | DAY |
|------|----|-----|

| | | |
|------|----|-----|
| YEAR | MO | DAY |
|------|----|-----|

ACIN: MATTHEW J. HARTIGAN

NO DISCHARGE 1 1

NOTE: Read instructions before completing this form.

[illegible]

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

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 | 07 | 25 |
|----|----|----|

AREA
CODE

| NUMBER | DATE | DESCRIPTION | AMOUNT |
|--------|----------|-------------|--------|
| 1 | 1/1/78 | ... | ... |
| 2 | 1/15/78 | ... | ... |
| 3 | 2/1/78 | ... | ... |
| 4 | 2/15/78 | ... | ... |
| 5 | 3/1/78 | ... | ... |
| 6 | 3/15/78 | ... | ... |
| 7 | 4/1/78 | ... | ... |
| 8 | 4/15/78 | ... | ... |
| 9 | 5/1/78 | ... | ... |
| 10 | 5/15/78 | ... | ... |
| 11 | 6/1/78 | ... | ... |
| 12 | 6/15/78 | ... | ... |
| 13 | 7/1/78 | ... | ... |
| 14 | 7/15/78 | ... | ... |
| 15 | 8/1/78 | ... | ... |
| 16 | 8/15/78 | ... | ... |
| 17 | 9/1/78 | ... | ... |
| 18 | 9/15/78 | ... | ... |
| 19 | 10/1/78 | ... | ... |
| 20 | 10/15/78 | ... | ... |
| 21 | 11/1/78 | ... | ... |
| 22 | 11/15/78 | ... | ... |
| 23 | 12/1/78 | ... | ... |
| 24 | 12/15/78 | ... | ... |
| 25 | 1/1/79 | ... | ... |
| 26 | 1/15/79 | ... | ... |
| 27 | 2/1/79 | ... | ... |
| 28 | 2/15/79 | ... | ... |
| 29 | 3/1/79 | ... | ... |
| 30 | 3/15/79 | ... | ... |
| 31 | 4/1/79 | ... | ... |
| 32 | 4/15/79 | ... | ... |
| 33 | 5/1/79 | ... | ... |
| 34 | 5/15/79 | ... | ... |
| 35 | 6/1/79 | ... | ... |
| 36 | 6/15/79 | ... | ... |
| 37 | 7/1/79 | ... | ... |
| 38 | 7/15/79 | ... | ... |
| 39 | 8/1/79 | ... | ... |
| 40 | 8/15/79 | ... | ... |
| 41 | 9/1/79 | ... | ... |
| 42 | 9/15/79 | ... | ... |
| 43 | 10/1/79 | ... | ... |
| 44 | 10/15/79 | ... | ... |
| 45 | 11/1/79 | ... | ... |
| 46 | 11/15/79 | ... | ... |
| 47 | 12/1/79 | ... | ... |
| 48 | 12/15/79 | ... | ... |
| 49 | 1/1/80 | ... | ... |
| 50 | 1/15/80 | ... | ... |
| 51 | 2/1/80 | ... | ... |
| 52 | 2/15/80 | ... | ... |
| 53 | 3/1/80 | ... | ... |
| 54 | 3/15/80 | ... | ... |
| 55 | 4/1/80 | ... | ... |
| 56 | 4/15/80 | ... | ... |
| 57 | 5/1/80 | ... | ... |
| 58 | 5/15/80 | ... | ... |
| 59 | 6/1/80 | ... | ... |
| 60 | 6/15/80 | ... | ... |
| 61 | 7/1/80 | ... | ... |
| 62 | 7/15/80 | ... | ... |
| 63 | 8/1/80 | ... | ... |
| 64 | 8/15/80 | ... | ... |
| 65 | 9/1/80 | ... | ... |
| 66 | 9/15/80 | ... | ... |
| 67 | 10/1/80 | ... | ... |
| 68 | 10/15/80 | ... | ... |
| 69 | 11/1/80 | ... | ... |
| 70 | 11/15/80 | ... | ... |
| 71 | 12/1/80 | ... | ... |
| 72 | 12/15/80 | ... | ... |
| 73 | 1/1/81 | ... | ... |
| 74 | 1/15/81 | ... | ... |
| 75 | 2/1/81 | ... | ... |
| 76 | 2/15/81 | ... | ... |
| 77 | 3/1/81 | ... | ... |
| 78 | 3/15/81 | ... | ... |
| 79 | 4/1/81 | ... | ... |
| 80 | 4/15/81 | ... | ... |
| 81 | 5/1/81 | ... | ... |
| 82 | 5/15/81 | ... | ... |
| 83 | 6/1/81 | ... | ... |
| 84 | 6/15/81 | ... | ... |
| 85 | 7/1/81 | ... | ... |
| 86 | 7/15/81 | ... | ... |
| 87 | 8/1/81 | ... | ... |
| 88 | 8/15/81 | ... | ... |
| 89 | 9/1/81 | ... | ... |
| 90 | 9/15/81 | ... | ... |
| 91 | 10/1/81 | ... | ... |
| 92 | 10/15/81 | ... | ... |
| 93 | 11/1/81 | ... | ... |
| 94 | 11/15/81 | ... | ... |
| 95 | 12/1/81 | ... | ... |
| 96 | 12/15/81 | ... | ... |
| 97 | 1/1/82 | ... | ... |
| 98 | 1/15/82 | ... | ... |
| 99 | 2/1/82 | ... | ... |
| 100 | 2/15/82 | ... | ... |

