

July 27, 2011
L-11-250

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

SUBJECT:
Beaver Valley Power Station Discharge Monitoring Report (NPDES) Permit No. PA0025615

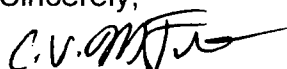
Enclosed is the June 2011 NPDES Discharge Monitoring Report (DMR) for FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station, in accordance with the requirements of the Permit. Attachment 1 to this letter is supplemental monitoring data for Outfall 001 (dissolved oxygen). Attachment 2 to this letter is the yearly analysis for Chromium and Zinc required on outfalls 001, 004 and 012 as required by NPDES Permit Part C.19.

A review of the data indicates one permit parameter was exceeded during the month. On June 21, 2011 a sample for Oil and Grease was obtained for Internal Outfall 313, the discharge vault from Unit 2 water/oil separator 21 (WOS21). This sample revealed an analytical result of 28.3 ppm which exceeded the NPDES daily maximum limit of 20 ppm.

The condition is under investigation and is documented in the FENOC Corrective Action program under Condition Report CR-11-97184. The oil water separator 21 is presently isolated for further maintenance and investigation. The associated Non-Compliance Reporting Form 3800-FM-WSFR0440 is enclosed.

Should you have any questions regarding the attached and enclosed documents, please direct them to Mr. Michael Banko at 724-682-4117.

Sincerely,


for R A Lieb

Raymond A. Lieb
Director, Site Operations

JEAS
NRR

Beaver Valley Power Station, Unit Nos. 1 and 2

L-11-250

Page 2

Attachment(s):

1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001
2. Permit Part C.19 Chromium & Zinc Monitoring Outfalls 001, 004 and 012

Enclosure(s)

- A. Discharge Monitoring Report
- B. Non-compliance Reporting Form 3800-FM-WSFR0440

cc: Document Control Desk US NRC (*NOTE: No new US NRC commitments are contained in this letter.*)
US Environmental Protection Agency

ATTACHMENT 1

Weekly Dissolved Oxygen Monitoring Results at Outfall 001

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

| SAMPLE DATE | SAMPLE TIME | VALUE | UNITS |
|--------------------|--------------------|--------------|--------------|
| 03-Jun-11 | 0915 | 8.11 | mg/L |
| 06-Jun-11 | 0955 | 9.57 | mg/L |
| 13-Jun-11 | 1030 | 8.95 | mg/L |
| 22-Jun-11 | 0900 | 6.94 | mg/L |
| 27-Jun-11 | 0830 | 7.58 | mg/L |

- Attachment 1 END -

ATTACHMENT 2

Permit Part C.19 Chromium & Zinc Monitoring Outfalls 001, 004, and 012

Permit Part C.19 requires monitoring for chromium and zinc at Outfalls 001, 004, and 012 twice per year in the same month.

| Outfall 001 | SAMPLE DATE | SAMPLE TIME | VALUE | MEASURE UNITS |
|------------------------|------------------------|------------------------|--------------|--------------------------|
| Chromium | 6/15/11 | 0930 | ND | mg/L |
| Zinc | 6/15/11 | 0930 | 0.0208 | mg/L |
| Chromium | 6/28/11 | 0830 | ND | mg/L |
| Zinc | 6/28/11 | 0830 | ND | mg/L |

| Outfall 004 | SAMPLE DATE | SAMPLE TIME | VALUE | MEASURE UNITS |
|------------------------|------------------------|------------------------|--------------|--------------------------|
| Chromium | 6/15/11 | 0855 | ND | mg/L |
| Zinc | 6/15/11 | 0855 | 0.0212 | mg/L |
| Chromium | 6/22/11 | 0845 | ND | mg/L |
| Zinc | 6/22/11 | 0845 | ND | mg/L |
| Chromium | 6/27/11 | 0815 | ND | mg/L |
| Zinc | 6/27/11 | 0815 | 0.0305 | mg/L |

| Outfall 012 | SAMPLE DATE | SAMPLE TIME | VALUE | MEASURE UNITS |
|------------------------|------------------------|------------------------|--------------|--------------------------|
| Chromium | 6/15/11 | 0820 | ND | mg/L |
| Zinc | 6/15/11 | 0820 | 0.039 | mg/L |
| Chromium | 6/22/11 | 0825 | ND | mg/L |
| Zinc | 6/22/11 | 0825 | ND | mg/L |

- Attachment 2 END -



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

NON-COMPLIANCE REPORTING FORM

Use this supplemental form to report all permit violations and any other non-compliance that may endanger health or the environment, in accordance with your permit. Complete all sections that apply. If you are reporting violations of permit limits, monitoring requirements or schedules that do not pose an immediate threat to health or the environment, you may attach this form to the Discharge Monitoring Report (DMR). **Title 25, Pa. Code §§ 91.33 and 91.34 (regarding incidents causing or threatening pollution and activities utilizing pollutants, respectively), in part requires immediate notification by telephone to the Department of pollution incidents, remediation, and may require an additional report on the incident or plan of pollution prevention measures.** If you are reporting other non-compliance events, and the reporting deadline does not coincide with your submission of the DMR, it should be submitted separately to the Department by the reporting deadline set forth in the permit. See instructions for more information.

