NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

Duquesne Light Company
Shippingport Atomic Power Station (Final Period)
P. O. Box 57
Shippingport, PA 15077

ST	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0001589	001	4911	40°37'18"	80°26'19"

REPORTING PERIOD: FROM 81 11 01 (YEAR MO DAY) TO 81 11 30 (YEAR MO DAY)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "___ hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER		QUANTITY (3 card only) MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	QUANTITY NO. EX	CONCENTRATION (4 card only) MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	CONCENTRATION NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED	158.4	158.4	158.4	MGD		***	***	***			cont.	calc.
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			cont.	calculated
Temperature (Inlet)	REPORTED	***	***	***			52	56	63	°F		cont.	recorded
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A			cont.	recorded
Temperature (Outlet)	REPORTED	***	***	***			62	67	76	°F		cont.	recorded
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A			cont.	recorded
Heat Rejection	REPORTED	5.52	6.79	7.84	x10⁸ BTU/hr.		***	***	***		0	31/31	calc.
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			30/30	calculated
Total Residual Chlorine	REPORTED						0.10	0.13	0.15	mg/l	0	1/7	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	0.2			1/7	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE		
Feitknecht, C.	Gen. Supt. Fossil Pwr. Gen.	81 (YEAR)	11 (MO)	30 (DAY)
LAST FIRST MI	TITLE			

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Leon A. Steel
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA Form 3320-1 (10-72)

PAGE 1 OF 1

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

Duquesne Light Company
Shippingport Atomic Power Station
P. O. Box 57
Shippingport, PA 15077

(Final Period)

ST	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0001589	101	4911	40°37'18"	80°26'19"

REPORTING PERIOD: FROM YEAR 81 MO 11 DAY 01 TO YEAR 81 MO 10 DAY 31

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "__ hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER		QUANTITY (3 card only) MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	QUANTITY NO. EX	CONCENTRATION (4 card only) MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	CONCENTRATION NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED	2.37	4.20	6.75	x10⁻³ MGD		***	***	***			2/31	estimate
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			2/30	estimate
Total Suspended Solids	REPORTED						0.56	4.7	8.8	mg/l	0	2/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	100			2/30	grab
Oil and Grease	REPORTED						1	2	3		0	2/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20	mg/l		2/30	grab
pH	REPORTED	***	***	***			7.28		7.31	standard units	0	2/31	grab
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0			2/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	
Feitknecht, C.	Gen. Supt. Fossil Pwr. Gen.	81 / 11 / 30	
LAST FIRST MI	TITLE	YEAR MO DAY	

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Leon L Steed
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA Form 3320-1 (10-72)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

Duquesne Light Company
Shippingport Atomic Power Station
P. O. Box 57
Shippingport, PA 15077

(Final Period)

I.

SERVICE BOILER

STATE	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0001589	102	4911	40°37'18"	80°26'19"

REPORTING PERIOD FROM 81 10 01 TO 81 10 31
(YEAR MO DAY)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes coded asterisks. "AVERAGE" is average computed over actual time discharge is occurring. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "__ hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail (original) to office specified in permit.

PARAMETER		QUANTITY (3 card cols) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	CONCENTRATION (4 card cols) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED	0	0.002	0.002	MGD		***	***	***			1/31	estimate
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	estimate
Oil and Grease	REPORTED							3	3	mg/l	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20			1/30	grab
Total Suspended Solids	REPORTED							<0.05	<0.05	mg/l	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	100			1/30	grab
Total Iron	REPORTED								<0.10	mg/l	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	1			1/30	grab
Total Copper	REPORTED								0.12	mg/l	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	1			1/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	
Feitknecht, C.	Gen.Supt.FossilPwr.Gen.	81 11 13	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.
LAST FIRST MI	TITLE	YEAR MO DAY	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA Form 3320-1 (10-72)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

Duquesne Light Company
Shippingport Atomic Power Station
P. O. Box 57
Shippingport, PA 15077

(Final Period)

STEAM GENERATOR

1.

PA | 0001589 (PERMIT NUMBER) | 102 (DIS) | 4911 (SIC) | 40°37'18" (LATITUDE) | 80°26'19" (LONGITUDE)

REPORTING PERIOD FROM 81 10 01 (YEAR MO DAY) TO 81 10 31 (YEAR MO DAY)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is occurring. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
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4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "___ hr. composite") as applicable. If frequency was continuous, enter "N/A".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and return copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER		QUANTITY (If daily only) MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	QUANTITY NO. EX	CONCENTRATION (If daily only) MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	CONCENTRATION NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED	0	0.003	0.004	MGD		***	***	***			1/31	estimate
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	estimate
Oil and Grease	REPORTED							<1	<1	mg/l	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20			1/30	grab
Total Suspended Solids	REPORTED							5.1	5.1	mg/l	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	100			1/30	grab
Total Iron	REPORTED								<0.10	mg/l	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	1			1/30	grab
Total Copper	REPORTED								0.02	mg/l	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	1			1/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE		
Feitknecht, C.	Gen. Supt. Fossil Pwr. Gen.	81	11	30
LAST FIRST MI	TITLE	YEAR	MO	DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Leon L Steed
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

PA Form 3320-1 (10-77)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

Duquesne Light Company
Shippingport Atomic Power Station
P. O. Box 57
Shippingport, PA 15077

(Final Period)

ST	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0001589	103	4911	40°37'18"	80°26'19"

REPORTING PERIOD: FROM 81 10 01 (YEAR MO DAY) TO 81 10 31 (YEAR MO DAY)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
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PARAMETER		QUANTITY (3 card only) MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	QUANTITY NO. EX	CONCENTRATION (4 card only) MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	CONCENTRATION NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED	0	0.004	0.007	MGD		***	***	***			2/31	estimate
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			2/30	estimate
Total Suspended Solids	REPORTED						7.1	16	26	mg/l	0	2/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	100			2/30	grab
pH	REPORTED	***	***	***			6.56		6.73	standard units	0	2/31	grab
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0			2/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE				
Feitknecht, C.	Gen.Supt.FossilPwr.Gen.	81	11	10	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	Leon L Stent
LAST FIRST MI	TITLE	YEAR	MO	DAY		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA Form 3320-1 (10-72)

ORIGINAL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

Duquesne Light Company
Shippingport Atomic Power Station
P. O. Box 57
Shippingport, PA 15077

(Final Period)

ST	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0001589	104	4911	40°37'18"	80°26'19"

REPORTING PERIOD: FROM 81 1 1 00 1 (YEAR MO DAY) TO 81 10 31 (YEAR MO DAY)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
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PARAMETER		QUANTITY (3 card only) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	CONCENTRATION (4 card only) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED	0	0.022	0.036	MGD		***	***	***			2/31	estimate
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			2/30	estimate
Total Suspended Solids	REPORTED						26	36	46	mg/l	0	2/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	100			2/30	grab
pH	REPORTED	***	***	***			7.30		8.91	standard	0	2/31	grab
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0	units		2/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	
Feitknecht, C.	Gen.Supt.FossilPwr.Gen.	81 11 31 (YEAR MO DAY)	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Leon L Stech
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA Form 3320-1 (10-72)