

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME **Duquesne Light Company**
 ADDRESS **Beaver Valley Power Station**
P.O. Box 4
Shippingport, PA 15077

FACILITY
 LOCATION

Attention:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Discharge Monitoring Report (DMR) Expir. Date 11/20/89 Form Approved OMB No. 2040-0004 Expires 2-29-84

PA0025615
 PERMIT NUMBER

101
 DISCHARGE NUMBER

Chemical Waste Sump

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
89	12	1	TO	89	12	31
(26-27)	(22-23)	(26-27)		(26-27)	(28-29)	(30-31)

902080231 90125
 PDR ADDR 0500334
 PDC

NOTE: Read instructions before completing this form.

PARAMETER (12-17)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-63)				NO. OF SAMPLES (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.016	0.045	MGD	*****	*****	*****		0	2/mo.	Est.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	7.92	9.48	MG/L	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		*****	50 MONTHLY	100 DAILY				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	3.40	5.50	MG/L	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY				
pH	SAMPLE MEASUREMENT	*****	*****		7.21	*****	7.38	SU	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		*****	6.0 MINIMUM	9.0 MAXIMUM				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
 Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION TO BE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (Penalties under these statutes may include fines up to \$250,000 and/or maximum imprisonment of between 6 months and 5 years.)

A. M. Dulick
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER: 412 393-5113
 DATE: 1 25 89

PERMITTEE NAME / ADDRESS (Include
Facility Name / Location if different)

NAME Duquesne Light Company
ADDRESS Beaver Valley Power Station
P.O. Box 4
Shippingport, PA 15077

FACILITY
LOCATION

Attention:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Expir. Date 11/26/89 Form Approved
DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0086
Expires 2-29-84

(16)
PA0025615
PERMIT NUMBER

(17-19)
201
DISCHARGE NUMBER

Softener Regenerates

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	89	12	1		89	12	31
	(10-31)	(12-31)	(12-31)		(10-31)	(12-31)	(12-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (67-68)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.020	0.020	MGD	*****	*****	*****		0	2/mo.	Est.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	0.15	0.19	MG/L	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	1.65	2.53	MG/L	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 42 USC § 1319. (Penalties under these statutes may include fines up to \$20,000 and a maximum imprisonment of between 6 months and 5 years.)

A. M. Dulick
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
412 393-5113
NUMBER
DATE
90 1 25
YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: Duquesne Light Company
 ADDRESS: Beaver Valley Power Station
 P.O. Box 4
 Shippingport, PA 15077

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

Expir. Date 11/26/89
 Form Approved OMB No. 2000-0004
 Expires 2-29-94

(16)
 PA0025615
 PERMIT NUMBER

(17-19)
 301
 DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	89	12	1		89	12	31
	(20-31)	(22-31)	(24-31)		(26-27)	(28-29)	(30-31)

Aux. Bkr. Blowdown - Unit #2

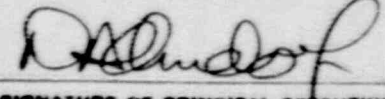
FACILITY LOCATION
 Attention:

NOTE: Read instructions before completing this form.

PARAMETER (52-57)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (546)			QUALITY OR CONCENTRATION (546)			NO. OF ANALYSES (64-65)	FREQUENCY OF ANALYSIS (66-68)	SAMPLE TYPE (69-70)
		AVERAGE (547)	MAXIMUM (548)	UNITS (549)	MINIMUM (547)	AVERAGE (548)	MAXIMUM (549)			
FLOW	SAMPLE MEASUREMENT	0.001	0.001	MGD	*****	*****	*****	0	2/mo.	Est.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	1.43	1.91	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY	5	2/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	3.46	4.84	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY		2/ MONTH	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 A. M. Dulick
 Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE: 412 393-5113
 DATE: 90 1 25
 AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include
 Parish Name / Location if different)

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

Expir. Date 11/26/89

Form Approved
 OMB No. 2060-0280
 Expires 2-28-89

NAME Duquesne Light Company
 ADDRESS Beaver Valley Power Station
P.O. Box 4
Shippingport, PA 15077

(17-16)
PA0025615
 PERMIT NUMBER

(17-19)
401
 DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	89	12	1		89	12	31
	(80-89)	(01-12)	(01-31)		(80-89)	(01-12)	(01-31)

Chem. Feed Area of Aux. Bldg. - Unit 02

FACILITY
 LOCATION
 Attention:

NOTE: Read instructions before completing this form.