Facility Name: Beaver Valley Power Station / FENOC Month: June Year: 2011
Municipality: Shippingport Borough County: Beaver Permit No.: PA0025615

☒ **Violations of Permit Effluent Limitations***

| Date | Parameter | Permit Limit | Units | Statistical Code | Result | Units | Cause of Violation | Corrective Action Taken |
|------------|----------------|--------------|-------|------------------|--------|-------|---------------------|---|
| 06/21/2011 | Oil and Grease | 20 | ppm | Daily Max | 28.3 | ppm | Under investigation | Further actions to be determined. Isolated. |
| | | | | | | | | |

☐ **Sanitary Sewer Overflows and Other Unauthorized Discharges***

| Event Date | Substance Discharged | Location | Volume (gals) | Duration (hrs) | Receiving Waters | Impact on Waters | Cause of Discharge | Date DEP Notified |
|------------|----------------------|----------|---------------|----------------|------------------|------------------|--------------------|-------------------|
| | | | | | | | | |
| | | | | | | | | |

☐ **Other Permit Violations***

- ☐ Sample collection less frequent than required
☐ Sample type not in compliance with permit
☐ Violation of permit schedule
☐ Other
☐ Other

Explain _____

Explain _____

Explain _____

Explain _____

Explain _____

***If the space provided is not sufficient to record all information, please attach additional sheets.**

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: William M. Cress

Title: Advanced Nuclear Specialist

Signature: *CVANER for RALI-6*

Date: 7/27/11

NON-COMPLIANCE REPORTING FORM

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| Event Date | Substance Discharged | Location | Volume (gals) | Duration (hrs) | Receiving Waters | Impact on Waters | Cause of Discharge | Date DEP Notified |
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| | | | | | | | | |
| | | | | | | | | |

☐ **Other Permit Violations***

- ☐ Sample collection less frequent than required
- ☐ Sample type not in compliance with permit
- ☐ Violation of permit schedule
- ☐ Other
- ☐ Other

Explain _____
Explain _____
Explain _____
Explain _____
Explain _____

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Prepared By: William M. Cress

Title: Advanced Nuclear Specialist

Signature: *William M. Cress* for RALI-6

Date: 7/27/11

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

Form Approved
OMB No. 2040-0004

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

Page 1

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

PA0025615
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN
External Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|--------------------|--------|--------------------------|------------------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.7 | N/A | 8.4 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Nitrogen, ammonia total (as N) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | GG | GG | mg/L | GG | GG | GG |
| 00610 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Weekly | GRAB |
| CLAMTROL CT-1, TOTAL WATER | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | ND | | 0 | 2 / 30 | 24 HR COMP |
| 04251 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 0 MO AVG | 0 DAILY MX | mg/L | | When Discharging | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 29.5 | 33.0 | MGD | N/A | N/A | N/A | N/A | - | DAILY | CONT |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Daily | CONTIN |
| Chlorine, total residual | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.1 | 0.13 | mg/L | 0 | 5 / 30 | GRAB |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 5 AVERAGE | 1.25 MAXIMUM | mg/L | | Weekly | GRAB |
| Chlorine, free available | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.0 | 0.1 | mg/L | 0 | CONT | RCRD |
| 50064 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 2 AVERAGE | 5 MAXIMUM | mg/L | | Continuous | RCORDR |
| Hydrazine | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | GG | GG | mg/L | GG | GG | GG |
| 81313 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 0 MO AVG | 0 DAILY MX | mg/L | | Weekly | GRAB |

| 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 | |
|--|---|--|--|--------------|--------|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |
| | | | | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
The BETS DT-1 daily maximum was 6.2 mg/L. WMC 7-25-11
HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX.

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

Form Approved
OMB No. 2040-0004

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

Page 2

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

PA0025615
PERMIT NUMBER

002A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

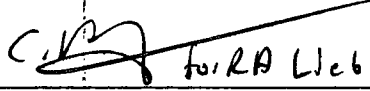
INTAKE SCREEN BACKWASH
External Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
FROM 06/ 01/ 2011 TO 06/ 30/ 2011

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|-----------------------|--------|--------------------------|-------|-------|-------|-----------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.006 | 0.046 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| | | | | | | |
|---|--|--|------------------|----------|--------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | <small>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.</small> |  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | | DATE | |
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS TYPED OR PRINTED | | | 724 | 682-7773 | 07/ 27/ 2011 | |
| | | | AREA Code | NUMBER | MM/DD/YYYY | |

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

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

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OMB No. 2040-0004

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

Page 3

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ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

003A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
003
External Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|-----------------------|--------|--------------------------|-------|-------|-------|-----------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.041 | 0.090 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req: Mon. MO-AVG | Req: Mon. DAILY-MX | Mgal/d | ***** | ***** | ***** | N/A | | Twice Per Month | ESTIMA |

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| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 4

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

PA0025615
PERMIT NUMBER

004A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT ONE COOLG TOWER OVERFLOW
External Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

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|--|--------------------|---------------------|-----------------------|--------|--------------------------|---------------|------------------|-------|-----------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.8 | N/A | 8.3 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 10.79 | 15.41 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | MEAS |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | MEASRD |
| Chlorine, total residual | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.1 | 0.32 | mg/L | 0 | 1 / 7 | GRAB |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | .5 MO AVG | 1.25 INST MAX | mg/L | | Weekly | GRAB |
| Chlorine, free available | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.1 | 0.1 | mg/L | 0 | 1 / 7 | GRAB |
| 50064 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | .2 AVERAGE | .5 MAXIMUM | mg/L | | Weekly | GRAB |

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| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | MM/DD/YYYY |

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

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

Form Approved
OMB No. 2040-0004

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Page 5

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SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

006A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

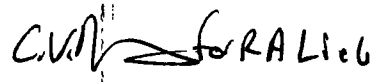
AUX. INTAKE SCREEN BACKWASH
External Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

MONITORING PERIOD
FROM **MM/DD/YYYY** TO **MM/DD/YYYY**
06/ 01/ 2011 TO 06/ 30/ 2011

No Discharge ☐

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|--|---------------------------|---------------------|-----------------------|--------|--------------------------|-------|-------|-------|-----------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.016 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO-AVG | Req. Mon. DAILY-MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

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|--|---|---|--------|--------------|
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| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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OMB No. 2040-0004

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SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

007A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
AUX. INTAKE SYSTEM
External Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge



| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|--------|--------------------------|--------------|------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY-MX | Mgal/d | ***** | ***** | ***** | | | Weekly | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 5 MO AVG | 1.25 INST MAX | mg/L | | Weekly | GRAB |
| Chlorine, free available | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50064 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 2 AVERAGE | 5 MAXIMUM | mg/L | | Weekly | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | |
|--|---|--|--|--------------|--------|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |

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.

