

May 26, 2015
L-15-182

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 April 2015 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 explanation of NODI codes. Attachment 3 is the first quarter stormwater results as required by Permit Condition C.21.


There were no Clamicide Treatments performed in April 2015.

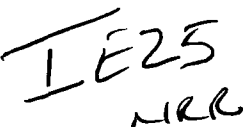
A review of the data indicates no permit parameters were exceeded during the month.

Included with the report this month are two Supplemental Laboratory Accreditation Forms for analyses performed to support permit requirements as required by 25 Pa. Code § 252.

Should you have any questions regarding the attached and enclosed documents, please direct them to Mr. William Cress, at 724-682-4218.

Sincerely,


Charles V. McFeaters
Director, Site Operations



Attachment(s):

1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001
2. Explanation of NODI Codes
3. 1st Quarter Permit Part C.21 Iron and Zinc Stormwater Monitoring Results

Enclosure(s)

- A. Discharge Monitoring Report
- B. Supplementary Laboratory Accreditation Forms

cc: Document Control Desk US NRC (*NOTE: No new US NRC commitments are contained in this letter.*)
US Environmental Protection Agency
Ms. Amanda Schmidt, PA DEP/Bureau of Water Quality Management

ATTACHMENT 1

Weekly Dissolved Oxygen Monitoring Results at Outfall 001

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

| SAMPLE DATE | SAMPLE TIME | VALUE | UNITS |
|--------------------|--------------------|--------------|--------------|
| 08-Apr-15 | 0935 | 7 | mg/L |
| 15-Apr-15 | 0955 | 6 | mg/L |
| 24-Apr-15 | 0955 | 6 | mg/L |
| 29-Apr-15 | 1050 | 4 | mg/L |

- Attachment 1 END -

ATTACHMENT 2

Explanation of NODI Codes

| SAMPLE | SAMPLE PARAMETER | DOMI CODE | COMMENT |
|---------------|-----------------------------|----------------------|----------------------------------|
| 001A | Nitrogen | GG | Wet lay-up not done during month |
| 001A | Hydrazine | GG | Wet lay-up not done during month |
| 010A | CT-1 | GG | No clamicide done during month |
| 001A | CT-1 | GG | No clamicide done during month |

- Attachment 2 END -

ATTACHMENT 3

Permit Part C.21 Iron and Zinc Stormwater Monitoring Results

| Sample Date | Sample Time | Outfall | Parameter | Result | Units |
|-------------|-------------|--------------|-----------|--------|-------|
| 10-Mar-15 | 1645 | Outfall #003 | Zinc | 29 | ug/l |
| 10-Mar-15 | 1645 | Outfall #003 | Iron | 61 | ug/l |
| 10-Mar-15 | 1600 | Outfall #008 | Zinc | 66 | ug/l |
| 10-Mar-15 | 1600 | Outfall #008 | Iron | 498 | ug/l |
| 10-Mar-15 | 1630 | Outfall #011 | Zinc | 2000 | ug/l |
| 10-Mar-15 | 1630 | Outfall #011 | Iron | 8810 | ug/l |

- Attachment 3 END -



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

| | | | | | | | |
|---|------------------------|--|----------------------------------|--|----|----|---------------|
| Permittee Name: <u>FirstEnergy Nuclear Operating Company</u> | | | | | | | |
| Address: <u>P.O. Box 4</u> | | | | | | | |
| <u>Shippingport, PA 15077</u> | | | | | | | |
| <u>Beaver Valley Power Station</u> | | | | | | | |
| PERMIT NUMBER | | | | MONITORING PERIOD Year/Month/Day | | | |
| PA0025615 | | | | 2015 | 04 | 01 | TO 2015 04 30 |
| PARAMETER | ANALYSIS METHOD | LAB NAME | LAB ID NUMBER² | | | | |
| Zinc | EPA 200.7 Rev 4.4 | FirstEnergy Corp-Beta Lab | 68-01120 | | | | |
| Copper | EPA 200.7 Rev 4.4 | FirstEnergy Corp-Beta Lab | 68-01120 | | | | |
| Iron | EPA 200.7 Rev 4.4 | FirstEnergy Corp-Beta Lab | 68-01120 | | | | |
| Chromium | EPA 200.7 Rev 4.4 | FirstEnergy Corp-Beta Lab | 68-01120 | | | | |
| Ammonia | SM 4500 NH3 F | FirstEnergy Corp-Beta Lab | 68-01120 | | | | |
| Cyanide | SM 4500-CN E [18th] | Precision Analytical Inc | 68-00434 | | | | |
| Chlorobenzene | EPA 624 | Precision Analytical Inc | 68-00434 | | | | |
| Oil and Grease | EPA 1664 Rev A | FirstEnergy Corp-Beta Lab | 68-01120 | | | | |
| Oil and Grease | EPA 1664 Rev A | PACE Analytical Services | 65-00282 | | | | |
| Total Dissolved Solids | SM 2540 C * | FirstEnergy Corp-Beta Lab | 68-01120 | | | | |
| Total Suspended Solids | SM 2540 D * | FirstEnergy Corp-Beta Lab | 68-01120 | | | | |
| | | * 2012 EPA Method Update Rule (MUR) no longer cites Standard Method editions | | | | | |

