

Duquesne Light Company

Beaver Valley Power Station P.O. Box 4 Shippingport, PA 15077-0004

THOMAS P. NOONAN Division Vice President Nuclear Operations

. 1 '2

(412) 393-7622 Fax (412) 393-4905

January 23, 1996 NPD3VPO: 0428

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

### NPDES Monthly Report, EPA Permit No. PA0025615

SUBJECT: Beaver Valley Power Station, Unit No. 1 and No. 2 BV-1 Docket No. 50-334, License No. DPR-66 BV-2 Docket No. 50-412, License No. NPF-73

Dear Sir:

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

Sincerely,

10 man

T. P. Noonan Division Vice President Nuclear Operations

DNH/bjm

cc: D. A. Orndorf J. A. Cool R. K. Brosi Central File

010018 9602010109 951231 PDR ADOCK 05000334 PDR



# Duquesne Light Company

Beaver Valley Power Station P.O. Box 4 Shippingport, PA 15077-0004

THOMAS P. NOONAN Division Vice President Nuclear Operations (412) 393-7622 Fax (412) 393-4905

January 23, 1996 NPD3VPO: 0426

United States Environmental Protection Agency Region III, Pennsylvania (3WM53) Water Permits Branch Water Management Division 841 Chestnut Street Philadelphia, PA 19107

### NPDES Monthly Report, EPA Permit No. PA0025615

Dear Sir:

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

Sincerely,

0159 man

T. P. Noonan Division Vice President Nuclear Operations

DNH/trs

Attachment

cc: D. A. Orndorf J. A. Cool R. K. Brosi Central File





# quesne Light Company Beaver Valley Power Station

PO. Box 4 Shippingport, PA 15077-0004

THOMAS P. NOONAN **Division Vice President** Nuclear Operations

(412) 393-7622 Fax (412) 393-4905

January 23, 1996 NPD3VPO: 0427

Attention: "DMR Clerk" Department of Environmental Protection Bureau of Water Quality Management 400 Waterfront Drive Pittsburgh, PA 15222

#### NPDES Monthly Report, EPA Permit Number PA0025615

Gentlemen:

NPDES Monthly Report for Duquesne Light Company, Beaver Valley Power Station for December 1995 is submitted for your consideration. An agreement has been reached between counsel for Duquesne Light and counsel for the Department of Environmental Protection to stay the limitations for TRC and FAC on outfalls 113, 203, 013, and 012 for the pendancy of the NPDES permit appeal filed in regard to the Beaver Valley Power Station by Duquesne Light.

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 DMRs may not represent actual conditions with absolute accuracy.

Sincerely,

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T. P. Noonan Division Vice President Nuclear Operations

DNH/bjm

Enclosure cc: D. A. Orndorf J. A. Cool R. K. Brosi Central File



NAME	Duquesne Light Company				PAO	025615	7		101						
ADDRESS	One Oxford Centre					T NUMBER		DIS	SCHARGE	NO	NATIONAL POLL	TANT DISC	HADCO		. EVETEN
	301 Grant Street									. j	ANTIONAL POLL	(NPDE		CLIMINATIO	1 21215M
	Pittsburgh, Pennsylvania 15	279					MONITORING PER	100				CHEDE	5)		
FACILITY	Beaver Valley Power Station				Year	Month	Day	Year	Month	Day	DISCH	ARGE MONIT	ORING	G REPORT (DMR	• (5
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NAME/TITL	E PRINCIPAL EXECUTIVE OFFICER	and am t	fy under penalt familiar with t	he informati	on suba	nitted ho	rein and based				~	TELE	PHONE		DATE
	Orndorf try Manager	individuals ion, I belie complete. I submitting	immedi ve the am awa false i	submitte submitte are that	sponsible for d information there are sig- on, including U.S.C. S 1001 may include fi	8	X	luc	lof	412,39			01 23 MONTH DAY		
	TYPED OR PRINTED	up to \$	10,000 and/or m	aximum impri	sonment	t between	6 mo. and 5 yr	. 01	FFICER (	OR AUTHO	ORIZED AGENT	CODE	NUMBE	R YEAR	MONTH DAY

Form PGH BWGM 002 (Rev 5/88)

NOTE: YOUR PERMIT WILL EXPIRE ON \_\_\_\_\_. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY \_\_\_\_\_

