

October 26, 2016
L-16-319

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

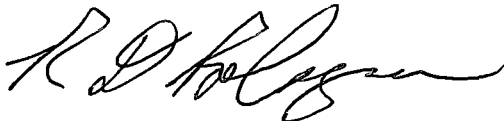
Enclosed is the September 2016 NPDES Discharge Monitoring Report (DMR) for FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station, in accordance with the requirements of the Permit. Attachment 1 to this letter is supplemental monitoring data for Outfall 001 (dissolved oxygen). Attachment 2 is the explanation of NODI codes. Attachment 3 is the quarterly clamicide application report.

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

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

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

Sincerely,



Richard D. Bologna
General Plant Manager

IE25
NRR

Beaver Valley Power Station, Unit Nos. 1 and 2
L-16-319
Page 2

Attachment(s):

1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001
2. Explanation of NODI Codes
3. Quarterly Clamicide Application Report

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-16-319
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.

SAMPLE DATE	SAMPLE TIME	VALUE	UNITS
02-Sep-16	08:30:00 AM	7	mg/L
05-Sep-16	10:00:00 PM	7	mg/L
12-Sep-16	08:15:00 AM	7	mg/L
23-Sep-16	10:20:00 AM	7	mg/L
25-Sep-16	08:45:00 AM	7	mg/L

- Attachment 1 END -

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-16-319
FirstEnergy Nuclear Operating Company (FENOC)
Beaver Valley Power Station

ATTACHMENT 2

Explanation of NODI Codes

SAMPLE	SAMPLE PARAMETER	DOMI CODE	COMMENT
001A	Nitrogen	GG	Wet lay-up not done during month
001A	Hydrazine	GG	Wet lay-up not done during month

- Attachment 2 END -

ATTACHMENT 3

Clamicide Report

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

Parameter	Unit 1 A Train	Unit 1 B Train	Unit 2 A Train	Unit 2 B Train
Date	8-16-16 - 8-17-16	8-31-16 – 9-01-16	9-08-16 – 9-09-16	8-23-16 – 8-24-16
Chemical Used ¹	216 pounds ³	532 pounds ³	750 pounds ³	480 pounds ³
Outfall 001 Concentration	ND	ND	ND	ND
Outfall 010 Concentration	N/A ⁴	N/A ⁴	ND	ND
Detox Used ²	1121 pounds	1371 pounds	1371 pounds	1421 pounds
Outfall 001 Concentration ³	3.2 mg/L	4.2 mg/L	3.8 mg/L	4.2 mg/L
Outfall 010 Concentration ³	N/A ⁴	N/A ⁴	15.5 mg/L	13.2 mg/L

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

- Attachment 3 END -



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>FirstEnergy Nuclear Operating Company</u>										
Address: <u>P.O. Box 4</u>										
<u>Shippingport, PA 15077</u>										
<u>Beaver Valley Power Station</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0025615				2016	09	01	TO	2016	09	30
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER²							
Total Residual Chlorine	SM 4500-CL G [20 th]	Beaver Valley Power Station	04-2742							
Free Available Chlorine	SM 4500-CL G [20 th]	Beaver Valley Power Station	04-2742							
pH	SM 4500-H+ B [20 th]	Beaver Valley Power Station	04-2742							
Temperature	SM 2550 B [20 th]	Beaver Valley Power Station	04-2742							
Flow	NA	Beaver Valley Power Station	04-2742							
Total Suspended Solids (TSS)	SM 2540 D [20 th]	Beaver Valley Power Station	04-2742							
Quaternary Amine Compounds	Photometric Determination 1/2-CHM-ANA-4.23H	Beaver Valley Power Station	04-2742							
Bentonite Detoxinant	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

Richard Bologna
General Plant Manager

Phone: 724-682-7773

Date: 10/26/16

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

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

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>FirstEnergy Nuclear Operating Company</u>										
Address: <u>P.O. Box 4</u>										
<u>Shippingport, PA 15077</u>										
<u>Beaver Valley Power Station</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0025615				2016	09	01	TO	2016	09	30
PARAMETER		ANALYSIS METHOD		LAB NAME		LAB ID NUMBER²				
Zinc		EPA 200.7 Rev 4.4		FirstEnergy Corp-Beta Lab		68-01120				
Copper		EPA 200.7 Rev 4.4		FirstEnergy Corp-Beta Lab		68-01120				
Iron		EPA 200.7 Rev 4.4		FirstEnergy Corp-Beta Lab		68-01120				
Chromium		EPA 200.7 Rev 4.4		FirstEnergy Corp-Beta Lab		68-01120				
Ammonia		SM 4500 NH3 F		FirstEnergy Corp-Beta Lab		68-01120				
Cyanide		SM 4500-CN E [18th]		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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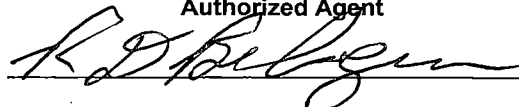
Name/Title Principal Executive Officer