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.

Name/Title Principal Executive Officer

Phone: 724-682-7773

**Signature of Principal Executive Officer or
Authorized Agent**

Charles V McFeaters
Director Site Operations

Date: 05/26/2015

[Signature]

¹ Submit this form with the first Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes. You do not need to send this form to the Department again UNLESS there has been a change to the lab or method of analysis.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

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|---|--|-----------------------------|----------------------------------|--|----|----|---------------|
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| Address: <u>P.O. Box 4</u> | | | | | | | |
| <u>Shippingport, PA 15077</u> | | | | | | | |
| <u>Beaver Valley Power Station</u> | | | | | | | |
| PERMIT NUMBER | | | | MONITORING PERIOD Year/Month/Day | | | |
| PA0025615 | | | | 2015 | 04 | 01 | TO 2015 04 30 |
| PARAMETER | ANALYSIS METHOD | LAB NAME | LAB ID NUMBER² | | | | |
| Total Residual Chlorine | SM 4500-CL G [20 th] | Beaver Valley Power Station | 04-2742 | | | | |
| Free Available Chlorine | SM 4500-CL G [20 th] | Beaver Valley Power Station | 04-2742 | | | | |
| pH | SM 4500-H+ B [20 th] | Beaver Valley Power Station | 04-2742 | | | | |
| Temperature | SM 2550 B [20 th] | Beaver Valley Power Station | 04-2742 | | | | |
| Flow | NA | Beaver Valley Power Station | 04-2742 | | | | |
| Total Suspended Solids (TSS) | SM 2540 D [20 th] | Beaver Valley Power Station | 04-2742 | | | | |
| Quaternary Amine Compounds | Photometric Determination 1/2-CHM-ANA-4.23H | Beaver Valley Power Station | 04-2742 | | | | |
| Bentonite Detoxicant | Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645 | Beaver Valley Power Station | 04-2742 | | | | |
| Hydrazine | ASTM D1385-01 | Beaver Valley Power Station | 04-2742 | | | | |
| | | | | | | | |

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Phone: 724-682-7773

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Charles V McFeaters
Director Site Operations

Date: 05/26/15

JBTL

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

Form Approved
OMB No. 2040-0004

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

Page 1

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

PA0025615
PERMIT NUMBER

001A
DISCHARGE NUMBER

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

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 | 8.1 | 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 | GRAB |
| 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 | GG | GG | mg/L | 0 | GG / GG | 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 | 33.8 | 40.2 | 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 | 0.1 | 0.11 | mg/L | 0 | 5 / 30 | GRAB |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | .5 AVERAGE | 1.25 MAXIMUM | mg/L | | Weekly | GRAB |
| Chlorine, free available | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.1 | 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 | GRAB |
| 81313 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 0 MO AVG | 0 DAILY MX | mg/L | | Weekly | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | |
|--|---|--|--|-----------|--------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 | |
| 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. THE LIMIT IS 35 MG/L AS A DAILY MAX.