[illegible]

| | |
|---|----|
| R | MO |
|---|----|

| | |
|-----|--|
| DAY | |
|-----|--|

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

SAMPLE 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

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

PA0025613

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 | YEAR | MO | DAY |
| 03 | 06 | 01 | 03 | 06 | 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 | ***** | ***** | | 6.94 | ***** | 7.77 | (12 | 0 | 2/30 | GRAB |
| 00400 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | 50 | | TWICE MONTHLY | GRAB |
| SUSPENDED SOLIDS | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 6.8 | 7.5 | (19 | 0 | 2/30 | 24 HR COMP |
| 00530 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 30 MO AVG | 100 DAILY MX | MG/L | | TWICE MONTHLY | COMP |
| THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.063 | 0.215 | (0.1) | ***** | ***** | ***** | | | 30/30 | MEAS |
| 50050 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | ***** | | TWICE MONTHLY | 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.

James H. Lash
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-7342
AREA CODE NUMBER
03 07 21
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.

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

110 A

DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL

UNIT 2 SERVICE WATER 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 | 06 | 01 | | 03 | 06 | 30 |

*** 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) | ***** | ***** | ***** | | | | |
| 50G50 0 0 0 RETURN GROSS VALUE | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | MOD | ***** | ***** | ***** | ***** | | 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

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 168
SHIPPINGPORT

PA 15077-0004

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

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

ATTN: MATTHEW J. HARTMAN

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 06 | 01 | | 03 | 06 | 30 |

*** 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 | ***** | ***** | | 6.67 | ***** | 7.24 | (12 | 0 | 1/7 | GRAB |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 MINIMUM | ***** | 7.0 MAXIMUM | SU | | WEEKLY | GRAB |
| SUSPENDED SOLIDS | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 4.0 | 4.0 | (12 | 0 | 1/7 | GRAB |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 30 MO AVG | 100 DAILY MX | MG/L | | WEEKLY | GRAB |
| OIL & GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 45.0 | 45.0 | (12 | 0 | 1/7 | GRAB |
| 00556 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 15 MO AVG | 20 DAILY MX | MG/L | | WEEKLY | GRAB |
| FLOW IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.002 | 0.002 | (03) | ***** | ***** | ***** | | | 1/7 | EST |
| 00050 1 0 0 EFFLUENT GROSS VALUE | 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

James H. Lash

TELEPHONE

724-682-7340

DATE

03 07 21

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)