Phone: 724-682-7773

Signature of Principal Executive Officer or Authorized Agent

Richard Bologna
 General Plant Manager

Date: 10/26/16



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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: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
09/ 01/ 2016 TO 09/ 30/ 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	7.8	N/A	8.5	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	GG / GG	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.034	<0.034	mg/L	0	DIS / C	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	41.2	49.6	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.05	0.2	mg/L	0	7 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	.5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.05	0.2	mg/L	0	Continuous	RCORDR
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	.2 AVERAGE	.5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	GG / GG	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	09/ 25/ 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 / 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.

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: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
FROM 09/ 01/ 2016 TO 09/ 30/ 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	SAMPLE MEASUREMENT	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	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
Richard D. Bologna, GENERAL PLANT MANAGER				09/ 25/ 2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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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 3

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

PA0025615
PERMIT NUMBER

003A
DISCHARGE NUMBER

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

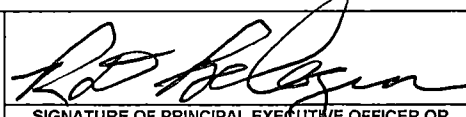
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD
FROM **MM/DD/YYYY** TO **MM/DD/YYYY**
09/ 01/ 2016 TO 09/ 30/ 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	SAMPLE MEASUREMENT	0.153	0.288	MGD	N/A	N/A	N/A	N/A	-	27 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	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
Richard D. Bologna, GENERAL PLANT MANAGER				09/ 25/ 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)

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

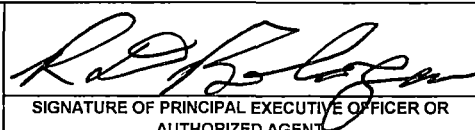
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT ONE COOLG TOWER OVERFLOW
External Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD
FROM **MM/DD/YYYY** TO **MM/DD/YYYY**
09/ 01/ 2016 TO 09/ 30/ 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	7.7	N/A	8.3	pH	0	1 / 7	GRAB
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	6.16	7.71	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.06	0.09	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	.5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.05	0.08	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	.2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

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Richard D. Bologna, GENERAL PLANT MANAGER				09/ 25/ 2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		AREA Code	NUMBER	MM/DD/YYYY

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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 5

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

PA0025615
PERMIT NUMBER

006A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

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

AUX. INTAKE SCREEN BACKWASH
External Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD

MM/DD/YYYY	TO	MM/DD/YYYY
09/ 01/ 2016		09/ 30/ 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	SAMPLE MEASUREMENT	0.002	0.016	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	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
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	09/ 25/ 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 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
PERMIT NUMBER	DISCHARGE NUMBER

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

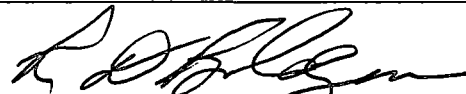
ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Richard D. Bologna, GENERAL PLANT MANAGER			724 682-7773	09/ 25/ 2016	
TYPED OR PRINTED			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	008A
PERMIT NUMBER	DISCHARGE NUMBER


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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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
Richard D. Bologna, GENERAL PLANT MANAGER			724 682-7773	09/ 25/ 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	010A
PERMIT NUMBER	DISCHARGE NUMBER

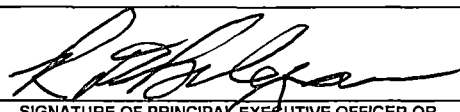
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 2 COOLING WATER
External Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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	7.9	N/A	8.4	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.034	<0.034	mg/L	0	DIC / C	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	0 MO AVG	0 INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.5	5.8	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.03	0.08	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.03	0.1	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
TYPED OR PRINTED			724 682-7773	09/ 25/ 2016	
			AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 9

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

PA0025615
PERMIT NUMBER

011A
DISCHARGE NUMBER


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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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	SAMPLE MEASUREMENT	0.004	0.004	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Richard D. Bologna, GENERAL PLANT MANAGER			724	682-7773	09/ 25/ 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 10

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

PA0025615	012A
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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	0.0719	0.1100	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.1	mg/L	0	2 / 30	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	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	662	828	mg/L	0	2 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	09/ 25/ 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 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

