

May 26, 2016  
L-16-183

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 2016 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.

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

Should you have any questions regarding the attached and enclosed documents, please direct them to Ms. Amy Savage, at 724-682-4209.

Sincerely,



Charles V. McFeaters  
Director, Site Operations

IE25  
NRR

Beaver Valley Power Station, Unit Nos. 1 and 2  
L-16-183  
Page 2

Attachment(s):

1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001
2. Explanation of NODI Codes

Enclosure(s)

- A. Discharge Monitoring Report
- B. Supplemental Laboratory Accreditation Form

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

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-16-183  
FirstEnergy Nuclear Operating Company (FENOC)  
Beaver Valley Power Station

**ATTACHMENT 1**

**Weekly Dissolved Oxygen Monitoring Results at Outfall 001**

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

<b>SAMPLE DATE</b>	<b>SAMPLE TIME</b>	<b>VALUE</b>	<b>UNITS</b>
06-Apr-16	10:10:00 AM	7	mg/L
14-Apr-16	02:30:00 PM	8	mg/L
18-Apr-16	02:25:00 PM	7	mg/L
21-Apr-16	09:50:00 AM	6	mg/L
26-Apr-16	11:25:00 AM	7	mg/L
26-Apr-16	11:40:00 AM	7	mg/L

- Attachment 1 END -

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-16-183  
FirstEnergy Nuclear Operating Company (FENOC)  
Beaver Valley Power Station

**ATTACHMENT 2**

**Explanation of NODI Codes**

<b>SAMPLE</b>	<b>SAMPLE PARAMETER</b>	<b>DOMI CODE</b>	<b>COMMENT</b>
001A	CT-1	GG	No clamicide done during month
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

- Attachment 2 END -



## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

<b>Permittee Name:</b> <u>FirstEnergy Nuclear Operating Company</u>							
<b>Address:</b> <u>P.O. Box 4</u>							
<u>Shippingport, PA 15077</u>							
<u>Beaver Valley Power Station</u>							
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day			
PA0025615				2016	04	01	TO 2016 04 30
<b>PARAMETER</b>	<b>ANALYSIS METHOD</b>	<b>LAB NAME</b>	<b>LAB ID NUMBER<sup>2</sup></b>				
Total Residual Chlorine	SM 4500-CL G [20 <sup>th</sup> ]	Beaver Valley Power Station	04-2742				
Free Available Chlorine	SM 4500-CL G [20 <sup>th</sup> ]	Beaver Valley Power Station	04-2742				
pH	SM 4500-H+ B [20 <sup>th</sup> ]	Beaver Valley Power Station	04-2742				
Temperature	SM 2550 B [20 <sup>th</sup> ]	Beaver Valley Power Station	04-2742				
Flow	NA	Beaver Valley Power Station	04-2742				
Total Suspended Solids (TSS)	SM 2540 D [20 <sup>th</sup> ]	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				

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**

Charles V McFeaters  
Director Site Operations

**Phone:** 724-682-7773

**Date:** 05/23/16

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

<sup>1</sup> 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.

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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

<b>Permittee Name:</b> <u>FirstEnergy Nuclear Operating Company</u>										
<b>Address:</b> <u>P.O. Box 4</u>										
<u>Shippingport, PA 15077</u>										
<u>Beaver Valley Power Station</u>										
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day						
PA0025615				2016	04	01	TO	2016	04	30
<b>PARAMETER</b>		<b>ANALYSIS METHOD</b>		<b>LAB NAME</b>			<b>LAB ID NUMBER<sup>2</sup></b>			
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]		FirstEnergy Corp-Beta Lab			68-01120			
Chlorobenzene		EPA 624		Test American-Canton Lab			68-00340			
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								

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**Phone:** 724-682-7773

Charles V McFeaters  
 Director Site Operations

**Date:** 5/23/16

**Signature of Principal Executive Officer or  
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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**  
FROM **MM/DD/YYYY** 04/ 01/ 2016 TO **MM/DD/YYYY** 4/ 31/ 2016