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

Form Approved
OMB No. 2040-0004

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

Page 2

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

PA0025615
PERMIT NUMBER

002A
DISCHARGE NUMBER

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|----|--------------|
| MM/DD/YYYY | | | MM/DD/YYYY |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

No Discharge

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

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| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 |
| TYPED OR PRINTED | | AREA Code | NUMBER | MM/DD/YYYY |

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

Page 3

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

PA0025615
PERMIT NUMBER

003A
DISCHARGE NUMBER

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|-----------------------|--------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.101 | 0.116 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Twice Per Month | ESTIMA |

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|--|---|--|--|-----------|--------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 | |
| 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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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: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|-----------------------|--------|--------------------------|---------------|------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.5 | N/A | 7.5 | 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 | 1.93 | 1.93 | 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 | <0.02 | <0.02 | mg/L | 0 | 1 / 7 | GRAB |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | .5 MO AVG | 1.25 INST MAX | mg/L | | Weekly | GRAB |
| Chlorine, free available | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.1 | 0.1 | mg/L | 0 | 1 / 7 | GRAB |
| 50064 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | .2 AVERAGE | .5 MAXIMUM | mg/L | | Weekly | GRAB |

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

There was only flow during the third week of April.WMC 5-23-15

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

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Page 5

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

PA0025615
PERMIT NUMBER

006A
DISCHARGE NUMBER


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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

No Discharge

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

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|--|---|---|--|------------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | |  | | 5 26 2015 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | MM/DD/YYYY |

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DISCHARGE MONITORING REPORT (DMR)

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

PA0025615
PERMIT NUMBER

007A
DISCHARGE NUMBER

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

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 | |
|--|---|--|--|-----------|--------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 | |
| 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: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

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 | |
|--|---|--|--|-----------|--------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |

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

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

Form Approved
OMB No. 2040-0004

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

Page 8

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

PA0025615
PERMIT NUMBER

010A
DISCHARGE NUMBER

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|-----------------------|--------|--------------------------|---------------|------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.7 | N/A | 7.8 | 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 | GG | GG | mg/L | 0 | GG / GG | 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 | 3.6 | 4.3 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | MEAS |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | MEASRD |
| Chlorine, total residual | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.2 | 0.42 | mg/L | 0 | 1 / 7 | GRAB |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | .5 MO AVG | 1.25 INST MAX | mg/L | | Weekly | GRAB |
| Chlorine, free available | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <0.1 | 0.1 | mg/L | 0 | 1 / 7 | GRAB |
| 50064 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | .2 AVERAGE | .5 MAXIMUM | mg/L | | Weekly | GRAB |

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|--|---|--|--|-----------|--------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 | |
| 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)

**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: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

No Discharge

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

| | | | | |
|--|---|--|----------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE |
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 5 26 2015 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | MM/DD/YYYY |
| | | AREA Code | NUMBER | |

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

Form Approved
OMB No. 2040-0004

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

Page 10

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

PA0025615
PERMIT NUMBER

012A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
BLOWDOWN FROM THE HVAC UNIT
External Outfall

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

MONITORING PERIOD
MM/DD/YYYY
FROM 04/ 01/ 2015 TO 04/ 30/ 2015

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 | 8.5 | N/A | 8.5 | pH | 0 | 1 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Once Per Month | GRAB |
| Copper, total (as Cu) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.0500 | 0.0710 | mg/L | 0 | 2 / 30 | GRAB |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | GRAB |
| Zinc, total (as Zn) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <0.1 | 0.1 | mg/L | 0 | 2 / 30 | GRAB |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 1.5 MO AVG | 1.5 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Once Per Month | ESTIMA |
| Solids, total dissolved | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 464 | 676 | mg/L | 0 | 2 / 30 | GRAB |
| 70295 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | GRAB |

| | | | | |
|--|---|--|----------|------------|
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| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 5 26 2015 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | MM/DD/YYYY |
| | | AREA Code | NUMBER | |

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

Form Approved
OMB No. 2040-0004

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

Page 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: CHARLES V MCFEATERS/DIR SITE OPER

MONITORING PERIOD
FROM **MM/DD/YYYY** TO **MM/DD/YYYY**
04/ 01/ 2015 TO 04/ 30/ 2015

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 | 7.2 | 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 | <0.01 | <0.01 | N/A | 0 | 2 / 30 | 24 HR COMP |
| 00720 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Copper, total (as Cu) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.0481 | 0.0702 | N/A | 0 | 2 / 30 | 24 HR COMP |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Chlorobenzene | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <0.005 | <0.005 | N/A | 0 | 2 / 30 | 24 HR COMP |
| 34301 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Twice Per Month | ESTIMA |

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|--|---|---|--------|------------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | |  | | 5 26 2015 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 12

