



Duquesne Light

Nuclear Group
P.O. Box 4
Shippingport, PA 15077-0004

Telephone (412) 393-6000

September 12, 1990

Document Control Desk
U. S. Nuclear Regulatory Commission
Washington, DC 20555

NPDES Monthly Reports, EPA Permit Number PA0025615 & PA0001589

SUBJECT: BVPS No. 1 and No. 2
Docket No. 50-334
License DPR-66

Dear Sir:

Enclosed is a copy of the NPDES Monthly Report as submitted to the Pennsylvania Department of Environmental Resources.

Very truly yours,

A. M. Dulick
Chemistry Manager

DNH/trs

Enclosure

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9010020067 900831
PDR ADOCK 05000334
R PDC

IK25 Cont No
1/1 P240021200



Nuclear Group
P O Box 4
Shippingport, PA 15077-0004

Telephone (412) 393-6000

September 12, 1990

U. S. Environmental Protection Agency
Region III, Pennsylvania Section (3WM52)
Water Permits Branch
Water Management Division
841 Chestnut Street
Philadelphia, PA 19107

NPDES Monthly Reports, EPA Permit Number PA0025615 & PA0005189

Gentlemen:

This letter forwards copies to our NPDES Monthly Reports as submitted to the Pennsylvania Department of Environmental Resources, Bureau of Water Quality Management

Very truly yours,

A. M. Dulick
Chemistry Manager

DNH/trs

Enclosure



Nuclear Group
P.O. Box 4
Shippingport, PA 15077-0004

Telephone (412) 393-6000

September 12, 1990

Department of Environmental Resources
Bureau of Water Quality Management
600 Highland Building
121 South Highland Avenue
Pittsburgh, PA 15206

NPDES Monthly Reports, EPA Permit Number PA 0025615 & PA0001589

Gentlemen:

NPDES Monthly Reports for Duquesne Light Company, Beaver Valley Power Station and Shippingport Atomic Power Plant for August 1990 are submitted for your consideration.

Please be advised that required techniques, even if performed properly, do not measure actual conditions with 100 percent accuracy 100 percent of the time, and therefore, some reported values in the attached EMRs may not represent actual conditions with absolute accuracy.

Very truly yours,

A. M. Dulick
Chemistry Manager

DNH/vrs

Enclosure

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

PA0025615
 PERMIT NUMBER

101
 DISCHARGE NUMBER

Chemical Waste Sump

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
90	08	01	90	08	31	
(28-31)	(22-31)	(24-25)	(26-27)	(28-29)	(30-31)	

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 (46-53)				NO. EX (62-63)	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/month	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	23.18	25.73	M./L	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	1.04	1.07	MG/L	1	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY				
pH	SAMPLE MEASUREMENT	*****	*****		7.39	*****	7.91	SU	0	2/month	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 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 18 USC § 1319 (Penalties under these sections may include fines up to \$50,000 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 07 DAY 12

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

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
201
DISCHARGE NUMBER

Softener Regenerates

FACILITY
LOCATION
Attention:

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
90	08	01		90	08	31
(30-31)	(22-31)	(24-31)		(28-27)	(28-28)	(30-31)

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 (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.020	0.020	MGD	*****	*****	*****		0	2/month	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	1.19	2.12	MG/L	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	2.01	3.01	MG/L	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	2 ⁿ DAILY				
	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 1332C-1 (319). 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 09 12
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
 FACILITY _____
 LOCATION _____

PA0025615
 PERMIT NUMBER

301
 DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	08	01		90	08	31
	(28-31)	(27-31)	(24-31)		(26-27)	(28-29)	(28-31)


Aux. Blr. Blowdown - Unit #2

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX. (62-64)	FREQUENCY OF ANAL. (64-66)	QTY. PLA. (67-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.001	0.001	MGD	*****	*****	*****	0	2/m	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	6.54	11.86	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	1.40	1.80	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY			
	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 these statutes may include fines up to \$250,000 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 09 12
 AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (include
 Permit 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. 2040-0041
 Expires 2-29-84

(2-16) **PA0025615** (17-19) **401**
 PERMIT NUMBER DISCHARGE NUMBER

Chem. Feed Area of Aux. Bldg. - Unit #2

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	08	01		90	08	31
	(28-31)	(07-31)	(24-31)		(28-31)	(08-31)	(31-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (34-41)			(4 Card Only) QUALITY OR CONCENTRATION (36-43)			NO. OF ANALYSES (44-45)	FREQUENCY OF ANALYSES (46-49)	SAMPLE TYPE (50-51)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.001	0.001	MGD	*****	*****	*****	0	2/month	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			EST
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	2.38	3.21	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	1.36	1.72	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY			GRAB
pH	SAMPLE MEASUREMENT	*****	*****		8.61	*****	*****	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	*****			GRAB
	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 CORRECT. 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.)

