

August 25, 2011  
L-11-278

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 July 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 is the summary data from the second of three clamicides scheduled for this year.

A review of the data indicates one permit parameter was exceeded during the month. On July 5, 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 22.6 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 water/oil separator 21 is presently isolated for further maintenance and investigation. Beaver Valley has secured the assistance of vendor engineering to aid in this process. 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,



Raymond A. Lieb  
Director, Site Operations

TE25  
NRK

Beaver Valley Power Station, Unit Nos. 1 and 2  
L-11-278  
Page 2

Attachment(s):

1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001
2. Clamicide Report

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.

<b>SAMPLE DATE</b>	<b>SAMPLE TIME</b>	<b>VALUE</b>	<b>UNITS</b>
05-Jul-11	0825	7.59	mg/L
11-Jul-11	0830	7.25	mg/L
18-Jul-11	0900	7.67	mg/L
25-Jul-11	0940	7.70	mg/L

- Attachment 1 END -

## ATTACHMENT 2

### Clamicide Report

The following summarizes the second of three clamicide treatments for the control of Asian clams and Zebra mussels at Beaver Valley Power Station.

Parameter	Unit 1 A Train	Unit 1 B Train	Unit 2 A Train	Unit 2 B Train
Date	07-19-11 – 07-20-11	07-13-11 – 07-14-11	06-21-11 – 06-22-11	06-07-11 – 06-08-11
Chemical Used <sup>1</sup>	197 pounds <sup>3</sup>	1120 pounds <sup>3</sup>	853 pounds <sup>3</sup>	820 pounds <sup>3</sup>
Outfall 001 Concentration	ND	ND	ND	ND
Outfall 010 Concentration	N/A <sup>4</sup>	N/A <sup>4</sup>	ND	ND
Detox Used <sup>2</sup>	1371 pounds	1421 pounds	2128 pounds	2321 pounds
Outfall 001 Concentration <sup>3</sup>	3.0 mg/L	3.3 mg/L	3.2 mg/L	3.4 mg/L
Outfall 010 Concentration <sup>3</sup>	N/A <sup>4</sup>	N/A <sup>4</sup>	15.5 mg/L	18.0 mg/L

1. The chemical used is NALCO H150M; LIMITS: 7,000 pounds per day and No Detectable (ND) amount at Outfalls 001 and 010.
2. The Bentonite Based Detoxifying Agent is NALCO 1315 in the form of a dry agent and a slurry mixture; LIMITS: 21,000 pounds per day and  $\leq 35$  mg/l at Outfalls 001 and 010
3. Dry-weight equivalent.
4. Outfall does not receive wastewater from the target system.

- 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: July 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
07/05/2011	Oil and Grease	20	ppm	Daily Max	22.6	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

☐

- ☐ 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: 

Date: 8/22/11



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

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

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Prepared By: William M. Cress

Title: Advanced Nuclear Specialist

Signature: 

Date: 8/22/11

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	001A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

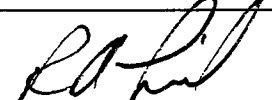
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
UNITS 1&2 COOLG. TOWER BLWDN  
External Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	07/ 01/ 2011	TO	07/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	8.1	N/A	8.4	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Nitrogen, ammonia total (as N)	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG	GG
00610 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	ND	ND		0	3 / 31	24 HR COMP
04251 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	47.6	60.2	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Daily	CONTIN
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	0.0	0.09	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	0.0	0.1	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG	GG
81313 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.			<b>TELEPHONE</b>	<b>DATE</b>
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		724 682-7773	08/ 25/ 2011
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>
					<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
The BETS DT-1 daily maximum was 3.2 mg/L. WMC 8-22-11  
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
<b>PERMIT NUMBER</b>

002A
<b>DISCHARGE NUMBER</b>


**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	07/ 01/ 2011	TO	07/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	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	08/ 25/ 2011	
<b>TYPED OR PRINTED</b>			<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>

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**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	07/ 01/ 2011	TO	07/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	0.041	0.090	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	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)

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**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	07/ 01/ 2011	TO	07/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	7.6	N/A	8.0	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	15.41	15.41	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon MO AVG	Req. Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	0.3	0.34	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	5 MO AVG	1.25 INST. MAX	mg/L		Weekly	GRAB
Chlorine, free available	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	0.1	0.1	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

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Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS		724	682-7773	08/ 25/ 2011
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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

There was no flow during the last two weeks of July. WMC 08-22-11

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SHIPPINGPORT, PA 150770004

PA0025615  
**PERMIT NUMBER**

006A  
**DISCHARGE NUMBER**

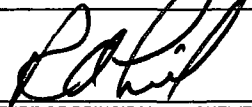
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
AUX. INTAKE SCREEN BACKWASH  
External Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