PARAMETER (17-27)	X	(1 Card Only) QUANTITY OR LOADING (18-21)			(4 Card Only) QUALITY OR CONCENTRATION (20-23)			FREQ (24-25)	FREQUENCY OF ANALYSIS (26-27)	SAMPLE TYPE (28-29)
		AVERAGE (18-19)	MAXIMUM (20-21)	UNITS (22-23)	MINIMUM (24-25)	AVERAGE (26-27)	MAXIMUM (28-29)			
FLOW	SAMPLE MEASUREMENT	0.001	0.001	MGD	*****	*****	*****	0	2/mo.	Est.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	0	2/mo.	EST.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	6.88	11.07	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		*****	90 DAILY	100 DAILY	0	2/mo.	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	2.77	3.44	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	30 DAILY	0	2/mo.	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	SU	8.49	*****	*****	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		*****	6.0 MINIMUM	*****	*****	0	2/mo.
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
 TYPED OR PRINTED

I, THE SIGNER, UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BELIEVE IT TO BE TRUE AND CORRECT. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SEVERAL PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 10 USC 3101 AND 33 USC 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

A. M. Dulick
 SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER
 412 393-5113
 DATE
 90 1 25
 YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME Duquesne Light Company
 ADDRESS Beaver Valley Power Station
P.O. Box 4
Shippingport, PA 15077

FACILITY LOCATION

Attention:

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

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

001

DISCHARGE NUMBER

Expir. Date 11/26/89

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
89	12	1		89	12	31
(12-31)	(12-31)	(12-31)		(12-31)	(12-31)	(12-31)

Cooling Tower Blowdown Units #1 & #2

NOTE: Read instructions before completing this form.

PARAMETER (12-17)	X	(1 Card Only) QUANTITY OR LOADING (16-17)			(4 Card Only) QUALITY OR CONCENTRATION (16-17)				NO. OF SAMPLES	FREQUENCY OF ANALYSIS (16-18)	SAMPLE TYPE (16-19)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	MAXIMUM	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	23.348	2E,080	MGD	*****	*****	*****		0	Cont.	Record
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****			CONT.
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****	0.00	0.00		0	13/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY	0.3 INST.			CONT.	COND.
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick
 Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under other statutes may include fines up to \$20,000 and/or maximum imprisonment of between 6 months and 5 years.)

A. M. Dulick

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412-393-5113

AREA CODE NUMBER

DATE

90 1 25

YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME Duquesne Light Company
 ADDRESS Beaver Valley Power Station
P.O. Box 4
Shippingport, PA 15077

FACILITY
 LOCATION
 Attention:

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

Expir. Date 11/26/89

OMB No. 2040-0040
 Expires 2-29-84

PA0025615 (17-16)
 PERMIT NUMBER

102 (17-19)
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
89	12	1	TO	89	12	31
(18-21)	(22-25)	(26-28)		(26-27)	(28-29)	(30-31)

Intake Screenhouse Pump Bearing Cooling Water

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (48-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-67)				NO. OF ANALYSES (61-65)	FREQUENCY OF ANALYSES (66-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW		NO	FLOW	MGD	*****	*****	*****				
		*****	*****		*****	*****	*****		2/ MONTH	INST.	
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	30 MONTHLY	100 DAILY	MG/L	2/ MONTH	GRAB	
		*****	*****		*****	15 MONTHLY	30 DAILY	MG/L	2/ MONTH	GRAB	
pH		*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM	SU	2/ MONTH	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 A. M. Dulick
 Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.