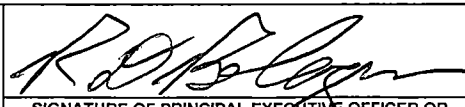
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
OUTFALL 013
External Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
09/ 01/ 2016 TO 09/ 30/ 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	6.8	N/A	6.9	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	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	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0325	0.0549	mg/L	0	2 / 30	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005	<0.005	mg/L	0	2 / 30	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	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
Richard D. Bologna, GENERAL PLANT MANAGER				09/ 25/ 2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		724	682-7773	
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

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

Form Approved
OMB No. 2040-0004

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

Page 12

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

PA0025615	101A
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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
Richard D. Bologna, GENERAL PLANT MANAGER			724	682-7773	09/ 25/ 2016
			AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. 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

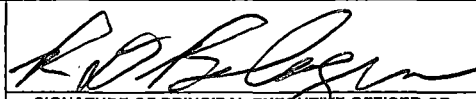
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
102 INTAKE SCREEN HOUSE
Internal Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD
FROM **MM/DD/YYYY** 09/ 01/ 2016 TO **MM/DD/YYYY** 09/ 30/ 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	7.9	N/A	8.0	SU	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5.5	7	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	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
Richard D. Bologna, GENERAL PLANT MANAGER				09/ 25/ 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	103A
PERMIT NUMBER	DISCHARGE NUMBER

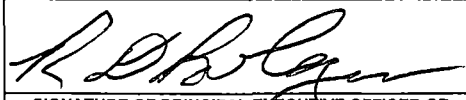
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
SLUDGE SETTLING BASIN
Internal Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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	7.6	N/A	7.8	SU	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 30	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.153	0.288	MGD	N/A	N/A	N/A	N/A	-	27 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	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
Richard D. Bologna, GENERAL PLANT MANAGER			724	682-7773	09/ 25/ 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 OVERFLOW FROM THE BASIN PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

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

Page 15

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

PA0025615
PERMIT NUMBER

111A
DISCHARGE NUMBER

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD
FROM **MM/DD/YYYY** 09/ 01/ 2016 TO **MM/DD/YYYY** 09/ 30/ 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	7.2	N/A	7.8	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant.	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	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
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	09/ 25/ 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 16

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

PA0025615	113A
PERMIT NUMBER	DISCHARGE NUMBER

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


ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Richard D. Bologna, GENERAL PLANT MANAGER			724	682-7773	09/ 25/ 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 17

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

PA0025615	203A
PERMIT NUMBER	DISCHARGE NUMBER

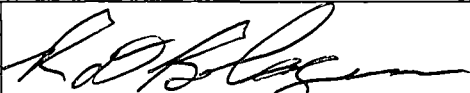
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
MAIN SEWAGE TMT PLANT
Internal Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Richard D. Bologna, GENERAL PLANT MANAGER			724 682-7773	09/ 25/ 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: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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	7.2	N/A	8.2	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A		-	1 / 7	EST
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
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	09/ 25/ 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 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

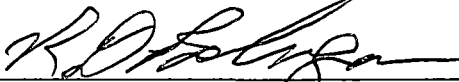
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 2 COOL TOWER PUMPHOUSE
Internal Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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	*****	*****	*****			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	5 MO AVG	1.25 INST MAX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Richard D. Bologna, GENERAL PLANT MANAGER				09/ 25/ 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 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: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	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	
Richard D. Bologna, GENERAL PLANT MANAGER		724 682-7773		09/ 25/ 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 DISCHARGE OF BOILER BLOWN DOWN PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

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

Page 21

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

PA0025615	303A
PERMIT NUMBER	DISCHARGE NUMBER

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

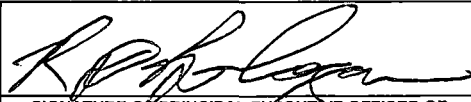
ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
TYPED OR PRINTED			724 682-7773	09/ 25/ 2016	
			AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 22

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

PA0025615
PERMIT NUMBER

313A
DISCHARGE NUMBER

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD
FROM **MM/DD/YYYY** TO **MM/DD/YYYY**
09/ 01/ 2016 TO 09/ 30/ 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	6.8	N/A	6.9	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4.6	6	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	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
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	09/ 25/ 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 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: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 09/ 01/ 2016		TO 09/ 30/ 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	9.0	N/A	9.1	SU	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO.AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO.AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO.AVG	Req. Mon. DAILY MX	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	
Richard D. Bologna, GENERAL PLANT MANAGER		724 682-7773		09/ 25/ 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 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: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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	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
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	09/ 25/ 2016
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 25