**MONITORING PERIOD**  
MM/DD/YYYY TO MM/DD/YYYY  
FROM 07/ 01/ 2011 TO 07/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	0.002	0.016	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	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	08/ 25/ 2011
			<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>
<b>TYPED OR PRINTED</b>					

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PA0025615	007A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

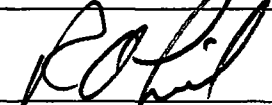
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
AUX. INTAKE SYSTEM  
External Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

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MM/DD/YYYY		MM/DD/YYYY	
FROM	07/ 01/ 2011	TO	07/ 31/ 2011

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		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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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	<b>TELEPHONE</b>		<b>DATE</b>
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS  TYPED OR PRINTED			724	682-7773	08/ 25/ 2011
			AREA Code	NUMBER	MM/DD/YYYY

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	07/ 01/ 2011	TO	07/ 31/ 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	<b>SAMPLE MEASUREMENT</b>										
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>										
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	<b>SAMPLE MEASUREMENT</b>										
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>										
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	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	08/ 25/ 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 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
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

**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	07/ 01/ 2011	TO	07/ 31/ 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	7.7	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	1 / 31	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	4.6	5.0	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	0.03	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	0.0	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		08/ 25/ 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)

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 8-22-11

**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	07/ 01/ 2011	TO	07/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	0.004	0.004	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
	<b>PERMIT REQUIREMENT</b>	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		08/ 25/ 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 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	012A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>


**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	07/ 01/ 2011	TO	07/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	7.3	N/A	8.2	pH	0	2 / 31	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Once Per Month	GRAB
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	0.0670	0.0992	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	0.1	0.2	mg/L	0	2 / 31	GRAB
01092 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 31	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Once Per Month	ESTIMA
Solids, total dissolved	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	758	796	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	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	08/ 25/ 2011
<b>TYPED OR PRINTED</b>			<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>

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	07/ 01/ 2011	TO	07/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	6.3	N/A	6.9	N/A	0	1 / 7	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Cyanide, total (as CN)	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	ND	ND	N/A	0	1 / 31	24 HR COMP
00720 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	ND	ND	N/A	0	1 / 31	24 HR COMP
01042 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	ND	ND	N/A	0	1 / 31	24 HR COMP
34301 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	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		08/ 25/ 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)

THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

NPDES Outfall 013 chlorobenzene, cyanide and copper only taken once due to no discharge after 7-14-11. WMC 8-25-11

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 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	07/ 01/ 2011	TO	07/ 31/ 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		08/ 25/ 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  
**FACILITY:** BEAVER VALLEY POWER STATION  
**LOCATION:** PA ROUTE 168  
SHIPPINGPORT, PA 150770004

PA0025615	102A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>


**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	07/ 01/ 2011	TO	07/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	7.6	N/A	8.0	pH	0	2 / 31	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	5	6	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	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	08/ 25/ 2011	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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

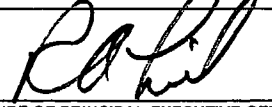
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
SLUDGE SETTLING BASIN  
Internal Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	07/ 01/ 2011	TO	07/ 31/ 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	7.0	N/A	7.3	pH	0	2 / 31	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	10	19	mg/L	0	2 / 31	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 / 31	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED			724 682-7773	08/ 25/ 2011
			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
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>


**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	07/ 01/ 2011	TO	07/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	7.1	N/A	7.9	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	5 / 31	GRAB
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.		<b>TELEPHONE</b>		<b>DATE</b>
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS			724	682-7773	08/ 25/ 2011
			<b>TYPED OR PRINTED</b>	<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	

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	113A
PERMIT NUMBER	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	07/ 01/ 2011	TO	07/ 31/ 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	08/ 25/ 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	07/ 01/ 2011	TO	07/ 31/ 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		08/ 25/ 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 07/ 01/ 2011		TO 07/ 31/ 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	7.6	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	8	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	08/ 25/ 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 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	07/ 01/ 2011	TO	07/ 31/ 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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS			724	682-7773	08/ 25/ 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	301A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>


**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	07/ 01/ 2011	TO	07/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.		<b>TELEPHONE</b>		<b>DATE</b>	
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS			724	682-7773	08/ 25/ 2011	
<b>TYPED OR PRINTED</b>			<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>

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 07/ 01/ 2011		TO	07/ 31/ 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	7.5	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	4	8	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	5	11	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		08/ 25/ 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  
PERMIT NUMBER

313A  
DISCHARGE NUMBER

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

ATTN: RAYMOND A LIEB/DIR SITE OPER

**MONITORING PERIOD**  
FROM **MM/DD/YYYY** TO **MM/DD/YYYY**  
07/ 01/ 2011 TO 07/ 31/ 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	6.3	N/A	6.9	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	11	13	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	14	23	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	08/ 25/ 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 DISCHARGE FROM OWS #21 PRIOR TO MIXING WITH ANY OTHER WATER.