A. M. Dulick
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412 393-5113
 DATE: 90 1 25
 AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME Duquesne Light Company
ADDRESS Beaver Valley Power Station
 P.O. Box 4
 Shippingport, PA 15077

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Expir. Date 11/26/89
 DISCHARGE MONITORING REPORT (DMR)

Form Approved
 OMB No. 2040-0040
 Expires 2-29-84

(2-16) PA0025615 (17-19) 103
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	89	12	1		89	12	31
	(38-37)	(33-33)	(34-33)		(36-37)	(30-29)	(30-31)

Clarifier Blowdown

FACILITY
LOCATION
 Attention:

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (34-61)			(4 Card Only) QUALITY OR CONCENTRATION (40-57)			NO. OF ANALYSES (64-68)	FREQUENCY OF ANALYSES (69-70)	SAMPLE TYPE (69-70)
		AVERAGE (34-37)	MAXIMUM (34-41)	UNITS (34-41)	MINIMUM (40-43)	AVERAGE (40-53)	MAXIMUM (40-57)			
FLOW	SAMPLE MEASUREMENT	0.002	0.012	MGD	*****	*****	*****	0	2/mo.	Est.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	57.86	98.80	1	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			
pH	SAMPLE MEASUREMENT	*****	*****	SU	7.26	*****	7.56	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 A. M. Dulick
 Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 18 USC § 1001 AND 33 USC § 1319). (Penalties under other statutes may include fines up to \$25,000 and/or maximum imprisonment of between 6 months and 5 years.)

A. M. Dulick
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412-393-5113
 DATE 90 1 25
 AREA CODE NUMBER YEAR MO DAY

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

see attached letter

NAME Duquesne Light Company
ADDRESS Beaver Valley Power Station
P.O. Box 4
Shippingport, PA 15077

FACILITY
LOCATION

PERMIT NUMBER
PAD025615

DISCHARGE NUMBER
203

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	89	12	1		89	12	31
	(89-11)	(12-31)	(24-25)		(89-11)	(12-31)	(24-31)

Unit #1 STP

Attention:

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(1 Card Only) QUANTITY OR LOADING (48-51)			(1 Card Only) QUALITY OR CONCENTRATION (52-57)				NO. OF SAMPLES (62-65)	FREQUENCY OF ANALYSIS (66-69)	SAMPLE TYPE (70-73)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.008	0.009	MGD	*****	*****	*****		0	3/mo.	Meas.
	PERMIT REQUIREMENT	0.023 MONTHLY	*****		*****	*****	*****		1	3/ MONTH	MEAS.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	19.06	21.00	MG/L	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.		1	3/ MONTH	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		6.32	*****	6.91	S.U.	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		1	2/ MONTH	GRAB
FECAL COLIFORM MAY - OCTOBER	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	0/ 100 ML			
	PERMIT REQUIREMENT	*****	*****		*****	200 MONTHLY-GRAB	400 PART G		1	3/ MONTH	GRAB
FECAL COLIFORM NOVEMBER - APRIL	SAMPLE MEASUREMENT	*****	*****		*****	10.50	19.00	0/ 100 ML	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		*****	1000 MONTHLY-GRAB	2000 PART G		1	3/ MONTH	GRAB
BOD - 5 DAY	SAMPLE MEASUREMENT	*****	*****		*****	8.50	9.00	MG/L	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.		1	3/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY ENGAGED AND AM FAMILIAR WITH THE OPERATIONS DESCRIBED HEREIN AND CHIEF OR AN AGENT OF THESE OPERATIONS DESCRIBED I AM RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE NO KNOWN VIOLATIONS FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 10 USC § 1001 AND 33 USC § 1310 (Penalties under these statutes may include fines up to \$2500 and/or maximum imprisonment of between 6 months and 1 year)

A. M. Dulick
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
412 393-5113
DATE
90 1 25
AUGUST 1990

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME Duquesne Light Company
Beaver Valley Power Station
P.O. Box 4
Shippingport, PA 15077

FACILITY
 LOCATION
 Attention.