[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE
 412 393-5113
 AREA CODE NUMBER
 DAY
 90 09 12
 YEAR MO DAY

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

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

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

Form Approved OMB No. 2040-0004 Expires 2-29-86 Expir. Date 11/26/89

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

(2-16) **PA0025615**
 PERMIT NUMBER

(17-19) **001**
 DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	08	01		90	08	31
	(28-31)	(22-23)	(24-25)		(28-31)	(28-29)	(28-31)

Cooling Tower Blowdown Units #1 & #2

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (34-41)			(4 Card Only) QUALITY OR CONCENTRATION (36-43)				NO. EX (44-47)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	MAXIMUM	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	44.052	50.544	MGD	*****	*****	*****		0	Cont.	Record.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****	0.05	0.10		0	Cont.	Record.
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY	0.3 INST.				
	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 § 1318. (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 412-393-5113
 DATE 90 09 12
 AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Permittee 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 NO. 300-0004
 Expires 2-28-90

PA0025615
 PERMIT NUMBER

102
 DISCHARGE NUMBER

Intake Screenhouse Pump Bearing
 Cooling Water

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	08	01		90	08	31
	(28-31)	(27-31)	(34-29)		(26-27)	(28-30)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (36-41)			(1 Card Only) QUALITY OR CONCENTRATION (36-41)				NO. OF ANALYSES (64-69)	FREQUENCY OF ANALYSIS (64-69)	SAMPLE TYPE (68-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.001	0.001	MGD	*****	*****	*****		0	2/month	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			2/ MONTH	EST.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	4.16	7.09	MG/L	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			2/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	2.34	3.68	MG/L	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY			2/ MONTH	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		6.60	*****	7.48	SU	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			2/ MONTH	GRAB
	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 THE 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.)

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

TELEPHONE
 412 393-5113
 AREA CODE NUMBER
 DATE
 90 09 12
 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

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

Clarifier Blowdown

FACILITY LOCATION

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	08	01		90	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Attention:

NOTE: Read instructions before completing this form.

PARAMETER (22-27)	X	(3 Card Only) QUANTITY OR LOADING (48-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-65)	FREQUENCY OF ANALYSIS (66-69)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.002	0.002	MGD	*****	*****	*****		0	2/month	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			3/ MONTH	EST. 24 hr. Comp.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.61	7.06		0	2/month	24 hr. Comp.
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY	MG/L		2/ MONTH	24 HR. COMP.
pH	SAMPLE MEASUREMENT	*****	*****		7.29	*****	7.65		0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM	SU		2/ MONTHS	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 USC § 1001 AND 33 USC § 1315. (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
AREA CODE NUMBER
DATE
90 09 12
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. 2040-0004
 Expires 2-28-94

(2-16)

(17-19)

PA0025615

203

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	08	01		90	08	31
	(28-31)	(28-31)	(28-31)		(28-31)	(28-31)	(28-31)

Unit #1 STP

FACILITY LOCATION

Attention:

NOTE: Read instructions before completing this cover.

PARAMETER (32-37)	SAMPLE MEASUREMENT (38-39)	(3 Card Only) QUANTITY OR LOADING (34-41)			(4 Card Only) QUALITY OR CONCENTRATION (42-49)				NO. OF ANALYSES (60-69)	FREQUENCY OF ANALYSES (62-69)	SAMPLE TYPE (64-70)
		AVERAGE (34-35)	MAXIMUM (36-37)	UNITS (38-41)	MINIMUM (42-43)	AVERAGE (44-45)	MAXIMUM (46-47)	UNITS (48-49)			
FLOW	SAMPLE MEASUREMENT	0.006	0.006	MGD	*****	*****	*****				
	PERMIT REQUIREMENT	0.023 MONTHLY	*****		*****	*****	*****			2/ MONTH GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	29.25	49.90	MG/L		0 3/month GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.			2/ MONTH GRAB	
pH	SAMPLE MEASUREMENT	*****	*****		6.45	*****	6.51	S.U.		0 2/month GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			2/ MONTH GRAB	
FECAL COLIFORM MAY - OCTOBER	SAMPLE MEASUREMENT	*****	*****		*****	81.00	162.00	#/ 100 ML		0 2/month GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	200 MONTHLY-GEO	400 PART C			2/ MONTH GRAB	
FECAL COLIFORM NOVEMBER - APRIL	SAMPLE MEASUREMENT	*****	*****		*****			#/ 100 ML			
	PERMIT REQUIREMENT	*****	*****		*****	1000 MONTHLY-GEO	2000 PART C			2/ MONTH GRAB	
BOD - 5 DAY	SAMPLE MEASUREMENT	*****	*****		*****	3.00	5.00	MG/L		0 2/month GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.			2/ 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 EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREON AND BASED ON MY KNOWLEDGE OF THOSE INDIVIDUALS DEEMED 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 \$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
 AREA CODE NUMBER
 DATE 90 09 12
 YEAR MO DAY