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

PA0025615
PERMIT NUMBER

101A
DISCHARGE NUMBER


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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

MONITORING PERIOD
FROM **MM/DD/YYYY** 04/ 01/ 2015 TO **MM/DD/YYYY** 04/ 30/ 2015

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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|--|---|---|--------|------------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | |  | | 5 26 2015 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | MM/DD/YYYY |
| | | 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
PERMIT NUMBER

102A
DISCHARGE NUMBER

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|-----------------------|--------|--------------------------|--------------|-----------------|-------|-----------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.5 | N/A | 7.8 | pH | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 14 | 16 | mg/L | 0 | 2 / 30 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 | <5 | mg/L | 0 | 2 / 30 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Twice Per Month | ESTIMA |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | |
|--|---|--|--|-----------|--------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 | |
| 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 COLLECTED PUMP BEARING LEAKAGE PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

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

Page 14

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

PA0025615
PERMIT NUMBER

103A
DISCHARGE NUMBER

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|-----------------------|--------|--------------------------|--------------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.4 | N/A | 7.7 | pH | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 19 | 24 | mg/L | 0 | 2 / 30 | 24 HR COMP |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.101 | 0.116 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Twice Per Month | ESTIMA |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | |
|--|---|--|--|-----------|--------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 15

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

PA0025615
PERMIT NUMBER

111A
DISCHARGE NUMBER

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--|----|--------------|
| MM/DD/YYYY | | | MM/DD/YYYY |
| 04/ 01/ 2015 | | TO | 04/ 30/ 2015 |

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|-----------------------|--------|--------------------------|--------------|-----------------|-------|-----------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.4 | N/A | 7.8 | 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 | <4 | mg/L | 0 | 1 / 7 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 | <5 | mg/L | 0 | 1 / 7 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | |
|--|---|--|--|-----------|--------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 | |
| 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 16

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

PA0025615
PERMIT NUMBER

113A
DISCHARGE NUMBER

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

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 |
|--|---|--|--|------------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 |
| 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 OVERFLOW FROM THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

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

Page 17

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

PA0025615
PERMIT NUMBER

203A
DISCHARGE NUMBER

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

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 |

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|--|---|--|--|-----------|--------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 | |
| 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 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: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

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 | 8.0 | 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 | 5 | mg/L | 0 | 1 / 7 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 | <5 | 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 | |
|--|---|--|--|-----------|--------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |

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

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

Form Approved
OMB No. 2040-0004

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

Page 19

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

PA0025615
PERMIT NUMBER

213A
DISCHARGE NUMBER

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

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 |

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|--|---|--|--|-----------|--------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 20

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

PA0025615
PERMIT NUMBER

301A
DISCHARGE NUMBER


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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
FROM 04/ 01/ 2015 TO 04/ 30/ 2015

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---------------------------|---------------------|-----------------------|--------|--------------------------|--------------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Solids, total suspended 00530 1 0 Effluent Gross | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <4 | <4 | mg/L | 0 | 2 / 30 | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease 00556 1 0 Effluent Gross | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 | <5 | mg/L | 0 | 2 / 30 | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| | 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 |
|--|---|---|--------|------------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | |  | | 5 26 2015 |
| 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 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: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

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 |
| 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 |
|--|---|--|--------|------------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | | | 5 26 2015 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | MM/DD/YYYY |
| | | 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: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

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 | 7.2 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 21 | 50 | 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 | <5 | mg/L | 0 | 1 / 7 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | |
|--|---|--|--|-----------|-------------------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER MM/DD/YYYY |

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

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OWS #21 PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

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

Page 23

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

PA0025615
PERMIT NUMBER

401A
DISCHARGE NUMBER

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

MONITORING PERIOD
MM/DD/YYYY
FROM 04/ 01/ 2015 TO 04/ 30/ 2015

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 | 8.7 | N/A | 8.7 | pH | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | Req. Mon. MAXIMUM | pH | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 | 6 | mg/L | 0 | 2 / 30 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 | <5 | mg/L | 0 | 2 / 30 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE |
|--|---|-----------|----------|------------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 5 26 2015 |
| 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 CHEMICAL FEED AREA DRAINS PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