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

(2-16)
PA0025615
 PERMIT NUMBER

(17-19)
303
 DISCHARGE NUMBER

Expir. Date 11/26/89

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

Unit #1 Oil Separator

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	89	12	1		89	12	31
	(28-31)	(23-31)	(24-25)		(28-31)	(28-31)	(28-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. OF SAMPLES	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.019	0.056	MGD	*****	*****	*****		0	2/mo.	Est.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	8.68	10.64	MG/L	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	4.36	4.65	MG/L	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****		6.63	*****	8.76	SU	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
 Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREON AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$200,000 and/or maximum imprisonment of between 6 months and 5 years.)

A. M. Dulick
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 412 393-5113
 DATE
 90 1 25
 AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME Duquesne Light Company
 ADDRESS Beaver Valley Power Station
P.O. Box 4
Shippingport, PA 15077

FACILITY
 LOCATION

Attention:

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

Expir. Date 11/26/89

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

(2-16)
PA0025615
 PERMIT NUMBER

(17-19)
003
 DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	89	12	1		89	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

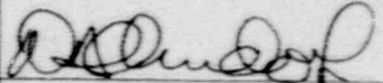
Combined 103, 203, 303

NOTE: Read instructions before completing this form.

PARAMETER (4-17)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-65)	FREQUENCY OF ANALYSIS (66-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.029	0.077	MGD	*****	*****	*****		0	2/mo.	Calc.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$200,000 and/or maximum imprisonment of between 6 months and 5 years.)


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
412-393-5113
 AREA CODE NUMBER
 DATE
90 1 25
 YEAR MO DAY

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

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

NAME Duquesne Light Company
 ADDRESS Beaver Valley Power Station
P.O. Box 4
Shippingport, PA 15077

FACILITY LOCATION

Attention:

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

Expir. Date 11-26-89

Form Approved
 OMB No. 2040-0104
 Expires 2-29-91

(2-16)
PA0025615
 PERMIT NUMBER

(27-19)
004
 DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	89	12	1		89	12	31
	(30-31)	(12-31)	(34-35)		(36-37)	(38-39)	(30-31)

Unit #1 Cooling Tower Overflow

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-51)			(1 Card Only) QUALITY OR CONCENTRATION (46-52)				NO. OF ANALYSES (64-65)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE (46-51)	MAXIMUM (54-61)	UNITS	MINIMUM (46-52)	AVERAGE (46-52)	MAXIMUM (54-61)	UNITS			
FLOW	SAMPLE MEASUREMENT	NO	FLOW	MGD	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****	0.2 DAILY MAX.	0.5 INST. MAX.	MG/L		1/ WEEK	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
CHROMIUM	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	MG/L		*	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
ZINC	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	MG/L		*	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM	SU		*	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	30 MONTHLY	100 DAILY	MG/L	2/ MONTH	CRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	15 MONTHLY	50 DAILY	MG/L	2/ MONTH	CRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
 Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 33 USC § 1315 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)

[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER: 412 393-5113
 DATE: 90 1 25
 AREA CODE NUMBER YEAR MO DAY

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

*Required only when there is a discharge at 004.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME Duquesne Light Company
 ADDRESS Beaver Valley Power Station
P.O. Box 4
Shippingport, PA 15077

FACILITY
 LOCATION

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

PA0025615
 PERMIT NUMBER

007
 DISCHARGE NUMBER

Expir. Date 11/26/89

FORM APPROVED
 OASD No. 2040-0000
 Expires 2-29-88

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
89	12	1	89	12	31
(89)	(12)	(01)	(89)	(12)	(31)

Aux. Intake System Testing Water

NOTE: Read instructions before completing this form.