PA0025615

PERMIT NUMBER

113 A

DISCHARGE NUMBER

HAZAR

(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 | 06 | 01 | | 03 | 06 | 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 | ***** | ***** | | 7.60 | ***** | 7.80 | (12 | 0 | 3/30 | GRAB |
| 00400 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | 6.0 | ***** | 9.0 | SU | | TWICE MONTH | GRAB |
| EFFLUENT GROSS VALU | | | | **** | MINIMUM | | MAXIMUM | | | | |
| 00500 1 0 0 | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 9.5 | 4.0 | (15 | 0 | 2/30 | 8 HZ COMP |
| 00530 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 | 60 | MG/L | | TWICE MONTH | COMP |
| EFFLUENT GROSS VALU | | | | **** | | MD AVG | DAILY MX | | | | |
| 00650 1 0 0 | SAMPLE MEASUREMENT | 0.026 | 0.041 | (03 | ***** | ***** | ***** | | 0 | 1/7 | MEAS |
| 00650 1 0 0 | PERMIT REQUIREMENT | 0.043 | REPORT | MGD | ***** | ***** | ***** | **** | | WEEKLY | MEAS |
| EFFLUENT GROSS VALU | | MD AVG | DAILY MX | | | | | **** | | | |
| 00700 1 0 0 | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.19 | 0.29 | (19 | 0 | 2/30 | GRAB |
| 00700 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 1.4 | 3.3 | MG/L | | TWICE MONTH | GRAB |
| EFFLUENT GROSS VALU | | | | **** | | MD AVG | INST MAX | | | | |
| 00750 1 0 0 | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.0 | ***** | (13 | 0 | 2/30 | GRAB |
| 00750 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 200 | ***** | #/ 100M | | TWICE MONTH | GRAB |
| EFFLUENT GROSS VALU | | | | **** | | MD GEOMN | | | | | |
| 00800 1 0 0 | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 3.0 | 3.0 | (19 | 0 | 2/30 | 8 HZ COMP |
| 00800 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 25 | 50 | MG/L | | TWICE MONTH | COMP |
| EFFLUENT GROSS VALU | | | | **** | | MD AVG | DAILY MX | | | | |
| | 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 | | | | | | 724-682-7340 | | 03 07 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).

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

NAME FUEL ENERGY CORP

ADDRESS PA ROUTE 16B

SHIPPINGPORT

PA 15077-0004

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

PA0025617

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

ATTN: MATTHEW J. HARTMAN

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 06 | 01 | | 03 | 06 | 30 |

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---|--------------------|-------|--------------------------|----------------|-----------------|-------------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| FM | | ***** | ***** | | 7.45 | ***** | 7.56 | (12 | 0 | 3/30 | Grab |
| 00400 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.00 MINIMUM | ***** | 9.00 MAXIMUM | SU | | TWICE MONTH | GRAB |
| 00500 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 17.8 | 20.0 | (19 | 0 | 2/30 | 24Hr Comp |
| 00500 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 30 MO AVG | 60 DAILY MX | MG/L | | TWICE MONTH | COMP-B |
| 00500 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | 0.021 | 0.058 | (00 | ***** | ***** | ***** | | 0 | 1/1 | Meas |
| 00500 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | 0.023 MO AVG | REPORT DAILY MX | MCD | ***** | ***** | ***** | ***** | | WEEKLY | MEASRD |
| 00600 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 1.13 | 2.90 | (19 | 0 | 3/30 | Grab |
| 00600 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1.4 MO AVG | 3.3 INST MAX | MG/L | | TWICE MONTH | GRAB |
| 00700 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 151 | ***** | (13 | 0 | 3/30 | Grab |
| 00700 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 200 MO GEOM | ***** | #/ 1.00M | | TWICE MONTH | GRAB |
| 00800 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 4.1 | 5.1 | (19 | 0 | 2/30 | 24Hr Comp |
| 00800 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 25 MO AVG | 50 DAILY MX | MG/L | | TWICE MONTH | COMP-B |
| | 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 | | | | | | 724-692-7310 | | 03 07 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)

SAMPLE 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 FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHEPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

211 A

DISCHARGE NUMBER

MAJOR:

(SUBR 05)

F - FINAL

211 TURBINE BLDG

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHEPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