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

Page 24

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

PA0025615
PERMIT NUMBER

403A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT
Internal Outfall

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

MONITORING PERIOD
FROM **MM/DD/YYYY** TO **MM/DD/YYYY**
04/ 01/ 2015 TO 04/ 30/ 2015

No Discharge



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

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|--|---|--|--------|------------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | | | 5 26 2015 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | MM/DD/YYYY |
| | | 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
PERMIT NUMBER

403A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT
Internal Outfall

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

No Discharge



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

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|--|---|--|--|------------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | MM/DD/YYYY |

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

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

Page 26

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

| |
|----------------------|
| PA0025615 |
| PERMIT NUMBER |

| |
|-------------------------|
| 413A |
| DISCHARGE NUMBER |

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

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 |
|--|---|--|--------|------------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | | | 5 26 2015 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | MM/DD/YYYY |
| | | AREA Code | NUMBER | |

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: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

No Discharge



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

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | |
|--|---|--|--|-----------|--------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 | |
| 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

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

Page 1

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

PA0025615
PERMIT NUMBER

001A
DISCHARGE NUMBER

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

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 | 8.1 | 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 | GRAB |
| 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 | GG | GG | mg/L | 0 | GG / GG | 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 | 33.8 | 40.2 | 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 | 0.1 | 0.11 | mg/L | 0 | 5 / 30 | GRAB |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | .5 AVERAGE | 1.25 MAXIMUM | mg/L | | Weekly | GRAB |
| Chlorine, free available | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.1 | 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 | GRAB |
| 81313 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 0 MO AVG | 0 DAILY MX | mg/L | | Weekly | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | |
|--|---|--------------|--------|------------|--|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 | |
| TYPED OR PRINTED | | AREA Code | NUMBER | MM/DD/YYYY | |

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

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: CHARLES V MCFEATERS/DIR SITE OPER

MONITORING PERIOD
FROM **MM/DD/YYYY** TO **MM/DD/YYYY**
04/ 01/ 2015 TO 04/ 30/ 2015

No Discharge

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

| | | | | |
|--|---|--|----------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE |
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 5 26 2015 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | MM/DD/YYYY |
| | | 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
PERMIT NUMBER

003A
DISCHARGE NUMBER


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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

MONITORING PERIOD
FROM **MM/DD/YYYY** TO **MM/DD/YYYY**
04/ 01/ 2015 TO 04/ 30/ 2015

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|-----------------------|--------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.101 | 0.116 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Twice Per Month | ESTIMA |

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|--|---|---|--------|------------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | |  | | 5 26 2015 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | |
| | | AREA Code | NUMBER | MM/DD/YYYY |

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

THE 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: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|--------|--------------------------|--------------|------------------|-------|-----------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.5 | N/A | 7.5 | 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 | 1.93 | 1.93 | 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 | <0.02 | <0.02 | 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 | |
|--|---|--|--|-----------|--------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 | |
| 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 was only flow during the third week of April.WMC 5-23-15

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

Form Approved
OMB No. 2040-0004

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

Page 5

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

PA0025615
PERMIT NUMBER

006A
DISCHARGE NUMBER

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

No Discharge ☐

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

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE |
|--|---|-----------|----------|------------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 5 26 2015 |
| 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 6

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

PA0025615
PERMIT NUMBER

007A
DISCHARGE NUMBER

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

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 |

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|--|---|-----------|----------|------------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 5 26 2015 |
| 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)

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: CHARLES V MCFEATERS/DIR SITE OPER

MONITORING PERIOD
MM/DD/YYYY
FROM 04/ 01/ 2015 TO 04/ 30/ 2015

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 |

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|--|---|-----------|----------|------------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 5 26 2015 |
| TYPED OR PRINTED | | AREA Code | NUMBER | MM/DD/YYYY |

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

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

Form Approved
OMB No. 2040-0004

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

Page 8

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

PA0025615
PERMIT NUMBER

010A
DISCHARGE NUMBER

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

MONITORING PERIOD
FROM **MM/DD/YYYY** TO **MM/DD/YYYY**
04/ 01/ 2015 TO 04/ 30/ 2015

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|-----------------------|--------|--------------------------|---------------|------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.7 | N/A | 7.8 | 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 | GG | GG | mg/L | 0 | GG / GG | 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 | 3.6 | 4.3 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | MEAS |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | MEASRD |
| Chlorine, total residual | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.2 | 0.42 | mg/L | 0 | 1 / 7 | GRAB |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | .5 MO AVG | 1.25 INST MAX | mg/L | | Weekly | GRAB |
| Chlorine, free available | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <0.1 | 0.1 | mg/L | 0 | 1 / 7 | GRAB |
| 50064 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | .2 AVERAGE | .5 MAXIMUM | mg/L | | Weekly | GRAB |