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

Form Approved
OMB No. 2040-0004

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

Page 7

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

PA0025615
PERMIT NUMBER

008A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 1 COOLING TOWER PUMPHOUSE
External Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge



| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|-----------------------|--------|--------------------------|--------------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MO AVG | 100 DAILY/MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 15 MO AVG | 20 DAILY/MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY/MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| 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 | |
|--|---|--|--|--------------|--------|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |

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

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

Form Approved
OMB No. 2040-0004

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

Page 8

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

PA0025615
PERMIT NUMBER

010A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 2 COOLING WATER
External Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|--------------------|--------|--------------------------|-----------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.5 | N/A | 7.7 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| CLAMTROL CT-1, TOTAL WATER | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | ND | mg/L | 0 | 2 / 30 | 24 HR COMP |
| 04251 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 0 MO AVG | 0 INST MAX | mg/L | | When Discharging | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 4.2 | 4.3 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | MEAS |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | MEASRD |
| Chlorine, total residual | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.0 | 0.07 | mg/L | 0 | 1 / 7 | GRAB |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 5 MO AVG | 1.25 INST MAX | mg/L | | Weekly | GRAB |
| Chlorine, free available | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.1 | 0.1 | mg/L | 0 | 1 / 7 | GRAB |
| 50064 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 2 AVERAGE | 5 MAXIMUM | mg/L | | Weekly | GRAB |

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|--|---|--|--|--------------|--------|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |

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

The BETS DT-1 daily maximum was 15.5 mg/L. WMC 7-25-11

REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX)

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

Form Approved
OMB No. 2040-0004

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

Page 9

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

PA0025615
PERMIT NUMBER

011A:
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
DIESEL GEN & TURBINE DRAINS
External Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

MONITORING PERIOD
FROM **MM/DD/YYYY** TO **MM/DD/YYYY**
06/ 01/ 2011 TO 06/ 30/ 2011

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|----------------------|-----------------------|--------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.004 | 0.004 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG. | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

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|--|---|-----------|----------|--------------|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 07/ 27/ 2011 |
| TYPED OR PRINTED | | AREA Code | NUMBER | MM/DD/YYYY |

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

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

Form Approved
OMB No. 2040-0004

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

Page 10

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

PA0025615
PERMIT NUMBER

012A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

BLOWDOWN FROM THE HVAC UNIT
External Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|--------|--------------------------|------------------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 8.1 | N/A | 8.3 | pH | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Once Per Month | GRAB |
| Copper, total (as Cu) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.0289 | 0.0528 | mg/L | 0 | 2 / 30 | GRAB |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | GRAB |
| Zinc, total (as Zn) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.0 | 0.0 | mg/L | 0 | 2 / 30 | GRAB |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 1.5 MO AVG | 1.5 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 1 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Once Per Month | ESTIMA |
| Solids, total dissolved | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 802 | 832 | mg/L | 0 | 2 / 30 | GRAB |
| 70295 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | GRAB |

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|--|---|--|--|--------------|--------|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |

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

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

Form Approved
OMB No. 2040-0004

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

Page 11

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

| | |
|----------------------|-------------------------|
| PA0025615 | 013A |
| PERMIT NUMBER | DISCHARGE NUMBER |

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
OUTFALL 013
External Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|--------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 6.4 | N/A | 7.5 | N/A | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Cyanide, total (as CN) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | ND | N/A | 0 | 2 / 30 | 24 HR COMP |
| 00720 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Copper, total (as Cu) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.0543 | 0.0917 | N/A | 0 | 2 / 30 | 24 HR COMP |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Chlorobenzene | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | ND | N/A | 0 | 2 / 30 | 24 HR COMP |
| 34301 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Twice Per Month | ESTIMA |

| | | | | |
|---|---|------------------|---------------|-------------------|
| 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 |
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 07/ 27/ 2011 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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.

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

Form Approved
OMB No. 2040-0004

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

Page 12

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

PA0025615
PERMIT NUMBER

101A
DISCHARGE NUMBER

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge



| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|--------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | COMP-2 |
| Oil & grease | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Nitrogen, ammonia total (as N) | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00610 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | | | DAILY | CONTIN |
| Hydrazine | SAMPLE MEASUREMENT | | | | | | | | | | |
| 81313 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Weekly | GRAB |

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|--|---|--|--|--------------|--------|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 | |
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

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

Form Approved
OMB No. 2040-0004

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

Page 13

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

PA0025615
PERMIT NUMBER

102A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
102 INTAKE SCREEN HOUSE
Internal Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|----------------------|--------|--------------------------|--------------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.4 | N/A | 7.5 | pH | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 6 | 11 | mg/L | 0 | 2 / 30 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | ND | mg/L | 0 | 2 / 30 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon MO AVG | Req. Mon DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Twice Per Month | ESTIMA |

| 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 |
|--|---|--|----------|-----------------------------|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 07/ 27/ 2011 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code NUMBER MM/DD/YYYY |

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 14

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

PA0025615
PERMIT NUMBER

103A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
SLUDGE SETTLING BASIN
Internal Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.3 | N/A | 7.4 | pH | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 7 | 7 | mg/L | 0 | 2 / 30 | 24 HR COMP |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.022 | 0.034 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Twice Per Month | ESTIMA |

| 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 | |
|--|---|--|--|--------------|--------|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 15