| YEAR | MO | DAY | YEAR | MO | DAY |
|------|----|-----|------|----|-----|
| 03 | 06 | 01 | 03 | 06 | 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 | SAMPLE MEASUREMENT | ***** | ***** | | 7.24 | ***** | 7.52 | (12 | 0 | 1/7 | GRAB |
| 00400 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | 6.0 | ***** | 9.0 | SU | | WEEKLY | GRAB |
| EFFLUENT GROSS VALUE | | | | **** | MINIMUM | | MAXIMUM | | | | |
| SOLIDS TOTAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 8.3 | 17.0 | (19 | 0 | 1/7 | GRAB |
| SUSPENDED | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 | 100 | MG/L | | WEEKLY | GRAB |
| 00530 1 0 0 | | | | **** | | MD AVG | DAILY MX | | | | |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 45.0 | 45.0 | (19 | 0 | 1/7 | GRAB |
| 00556 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 15 | 20 | MG/L | | WEEKLY | GRAB |
| EFFLUENT GROSS VALUE | | | | **** | | MD AVG | DAILY MX | | | | |
| FLOW IN CONDUIT OR | SAMPLE MEASUREMENT | 0.002 | 0.002 | (03) | ***** | ***** | ***** | | | 1/7 | EST |
| THRU PRETREATMENT PLAN | PERMIT REQUIREMENT | REPORT | REPORT | | ***** | ***** | ***** | **** | | WEEKLY | ESTIM |
| 50050 1 0 0 | | MD AVG | DAILY MX | MGD | | | | **** | | | |
| EFFLUENT GROSS VALUE | 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. | TELEPHONE | DATE | | | |
| JAMES H. LASH PLANT GENERAL MANAGER TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 724 682-7340 | 03 | 07 |
| COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) | | AREA CODE | NUMBER | YEAR | MO | DAY |

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

MAJOR

(SUFR 05)

F - FINAL

UNIT 2 COOL TOWER PUMPHOUSE

*** NO DISCHARGE! ***

NOTE: Read instructions before completing this form.

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

NAME FIRST ENERGY CORP

ADDRESS 111 NORTH 168

SHIPPINGPORT

PA 15077-0004

PA0025415

PERMIT NUMBER

213 A

DISCHARGE NUMBER

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 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|--------------------|-------|--------------------------|--------------|-----------------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | | ***** | | (12 | | | |
| 00400 1 0 0 EQUILIB GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | **** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | SU | | TWICE MONTH | GRAB |
| 00700 TOTAL SUSPENSE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19 | | | |
| 00730 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MO AVG | 100 DAILY MX | MG/L | | TWICE MONTH | GRAB |
| 00750 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19 | | | |
| 00756 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 15 MO AVG | 20 DAILY MX | MG/L | | TWICE MONTH | GRAB |
| 00800 1 0 0 EFFLUENT GROSS VALU | SAMPLE MEASUREMENT | | | (03 | ***** | ***** | ***** | | | | |
| 00800 1 0 0 EFFLUENT GROSS VALU | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | MOD | ***** | ***** | ***** | **** | | 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

724-692-7340

03 07 21

AREA
CODE

NUMBER

YEAR

MO

DAY

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

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGTONPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

301 A

DISCHARGE NUMBER

MAJOR

(SUBR 03)

F - FINAL

UNIT 2 AUX BOILER BLOWDOWN

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGTONPORT

PA 15077-0004 FROM

ACTN: MATTHEW J HARTMAN

MONITORING PERIOD

| YEAR | MO | DAY | | YEAR | MO | DAY |
|------|----|-----|----|------|----|-----|
| 03 | 06 | 01 | TO | 03 | 06 | 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 | | | |
| SOLIDS TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 4.0 | 4.0 | (19 | 0 | 2/30 | GRAB |
| C0530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MD AVG | 100 DAILY MX | MG/L | | TWICE MONTHLY | GRAB |
| CHLORIDE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 5.0 | 5.0 | (19 | 0 | 2/30 | GRAB |
| C0556 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 15 MD AVG | 20 DAILY MX | MG/L | | TWICE MONTHLY | GRAB |
| FLOW THROUGH PLANT OR THROUGH TREATMENT PLANT | SAMPLE MEASUREMENT | 40.001 | 40.001 | | ***** | ***** | ***** | ***** | | 1/7 | EST |
| S0050 1 0 0 EFFLUENT GROSS VALUE | 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.