There was no discharge after 7-14-11 through the end of the month. WMC 8-22-11

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 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		MM/DD/YYYY	
FROM	07/ 01/ 2011	TO	07/ 31/ 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	7.9	N/A	8.0	pH	0	2 / 31	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 / 31	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 / 31	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		08/ 25/ 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
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

**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	07/ 01/ 2011	TO	07/ 31/ 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		08/ 25/ 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	07/ 01/ 2011	TO	07/ 31/ 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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.		<b>TELEPHONE</b>		<b>DATE</b>
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS			724	682-7773	08/ 25/ 2011
<b>TYPED OR PRINTED</b>			<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>

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	07/ 01/ 2011	TO	07/ 31/ 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		08/ 25/ 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 #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	07/ 01/ 2011	TO	07/ 31/ 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	<b>SAMPLE MEASUREMENT</b>										
00530 1 0	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Effluent Gross											
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>										
50050 1 0	<b>PERMIT REQUIREMENT</b>	Req. Mon MO AVG	Req. Mon DAILY MX	Mgal/d	*****	*****	*****			Weekly	ESTIMA
Effluent Gross											

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		08/ 25/ 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.

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

Form Approved  
OMB No. 2040-0004

Page 1

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

**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
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

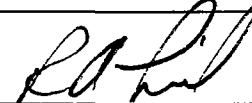
**DMR MAILING ZIP CODE:** 150770004  
**MAJOR (SUBR05)**  
UNITS 1&2 COOLG. TOWER BLWDN  
External Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	07/ 01/ 2011	TO	07/ 31/ 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	8.4	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	3 / 31	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	47.6	60.2	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	0.0	0.09	mg/L	0	1 / 7	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  Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS	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
			724 682-7773		
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. THE LIMIT IS 35 MG/L AS A DAILY MAX.

The BETS DT-1 daily maximum was 3.2 mg/L. WMC 8-22-11

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			
MM/DD/YYYY		MM/DD/YYYY	
FROM	07/ 01/ 2011	TO	07/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	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		08/ 25/ 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 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
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

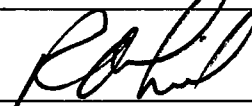
**DMR MAILING ZIP CODE:** 150770004  
**MAJOR**  
(SUBR05)  
003  
External Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	07/ 01/ 2011	TO	07/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	0.041	0.090	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Reg. Mon. MO.AVG	Reg. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Twice Per Month	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.		<b>TELEPHONE</b>		<b>DATE</b>
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS			724	682-7773	08/ 25/ 2011
<b>TYPED OR PRINTED</b>			<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>

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	07/ 01/ 2011	TO	07/ 31/ 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	7.6	N/A	8.0	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	15.41	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	0.3	0.34	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		724 682-7773		08/ 25/ 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)

There was no flow during the last two weeks of July. WMC 08-22-11

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 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
<b>PERMIT NUMBER</b>

006A
<b>DISCHARGE NUMBER</b>

**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	07/ 01/ 2011	TO	07/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	0.002	0.016	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	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		08/ 25/ 2011
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

Page 6

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

**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	007A
PERMIT NUMBER	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	07/ 01/ 2011	TO	07/ 31/ 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	08/ 25/ 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	07/ 01/ 2011	TO	07/ 31/ 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		08/ 25/ 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

Page 8

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

**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 07/ 01/ 2011		TO 07/ 31/ 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	7.7	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	1 / 31	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	4.6	5.0	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	0.03	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	0.0	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		08/ 25/ 2011	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

The BETS DT-1 daily maximum was 15.5 mg/L. WMC 8-22-11

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)

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	011A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>


**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		TO	MM/DD/YYYY
FROM	07/ 01/ 2011	TO	07/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	0.004	0.004	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
	<b>PERMIT REQUIREMENT</b>	Req. Mon MO AVG	Req. Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	<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>	 <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>		<b>DATE</b>
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS			724	682-7773	08/ 25/ 2011
<b>TYPED OR PRINTED</b>			<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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	012A
PERMIT NUMBER	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	07/ 01/ 2011	TO	07/ 31/ 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	8.2	pH	0	2 / 31	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	0.0670	0.0992	mg/L	0	2 / 31	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	0.1	0.2	mg/L	0	2 / 31	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 / 31	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	758	796	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS			724	682-7773	08/ 25/ 2011
			TYPED OR PRINTED	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	07/ 01/ 2011	TO	07/ 31/ 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	6.3	N/A	6.9	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	1 / 31	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	ND	ND	N/A	0	1 / 31	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	1 / 31	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 / 31	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	08/ 25/ 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.