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| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 5 26 2015 |
| 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)

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

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

Form Approved
OMB No. 2040-0004

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

Page 9

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

PA0025615
PERMIT NUMBER

011A
DISCHARGE NUMBER

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

MONITORING PERIOD
FROM **MM/DD/YYYY** TO **MM/DD/YYYY**
04/ 01/ 2015 TO 04/ 30/ 2015

No Discharge ☐

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

| | | | | |
|--|---|--|----------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE |
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 5 26 2015 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | MM/DD/YYYY |
| | | AREA Code | NUMBER | |

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

Form Approved
OMB No. 2040-0004

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

Page 10

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

PA0025615
PERMIT NUMBER

012A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
BLOWDOWN FROM THE HVAC UNIT
External Outfall

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

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 | 8.5 | N/A | 8.5 | pH | 0 | 1 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Once Per Month | GRAB |
| Copper, total (as Cu) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.0500 | 0.0710 | mg/L | 0 | 2 / 30 | GRAB |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | GRAB |
| Zinc, total (as Zn) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <0.1 | 0.1 | mg/L | 0 | 2 / 30 | GRAB |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 1.5 MO AVG | 1.5 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Once Per Month | ESTIMA |
| Solids, total dissolved | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 464 | 676 | mg/L | 0 | 2 / 30 | GRAB |
| 70295 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | GRAB |

| 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 | |
|--|---|--|--|-----------|--------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |

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

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

Form Approved
OMB No. 2040-0004

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

Page 11

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

PA0025615
PERMIT NUMBER

013A
DISCHARGE NUMBER


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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

MONITORING PERIOD
FROM **MM/DD/YYYY** 04/ 01/ 2015 TO **MM/DD/YYYY** 04/ 30/ 2015

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 | 7.2 | 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 | <0.01 | <0.01 | N/A | 0 | 2 / 30 | 24 HR COMP |
| 00720 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Copper, total (as Cu) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.0481 | 0.0702 | N/A | 0 | 2 / 30 | 24 HR COMP |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Chlorobenzene | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <0.005 | <0.005 | N/A | 0 | 2 / 30 | 24 HR COMP |
| 34301 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Twice Per Month | ESTIMA |

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

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: CHARLES V MCFEATERS/DIR SITE OPER

MONITORING PERIOD
MM/DD/YYYY
FROM 04/ 01/ 2015 TO 04/ 30/ 2015

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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|--|---|--------------|--------|------------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 |
| TYPED OR PRINTED | | AREA Code | NUMBER | MM/DD/YYYY |

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. 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: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|-----------------------|--------|--------------------------|--------------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.5 | N/A | 7.8 | pH | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 14 | 16 | mg/L | 0 | 2 / 30 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 | <5 | mg/L | 0 | 2 / 30 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Twice Per Month | ESTIMA |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | |
|--|---|--|--|-----------|--------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 | |
| 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 COLLECTED PUMP BEARING LEAKAGE PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

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

Page 14

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

PA0025615
PERMIT NUMBER

103A
DISCHARGE NUMBER


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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

MONITORING PERIOD
FROM **MM/DD/YYYY** TO **MM/DD/YYYY**
04/ 01/ 2015 TO 04/ 30/ 2015

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|-----------------------|--------|--------------------------|--------------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.4 | N/A | 7.7 | pH | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 19 | 24 | mg/L | 0 | 2 / 30 | 24 HR COMP |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.101 | 0.116 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Twice Per Month | ESTIMA |

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|--|---|---|--------|------------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | |  | | 5 26 2015 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | MM/DD/YYYY |
| | | AREA Code | NUMBER | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLES SHALL BE TAKEN AT THE OVERFLOW FROM THE BASIN PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

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

Page 15

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

PA0025615
PERMIT NUMBER

111A
DISCHARGE NUMBER


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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|----|--------------|
| MM/DD/YYYY | | | MM/DD/YYYY |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|-----------------------|--------|--------------------------|--------------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.4 | N/A | 7.8 | 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 | <4 | mg/L | 0 | 1 / 7 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 | <5 | mg/L | 0 | 1 / 7 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