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	8.0	N/A	8.4	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Nitrogen, ammonia total (as N)	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	GG / GG	GRAB
00610 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	Req. Mon MO AVG	Req. Mon DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	GG / GG	24 HR COMP
04251 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	34.4	38.3	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon MO AVG	Req. Mon DAILY MX	MGD	*****	*****	*****	N/A		Daily	CONTIN
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	0.1	0.1	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	0.1	0.1	mg/L	0	2 / Day	GRAB
50064 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	GG / GG	GRAB
81313 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	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				05/ 26/ 2016
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 / AMMONIA MONITORING APPLY DURING PERIODS OF WET LAYUP. REPORT DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX. NALCO 1315 DAILY Grab samples for Free Chlorine per permit Part C13 are being taken while repairs are made. AES 5-20-16

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/ 2016 4/ 31/ 2016

No Discharge

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

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Charles V McFeaters, DIRECTOR OF SITE OPERATIONS		724	682-7773	05/ 26/ 2016
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)  
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Page 3

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**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/ 2016 4/ 31/ 2016

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.111	0.146	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req: Mon. MO AVG	Req: Mon. DAILY:MX	MGD	*****	*****	*****	N/A		Twice Per Month	ESTIMA

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Charles V McFeaters, DIRECTOR OF SITE OPERATIONS		724	682-7773	05/ 26/ 2016
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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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Page 4

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

PA0025615  
PERMIT NUMBER

004A  
DISCHARGE NUMBER

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/ 01/ 2016	TO	4/ 31/ 2016

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	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		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	MGD	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
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										
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		05/ 26/ 2016	
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)

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

PA0025615
<b>PERMIT NUMBER</b>

006A
<b>DISCHARGE NUMBER</b>

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

MONITORING PERIOD			
<b>MM/DD/YYYY</b>		<b>MM/DD/YYYY</b>	
FROM	04/ 01/ 2016	TO	4/ 31/ 2016

No Discharge

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

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Charles V McFeaters, DIRECTOR OF SITE OPERATIONS		724 682-7773		05/ 26/ 2016	
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 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/ 2016	TO	4/ 31/ 2016

No Discharge



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

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Charles V McFeaters, DIRECTOR OF SITE OPERATIONS		724 682-7773		05/ 26/ 2016	
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		MM/DD/YYYY	
FROM	04/ 01/ 2016	TO	4/ 31/ 2016

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	SU		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	MGD	*****	*****	*****	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		05/ 26/ 2016
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 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/ 2016		TO 4/ 31/ 2016	

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	7.6	N/A	7.9	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	GG / GG	24 HR COMP
04251 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	0 MO AVG	0 INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	4.8	6.5	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<0.1	0.31	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<0.04	0.1	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

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		05/ 26/ 2016	
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**  
FROM **MM/DD/YYYY** 04/ 01/ 2016 TO **MM/DD/YYYY** 4/ 31/ 2016

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.004	0.004	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	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	05/ 26/ 2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved  
OMB No. 2040-0004

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

Page 10

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

PA0025615  
PERMIT NUMBER

012A  
DISCHARGE NUMBER

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

**MONITORING PERIOD**  
FROM MM/DD/YYYY TO MM/DD/YYYY  
04/ 01/ 2016 TO 4/ 31/ 2016

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	8.2	N/A	8.5	SU	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.098	0.101	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	<0.034	0.048	mg/L	0	2 / 30	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	596	732	mg/L	0	3 / 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		05/ 26/ 2016
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 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			
MM/DD/YYYY			MM/DD/YYYY
04/ 01/ 2016		TO	4/ 31/ 2016

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	7.1	N/A	7.5	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Cyanide, total (as CN)	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<0.01	<0.01	mg/L	0	2 / 30	24 HR COMP
00720 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<0.01	<0.01	mg/L	0	2 / 30	24 HR COMP
01042 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<0.005	<0.005	mg/L	0	2 / 30	24 HR COMP
34301 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	N/A		Twice Per Month	ESTIMA

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Charles V McFeaters, DIRECTOR OF SITE OPERATIONS		724 682-7773		05/ 26/ 2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
THERE 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		MM/DD/YYYY	
FROM	04/ 01/ 2016	TO	4/ 31/ 2016

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	SU		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	MGD	*****	*****	*****			DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. 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		05/ 26/ 2016	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

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

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

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

Form Approved  
OMB No. 2040-0004

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

Page 13

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

PA0025615  
**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/ 2016		TO 4/ 31/ 2016	

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	7.7	N/A	7.8	SU	0	2 / 30	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req Mon MO AVG	Req Mon DAILY MX	MGD	*****	*****	*****	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		05/ 26/ 2016	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