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

PA0025615
PERMIT NUMBER

111A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
111 DIESEL GENERATOR BLDG
Internal Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
FROM 06/ 01/ 2011 TO 06/ 30/ 2011

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.1 | N/A | 7.4 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 3 | 4 | mg/L | 0 | 1 / 7 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 4 | 9 | mg/L | 0 | 1 / 7 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon MO AVG | Req. Mon DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| 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 |
|--|---|--|----------|--------------|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 07/ 27/ 2011 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | MM/DD/YYYY |

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

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

Form Approved
OMB No. 2040-0004

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

Page 16

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

PA0025615
PERMIT NUMBER

113A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 2 SEWAGE TMT PLANT
Internal Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☒

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|----------------------|--------|--------------------------|-----------------|-----------------|---------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MO AVG | 60 DAILY MX | mg/L | | Twice Per Month | COMP-8 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 043 MO AVG | Req. Mon DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | MEASRD |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 1.4 MO AVG | 3.3 INST MAX | mg/L | | Twice Per Month | GRAB |
| Coliform, fecal general | SAMPLE MEASUREMENT | | | | | | | | | | |
| 74055 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 200 MO GEOMN | ***** | #/100mL | | Twice Per Month | GRAB |
| BOD, carbonaceous, 05 day 20 C | SAMPLE MEASUREMENT | | | | | | | | | | |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 25 MO AVG | 50 DAILY MX | mg/L | | Twice Per Month | COMP-8 |

| 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 | |
|--|---|--------------|--------|--------------|--|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY | |

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 17

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

| | |
|----------------------|-------------------------|
| PA0025615 | 203A |
| PERMIT NUMBER | DISCHARGE NUMBER |

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
MAIN SEWAGE TMT PLANT
Internal Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☒

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|----------------------|--------|--------------------------|-----------------|-----------------|---------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MO AVG | 60 DAILY MX | mg/L | | Twice Per Month | COMP-8 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 023 MO AVG | Req. Mon DAILY MX | Mgal/d | ***** | ***** | ***** | | | Weekly | MEASRD |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 1.4 MO AVG | 3.3 INST MAX | mg/L | | Twice Per Month | GRAB |
| Coliform, fecal general | SAMPLE MEASUREMENT | | | | | | | | | | |
| 74055 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 200 MO GEOMN | ***** | #/100mL | | Twice Per Month | GRAB |
| BOD, carbonaceous, 05 day 20 C | SAMPLE MEASUREMENT | | | | | | | | | | |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 25 MO AVG | 50 DAILY MX | mg/L | | Twice Per Month | COMP-8 |

| | | | | |
|---|---|------------------|---------------|-------------------|
| 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 |
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 07/ 27/ 2011 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 18

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

PA0025615
PERMIT NUMBER

211A
DISCHARGE NUMBER

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|----------------------|--------|--------------------------|--------------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 6.7 | N/A | 7.2 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 3 | 5 | mg/L | 0 | 1 / 7 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | ND | mg/L | 0 | 1 / 7 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 | MGD | N/A | N/A | N/A | | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Reg. Mon MO AVG | Reg. Mon DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| 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 | |
|--|---|--|--|--------------|--------|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |

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

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

Form Approved
OMB No. 2040-0004

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

Page 19

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

PA0025615
PERMIT NUMBER

213A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 2 COOL TOWER PUMPHOUSE
Internal Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☒

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|--------|--------------------------|--------------|------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | | | Weekly | ESTIMA |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 5 MO AVG | 1.25 INST MAX | mg/L | | Twice Per Month | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified 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 | |
|--|---|--------------|--|--------------|--|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 | |
| TYPED OR PRINTED | | AREA Code | | NUMBER | |

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 20

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

PA0025615
PERMIT NUMBER

301A
DISCHARGE NUMBER

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

MONITORING PERIOD
FROM **MM/DD/YYYY** 06/ 01/ 2011 TO **MM/DD/YYYY** 06/ 30/ 2011

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | ND | mg/L | 0 | 2 / 30 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | ND | mg/L | 0 | 2 / 30 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon MO AVG | Req. Mon DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| 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 |
|--|---|-----------|----------|--------------|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 07/ 27/ 2011 |
| TYPED OR PRINTED | | AREA Code | NUMBER | MM/DD/YYYY |

CWA G. R. A. U. c

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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.

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

Form Approved
OMB No. 2040-0004

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

Page 21

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

PA0025615
PERMIT NUMBER

303A
DISCHARGE NUMBER

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 6.9 | N/A | 7.2 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 4 | 6 | mg/L | 0 | 1 / 7 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 7 | 10 | mg/L | 0 | 1 / 7 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.019 | 0.056 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon MO AVG | Req. Mon DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| 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 |
|--|---|-----------|----------|--------------|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 07/ 27/ 2011 |
| TYPED OR PRINTED | | AREA Code | NUMBER | MM/DD/YYYY |

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 22

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

| | |
|----------------------|-------------------------|
| PA0025615 | 313A |
| PERMIT NUMBER | DISCHARGE NUMBER |

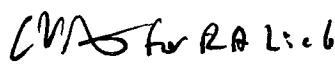
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
313 TURBINE BLDG DRAIN
Internal Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 6.4 | N/A | 7.5 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 14 | 27 | mg/L | 0 | 1 / 7 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 9 | 28 | mg/L | 1 | 1 / 7 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| | | | | | | |
|---|---|---|-----------|------------------|------------|--------------|
| 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 |
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | 724 | 682-7773 | 07/ 27/ 2011 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY | |

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)

Form Approved
OMB No. 2040-0004

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

Page 23

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

| | |
|---------------|------------------|
| PA0025615 | 401A |
| PERMIT NUMBER | DISCHARGE NUMBER |

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | | |
|-------------------|--|----|--------------|--|
| MM/DD/YYYY | | TO | MM/DD/YYYY | |
| 06/ 01/ 2011 | | TO | 06/ 30/ 2011 | |

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|--------|--------------------------|-----------|-------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 8.8 | N/A | 8.9 | pH | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | Req. Mon. MAXIMUM | pH | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | ND | mg/L | 0 | 2 / 30 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | ND | mg/L | 0 | 2 / 30 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| | | | | |
|---|---|---|------------------|---------------|
| 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 |
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 07/ 27/ 2011 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

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.