Thomas Hogan COSGROVE
 to J. Lash

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724-652-7340

AREA CODE NUMBER

DATE

03 07 21

YEAR MO DAY

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

 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: MATTHEW J. HARTMAN

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 06 | 01 | | 03 | 06 | 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 | ***** | ***** | | 7.02 | ***** | 7.40 | (12 | 0 | 1/7 | GRAB |
| C0400 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 | ***** | 9.0 | SU | | WEEKLY | GRAB |
| EFFLUENT GROSS VALUE | | | | | MINIMUM | | MAXIMUM | | | | |
| SUSPENDED SOLIDS | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 8.3 | 12.0 | (19 | 0 | 1/7 | GRAB |
| C0530 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 30 | 100 | MG/L | | WEEKLY | GRAB |
| EFFLUENT GROSS VALUE | | | | | | MO AVG | DAILY MX | | | | |
| OIL & GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 45.0 | 45.0 | (19 | 0 | 1/7 | GRAB |
| C0550 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 15 | 20 | MG/L | | WEEKLY | GRAB |
| EFFLUENT GROSS VALUE | | | | | | MO AVG | DAILY MX | | | | |
| FLOW IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.019 | 0.056 | (0.1) | ***** | ***** | ***** | | | 1/7 | EST |
| C0050 1 0 0 | PERMIT REQUIREMENT | REPORT | REPORT | MGD | ***** | ***** | ***** | ***** | | WEEKLY | ESTIM |
| EFFLUENT GROSS VALUE | | MO AVG | DAILY MX | | | | | | | | |
| | 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 07 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 OIL WATER SEPARATOR PRIOR TO MIXING WITH ANY OTHER WATER.

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 162

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

313 A

DISCHARGE NUMBER

MAJOR

(SUOR 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 | TO | YEAR | MO | DAY |
|------|----|-----|----|------|----|-----|
| 03 | 05 | 01 | | 03 | 06 | 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 | ***** | 7.24 | (12 | 0 | 1/7 | GRAB |
| CO400 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | 6.0 | ***** | 9.0 | SU | | WEEKLY | GRAB |
| EFFLUENT GROSS VALUE | | | | | MINIMUM | | MAXIMUM | | | | |
| SD 100 1000 | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 6.0 | 11.5 | (19 | 0 | 1/7 | GRAB |
| SUSPENDED | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 | 100 | MG/L | | WEEKLY | GRAB |
| CO530 1 0 0 | | | | | | MD AVG | DAILY M | | | | |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 45.0 | 45.0 | (19 | 0 | 1/7 | GRAB |
| CI 1 1 1 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 15 | 20 | MG/L | | WEEKLY | GRAB |
| CO556 1 0 0 | | | | | | MD AVG | DAILY M | | | | |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 0.002 | 0.002 | (0.0) | ***** | ***** | ***** | | | 1/7 | EST |
| FLOW 1 1 1 | PERMIT REQUIREMENT | REPORT | REPORT | MGD | ***** | ***** | ***** | **** | | WEEKLY | ESTIM |
| THRU TREATMENT PLANT | | MD AVG | DAILY MX | | | | | | | | |
| 50050 1 0 0 | SAMPLE MEASUREMENT | | | | | | | | | | |
| EFFLUENT GROSS VALUE | 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 | | Thomas M. Lash for J. Lash | 724 682-7340 | 03 07 21 |
| TYPED OR PRINTED | | | AREA CODE NUMBER | YEAR 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.

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

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

NAME FULTON ENERGY CORP.

ADDRESS P.O. 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

MONITORING PERIOD

| YEAR | MO | DAY | TO | YEAR | MO | DAY |
|------|----|-----|----|------|----|-----|
| 03 | 04 | 01 | | 03 | 06 | 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 | SAMPLE MEASUREMENT | ***** | ***** | | 8.24 | ***** | 8.32 | 12 | 0 | 2/30 | GRAB |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | 6.0 MINIMUM | ***** | REPORT MAXIMUM | SU | | TWICE MONTH | GRAB |
| 00400 1 0 0 SUSPENSION | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 12.0 | 20.0 | 17 | 0 | 2/30 | GRAB |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | 30 MO AVG | 100 DAILY MX | MG/L | | TWICE MONTH | GRAB |
| 00556 1 0 0 EFFLUENT GROSS VALUE | 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 OF THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 40.001 | 40.001 | (03) | ***** | ***** | ***** | | | 1/7 | EST |
| 00050 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 | | 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 07 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)

SAMPLES SHALL BE TAKEN AT CHEMICAL FEED AREA DRAINS PRIOR TO MIXING WITH ANY OTHER WATER.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 169