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

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

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

Form Approved  
OMB No. 2040-0004

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

Page 14

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

PA0025615  
**PERMIT NUMBER**

103A  
**DISCHARGE NUMBER**

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/ 01/ 2016	TO	4/ 31/ 2016

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	7.4	N/A	7.7	SU	0	4 / 30	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	8	13	mg/L	0	2 / 30	24 HR COMP
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.111	0.146	MGD	N/A	N/A	N/A	N/A	-	30 / 30	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon MO AVG	Req. Mon DAILY MX	MGD	*****	*****	*****	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		05/ 26/ 2016	
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
<b>PERMIT NUMBER</b>

111A
<b>DISCHARGE NUMBER</b>

**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/ 2016	TO	4/ 31/ 2016

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	7.5	N/A	7.8	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<4	5	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO/AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	15 MO/AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	N/A		Weekly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	<small>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</small>	<b>TELEPHONE</b>		<b>DATE</b>
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS		724 682-7773		05/ 26/ 2016
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b> <b>NUMBER</b> <b>MM/DD/YYYY</b>

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

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

Form Approved  
OMB No. 2040-0004

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

Page 16

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

PA0025615	113A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>


**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		TO	MM/DD/YYYY	
04/ 01/ 2016			4/ 31/ 2016	

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	SU		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	MGD	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1:4 MO AVG	3:3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	200 MO GEOMN	*****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		<b>TELEPHONE</b>		<b>DATE</b>
<b>Charles V McFeaters, DIRECTOR OF SITE OPERATIONS</b>			724 682-7773		05/ 26/ 2016
			<b>TYPED OR PRINTED</b>	<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	

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

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/ 2016	TO	4/ 31/ 2016

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	SU		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	MGD	*****	*****	*****			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	05/ 26/ 2016
TYPED OR PRINTED		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/ 2016	TO	4/ 31/ 2016

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	6.9	N/A	7.2	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.002	0.002	MGD	N/A	N/A	N/A		-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	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		05/ 26/ 2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY

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



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

Form Approved  
OMB No. 2040-0004

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

Page 19

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

PA0025615  
**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/ 2016	TO	4/ 31/ 2016

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>										
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>										
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	<b>SAMPLE MEASUREMENT</b>										
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>										
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req Mon MO AVG	Req Mon DAILY MX	MGD	*****	*****	*****			Weekly	ESTIMA
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>										
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	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				05/ 26/ 2016
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 THE PUMP HOUSE PRIOR TO MIXING WITH ANY OTHER WATER. NOTE: THE MONITORING OF THIS DISCHARGE IS NOT REQUIRED WHEN EFFLUENT FROM UNIT NO. 2 COOLING TOWER PUMP HOUSE FLOOR & EQUIPMENT DRAINS IS BEING RECYCLED TO THE UNIT NO. 2 WATER RECIRCULATION SYSTEM.

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

Form Approved  
OMB No. 2040-0004

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

Page 20

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

PA0025615	301A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>


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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/ 01/ 2016	TO	4/ 31/ 2016

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	N/A		Weekly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		<b>TELEPHONE</b>		<b>DATE</b>
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS			724	682-7773	05/ 26/ 2016
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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

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

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

Form Approved  
OMB No. 2040-0004

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

Page 21

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

PA0025615	303A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

**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/ 2016	TO	4/ 31/ 2016

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	SU		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	MGD	*****	*****	*****	N/A		Weekly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS		724	682-7773	05/ 26/ 2016
<b>TYPED OR PRINTED</b>	<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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

SAMPLES SHALL BE TAKEN AT THE 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/ 2016	TO	4/ 31/ 2016

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	7.1	N/A	7.5	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<8	15	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	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		05/ 26/ 2016	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

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

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

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

Form Approved  
OMB No. 2040-0004

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

Page 23

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

PA0025615  
**PERMIT NUMBER**

401A  
**DISCHARGE NUMBER**

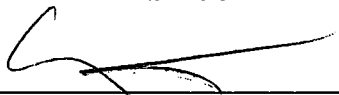
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
CHEM.FEED AREA OF AUX BOILERS  
Internal Outfall