PARAMETER (33-37)	X	(1 Card Only) QUANTITY OR LOADINGS (33-35)			(4 Card Only) QUALITY OR CONCENTRATION (36-37)			NO. OF SPLITS	FREQUENCY OF ANALYSIS (35-39)	SAMPLE TYPE (40-42)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	NO	FLOW	MGD	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		1/ WEEK	INST.
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY MAX.	0.5 INST. MAX.	MG/L	1/ WEEK	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 A. M. Dulick
 Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREON AND SOBELIEVE OR BY INDUSTRY OR THROUGH REPUTABLE SOURCES ADEQUATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 10 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 3 years.)

A. M. Dulick
 SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE
 412 | 393-5113
 AREA CODE | NUMBER
 DATE
 90 | 1 | 25
 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS (Include County Name/Location if different)

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

Form Approved OMB No. 2040-0100 Expires 2-28-89

NAME Duquesne Light Company
 ADDRESS Beaver Valley Power Station
P.O. Box 4
Shippingport, PA 15077

FACILITY LOCATION

Attention:

PA0025615 PERMIT NUMBER
 000 DISCHARGE NUMBER

Expir. Date 11/26/89

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
89	12	1	TO	89	12	31
(18 31)	(23 31)	(30 31)		(26 29)	(28 31)	(30 31)

Unit #1 Cooling Tower Pumphouse

NOTE: Read instructions before completing this form.

PARAMETER (12-17)	SAMPLE MEASUREMENT	(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (46-51)			NO. OF SAMPLES	FREQUENCY OF ANALYSIS (60-63)	SAMPLE TYPE (67-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.001	0.001	MGD	*****	*****	*****	0	2/mo.	Est.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	10.82	12.93	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	MG/L	1.99	2.73	2.73	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		15 AVG. MONTHLY	30 DAILY MAX.	30 MONTHLY MAX.			
pH	SAMPLE MEASUREMENT	*****	*****	SU	7.06	*****	7.21	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 A. M. Dulick
 Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE OPERATIONS DESCRIBED HEREIN AND BASED ON MY KNOWLEDGE OF THOSE OPERATIONS ACCURATELY REPRESENTED FOR OBTAINING THE INFORMATION I SOLICIT THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 10 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$200,000 and/or maximum imprisonment of between 6 months and 5 years.

A. M. Dulick
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER: 412-393-5113
 DATE: 90 1 25

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME Duquesne Light Company
 ADDRESS Beaver Valley Power Station
P.O. Box 4
Shippingport, PA 15077

FACILITY LOCATION

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

(1-16) **PA0025615** (17-19) **010**
 PERMIT NUMBER DISCHARGE NUMBER

Expir. Date 11/26/89

OMB No. 2040-0034
 Expires 2-29-84

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	89	12	1		89	12	31
	(10-31)	(12-31)	(12-31)		(10-31)	(10-31)	(10-31)

Unit #2 Heat Exchanger Cooling H₂O

Attention:

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (45-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	5.000	5.000	MGD	*****	*****	*****		0	1/week	Est.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****	0.00	0.00		0	1/week	Grab
	PERMIT REQUIREMENT	*****	*****		*****	0.3	0.9	DAILY MAX. INTZ. DEL.			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

*Sample must be taken during chlorination.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 10 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)

A. M. Dulick
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER 412 393-5113
 DATE YEAR 90 MO 1 DAY 25
 AREA CODE NUMBER YEAR MO DAY

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

NAME: Duquesne Light Company
 ADDRESS: Beaver Valley Power Station
 P.O. Box 4
 Shippingport, PA 15077

PERMIT NUMBER: PA0025615
 EXPIRES: 11/26/89

UNIT: Unit #2 - Three Oil Separator

ATTENTION:

REPORTING PERIOD
 YEAR: 89
 MONTH: 12
 DAY: 1

QUANTITY OF CONCENTRATING (LBS/D)
 (89) (12) (1)
 AVERAGE (LBS/D)
 0.001

UNIT: HGD
 AVERAGE (LBS/D)
 0.001

PARAMETER (31-37)	(38-41) AVERAGE (LBS/D)	(42-45) MAXIMUM (LBS/D)	(46-49) MINIMUM (LBS/D)	(50-53) AVG. MONTHLY DAILY MAX. (LBS/D)	(54-57) CONCENTRATION (MGD)	(58-61) UNITS	(62-65) DATE	(66-69) METHOD
FLOW	0.001	0.001					0 6/mo. Est.	Grab
SOLIDS, TOTAL SUSPENDED	0.0000	0.0000		1.55	3.02		0 6/mo. EST.	Grab
	0.0000	0.0000		10 MONTHLY	100 DAILY		0 6/mo. EST.	Grab
pH	0.0000	0.0000	6.02	0.0000	8.12		0 6/mo. EST.	Grab
	0.0000	0.0000	6.0 MINIMUM	0.0000	9.0 MAXIMUM		0 6/mo. EST.	Grab
OIL AND GREASE	0.0000	0.0000	2.46	7.00	7.00		0 6/mo. EST.	Grab
	0.0000	0.0000	15	20	30		0 6/mo. EST.	Grab

NAME/TITLE: A. M. Dulick, Chemistry Manager
 SIGNATURE: *A. M. Dulick*
 OFFICE OF AUTHORIZED AGENCY
 TELEPHONE: 412, 393-5113
 AREA CODE

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all other reports here)
 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND SO FAMILIAR WITH THE OPERATIONS DESCRIBED ABOVE AND BASED ON MY KNOWLEDGE OF THE OPERATIONS DESCRIBED ABOVE I BELIEVE THE DATA REPORTED HEREON IS TRUE, ACCURATE AND COMPLETE. I ALSO ADVISE THAT THE DATA WAS OBTAINED IN ACCORDANCE WITH THE NPDES PERMIT CONDITIONS AND ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS. I HAVE REVIEWED THE DATA AND BELIEVE IT IS TRUE, ACCURATE AND COMPLETE. I HAVE REVIEWED THE DATA AND BELIEVE IT IS TRUE, ACCURATE AND COMPLETE. I HAVE REVIEWED THE DATA AND BELIEVE IT IS TRUE, ACCURATE AND COMPLETE. I HAVE REVIEWED THE DATA AND BELIEVE IT IS TRUE, ACCURATE AND COMPLETE.

TYPED OR PRINTED
 DATE: 90 1 25
 YEAR: 90
 DAY: 25

Facility Name/Address (Print)
 Facility Name/Location (if different)

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

Form Approved
 OMB No. 2040-0104
 Expires 2-29-83

NAME Duquesne Light Company
 ADDRESS Beaver Valley Power Station
P.O. Box 4
Shippensburg, PA 15077

(2-16) PA0025615	(17-19) 012
PERMIT NUMBER	DISCHARGE NUMBER

Expir. Date 11/26/85

FACILITY
 LOCATION

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	89	12	1		89	12	31
	(28-31)	(22-31)	(26-29)		(28-31)	(20-31)	(28-31)

EPF - HVAC Cooling Tower Blowdown

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (34-37)			(4 Card Only) QUALITY OR CONCENTRATION (38-39)				NO. OF SAMPLES (40-41)	FREQUENCY OF ANALYSIS (42-43)	SAMPLE TYPE (44-45)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.001	0.001	MGD	*****	*****	*****		0	1/mo.	Est.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			1/	MONTH
PH	SAMPLE MEASUREMENT	*****	*****		7.72	*****	7.72		0	1/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		1/	MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER A. M. Delick Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 10 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>A. M. Delick</i>	TELEPHONE	DATE			
			412.393-5113	90	1	25	
			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME Duquesne Light Company
 ADDRESS Beaver Valley Power Station
P.O. Box 4
Shippingport, PA 15077
 FACILITY _____
 LOCATION _____