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

PA0025615
PERMIT NUMBER

403A
DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT
Internal Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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	SAMPLE MEASUREMENT										
81313 1 0	PERMIT REQUIREMENT	*****	*****		*****	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
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	09/ 25/ 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)

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

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

Form Approved
OMB No. 2040-0004

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

Page 26

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

PA0025615	413A
PERMIT NUMBER	DISCHARGE NUMBER

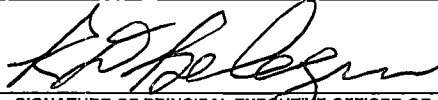
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
BULK FUEL STORAGE DRAIN
Internal Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Richard D. Bologna, GENERAL PLANT MANAGER			724	682-7773	09/ 25/ 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 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: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 09/ 01/ 2016	TO 09/ 30/ 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	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****			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
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	09/ 25/ 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 INTERNAL MP 501 PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

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

Page 1

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

PA0025615	001A
PERMIT NUMBER	DISCHARGE NUMBER


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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD				
MM/DD/YYYY		TO	MM/DD/YYYY	
09/ 01/ 2016			09/ 30/ 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	7.8	N/A	8.5	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	GG / GG	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.034	<0.034	mg/L	0	DIS / C	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	0 MO AVG	0 DAILY-MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	41.2	49.6	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.05	0.2	mg/L	0	7 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	.5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.05	0.2	mg/L	0	Continuous	RCORDR
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	.2 AVERAGE	.5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	0	GG / GG	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
Richard D. Bologna, GENERAL PLANT MANAGER			724 682-7773	09/ 25/ 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 / 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.

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: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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	SAMPLE MEASUREMENT	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO/AVG	Req. Mon. DAILY MX	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
Richard D. Bologna, GENERAL PLANT MANAGER				09/ 25/ 2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
			724	682-7773
				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: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
09/ 01/ 2016 TO 09/ 30/ 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	SAMPLE MEASUREMENT	0.153	0.288	MGD	N/A	N/A	N/A	N/A	-	27 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	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
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	09/ 25/ 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)

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: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
09/ 01/ 2016 TO 09/ 30/ 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	7.7	N/A	8.3	pH	0	1 / 7	GRAB
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	6.16	7.71	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.06	0.09	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.05	0.08	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Richard D. Bologna, GENERAL PLANT MANAGER			724 682-7773	09/ 25/ 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 5

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

PA0025615
PERMIT NUMBER

006A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

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

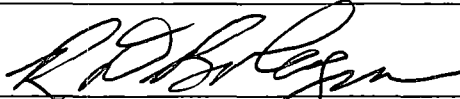
AUX. INTAKE SCREEN BACKWASH
External Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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	SAMPLE MEASUREMENT	0.002	0.016	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	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
Richard D. Bologna, GENERAL PLANT MANAGER		 724 682-7773		09/ 25/ 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 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: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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

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
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	09/ 25/ 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	008A
PERMIT NUMBER	DISCHARGE NUMBER

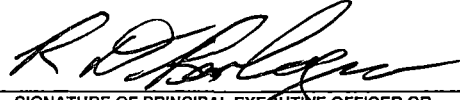
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 1 COOLING TOWER PUMPHOUSE
External Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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
Richard D. Bologna, GENERAL PLANT MANAGER		724 682-7773		09/ 25/ 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	010A
PERMIT NUMBER	DISCHARGE NUMBER

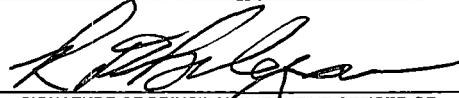
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 2 COOLING WATER
External Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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	7.9	N/A	8.4	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.034	<0.034	mg/L	0	DIC / C	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	0 MO AVG	0 INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.5	5.8	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.03	0.08	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.03	0.1	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Richard D. Bologna, GENERAL PLANT MANAGER			724 682-7773	09/ 25/ 2016	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 9

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

PA0025615
PERMIT NUMBER

011A
DISCHARGE NUMBER


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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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	SAMPLE MEASUREMENT	0.004	0.004	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Richard D. Bologna, GENERAL PLANT MANAGER			724 682-7773	09/ 25/ 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 10

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

PA0025615
PERMIT NUMBER

012A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

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

BLOWDOWN FROM THE HVAC UNIT
External Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 09/ 01/ 2016		TO 09/ 30/ 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	0.0719	0.1100	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.1	mg/L	0	2 / 30	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	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	662	828	mg/L	0	2 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
Richard D. Bologna, GENERAL PLANT MANAGER		724 682-7773		09/ 25/ 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 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: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD
FROM **MM/DD/YYYY** 09/ 01/ 2016 TO **MM/DD/YYYY** 09/ 30/ 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	6.8	N/A	6.9	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	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	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0325	0.0549	mg/L	0	2 / 30	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005	<0.005	mg/L	0	2 / 30	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	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
Richard D. Bologna, GENERAL PLANT MANAGER				09/ 25/ 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)
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	101A
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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