AME	Duquesne Light Company					-	_	Sec. 1	-						
DORESS	One Oxford Center					0025615			201						
	301 Grant Street				PERM	IT NUMBER		DI	SCHARGE I	NO. H	ATIONAL POLL	UTANT DISC	ARGE	ELIMINATION	SYSTEM
	Pittsburgh, Pennsylvani	a 15279					MONITORING PI	ERIOD				(NPDES	5)		
ACILITY	Beaver Valley Power Sta	tion			Year	Month	Day	Year	Month	Day	DISCH		DING	REPORT (DMR	
DCATION	Shippingport Borough, B	eaver County		FROM	195	13	01 10		12	31		INCL. INTELL		S REFORT LUMA	
												tructions	befor	e completing	this for
	PARAMETER		QUANTI	TY OR LOADI	NG			QUAL	ITY OR CO	DNCENTR	ATION				
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	Require.		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based	DATE	
David Orndorf Chemistry Manager	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 sig- nificant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. S 1001 &		23
TYPED OR PRINTED	33 U.S.C. S 1319. (Penalties under these statutes may include fin SIGNATURE OF PRINCIPAL EXECUTIVE AREA NUMBER YE up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr. OFFICER OR AUTHORIZED AGONT CODE	EAR MONTH	DAY

NO DISCHARGE

Form PGH BWQM 002 (Rev 5/88)

NOTE: YOUR PERMIT WILL EXPIRE ON \_\_\_\_\_. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY

ADDRESS	Duquesne Light Company One Oxford Centre 301 Grant Street			025615 T NUMBER	]		DI	301 SCHARGE	NO.	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
	Pittsburgh, Pennsylvania 15279				MONITOR	ING PE	0019			(NPDES)
FACILITY	Beaver Valley Power Station		Year	Month	Day		Year	Honth	Day	DISCHARGE MONITORING REPORT (DMR)
LOCATION	Shippingport Borough, Beaver County	FROM	95	13	01	to	95	13	31	
									1	NOTE: Read instructions before completing this form.
		QUANTITY OR LOADI	NG				QUAL	ITY OR C	ONCEN	TRATION

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	Sample Measure.	*	*		•							
Oil and Grease	Permit Require.	*			•	15	20	MG/L		2/MONTH	GRAB	
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ł	Permit Require.		*		•	*	•			•	•	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	1 certify	under penalty	of law that I	have persona	lly examined			TELE	PHONE		DATE	
ME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manger	and am fra on my inc obtaining is true, nificant the possi	amiliar with th guiry of those g the informati accurate and c penalties for ibility of fine	e information s individuals imm on, I believe t omplete. I am submitting fals and imprisonme	ediately res he submitted aware that t e informatio nt. See 18	ern, and based ponsible for information here are sig- n, including U.S.C. S 1001 &	SIGNATURE OF PROFFICER OF	adof	412393			01 23	_
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NO DISCHARGE

Form PGH BWOM 002 (Rev 5/8c;

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NAME	Duquesne Light Company One Oxford Centre		PAO	025615	]			401		
1	301 Grant Street		PERMIT	I NUMBER	]		DI	SCHARGE I	NO.	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
Pittsburgh, Pennsylvania 15279					MONITON	RING PER	100			(NPDES)
FACILITY	Beaver Valley Power Station	이 가지 않는 것이 같아.	Year	Month	Day		Year	Month	Day	DISCHARGE MONITORING REPORT (DMR)
LOCATION	Shippingport Borough, Beaver County	FROM	95	13	01	TO	95	12	31	]

NOTE: Read instructions before completing this form.

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David Orndorf Chemistry Manager	on my inc obtaining is true, nificant the possi	the informat accurate and penalties for bility of fin	y of law that I he information s individuals imm ion, I believe t complete. I am submitting fals e and imprisonme alties under the aximum imprisonm	ediately res he submitted aware that the informationt. See 18	ponsible for information there are sig- on, including U.S.C. S 1001 &	DAl	det	41239		Contraction in the second s	01
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

Form PGH BWOM 002 (Rev 5/88)

NAME	Duquesne Light Company SS One Oxford Centre				DA	0025615	7									
ADDRESS	One Oxford Centre						4			501						
	301 Grant Street				PERM	IT NUMBER			DI	SCHARGE	NO.	NATIONAL POLL	ITANT DISCI	ARGE	ELIMINATION	SYSTEM
	Pittsburgh, Pennsylvania	15279					MONITO	RING PE	RIOD			٦	(NPDE	5)		
FACILITY	Beaver Valley Power Stat	ion			Year	Month	Day		Year	Month	Day	DISCH	ARGE MONITO	DRING	REPORT (DNR)	
LOCATION	Shippingport Borough, Be	aver County		FROM	95	12	01	TO	95	12	31					
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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 sig-nificant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. S 1001 & 33 U.S.C. S 1319. (Penalties under these statutes may include fin up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.