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

**MONITORING PERIOD**  
FROM **MM/DD/YYYY** 04/ 01/ 2016 TO **MM/DD/YYYY** 4/ 31/ 2016

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	8.1	N/A	8.2	SU	0	2 / 30	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<6	9	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO.AVG	100 DAILY.MX	mg/L		Twice Per Month	GRAB
Oil & grease	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	15 MO.AVG	20 DAILY.MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO.AVG	Req. Mon. DAILY.MX	MGD	*****	*****	*****	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				05/ 26/ 2016
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 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** 04/ 01/ 2016 TO **MM/DD/YYYY** 4/ 31/ 2016

No Discharge



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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS		724	682-7773	05/ 26/ 2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved  
OMB No. 2040-0004

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

Page 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
<b>PERMIT NUMBER</b>

403A
<b>DISCHARGE NUMBER</b>

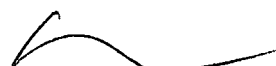
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
CONDENSATE BLOWDOWN & RIVR WAT  
Internal Outfall

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/ 01/ 2016	TO	4/ 31/ 2016

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	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	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				05/ 26/ 2016
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 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/ 2016	TO	4/ 31/ 2016

No Discharge



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>					N/A					
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>										
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	<b>SAMPLE MEASUREMENT</b>										
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>										
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon- MO AVG	Req. Mon- DAILY MX	MGD	*****	*****	*****	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		05/ 26/ 2016	
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**  
FROM **MM/DD/YYYY** 04/ 01/ 2016 TO **MM/DD/YYYY** 4/ 31/ 2016

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	MGD	*****	*****	*****			Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Charles V McFeaters, DIRECTOR OF SITE OPERATIONS  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			724	682-7773	05/ 26/ 2016
			AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved  
OMB No. 2040-0004

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

Page 1

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

PA0025615	001A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

**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/ 2016	TO	4/ 31/ 2016

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	8.0	N/A	8.4	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Nitrogen, ammonia total (as N)	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	GG / GG	GRAB
00610 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	GG / GG	24 HR COMP
04251 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	34.4	38.3	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	N/A		Daily	CONTIN
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	0.1	0.1	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	0.1	0.1	mg/L	0	2 / Day	GRAB
50064 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	GG / GG	GRAB
81313 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS		724	682-7773	05/ 26/ 2016
		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		

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

HYDRAZINE / AMMONIA MONITORING APPLY DURING PERIODS OF WET LAYUP. REPORT DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX. NALCO 1315 DAILY Grab samples for Free Chlorine per permit Part C13 are being taken while repairs are made. AES 5-20-16

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

Form Approved  
OMB No. 2040-0004

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

Page 2

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

PA0025615
<b>PERMIT NUMBER</b>

002A
<b>DISCHARGE NUMBER</b>

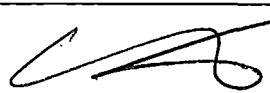
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
INTAKE SCREEN BACKWASH  
External Outfall

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/ 01/ 2016	TO	4/ 31/ 2016

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	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	05/ 26/ 2016		
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 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			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/ 01/ 2016	TO	4/ 31/ 2016

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.111	0.146	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Reg. Mon. MO.AVG	Reg. Mon. DAILY.MX	MGD	*****	*****	*****	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		05/ 26/ 2016	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

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

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

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

Form Approved  
OMB No. 2040-0004

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

Page 4

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

PA0025615  
PERMIT NUMBER

004A  
DISCHARGE NUMBER

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

**MONITORING PERIOD**  
FROM MM/DD/YYYY TO MM/DD/YYYY  
04/ 01/ 2016 4/ 31/ 2016

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	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		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	MGD	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
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										
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	05/ 26/ 2016
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved  
OMB No. 2040-0004

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

Page 5

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

PA0025615  
**PERMIT NUMBER**

006A  
**DISCHARGE NUMBER**

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

**MONITORING PERIOD**  
FROM **MM/DD/YYYY** TO **MM/DD/YYYY**  
04/ 01/ 2016 TO 4/ 31/ 2016

No Discharge ☐

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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS		724	682-7773	05/ 26/ 2016
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>MM/DD/YYYY</b>

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

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

Form Approved  
OMB No. 2040-0004

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

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

**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/ 2016	TO	4/ 31/ 2016

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	SU		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	MGD	*****	*****	*****			Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	.2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	<small>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</small>	<b>TELEPHONE</b>		<b>DATE</b>
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS		724	682-7773	05/ 26/ 2016
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>

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

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		TO	MM/DD/YYYY	
FROM	04/ 01/ 2016		4/ 31/ 2016	