NPDES Outfall 013 chlorobenzene, cyanide and copper only taken once due to no discharge after 7-14-11. WMC 8-25-11

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 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	101A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>


**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	07/ 01/ 2011	TO	07/ 31/ 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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.		<b>TELEPHONE</b>		<b>DATE</b>
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS			724	682-7773	08/ 25/ 2011
<b>TYPED OR PRINTED</b>			<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>

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 07/ 01/ 2011		TO	07/ 31/ 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	7.6	N/A	8.0	pH	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	8 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	5	6	mg/L	0	2 / 31	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 / 31	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 / 31	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		08/ 25/ 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	103A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

**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	07/ 01/ 2011	TO	07/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	7.0	N/A	7.3	pH	0	2 / 31	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	10	19	mg/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	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		08/ 25/ 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 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 TO MM/DD/YYYY  
FROM 07/ 01/ 2011 TO 07/ 31/ 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	7.9	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	ND	ND	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	5 / 31	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	08/ 25/ 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 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	113A
PERMIT NUMBER	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	07/ 01/ 2011	TO	07/ 31/ 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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.		<b>TELEPHONE</b>		<b>DATE</b>
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS			724	682-7773	08/ 25/ 2011
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>


**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	07/ 01/ 2011	TO	07/ 31/ 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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.		<b>TELEPHONE</b>		<b>DATE</b>
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS			724	682-7773	08/ 25/ 2011
<b>TYPED OR PRINTED</b>	<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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	07/ 01/ 2011	TO	07/ 31/ 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	7.6	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	8	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		08/ 25/ 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 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
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>


**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	07/ 01/ 2011	TO	07/ 31/ 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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.	 <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>		<b>DATE</b>	
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS			724	682-7773	08/ 25/ 2011	
<b>TYPED OR PRINTED</b>			<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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	301A
PERMIT NUMBER	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	07/ 01/ 2011	TO	07/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	ND	ND	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	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		08/ 25/ 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	303A
PERMIT NUMBER	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	07/ 01/ 2011	TO	07/ 31/ 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	7.5	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	4	8	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	5	11	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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.		<b>TELEPHONE</b>		<b>DATE</b>
724 682-7773			08/ 25/ 2011		
<b>TYPED OR PRINTED</b>			<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>

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
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>


**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	07/ 01/ 2011	TO	07/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	6.3	N/A	6.9	pH	0	1 / 7	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	11	13	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	14	23	mg/L	1	1 / 7	GRAB
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req Mon. MO AVG	Req Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	<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>		<b>TELEPHONE</b>		<b>DATE</b>
<b>Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS</b>			724 682-7773		08/ 25/ 2011
			<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b> <b>NUMBER</b>

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.

There was no discharge after 7-14-11 through the end of the month. WMC 8-22-11

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 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
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

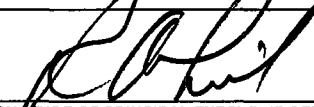
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
CHEM.FEED AREA OF AUX BOILERS  
Internal Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	07/ 01/ 2011	TO	07/ 31/ 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	7.9	N/A	8.0	pH	0	2 / 31	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 / 31	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 / 31	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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.		<b>TELEPHONE</b>		<b>DATE</b>
724 682-7773			08/ 25/ 2011		
<b>TYPED OR PRINTED</b>			<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>

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	07/ 01/ 2011	TO	07/ 31/ 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		08/ 25/ 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
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

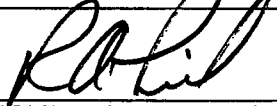
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
CONDENSATE BLOWDOWN & RIVR WAT  
Internal Outfall

ATTN: RAYMOND A LIEB/DIR SITE OPER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	07/ 01/ 2011	TO	07/ 31/ 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	<b>SAMPLE MEASUREMENT</b>										
81313 1 0	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.		<b>TELEPHONE</b>		<b>DATE</b>
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS			724	682-7773	08/ 25/ 2011
<b>TYPED OR PRINTED</b>			<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>

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
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>


**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	07/ 01/ 2011	TO	07/ 31/ 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	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A		N/A		pH			
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A				mg/L			
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A			mg/L			
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>			MGD				N/A			
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.		<b>TELEPHONE</b>		<b>DATE</b>
Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS			724	682-7773	08/ 25/ 2011
<b>TYPED OR PRINTED</b>			<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>

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	501A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>


**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	07/ 01/ 2011	TO	07/ 31/ 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	<b>SAMPLE MEASUREMENT</b>										
00530 1 0	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>										
50050 1 0	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Weekly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.		<b>TELEPHONE</b>		<b>DATE</b>
<b>TYPED OR PRINTED</b>			724	682-7773	08/ 25/ 2011
			<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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.