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

Measure.

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Require. Sample

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Form PGH BWQM 002 (Rev 5/88)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

David Orndorf Chemistry Manager

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Total Suspended Solids

PAGE 1 OF 1

MG/L

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TELEPHONE

412393-5113

NUMBER

1/WEEK

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NAME	Duquesne Light Company ESS One Oxford Centre		PAO	025615	Γ			001						
ADDRESS	301 Grant Street		PERMI	T NUMBER	]		DI	SCHARGE	NO.	NATIONAL POLLUTA			ELIMINATION	SYSTEM
FACILITY E	Pittsburgh, Pennsylvania 15279				MONITOR	ING PE	R100		1.1.1	7	(NPDES	)		
	Beaver Valley Power Station		Year	Month	Day		Year	Month	Day	DISCHARG	E MONITO	RING	REPORT (LMR)	)
	Shippingport Borough, Beaver County	FROM	95	13	01	TO	95	12	31					
										NOTE: Read instru	ctions b	efore	e completing	this form.
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	Sample Measure.	•	•		*	NA		-			17
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etz DT-1	Sample Measure.	*	*		*	•	NA -				>
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Hydrazine	Permit Require.	NOT	DETECTABLE	LB/DY	*	USING AST	M D-1385	- MG/L		1/WEEK	GRAB
	Sample Measure.	*	*		*	N/A -					->
Ammonia	Permit Require.	•	*		•	MONITO	RONLY	- MG/L		1/WEEK	GRAB
MAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certi	fy under penalty	of law that I h e information su	ave persona	ally examined		(		LEPHON	E	DATE
David Orndorf Chemistry Manager	on my i obtaini is true nifican	nguiry of those ng the informati , accurate and c t penalties for signifier of fine	individuals imme on, I believe th omplete. I am a submitting false	diately res e submitted ware that information formation	sponsible for d information there are sig- on, including U.S.C. S 1001 &	EAL	RINCIPAL EXECUTIVI	4123	93-51		01 23
*	- 33 U.S.	C. S 1319. (Pena	Ities under thes	e statutes nt between	may include fin 6 mo. and 5 yr.	SIGNATURE OF P OFFICER OR	RINCIPAL EXECUTEVE AUTHORIZED AGENT	AREA	NUMBI	ER YEAR	MONTH DAY

Form PGH BWQM 002 (Rev 5/88)

NAME	Duquesne Light Company One Oxford Centre 301 Grant Street			025615 T NUMBER	]		DI	001 SCHARGE	NO.	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
FACILITY	Pittsburgh, Pennsylvania 15279		Tear	Month	MONITON Day	INS PER	100 Year	Month	Day	(NPDES)
	Shippingport Borough, Beaver County	FROM	95	12	01	TO	95	13	31	
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M R	Sample Measure.	•			*	•		1.		•	•	
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	on my inq obtaining is true, nificant	miliar with the uiry of those the informatic accurate and co penalties for	e information si individuals immon, I believe th omplete. I am i submitting false	ubmitted her ediately res he submitted aware that is e information	rein, and based sponsible for d information there are sig- on, including	AN	Life A	412393	-511	3 96 (	01	23
	- 33 U.S.C. up to \$10	s 1319. (Penal ,000 and/or ma)	lties under the ximum imprisonm	se statutes ent between	may include fin 6 mo. and 5 yr.	SIGNATURE OF PL	RINCIPAL EXECUTIV	E AREA I	NUMBER	YEAR MO	DNTH	DAY

Form PGH BWGM 002 (Rev 5/88)

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NAME	Duquesne Light Company One Oxford Centre 301 Grant Street			025615 T NUMBER	]		DI	102 SCHARGE	¥0.	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
	Pittsburgh, Pennsylvania 15279				MONITOR	ING PER	0019			(NPDES)
FACILITY	Beaver Valley Power Station	이 집에 있는 것을 통해 있다.	Year	Month	Day		Year	Month	Day	DISCHARGE MONITORING REPORT (DMR)
LOCATION	Shippingport Borough, Beaver County	FROM	95	12	01	to	95	12	31	
							I -		- 1	NOTE: Read instructions before completing this form
		QUANTITY OR LOADIN	₩G				QUAL	ITY OR C	DNCEN	TRATION