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

Form Approved
OMB No. 2040-0004

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

Page 24

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

PA0025615
PERMIT NUMBER

403A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT
Internal Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge



| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|----------------------|--------|--------------------------|--------------------|----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Nitrogen, ammonia total (as N) | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00610 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | Req. Mon MO AVG | Req. Mon DAILY MX | mg/L | | Weekly | GRAB |
| CLAMTROL CT-1, TOTAL WATER | SAMPLE MEASUREMENT | | | | | | | | | | |
| 04251 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 0 MO AVG | 0 DAILY MX | mg/L | | When Discharging | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon MO AVG | Req. Mon DAILY MX | Mgal/d | ***** | ***** | ***** | | | Weekly | ESTIMA |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 5 MO AVG | 1.25 INST MAX | mg/L | | Weekly | GRAB |

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|--|---|--|--|--------------|--------|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (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.

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

Form Approved
OMB No. 2040-0004

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

Page 25

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

| | |
|----------------------|-------------------------|
| PA0025615 | 403A |
| PERMIT NUMBER | DISCHARGE NUMBER |

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
CONDENSATE BLOWDOWN & RIVR WAT
Internal Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☒

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------|-------------------------------|---------------------|-------|-------|--------------------------|--------|----------|-------|-----------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Hydrazine | SAMPLE MEASUREMENT | | | | | | | | | | |
| 81313 1 0 | PERMIT | ***** | ***** | | ***** | 0 | 0 | | | | |
| Effluent Gross | REQUIREMENT | | | | | MO AVG | DAILY MX | mg/L | | Weekly | GRAB |

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|--|---|-----------|----------|--------------|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 07/ 27/ 2011 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (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.

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

Form Approved
OMB No. 2040-0004

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

Page 26

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

| | |
|---------------|------------------|
| PA0025615 | 413A |
| PERMIT NUMBER | DISCHARGE NUMBER |

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
BULK FUEL STORAGE DRAIN
Internal Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☒

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|----------------------|--------|--------------------------|--------------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | | N/A | | pH | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | | | | mg/L | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | | | mg/L | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | MGD | | | | N/A | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon MO AVG | Req. Mon DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| | | | | |
|--|---|-----------|----------|--------------|
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| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 07/ 27/ 2011 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 27

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

501A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

UNIT 1 GENRTR BLWDWN FILT BW
Internal Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|-----|------|--------------|
| MM/DD/YYYY | | | MM/DD/YYYY |
| 06/ | 01/ | 2011 | 06/ 30/ 2011 |

No Discharge



| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 | PERMIT REQUIREMENT | Req Mon MO AVG | Req Mon DAILY MX | Mgal/d | ***** | ***** | ***** | | | Weekly | ESTIMA |

| 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 | |
|--|---|--------------|--|--------------|--|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 | |
| TYPED OR PRINTED | | AREA Code | | NUMBER | |

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.

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

Form Approved
OMB No. 2040-0004

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

Page 1

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

| | |
|----------------------|-------------------------|
| PA0025615 | 001A |
| PERMIT NUMBER | DISCHARGE NUMBER |


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

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|--------|--------------------------|------------------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.7 | N/A | 8.4 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Nitrogen, ammonia total (as N) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | GG | GG | mg/L | GG | GG | GG |
| 00610 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Weekly | GRAB |
| CLAMTROL CT-1, TOTAL WATER | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | ND | | 0 | 2 / 30 | 24 HR COMP |
| 04251 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 0 MO AVG | 0 DAILY MX | mg/L | | When Discharging | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 29.5 | 33.0 | MGD | N/A | N/A | N/A | N/A | - | DAILY | CONT |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Daily | CONTIN |
| Chlorine, total residual | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.1 | 0.13 | mg/L | 0 | 5 / 30 | GRAB |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | .5 AVERAGE | 1.25 MAXIMUM | mg/L | | Weekly | GRAB |
| Chlorine, free available | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.0 | 0.1 | mg/L | 0 | CONT | RCDR |
| 50064 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | .2 AVERAGE | .5 MAXIMUM | mg/L | | Continuous | RCORDR |
| Hydrazine | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | GG | GG | mg/L | GG | GG | GG |
| 81313 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 0 MO AVG | 0 DAILY MX | mg/L | | Weekly | GRAB |

| | | | | | | |
|--|---|---|-----------|----------|--------------|--|
| 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 | |
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | | 724 | 682-7773 | 07/ 27/ 2011 | |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX.