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

Expir. Date 11/26/89

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

PA0025615
 PERMIT NUMBER

113
 DISCHARGE NUMBER

Unit #2 STP

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
89	12	1	89	12	31
(20-31)		(22-31)	(24-31)	(26-31)	

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-72)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.027	0.036	MGD	*****	*****	*****		0	3/mo.	Meas.
	PERMIT REQUIREMENT	0.043 MONTHLY	*****		*****	*****					
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	18.63	20.17	MG/L	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.				
pH	SAMPLE MEASUREMENT	*****	*****		6.31	*****	6.94	S.U.	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
FECAL COLIFORM MAY - SEPTEMBER	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	#/100 ML			
	PERMIT REQUIREMENT	*****	*****		*****	200 MONTHLY, GRD	1000 PART C				
FECAL COLIFORM OCTOBER - APRIL	SAMPLE MEASUREMENT	*****	*****		*****	20.50	*****	#/100 ML	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		*****	3000 PART C	*****				
BOD - 5 DAY	SAMPLE MEASUREMENT	*****	*****		*****	8.50	9.00		0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 A. M. Dulick
 Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

A. M. Dulick
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER 412-393-5113
 DATE 90 1 25
 YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include State/Location if different)

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

Form Approved
EPA No. 2040-0104
Expires 2-28-89

NAME Duquesne Light Company
ADDRESS Beaver Valley Power Station
P.O. Box 4
Shippingport, PA 15077

PERMIT NUMBER
PAD025615

DISCHARGE NUMBER
213

Expir. Date **11/26/89**

FACILITY
LOCATION

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	89	12	1		89	12	31
	(25-27)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Unit #2 Cooling Tower Pumphouse

Attention:

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(f Card Only) QUANTITY OR LOADING (38-39)			(g Card Only) QUALITY OR CONCENTRATION (40-41)			NO. OF SAMPLES	FREQUENCY OF ANALYSIS (54-55)	SAMPLE TYPE (56-59)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.001	0.001		*****	*****	*****	0	2/mo.	Meas.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	12.57	15.14	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	4.05	7.00	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	10 DAILY			
pH	SAMPLE MEASUREMENT	*****	*****		6.76	*****	7.68	0	2/mo.	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREON AND BASED ON MY KNOWLEDGE OF THESE INDIVIDUALS I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 10 USC 61001 AND 33 USC 61310 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
A. M. Dulick

TELEPHONE NUMBER
412 393-5113
DATE
90 1 25
AREA CODE NUMBER YEAR MO DAY

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

NAME: Duquesne Light Company
 ADDRESS: One Jafford Centre
 291 Grant Street
 Pittsburgh, PA 15279
 FACILITY: Shippingport Atomic Power Station
 LOCATION: Shippingport Borough, Beaver County

PA 001589
 PERMIT NUMBER

201
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
89	12	1	TO	89	12	31

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. OF ANALYSES	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	NO	FLOW	MGD	0	0	0	0	2/NO	EST
	Permit Require.	0	0		0	0	0			
Suspended Solids	Sample Measure.	0	0	0	0	0	0	0	2/NO	GRAB
	Permit Require.	0	0		0	30	100			
pH	Sample Measure.	0	0	0	0	0	0	0	2/NO	GRAB
	Permit Require.	0	0		0	6.0	9.0			
	Sample Measure.	0	0	0	0	0	0	0	0	0
	Permit Require.	0	0		0	0	0			
	Sample Measure.	0	0	0	0	0	0	0	0	0
	Permit Require.	0	0		0	0	0			
	Sample Measure.	0	0	0	0	0	0	0	0	0
	Permit Require.	0	0		0	0	0			
	Sample Measure.	0	0	0	0	0	0	0	0	0
	Permit Require.	0	0		0	0	0			
	Sample Measure.	0	0	0	0	0	0	0	0	0
	Permit Require.	0	0		0	0	0			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 A. M. Dulick
 Chemistry Manager

I, the undersigned, certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a duly qualified person to render such information. I understand that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