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|--|---|---|--|------------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | |  | | 5 26 2015 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | MM/DD/YYYY |

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

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

Form Approved
OMB No. 2040-0004

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

Page 16

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

PA0025615
PERMIT NUMBER

113A
DISCHARGE NUMBER

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

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 | |
|--|---|--------------|--------|------------|--|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY | |

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 17

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

PA0025615
PERMIT NUMBER

203A
DISCHARGE NUMBER


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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

MONITORING PERIOD
MM/DD/YYYY
FROM 04/ 01/ 2015 TO 04/ 30/ 2015

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 |
|--|---|---|--------|--------------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | |  | | 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)

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: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

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 | 8.0 | 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 | 5 | mg/L | 0 | 1 / 7 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 | <5 | 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 |
|--|---|-----------|----------|------------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 | 682-7773 | 5 26 2015 |
| 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 19

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

PA0025615
PERMIT NUMBER

213A
DISCHARGE NUMBER

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

No Discharge ☒

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

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | |
|--|---|--|--|-----------|--------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 20

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

PA0025615
PERMIT NUMBER

301A
DISCHARGE NUMBER


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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

MONITORING PERIOD
MM/DD/YYYY
FROM 04/ 01/ 2015 TO 04/ 30/ 2015

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---------------------------|---------------------|-----------------------|--------|--------------------------|--------------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Solids, total suspended 00530 1 0 Effluent Gross | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <4 | <4 | mg/L | 0 | 2 / 30 | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease 00556 1 0 Effluent Gross | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 | <5 | mg/L | 0 | 2 / 30 | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| | 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 |
|--|---|---|--------|------------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | |  | | 5 26 2015 |
| 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 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: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

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 |
| 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 | |
|--|---|--------------|--------|------------|--|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY | |

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

SAMPLES SHALL BE TAKEN AT THE OVERFLOW FROM THE 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: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

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 | 7.2 | pH | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 21 | 50 | 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 | <5 | mg/L | 0 | 1 / 7 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.002 | 0.002 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | |
|--|---|--|--|-----------|------------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |
| | | | | | MM/DD/YYYY |

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

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OWS #21 PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

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

Page 23

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

PA0025615
PERMIT NUMBER

401A
DISCHARGE NUMBER

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

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 | 8.7 | N/A | 8.7 | pH | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | Req. Mon. MAXIMUM | pH | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 | 6 | mg/L | 0 | 2 / 30 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | <5 | <5 | mg/L | 0 | 2 / 30 | GRAB |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 15 MO AVG | 20 DAILY MX | mg/L | | Twice Per Month | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | N/A | N/A | N/A | N/A | - | 1 / 7 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE |
|--|---|--|--|------------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 |
| 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 CHEMICAL FEED AREA DRAINS PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

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

Page 24

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

PA0025615
PERMIT NUMBER

403A
DISCHARGE NUMBER

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

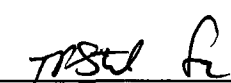
ATTN: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

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 Charles V McFeaters, 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. |  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | | DATE |
| | | | 724 682-7773 | 5 26 2015 | |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

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

Page 25

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

PA0025615
PERMIT NUMBER

403A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

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

CONDENSATE BLOWDOWN & RIVR WAT
Internal Outfall

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|----|--------------|
| MM/DD/YYYY | | | MM/DD/YYYY |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

No Discharge ☒

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

| 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 | |
|--|---|--|--|-----------|--------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 | |
| 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 26

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

PA0025615
PERMIT NUMBER

413A
DISCHARGE NUMBER

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

No Discharge



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

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|--|---|--|--|-----------|--------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA Code | NUMBER |

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

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OWS #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: CHARLES V MCFEATERS/DIR SITE OPER

| MONITORING PERIOD | | | |
|-------------------|--------------|------------|--------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 04/ 01/ 2015 | TO | 04/ 30/ 2015 |

No Discharge



| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------|---------------------|-----------------------|--------|--------------------------|--------------|-----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MO AVG | 100 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 | ***** | ***** | ***** | | | 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 | |
|--|---|--|--|-----------|--------|
| Charles V McFeaters, DIRECTOR OF SITE OPERATIONS | | 724 682-7773 | | 5 26 2015 | |
| 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.