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	SU		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	MGD	*****	*****	*****	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		05/ 26/ 2016	
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 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/ 2016	TO	4/ 31/ 2016

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	7.6	N/A	7.9	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	GG / GG	24 HR COMP
04251 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	0 MO AVG	0 INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	4.8	6.5	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<0.1	0.31	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<0.04	0.1	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

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		05/ 26/ 2016	
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	011A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

**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/ 2016	TO	4/ 31/ 2016

No Discharge ☐

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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	<small>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</small>	<b>TELEPHONE</b>		<b>DATE</b>
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS		724	682-7773	05/ 26/ 2016
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b> <b>NUMBER</b> <b>MM/DD/YYYY</b>

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

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**  
FROM **MM/DD/YYYY** 04/ 01/ 2016 TO **MM/DD/YYYY** 4/ 31/ 2016

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	8.2	N/A	8.5	SU	0	2 / 30	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Once Per Month	GRAB
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	0.098	0.101	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	Req. Mon. MO.AVG	Req. Mon. DAILY.MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<0.034	0.048	mg/L	0	2 / 30	GRAB
01092 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	1.5 MO.AVG	1.5 DAILY.MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 30	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO.AVG	Req. Mon. DAILY.MX	MGD	*****	*****	*****	N/A		Once Per Month	ESTIMA
Solids, total dissolved	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	596	732	mg/L	0	3 / 30	GRAB
70295 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	Req. Mon. MO.AVG	Req. Mon. DAILY.MX	mg/L		Twice Per Month	GRAB

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				05/ 26/ 2016
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 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**

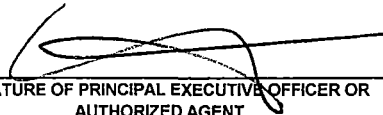
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
OUTFALL 013  
External Outfall

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

**MONITORING PERIOD**  
FROM **MM/DD/YYYY** 04/ 01/ 2016 TO **MM/DD/YYYY** 4/ 31/ 2016

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	7.1	N/A	7.5	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Cyanide, total (as CN)	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<0.01	<0.01	mg/L	0	2 / 30	24 HR COMP
00720 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<0.01	<0.01	mg/L	0	2 / 30	24 HR COMP
01042 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<0.005	<0.005	mg/L	0	2 / 30	24 HR COMP
34301 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	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				05/ 26/ 2016
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		MM/DD/YYYY	
FROM	04/ 01/ 2016	TO	4/ 31/ 2016

No Discharge



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>										
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>										
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP-2
Oil & grease	<b>SAMPLE MEASUREMENT</b>										
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	<b>SAMPLE MEASUREMENT</b>										
00610 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>										
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****			DAILY	CONTIN
Hydrazine	<b>SAMPLE MEASUREMENT</b>										
81313 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. 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		05/ 26/ 2016	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
				MM/DD/YYYY	

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. 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**  
FROM **MM/DD/YYYY** 04/ 01/ 2016 TO **MM/DD/YYYY** 4/ 31/ 2016

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	7.7	N/A	7.8	SU	0	2 / 30	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	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	05/ 26/ 2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved  
OMB No. 2040-0004

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

Page 14

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

PA0025615
<b>PERMIT NUMBER</b>

103A
<b>DISCHARGE NUMBER</b>

**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/ 2016	TO	4/ 31/ 2016

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	7.4	N/A	7.7	SU	0	4 / 30	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	8	13	mg/L	0	2 / 30	24 HR COMP
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.111	0.146	MGD	N/A	N/A	N/A	N/A	-	30 / 30	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	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		05/ 26/ 2016	
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
<b>PERMIT NUMBER</b>

111A
<b>DISCHARGE NUMBER</b>


**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/ 2016	TO	4/ 31/ 2016

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	7.5	N/A	7.8	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<4	5	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Reg. Mon. MO AVG	Reg. Mon. DAILY MX	MGD	*****	*****	*****	N/A		Weekly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		<b>TELEPHONE</b>		<b>DATE</b>
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS			724	682-7773	05/ 26/ 2016
			<b>TYPED OR PRINTED</b>	<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>

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



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

Form Approved  
OMB No. 2040-0004

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

Page 16

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

PA0025615	113A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

**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/ 2016	TO	4/ 31/ 2016

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	SU		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	MGD	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	200 MO GEOMN	*****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		<b>TELEPHONE</b>		<b>DATE</b>
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS			724	682-7773	05/ 26/ 2016
			TYPED OR PRINTED	<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	