The BETS DT-1 daily maximum was 6.2 mg/L. WMC 7-25-11

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

Form Approved
OMB No. 2040-0004

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

Page 2

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

PA0025615
PERMIT NUMBER

002A
DISCHARGE NUMBER

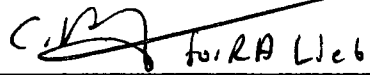
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
INTAKE SCREEN BACKWASH
External Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

MONITORING PERIOD
FROM **MM/DD/YYYY** TO **MM/DD/YYYY**
06/ 01/ 2011 TO 06/ 30/ 2011

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|-----------------------|--------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.006 | 0.046 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| | | | | | |
|---|---|--|------------------|---------------|-------------------|
| 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 |
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | | 724 | 682-7773 | 07/ 27/ 2011 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

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

Form Approved
OMB No. 2040-0004

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

Page 3

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

| | |
|----------------------|-------------------------|
| PA0025615 | 003A |
| PERMIT NUMBER | DISCHARGE NUMBER |


DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
003
External Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|-------------------------------|---------------------|-----------------------|--------|--------------------------|-------|-------|-------|-----------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | 0.041 | 0.090 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| | PERMIT REQUIREMENT | Req. Mon. MO:AVG | Req. Mon. DAILY:MX | Mgal/d | ***** | ***** | ***** | N/A | | Twice Per Month | ESTIMA |

| | | | | | |
|---|--|--|------------------|---------------|-------------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | <small>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.</small> |  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | | DATE |
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | | 724 | 682-7773 | 07/ 27/ 2011 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 4

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

| | |
|----------------------|-------------------------|
| PA0025615 | 004A |
| PERMIT NUMBER | DISCHARGE NUMBER |

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

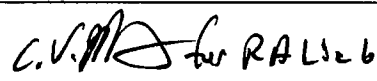
UNIT ONE COOLG TOWER OVERFLOW
External Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|-----|------|--------------|
| MM/DD/YYYY | | TO | MM/DD/YYYY |
| 06/ | 01/ | 2011 | 06/ 30/ 2011 |

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|-----------------------|--------|--------------------------|---------------|------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.8 | N/A | 8.3 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 10.79 | 15.41 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | MEAS |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | MEASRD |
| Chlorine, total residual | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.1 | 0.32 | mg/L | 0 | 1 / 7 | GRAB |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | .5 MO AVG | 1.25 INST-MAX | mg/L | | Weekly | GRAB |
| Chlorine, free available | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.1 | 0.1 | mg/L | 0 | 1 / 7 | GRAB |
| 50064 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | .2 AVERAGE | .5 MAXIMUM | mg/L | | Weekly | GRAB |

| | | | | | | |
|---|---|---|-----------|------------------|------------|--------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  | | TELEPHONE | | DATE |
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | 724 | 682-7773 | 07/ 27/ 2011 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY | |

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

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

Form Approved
OMB No. 2040-0004

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

Page 5

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

PA0025615
PERMIT NUMBER

006A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
AUX. INTAKE SCREEN BACKWASH
External Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
FROM 06/ 01/ 2011 TO 06/ 30/ 2011

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|-----------------------|--------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.016 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| | | | | |
|--|---|--|--------|-------------|
| 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 |
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 201 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | MM/DD/YYYY |
| | | AREA Code | NUMBER | |

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

Form Approved
OMB No. 2040-0004

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

Page 6

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

PA0025615
PERMIT NUMBER

007A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

AUX. INTAKE SYSTEM
External Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☒

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|--------|--------------------------|---------------|------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | | | Weekly | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | .5 MO AVG | 1.25 INST MAX | mg/L | | Weekly | GRAB |
| Chlorine, free available | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50064 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | .2 AVERAGE | .5 MAXIMUM | mg/L | | Weekly | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | |
|--|---|--|--|--------------|--------|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |

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.

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

Form Approved
OMB No. 2040-0004

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

Page 7

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

| | |
|---------------|------------------|
| PA0025615 | 008A |
| PERMIT NUMBER | DISCHARGE NUMBER |

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 1 COOLING TOWER PUMPHOUSE
External Outfall

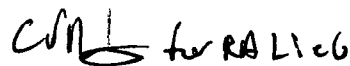
ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | | |
|-------------------|--------------|----|--------------|--|
| MM/DD/YYYY | | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 | |

No Discharge



| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|--------|--------------------------|--------------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| | | | | | |
|--|---|---|-----------|----------|--------------|
| 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 |
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | | 724 | 682-7773 | 07/ 27/ 2011 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

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

Form Approved
OMB No. 2040-0004

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

Page 8

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

| | |
|----------------------|-------------------------|
| PA0025615 | 010A |
| PERMIT NUMBER | DISCHARGE NUMBER |

DMR MAILING ZIP CODE: 150770004
MAJOR (SUBR05)
UNIT 2 COOLING WATER
External Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|--------|--------------------------|-----------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.5 | N/A | 7.7 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| CLAMTROL CT-1, TOTAL WATER | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | ND | mg/L | 0 | 2 / 30 | 24 HR COMP |
| 04251 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 0 MO AVG | 0 INST MAX | mg/L | | When Discharging | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 4.2 | 4.3 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | MEAS |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | MEASRD |
| Chlorine, total residual | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.0 | 0.07 | mg/L | 0 | 1 / 7 | GRAB |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 5 MO AVG | 1.25 INST MAX | mg/L | | Weekly | GRAB |
| Chlorine, free available | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.1 | 0.1 | mg/L | 0 | 1 / 7 | GRAB |
| 50064 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 2 AVERAGE | 5 MAXIMUM | mg/L | | Weekly | GRAB |

| | | | | |
|---|---|---|----------|-------------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE |
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 07/ 27/ 2011 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX)

The BETS DT-1 daily maximum was 15.5 mg/L. WMC 7-25-11

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

Form Approved
OMB No. 2040-0004

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

Page 9

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

PA0025615
PERMIT NUMBER

011A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
DIESEL GEN & TURBINE DRAINS
External Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---------------------|-----------------------|--------|--------------------------|-------|-------|-------|-----------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.004 | 0.004 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| 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 |
|--|---|--------------|--------|--------------|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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

Form Approved
OMB No. 2040-0004

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

Page 10

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

PA0025615
PERMIT NUMBER

012A'
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

BLOWDOWN FROM THE HVAC UNIT
External Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|----|--------------|
| MM/DD/YYYY | | | MM/DD/YYYY |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|--------|--------------------------|------------------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 8.1 | N/A | 8.3 | pH | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Once Per Month | GRAB |
| Copper, total (as Cu) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.0289 | 0.0528 | mg/L | 0 | 2 / 30 | GRAB |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | GRAB |
| Zinc, total (as Zn) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.0 | 0.0 | mg/L | 0 | 2 / 30 | GRAB |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 1.5 MO AVG | 1.5 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 1 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Once Per Month | ESTIMA |
| Solids, total dissolved | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 802 | 832 | mg/L | 0 | 2 / 30 | GRAB |
| 70295 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | GRAB |