A. M. Dulick
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED REPRESENTATIVE

TELEPHONE: 412393-5113
 DATE: 90 1 25
 NUMBER: 0000

ATTACHMENTS (Reference to attachments here)

NAME: Duquesne Light Company
 ADDRESS: One Oxford Centre
 301 Grand Street
 Pittsburgh, PA 15229

FACILITY: Shippingport Atomic Power Station
 LOCATION: Shippingport Borough, Beaver County

PA0001589
 PERMIT NUMBER

01
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
89	12	1	TO	89	12	31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	NO	FLOW	MGD	0	0	0	0	CONT	EST
	Permit Require.	0	0		0	0	0			
	Sample Measure.	0	0	0	0	0	0	0	0	0
	Permit Require.	0	0		0	0	0			
	Sample Measure.	0	0	0	0	0	0	0	0	0
	Permit Require.	0	0		0	0	0			
	Sample Measure.	0	0	0	0	0	0	0	0	0
	Permit Require.	0	0		0	0	0			
	Sample Measure.	0	0	0	0	0	0	0	0	0
	Permit Require.	0	0		0	0	0			
	Sample Measure.	0	0	0	0	0	0	0	0	0
	Permit Require.	0	0		0	0	0			
	Sample Measure.	0	0	0	0	0	0	0	0	0
	Permit Require.	0	0		0	0	0			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick
 Chemistry Manager

1140 OR PRINTED

STATEMENT OF ANY VIOLATIONS (reference all attachments here)

I certify that the information on this report is true and correct to the best of my knowledge and belief. I am a duly qualified and experienced professional person in the field of environmental engineering and have been duly licensed to practice in the State of Pennsylvania. I am duly qualified and experienced in the field of environmental engineering and have been duly licensed to practice in the State of Pennsylvania. I am duly qualified and experienced in the field of environmental engineering and have been duly licensed to practice in the State of Pennsylvania.

A. M. Dulick
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER

TELEPHONE NUMBER: 412393-5113
 DATE: 90 1 25
 YEAR MONTH DAY

NAME Duquesne Light Company

ADDRESS One Bedford Centre

301 Grant Street

Pittsburgh, PA 15279

FACILITY Shippingport Atomic Power Station

LOCATION Shippingport Borough, Beaver County

PA0001589
PERMIT NUMBER

101
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
89	12	1	89	12	31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	NO	FLOW	MGD	0	0	0	0	2/NO	EST
	Permit Require.	0	0	0	0	0	0	0		
Suspended Solids	Sample Measure.	0	0	0	0	0	0	0	2/NO	GRAB
	Permit Require.	0	0	0	0	30	100	MG/L		
Oil & Grease	Sample Measure.	0	0	0	0	0	0	0	2/NO	GRAB
	Permit Require.	0	0	0	0	15	20	MG/L		
pH	Sample Measure.	0	0	0	0	0	0	0	2/NO	GRAB
	Permit Require.	0	0	0	6.0	0	9.0	S.U.		
Total Dissolved Solids	Sample Measure.	0	0	0	0	0	0	0	0	0
	Permit Require.	0	0	0	0	0	0	0		
Total Suspended Solids	Sample Measure.	0	0	0	0	0	0	0	0	0
	Permit Require.	0	0	0	0	0	0	0		
Total Phosphorus	Sample Measure.	0	0	0	0	0	0	0	0	0
	Permit Require.	0	0	0	0	0	0	0		
Total Nitrogen	Sample Measure.	0	0	0	0	0	0	0	0	0
	Permit Require.	0	0	0	0	0	0	0		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager

I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief. I am aware that this report is subject to the provisions of the Clean Water Act and the National Pollutant Discharge Elimination System Act.

A. M. Dulick
Signature of Principal Executive Officer

TELEPHONE 412393-5113
DATE 90 1 25
YEAR MONTH DAY

FOR THE ANALYSIS OF ANY VIOLATIONS (Reference all attachments here)