	QUANT	TY OR LOADING			QUALITY OR CON	CENTRATION				
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
Sample Measure.	0,001	0.001	HCD	•		*		0	2/31	Esr
Permit Require.	•		Hub	*	*	*	1		2/MON1H	ESTIMATE
Sample Measure.	•	•		•	19.4	34.8		0	2/31	6
Permit Require.	•	*			30	100	MG/L		2/MONTH	GRAB
Sample Measure.	*	*		•	< 5	<5		0	2/3.	6
Permit Require.				*	15	20	MG/L		2/MONTH	GRAB
Sample Measure.	•	*		7.49	*	7.50		0	2/3,	6
Permit Require.	•	*		6.0	*	9.0	- S.U.		2/MONTH	GRAB
Sample Measure.	•	•				•				•
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Sample Measure.				*	*				•	•
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Sample Measure.	*					*			•	•
Permit Require.	•	*		*	*	•	1.		•	*
1 certif	y under penalty	of law that 1 h	ave persona	ally examined		1	TELE	PHONE		ATE
on my in obtainin is true nificant the poss	g the informati accurate and c penalties for ibility of fine	individuals imme on, I believe th omplete. I am a submitting false and imprisonmen	diately res e submitted ware that t information t. See 18	ponsible for information here are sig- on, including U.S.C. S 1001 &	AR	Dot	412393			01 23
33 U.S.C up to \$1	0,000 and/or ma	lities under thes aximum imprisonme	e statutes ent between	may include fir 6 mo. and 5 yr.	OFFICER OF	RINCIPAL EXECUTIV	E AREA I CODE	NUMBER	YEAR M	DATH DAY
	Measure. Permit Require. Sample Measure. Permit Require. Sample Measure. Permit Require. Sample Measure. Permit Require. Sample Measure. Permit Require. Sample Measure. Permit Require. Sample Measure. Permit Require. Sample Measure. Permit Require.	AVERAGE       Sample Measure.     O, CO i       Permit Require.     *       Sample Measure.     *       Permit Require.     *       Permit Require.     *       Permit Require.     *       Permit Require.     *	Sample Measure.       O, CO1       O, CO1         Permit Require.       *       *         Sample Measure.       *       *         Permit Require.       *       *	AVERAGEMAXIMUMUNITSSample Measure.0.0010.001MGDPermit Require.***Sample Measure.***Permit Require.***Sample Measure.***Sample Measure.***Sample Measure.***Sample Measure.***Permit Require.***Sample Measure.***Sample Measure.***Permit Require.***Sample Measure.***Permit Require.***Sample Measure.***Permit Require.***Permit Require.***Permit Require.***Permit Require.***Permit Require.***Permit Require.***Permit Require.***Permit Require.***Permit Require.***	AVERAGE     MAXIMUM     UNITS     MINIMUM       Sample Measure.     0.001     0.001     MGD     *       Permit Require.     *     *     *       Permit Require.     *     *     *       Sample Measure.     *     *     *       Permit Require.     *     *     *       Sample Measure.     *     *     *       Sample Measure.     *     *     *       Permit Require.     *     *     *       Sample Measure.     *     *     *       Permit Require.     *     *     *       Sample Measure.     *     *     *       Permit Require.     *     *     *	AVERAGE     MAXIMUM     UNITS     MINIMUM     AVERAGE       Sample Require.     0,001     0.001     0.001     ************************************	AVERAGE         MAXIMUM         UNITS         MINIMUM         AVERAGE         MAXIMUM           Sample Measure.         0.001         0.001         MGD         *         *         *         *           Permit Require.         *         *         *         *         *         *         *           Sample Measure.         *         *         *         *         *         *         *         *           Sample Measure.         * <td>AVERAGE     MAXIMUM     UNITS     MINIMUM     AVERAGE     MAXIMUM     UNITS       Sample     0.001     0.001     HGD     *     *     *     *       Permit Require.     *     *     *     *     *     *     *       Sample Measure.     *     *     *     *     *     *     *     *       Permit Require.     *     *     *     *     *     *     *     *       Sample Measure.     *     *     *     *     *     *     *     *       Sample Measure.     *     *     *     *     *     *     *     *       Sample Measure.     *     *     *     *     *     *     *     *       Permit Require.     *     *     *     *     *     *     *     *       Sample Measure.     *     *     *     *     *     *     *     *       Permit Require.     *     *     *     *     *     *     *     *       Sample Measure.     *     *     *     *     *     *     *     *       Permit Require.     *     *     *     *     *</td> <td>AVERAGE         MAXIMUM         UNITS         MINIMUM         AVERAGE         MAXIMUM         UNITS         NO.           Sample Measure.         0.001<td>AVERAGEMAXIMUMUNITSMINIMUMAVERAGEMAXIMUMUNITSFREQUENCY OF AMALYSISSample Measure.<math>0.001</math><math>0.001</math><math>mGD</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.0000</math><math>1.0000</math><math>1.0000</math><math>1.0000</math><math>1.0000</math><math>1.00000</math><math>1.00000</math><math>1.000000</math><math>1.000000</math><math>1.0000000</math><math>1.000000000000000000000000000000000000</math></td></td>	AVERAGE     MAXIMUM     UNITS     MINIMUM     AVERAGE     MAXIMUM     UNITS       Sample     0.001     0.001     HGD     *     *     *     *       Permit Require.     *     *     *     *     *     *     *       Sample Measure.     *     *     *     *     *     *     *     *       Permit Require.     *     *     *     *     *     *     *     *       Sample Measure.     *     *     *     *     *     *     *     *       Sample Measure.     *     *     *     *     *     *     *     *       Sample Measure.     *     *     *     *     *     *     *     *       Permit Require.     *     *     *     *     *     *     *     *       Sample Measure.     *     *     *     *     *     *     *     *       Permit Require.     *     *     *     *     *     *     *     *       Sample Measure.     *     *     *     *     *     *     *     *       Permit Require.     *     *     *     *     *	AVERAGE         MAXIMUM         UNITS         MINIMUM         AVERAGE         MAXIMUM         UNITS         NO.           Sample Measure.         0.001 <td>AVERAGEMAXIMUMUNITSMINIMUMAVERAGEMAXIMUMUNITSFREQUENCY OF AMALYSISSample Measure.<math>0.001</math><math>0.001</math><math>mGD</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.000</math><math>1.0000</math><math>1.0000</math><math>1.0000</math><math>1.0000</math><math>1.0000</math><math>1.00000</math><math>1.00000</math><math>1.000000</math><math>1.000000</math><math>1.0000000</math><math>1.000000000000000000000000000000000000</math></td>	AVERAGEMAXIMUMUNITSMINIMUMAVERAGEMAXIMUMUNITSFREQUENCY OF AMALYSISSample Measure. $0.001$ $0.001$ $mGD$ $1.0000$ $1.0000$ $1.0000$ $1.0000$ $1.0000$ $1.00000$ $1.00000$ $1.000000$ $1.000000$ $1.0000000$ $1.000000000000000000000000000000000000$