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

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

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

Form Approved  
OMB No. 2040-0004

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

Page 17

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

PA0025615  
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/ 2016 TO 4/ 31/ 2016

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	SU		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	MGD	*****	*****	*****			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	05/ 26/ 2016
TYPED OR PRINTED		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**  
FROM **MM/DD/YYYY** 04/ 01/ 2016 TO **MM/DD/YYYY** 4/ 31/ 2016

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	6.9	N/A	7.2	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.002	0.002	MGD	N/A	N/A	N/A		-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon MO AVG	Req. Mon DAILY MX	MGD	*****	*****	*****	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	05/ 26/ 2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved  
OMB No. 2040-0004

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

Page 19

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

PA0025615  
**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**  
FROM **MM/DD/YYYY** 04/ 01/ 2016 TO **MM/DD/YYYY** 4/ 31/ 2016

No Discharge ☒

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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS		724	682-7773	05/ 26/ 2016
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>MM/DD/YYYY</b>

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

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

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

Form Approved  
OMB No. 2040-0004

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

Page 20

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

PA0025615  
**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**  
FROM **MM/DD/YYYY** 04/ 01/ 2016 TO **MM/DD/YYYY** 4/ 31/ 2016

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req Mon MO AVG	Req Mon DAILY MX	MGD	*****	*****	*****	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	05/ 26/ 2016
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**  
FROM **MM/DD/YYYY** TO **MM/DD/YYYY**  
04/ 01/ 2016 TO 4/ 31/ 2016

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	SU		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	MGD	*****	*****	*****	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	05/ 26/ 2016	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

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

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

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

Form Approved  
OMB No. 2040-0004

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

Page 22

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

PA0025615  
**PERMIT NUMBER**

313A  
**DISCHARGE NUMBER**

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/ 01/ 2016	TO	4/ 31/ 2016

No Discharge

☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	7.1	N/A	7.5	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<8	15	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	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		05/ 26/ 2016	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

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

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

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

Form Approved  
OMB No. 2040-0004

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

Page 23

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

PA0025615  
**PERMIT NUMBER**

401A  
**DISCHARGE NUMBER**

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

**MONITORING PERIOD**  
FROM **MM/DD/YYYY** 04/ 01/ 2016 TO **MM/DD/YYYY** 4/ 31/ 2016

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	8.1	N/A	8.2	SU	0	2 / 30	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	Reg. Mon. MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<6	9	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	<b>SAMPLE MEASUREMENT</b>	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Reg. Mon. MO AVG	Reg. Mon. DAILY MX	MGD	*****	*****	*****	N/A		Weekly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS		724	682-7773	05/ 26/ 2016
<b>TYPED OR PRINTED</b>	<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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

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



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

Form Approved  
OMB No. 2040-0004

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

Page 24

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

PA0025615	403A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

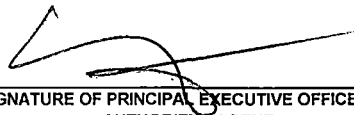
**DMR MAILING ZIP CODE:** 150770004  
MAJOR  
(SUBR05)  
CONDENSATE BLOWDOWN & RIVR WAT  
Internal Outfall

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/ 01/ 2016	TO	4/ 31/ 2016

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	SU		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	MGD	*****	*****	*****			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  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE 05/ 26/ 2016
			724	682-7773	
			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  
**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** 04/ 01/ 2016 TO **MM/DD/YYYY** 4/ 31/ 2016

No Discharge ☒

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS		724	682-7773	05/ 26/ 2016
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
<b>PERMIT NUMBER</b>

413A
<b>DISCHARGE NUMBER</b>

**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/ 2016	TO	4/ 31/ 2016

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	<b>SAMPLE MEASUREMENT</b>					N/A					
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>										
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	<b>SAMPLE MEASUREMENT</b>										
00556 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>										
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	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	05/ 26/ 2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY

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

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OWS #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
<b>PERMIT NUMBER</b>

501A
<b>DISCHARGE NUMBER</b>

**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/ 2016	TO	4/ 31/ 2016

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	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>	*****	*****		*****	30 MO/AVG	100 DAILY-MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****			Weekly	ESTIMA

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS		724	682-7773	05/ 26/ 2016
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b> <b>NUMBER</b>	<b>MM/DD/YYYY</b>

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

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