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 | 06 | 01 | | 03 | 06 | 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 | ***** | ***** | | | ***** | | (12 | | | |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | 6.10 A MINIMUM | ***** | 9.0 MAXIMUM | SU | | WEEKLY | GRAB |
| SOLIDS TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19 | | | |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MD AVG | 100 DAILY MX | MG/L | | WEEKLY | GRAB |
| OIL & GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19 | | | |
| 00556 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 15 MD AVG | 20 DAILY MX | MG/L | | WEEKLY | GRAB |
| NITROGEN AMMONIA TOTAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19 | | | |
| 00610 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MD AVG | REPORT DAILY MX | MG/L | | WEEKLY | GRAB |
| CHLORIDE TOTAL WATER | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19 | | | |
| 04251 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0 MD AVG | 0 DAILY MX | MG/L | | WHEN DISCH | COMP2 |
| FLOW THROUGH OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | | | (03) | ***** | ***** | ***** | | | | |
| 50050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT MD AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | WEEKLY | ESTIM |
| CHLORIDE TOTAL RESIDUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19 | | | |
| 50060 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0.5 MD 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 | | | | | | 724-682-7340 | | 03 07 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)

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BEIZ D I-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 409 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)

PA0025417

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 | 06 | 01 | | 03 | 06 | 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 | | | |
| HYDRAZINE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19 | | | |
| 81313 1 0 0 EXCLUDE D. SHORT VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0 | 0 | MD AVG | DAILY M | MG/L | WEEKLY GRAB |
| | 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 | 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. | COSAROVE for J. Lash | TELEPHONE | DATE | | | |
| JAMES H. LASH PLANT GENERAL MANAGER TYPED OR PRINTED | | | 724 682-7340 | 03 | 07 | 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)

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BET2 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.

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

413 A

DISCHARGE NUMBER

MAJOR

(SUHR 05)

F - FINAL

BULK FUEL STORAGE DRAIN

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 | 06 | 01 | | 03 | 06 | 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 | ***** | ***** | | 7.32 | ***** | 7.47 | (12 | 0 | 1/2 | GRAB |
| 00400 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | 6.0 | ***** | 9.0 | SU | | WEEKLY | GRAB |
| EFFLUENT GROSS VALU | | | | | MINIMUM | | MAXIMUM | | | | |
| 00530 1 0 0 | SAMPLE MEASUREMENT | ***** | ***** | | | 9.4 | 12.0 | (19 | 0 | 1/2 | GRAB |
| SUSPENDED | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 | 100 | MG/L | | WEEKLY | GRAB |
| 00530 1 0 0 | | | | | | MD AVG | DAILY MX | | | | |
| EFFLUENT GROSS VALU | | | | | | | | | | | |
| 00556 1 0 0 | SAMPLE MEASUREMENT | ***** | ***** | | | 45.0 | 5.0 | (19 | 0 | 1/2 | GRAB |
| EFFLUENT GROSS VALU | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 15 | 20 | MG/L | | WEEKLY | GRAB |
| | | | | | | MD AVG | DAILY MX | | | | |
| FLOW, TO CONSULT OR | SAMPLE MEASUREMENT | 40.001 | 40.001 | (00) | ***** | ***** | ***** | | | 1/2 | Est |
| THRU TREATMENT PLANT | PERMIT REQUIREMENT | REPORT | REPORT | | ***** | ***** | ***** | **** | | WEEKLY | ESTIMA |
| 00050 1 0 0 | | MD AVG | DAILY MX | MCD | | | | | | | |
| 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

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.

 COSGROVE
Thomas A Cosgrove for J. Lash
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 692-7310

DATE

03 07 21

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

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

NAME RHEIN 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 BLWDWN FILT BW

FACILITY HEAVEN VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J. HARTMAN

MONITORING PERIOD

| YEAR | MO | DAY | TO | YEAR | MO | DAY |
|------|----|-----|----|------|----|-----|
| 03 | 06 | 01 | | 03 | 06 | 30 |

*** NO DISCHARGE 1X1 ***

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 | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19 | | | |
| SUSPENDED | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | 30 | 100 | MG/L | | WEEKLY | GRAB |
| 00530 1 0 0 | | | | | | MD AVG | DAILY MX | | | | |
| EFFLUENT OWERS VALU | SAMPLE MEASUREMENT | | | (00) | ***** | ***** | ***** | ***** | | | |
| FLOW | PERMIT REQUIREMENT | REPORT | REPORT | MOD | ***** | ***** | ***** | ***** | | WEEKLY | ESTIM |
| THRU FLOWMETER PLAN | | MD AVG | DAILY MX | | | | | | | | |
| 50050 0 0 0 | | | | | | | | | | | |
| EFFLUENT OWERS VALU | 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

AREA CODE

NUMBER

YEAR

MO

DAY

COSGROVE

Thomas Morgan for J. Lash

724.602-7310

03 07 21

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

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