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|--|---|--|--|--------------|--------|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |

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

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

Form Approved
OMB No. 2040-0004

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

Page 11

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

PA0025615
PERMIT NUMBER

013A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
OUTFALL 013
External Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|--------|--------------------------|------------------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 6.4 | N/A | 7.5 | N/A | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Cyanide, total (as CN) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | ND | N/A | 0 | 2 / 30 | 24 HR COMP |
| 00720 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Copper, total (as Cu) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.0543 | 0.0917 | N/A | 0 | 2 / 30 | 24 HR COMP |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Chlorobenzene | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | ND | N/A | 0 | 2 / 30 | 24 HR COMP |
| 34301 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Twice Per Month | ESTIMA |

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|--|---|--------------|--------|--------------|--|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY | |

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.

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

Form Approved
OMB No. 2040-0004

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

Page 12

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

PA0025615
PERMIT NUMBER

101A
DISCHARGE NUMBER

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☒

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|--------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | COMP-2 |
| Oil & grease | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Nitrogen, ammonia total (as N) | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00610 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | | | DAILY | CONTIN |
| Hydrazine | SAMPLE MEASUREMENT | | | | | | | | | | |
| 81313 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Weekly | GRAB |

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| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 13

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

102A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
102 INTAKE SCREEN HOUSE
Internal Outfall


FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
FROM 06/ 01/ 2011 TO 06/ 30/ 2011

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.4 | N/A | 7.5 | pH | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 6 | 11 | mg/L | 0 | 2 / 30 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY/MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | ND | mg/L | 0 | 2 / 30 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY/MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon MO AVG | Req. Mon DAILY/MX | Mgal/d | ***** | ***** | ***** | N/A | | Twice Per Month | ESTIMA |

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|--|---|---|--|--------------|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | |  | | 07/ 27/ 2011 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | MM/DD/YYYY |

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 14

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

| | |
|----------------------|-------------------------|
| PA0025615 | 103A |
| PERMIT NUMBER | DISCHARGE NUMBER |


DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
SLUDGE SETTLING BASIN
Internal Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.3 | N/A | 7.4 | pH | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 7 | 7 | mg/L | 0 | 2 / 30 | 24 HR COMP |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.022 | 0.034 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Twice Per Month | ESTIMA |

| | | | | | |
|---|---|---|------------------|-------------------|-------------|
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| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | | 724 682-7773 | 07/ 27/ 2011 | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY | |

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 15

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

| | |
|----------------------|-------------------------|
| PA0025615 | 111A |
| PERMIT NUMBER | DISCHARGE NUMBER |

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
111 DIESEL GENERATOR BLDG
Internal Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.1 | N/A | 7.4 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 3 | 4 | mg/L | 0 | 1 / 7 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 4 | 9 | mg/L | 0 | 1 / 7 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| | | | | |
|---|---|------------------|---------------|-------------------|
| 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 |
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 07/ 27/ 2011 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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

Form Approved
OMB No. 2040-0004

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

Page 16

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

PA0025615
PERMIT NUMBER

113A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 2 SEWAGE TMT PLANT
Internal Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☒

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------------------|--------|--------------------------|-----------------|-----------------|---------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MO AVG | 60 DAILY MX | mg/L | | Twice Per Month | COMP-8 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | 043 MO AVG | Req Mon DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | MEASRD |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 1.4 MO AVG | 3.3 INST MAX | mg/L | | Twice Per Month | GRAB |
| Coliform, fecal general | SAMPLE MEASUREMENT | | | | | | | | | | |
| 74055 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 200 MO GEOMN | ***** | #/100mL | | Twice Per Month | GRAB |
| BOD, carbonaceous, 05 day 20 C | SAMPLE MEASUREMENT | | | | | | | | | | |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 25 MO AVG | 50 DAILY MX | mg/L | | Twice Per Month | COMP-8 |

| 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 | |
|--|---|--------------|--------|--------------|--|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY | |

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 17

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

PA0025615
PERMIT NUMBER

203A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
MAIN SEWAGE TMT PLANT
Internal Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge



| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------------------|--------|--------------------------|-----------------|-----------------|---------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MO AVG | 60 DAILY MX | mg/L | | Twice Per Month | COMP-8 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | .023 MO AVG | Req Mon DAILY MX | Mgal/d | ***** | ***** | ***** | | | Weekly | MEASRD |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 1.4 MO AVG | 3.3 INST MAX | mg/L | | Twice Per Month | GRAB |
| Coliform, fecal general | SAMPLE MEASUREMENT | | | | | | | | | | |
| 74055 1 1 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 200 MO GEOMN | ***** | #/100mL | | Twice Per Month | GRAB |
| BOD, carbonaceous, 05 day 20 C | SAMPLE MEASUREMENT | | | | | | | | | | |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 25 MO AVG | 50 DAILY MX | mg/L | | Twice Per Month | COMP-8 |

| 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 | |
|--|--|--------------|--------|--------------|--|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY | |

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 18

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

PA0025615
PERMIT NUMBER

211A.
DISCHARGE NUMBER

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

MONITORING PERIOD
FROM **MM/DD/YYYY** TO **MM/DD/YYYY**
06/ 01/ 2011 TO 06/ 30/ 2011

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|-------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 6.7 | N/A | 7.2 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 3 | 5 | mg/L | 0 | 1 / 7 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | ND | mg/L | 0 | 1 / 7 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 | MGD | N/A | N/A | N/A | | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req: Mon MO AVG | Req: Mon DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| | | | | |
|--|---|--|--|-------------|
| 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 |
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 201 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | MM/DD/YYYY |
| | | | | |