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

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) **PAC025615** (17-19) **303**
 PERMIT NUMBER DISCHARGE NUMBER

Expir. Date 11/26/89

Form Approved
 OMB No. 2060-0104
 Expires 3-29-89

Unit #1 Oil Separator


MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
90	08	01	90	08	31
(8-31)	(8-31)	(1-31)	(8-31)	(8-31)	(8-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (34-61)			(1 Card Only) QUALITY OR CONCENTRATION (34-61)			UNIT	NO. OF ANALYSES (32-45)	FREQUENCY OF ANALYSES (36-38)	SAMPLE TYPE (39-50)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	SAMPLE MEASUREMENT	0.019	0.056	MGD	*****	*****	*****		0	2/month	EST.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	2.45	3.07	MG/L	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	35 MONTHLY	100 DAILY				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	5.09	7.92	MG/L	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY				
pH	SAMPLE MEASUREMENT	*****	*****		7.05	*****	7.40	SU	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	8.0 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 REVIEW OF THOSE DOCUMENTS 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 \$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
 DATES 90 09 12
 AREA CODE NUMBER YEAR MO DAY

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

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

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

(2-16)

(17-19)

PA0025615
PERMIT NUMBER

003
DISCHARGE NUMBER

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
90	08	01	90	08	31
(20-21)	(2-3)	(24-25)	(26-27)	(28-29)	(30-31)

Combined 103, 203, 303

FACILITY
LOCATION
Attention:

NOTE: Read instructions before completing this form.

PARAMETER (12-17)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. OF SAMPLES (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.027	0.074	MGD	*****	*****	*****	0	2/month	Calc.
	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
TYPE D 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 18 USC § 1319 (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 3 years)


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
412 393-5113
DATE
90 09 12
AREA CODE NUMBER YEAR MO DAY

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

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

PA0025615
 PERMIT NUMBER

004
 DISCHARGE NUMBER

FACILITY LOCATION
 Attention:

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	08	01		90	08	31
	(20-31)	(22-31)	(24-31)		(26-27)	(28-29)	(30-31)

Unit #1 Cooling Tower Overflow

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)				NO. EX (67-69)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.001	0.001	MGD	*****	*****	*****		0	1/week	Est.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****	0.2 DAILY MAX.	0.5 INST. MAX.	MG/L		*	
	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	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	15 MONTHLY	50 DAILY	MG/L		2/ MONTH	GRAB
	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.)


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-5113
 DATE 90 09 12
 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.

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

PA0025615
 PERMIT NUMBER

007
 DISCHARGE NUMBER

Expir. Date 11/26/89

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	08	01		90	08	31
	(28-31)	(22-33)	(24-33)		(28-31)	(28-29)	(30-31)

Aux. Intake System Testing Water

FACILITY LOCATION
 Attention:

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	No Flow			*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****		1/ WEEK	EST.
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY MAX.	0.5 INST. MAX.		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	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 \$100,000 and/or maximum imprisonment of between 6 months and 5 years.	TELEPHONE		DATE		
		412 393-5113		90	09	12
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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

PA0025615 (2-16) PERMIT NUMBER
 008 (17-19) DISCHARGE NUMBER

Expir. Date 11/26/89

FACILITY LOCATION

Unit #1 Cooling Tower Pumphouse

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	08	01		90	08	31
	(28-31)	(27-31)	(24-23)		(26-27)	(28-29)	(26-31)

Attention:

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 (46-53)			NO. EX (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.001	0.001	MGD	*****	*****	*****	0	2/month	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	2.12	3.22	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	MG/L	2.55	4.10	4.10	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*** **		15 AVG. MTHLY.	20 DAILY MAX.	30 INST. MAX.			
pH	SAMPLE MEASUREMENT	*****	*****	SU	8.03	*****	8.30	0	2/month	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 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: 412-393-5113
 DATE: 90 09 12
 ANYA 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
FACILITY
LOCATION

PA0025615
PERMIT NUMBER

010
DISCHARGE NUMBER

Expir. Date 11/26/89

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	08	01		90	08	31
	(26-31)	(22-31)	(24-31)		(26-31)	(28-31)	(30-31)

Unit #2 Heat Exchanger Cooling H₂O

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 (38-43)			NO. EX (42-43)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
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	*****	*****		*****	0.2 DAILY MAX.	0.5 INST. MAX.			
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	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 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		DATE		
412	393-5113	90	09	12
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
 FACILITY _____
 LOCATION _____

Expir. Date 11/26/89

(2-16)
PA0025615
 PERMIT NUMBER

(17-19)
011
 DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	08	01		90	08	31
	(20-27)	(22-31)	(24-31)		(26-27)	(28-9)	(30-31)


Unit #2 - Three Oil Separators

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-55)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (58-65)	AVERAGE (46-53)	MAXIMUM (54-61)			
FLOW	SAMPLE MEASUREMENT	0.001	0.001	MGD	*****	*****	*****	0	6/month	EST.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	2.54	7.34	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			
pH	SAMPLE MEASUREMENT	*****	*****		6.83	*****	8.27	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		1.88	4.00	4.00	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		15 AVG. MTHLY.	20 DAILY MAX.	30 INST. MAX.			
	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 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

TELEPHONE
 412 393-5113
 AREA CODE NUMBER YEAR MO DAY
 90 09 12

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

DISCHARGE MONITORING REPORT (DMR)
(2-16) **PA0025615** (17-19) **012**
PERMIT NUMBER DISCHARGE NUMBER

Exp. Date 11/26/89

FACILITY LOCATION Attention:

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	08	01		90	08	31
	(20-31)	(22-31)	(24-31)		(26-27)	(28-29)	(30-31)

Ex. - HVAC Cooling Tower Blowdown

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)				NO. EX (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.001	0.001	MGD	*****	*****	*****		0	1/month	EST.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****		7.98	*****	7.98		0	1/month	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 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 \$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 09 12
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)
 DISCHARGE MONITORING REPORT (DMR)

Expir. Date 11/26/89

Form Approved
 OMB No. 2060-0006
 Expires 2-29-89

(16)	(17-19)
PA0025615	113
PERMIT NUMBER	DISCHARGE NUMBER

Unit #2 STP


FACILITY
 LOCATION

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	08	01		90	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

Attention:

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (58-65)				NO. OF ANALYSIS (62-67)	FREQUENCY OF ANALYSIS (68-69)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.030	0.030	MGD	*****	*****	*****	0	2/	MONTH	MEAS.
	PERMIT REQUIREMENT	0.043 MONTHLY	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	21.12	24.10	0	2/	MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.				
pH	SAMPLE MEASUREMENT	*****	*****	S.U.	*****	7.24	7.31	0	2/	MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	6.0 MINIMUM	9.0 MAXIMUM				
FECAL COLIFORM MAY - SEPTEMBER	SAMPLE MEASUREMENT	*****	*****	#/100 ML	*****	76.00	83.00	0	2/	MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	200 MONTHLY. GEO	1000 PART C				
FECAL COLIFORM OCTOBER - APRIL	SAMPLE MEASUREMENT	*****	*****	#/100 ML	*****	*****	*****	0	2/	MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	2000 PART C	*****				
BOD - 5 DAY	SAMPLE MEASUREMENT	*****	*****	0	*****	5.00	7.00	0	2/	MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER A. M. Dulick Chemistry Manager	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 § 3319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE 412-393-5113	DATE			
			90	09	12	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA CODE	NUMBER	YEAR	MO	DA

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
 FACILITY _____
 LOCATION _____

(2-16)
PA0025615
 PERMIT NUMBER

(17-19)
213
 DISCHARGE NUMBER

Expir. Date 11/26/89

Unit #2 Cooling Tower Pumphouse

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	08	01		90	08	31
	(28-31)	(22-31)	(24-31)		(26-31)	(28-31)	(24-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (56-63)				NO. EX (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.001	0.001		*****	*****	*****		0	2/month	Meas.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	29.62	39.23		0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	3.00	5.00		0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY				
pH	SAMPLE MEASUREMENT	*****	*****		8.09	*****	8.47		0	2/month	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 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
 412 393-5113
 DATE
 90 09 12
 AREA CODE NUMBER YEAR MO DAY

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

NAME: Duckless Light Company
 ADDRESS: One Jefferson Centre
 291 Grant Street
 Pittsburgh, PA 15279

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

PA-001589
 PERMIT NUMBER

UNIT
 DISCHARGE NO.