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Richard D. Bologna, GENERAL PLANT MANAGER			724 682-7773	09/ 25/ 2016	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 13

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

PA0025615	102A
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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	7.9	N/A	8.0	SU	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5.5	7	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon. DAILY MX	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
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	09/ 25/ 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	103A
PERMIT NUMBER	DISCHARGE NUMBER


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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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	7.6	N/A	7.8	SU	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 30	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.153	0.288	MGD	N/A	N/A	N/A	N/A	-	27 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	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	
Richard D. Bologna, GENERAL PLANT MANAGER			724	682-7773	09/ 25/ 2016	
			TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code

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

PA0025615
PERMIT NUMBER

111A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

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

111 DIESEL GENERATOR BLDG
Internal Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 09/ 01/ 2016		TO 09/ 30/ 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	7.2	N/A	7.8	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	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
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	09/ 25/ 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 16

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

PA0025615	113A
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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

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
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	09/ 25/ 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 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: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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	
Richard D. Bologna, GENERAL PLANT MANAGER		724 682-7773		09/ 25/ 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 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: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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	7.2	N/A	8.2	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A		-	1 / 7	EST
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	
Richard D. Bologna, GENERAL PLANT MANAGER				724	682-7773	09/ 25/ 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

PA0025615
PERMIT NUMBER

213A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

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

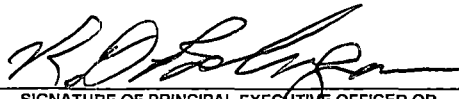
UNIT 2 COOL TOWER PUMPHOUSE
Internal Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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	*****	*****	*****			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	5 MO AVG	1.25 INST MAX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Richard D. Bologna, GENERAL PLANT MANAGER		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		09/ 25/ 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 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: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	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	
Richard D. Bologna, GENERAL PLANT MANAGER		724 682-7773		09/ 25/ 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 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

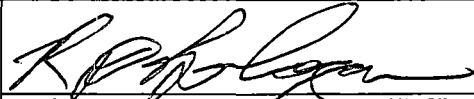
DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 1 OIL WATER SEPARATOR
Internal Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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
Richard D. Bologna, GENERAL PLANT MANAGER				09/ 25/ 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 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: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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	6.8	N/A	6.9	SU	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4.6	6	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	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
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	09/ 25/ 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 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

PA0025615
PERMIT NUMBER

401A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

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

CHEM.FEED AREA OF AUX BOILERS
Internal Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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	9.0	N/A	9.1	SU	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	Req. Mon. MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	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	
Richard D. Bologna, GENERAL PLANT MANAGER		724 682-7773		09/ 25/ 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 CHEMICAL FEED AREA DRAINS PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

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

Page 24

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

PA0025615	403A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT
Internal Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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	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
Richard D. Bologna, GENERAL PLANT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		724	682-7773	09/ 25/ 2016
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY	

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 25

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

PA0025615
PERMIT NUMBER

403A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

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

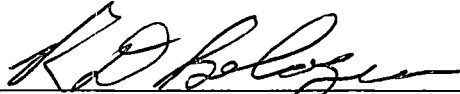
CONDENSATE BLOWDOWN & RIVR WAT
Internal Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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	SAMPLE MEASUREMENT										
81313 1 0	PERMIT REQUIREMENT	*****	*****		*****	0	0			Weekly	GRAB
Effluent Gross						MO AVG	DAILY MX	mg/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Richard D. Bologna, GENERAL PLANT MANAGER		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		09/ 25/ 2016
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 26

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

PA0025615
PERMIT NUMBER

413A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)

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

BULK FUEL STORAGE DRAIN
Internal Outfall

ATTN: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD
MM/DD/YYYY
FROM 09/ 01/ 2016 TO 09/ 30/ 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					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	30 MO AVG		100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	15 MO AVG		20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
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
Richard D. Bologna, GENERAL PLANT MANAGER		724	682-7773	09/ 25/ 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 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: RICHARD D BOLOGNA/GENERAL PLANT MANAGER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/ 01/ 2016	TO	09/ 30/ 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	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
Richard D. Bologna, GENERAL PLANT MANAGER				09/ 25/ 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 INTERNAL MP 501 PRIOR TO MIXING WITH ANY OTHER WATER.