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

Form Approved
OMB No. 2040-0004

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

Page 19

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

| | |
|----------------------|-------------------------|
| PA0025615 | 213A |
| PERMIT NUMBER | DISCHARGE NUMBER |

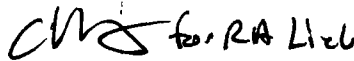
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 2 COOL TOWER PUMPHOUSE
Internal Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☒

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|----------------------|--------|--------------------------|--------------|------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon MO AVG | Req. Mon DAILY MX | Mgal/d | ***** | ***** | ***** | | | Weekly | ESTIMA |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 5 MO AVG | 1.25 INST MAX | mg/L | | Twice Per Month | GRAB |

| | | | | | |
|---|--|---|--|------------------|-------------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified 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 |
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | 724 682-7773 | 07/ 27/ 2011 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |
| | | | | | MM/DD/YYYY |

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 20

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

PA0025615
PERMIT NUMBER

301A
DISCHARGE NUMBER

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|----------------------|--------|--------------------------|--------------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | ND | mg/L | 0 | 2 / 30 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | ND | mg/L | 0 | 2 / 30 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon MO AVG | Req. Mon DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| 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 | |
|--|---|--|--|--------------|--------|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |

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.

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

Form Approved
OMB No. 2040-0004

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

Page 21

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

PA0025615
PERMIT NUMBER

303A
DISCHARGE NUMBER

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 6.9 | N/A | 7.2 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 4 | 6 | mg/L | 0 | 1 / 7 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 7 | 10 | mg/L | 0 | 1 / 7 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.019 | 0.056 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon MO AVG | Req. Mon DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| 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 | |
|--|---|--|--|--------------|--------|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 22

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

| | |
|---------------|------------------|
| PA0025615 | 313A |
| PERMIT NUMBER | DISCHARGE NUMBER |

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | | |
|-------------------|--------------|----|--------------|--|
| MM/DD/YYYY | | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 | |

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-------------------|--------|--------------------------|-----------|--------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 6.4 | N/A | 7.5 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 14 | 27 | mg/L | 0 | 1 / 7 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 9 | 28 | mg/L | 1 | 1 / 7 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon MO AVG | Req. Mon DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| 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 | |
|--|---|--|--|--------------|--------|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |

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)

Form Approved
OMB No. 2040-0004

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

Page 23

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

PA0025615
PERMIT NUMBER

401A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

CHEM.FEED AREA OF AUX BOILERS
Internal Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|-----------------------|--------|--------------------------|--------------|----------------------|-------|-----------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 8.8 | N/A | 8.9 | pH | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | Req. Mon. MAXIMUM | pH | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | ND | mg/L | 0 | 2 / 30 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | ND | mg/L | 0 | 2 / 30 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| 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 | |
|--|---|--|--|--------------|--------|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |

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.

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

Form Approved
OMB No. 2040-0004

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

Page 24

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

| | |
|---------------|------------------|
| PA0025615 | 403A |
| PERMIT NUMBER | DISCHARGE NUMBER |

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT
Internal Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge ☒

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|--------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Nitrogen, ammonia total (as N) | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00610 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Weekly | GRAB |
| CLAMTROL CT-1, TOTAL WATER | SAMPLE MEASUREMENT | | | | | | | | | | |
| 04251 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 0 MO AVG | 0 DAILY MX | mg/L | | When Discharging | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | | | Weekly | ESTIMA |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 5 MO AVG | 1.25 INST MAX | mg/L | | Weekly | GRAB |

| | | | | |
|--|---|--|-----------|--------------|
| 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 |
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 07/ 27/ 2011 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (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.

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

Form Approved
OMB No. 2040-0004

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

Page 25

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004

PA0025615
PERMIT NUMBER

403A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

CONDENSATE BLOWDOWN & RIVR WAT
Internal Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|-----|------|--------------|
| MM/DD/YYYY | | | MM/DD/YYYY |
| 06/ | 01/ | 2011 | 06/ 30/ 2011 |

No Discharge



| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-------|-------|--------------------------|-------------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Hydrazine | SAMPLE MEASUREMENT | | | | | | | | | | |
| 81313 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 0 MO AVG | 0 DAILY MX | 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 | |
|--|---|--------------|--|--------------|--|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 | |
| TYPED OR PRINTED | | AREA Code | | NUMBER | |

CVL for RA Lieb
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR
AUTHORIZED AGENT

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (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.

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

Form Approved
OMB No. 2040-0004

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

Page 26

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

PA0025615
PERMIT NUMBER

413A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
BULK FUEL STORAGE DRAIN
Internal Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | | |
|-------------------|--------------|--|------------|--------------|
| MM/DD/YYYY | | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | | TO | 06/ 30/ 2011 |

No Discharge



| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|--------|--------------------------|--------------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | | N/A | | pH | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | | | | mg/L | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | | | mg/L | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | MGD | | | | N/A | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| 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 | |
|--|---|--|--|--------------|--------|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |

CL for RALieb

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 27

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

PA0025615
PERMIT NUMBER

501A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 1 GENRTR BLWDWN FILT BW
Internal Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 06/ 01/ 2011 | TO | 06/ 30/ 2011 |

No Discharge



| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|--------|--------------------------|--------------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Solids, total suspended 00530 1 0 Effluent Gross | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MO:AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO:AVG | Req. Mon. DAILY:MX | Mgal/d | ***** | ***** | ***** | | | Weekly | ESTIMA |

| 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 | |
|--|---|--|--|--------------|--------|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 07/ 27/ 2011 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |

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.