MONITORING PERIOD

Year Month Day
 90 08 01

Year Month Day
 90 08 31

FROM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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	No Flow	Flow	MGD							
Suspended Solids	Sample Measure.	*		*		30	MG/L			
	Permit Require.	*		*		100		2/MO		EST
pH	Sample Measure.	*		*		6.0	S.U.			
	Permit Require.	*		*		9.0		2/MO		GRAB
Total Phosphate	Sample Measure.	*		*						
	Permit Require.	*		*						
Total Suspended Solids	Sample Measure.	*		*						
	Permit Require.	*		*						
Total Dissolved Solids	Sample Measure.	*		*						
	Permit Require.	*		*						
Total Hardness	Sample Measure.	*		*						
	Permit Require.	*		*						
Total Chloride	Sample Measure.	*		*						
	Permit Require.	*		*						
Total Sulfate	Sample Measure.	*		*						
	Permit Require.	*		*						
Total Ammonia Nitrogen	Sample Measure.	*		*						
	Permit Require.	*		*						
Total Nitrate Nitrogen	Sample Measure.	*		*						
	Permit Require.	*		*						
Total Nitrite Nitrogen	Sample Measure.	*		*						
	Permit Require.	*		*						
Total Cyanide	Sample Measure.	*		*						
	Permit Require.	*		*						
Total Mercury	Sample Measure.	*		*						
	Permit Require.	*		*						
Total Cadmium	Sample Measure.	*		*						
	Permit Require.	*		*						
Total Lead	Sample Measure.	*		*						
	Permit Require.	*		*						
Total Copper	Sample Measure.	*		*						
	Permit Require.	*		*						
Total Zinc	Sample Measure.	*		*						
	Permit Require.	*		*						
Total Chromium	Sample Measure.	*		*						
	Permit Require.	*		*						
Total Silver	Sample Measure.	*		*						
	Permit Require.	*		*						
Total Selenium	Sample Measure.	*		*						
	Permit Require.	*		*						
Total Barium	Sample Measure.	*		*						
	Permit Require.	*		*						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 A. M. Dulick
 Chemistry Manager
 SHIPPINGPORT ATOMIC POWER STATION
 BEAVER COUNTY, PA 15004
 TELEPHONE: 412-393-5113
 NUMBER: 8888
 DATE: 90 09 12
 SIGNATURE: *[Signature]*
 TITLE: *[Title]*

NAME: Duquesne Light Company
 ADDRESS: One Oxford Centre
 3rd Grant Street
 Pittsburgh, PA 15229

Facility: Shippingport Atomic Power Station
 Location: Shippingport Borough, Beaver County

PA7001589
 PERMIT NUMBER

011
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

Year	Month	Day	Year	Month	Day
90	08	01	90	08	31

FROM

NOTE: Read instructions before completing this form.

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

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER
 A. M. Dulick
 Chemistry Manager
 11111 GORRISON

TELEPHONE NUMBER: 412-393-5113
 DATE: 90 09 12

Signature: *[Signature]*
 TITLE: *[Signature]*

NAME Duquesne Light Company
 ADDRESS One Third Centre
 301 Grant Street

Pittsburgh, PA 15279

FACILITY Shippingport Atomic Power Station
 LOCATION Shippingport Borough, Beaver County

FAV001589
 PERMIT NUMBER

101
 DISCHARGE NO.

MONITORING PERIOD

Year	Month	Day	Year	Month	Day
90	08	01	90	08	31

FROM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

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			
Flow	No Flow		MGD					2/MO	EST
Suspended Solids					30	100		2/MO	GRAB
Oil & Grease					15	20		2 MO	GRAB
				6.0		9.0		2/MO	GRAB

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

TELEPHONE NUMBER
 412393-5113

DATE
 YEAR 90 MONTH 09 DAY 12

STATE OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION

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