Form PGH BWOM 002 (Rev 5/88)

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NAME	Duquesne Light Company				F		7										
ADDRESS	One Oxford Centre					025615	-		-	002							
	301 Grant Street				PERMI	T NUMBER			01	SCHARGE	NO.	NATIONAL POLLUT	ANT DISCH	ARGE	ELIMINATIO	N SYST	EM
	Pittsburgh, Pennsylvania 1	5279					MONIT	ORING PE	R100			1	(NPDES	5)			
FACILITY	Beaver Valley Power Station				Year	Month	Day	1	Year	Month	Day	DISCHAR		RING	REPORT (DM	R)	
OCATION	Shippingport Borough, Beave	r County		FROM	95	12	01	10	95	12	31	1				÷ 3.	
												OTE: Read inst	ructions l	befor	e completin	g this	form
			QUANTI	TY OR LOAD!	NG				QUAL	ITY OR C	CONCENT	RATION					
	PARAMETER		AVERAGE	MAXIMU	м	UNITS	M	INIMUM		AVERAGE		MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSI		MPLE
		Sample Measure.	0,006	0,04	6	MGD		*		•		*		0	1/7	E	se
Flow		Permit Require.		1		HGU		*		•		*			1/WEEK	EST	IMATE
		Sampie Measure.		•				•		•		*			•		•
		Permit Require.	•	•				•		•		•			•		•
		Sample Measure.	•					•		•		•					•
		Permit Require.	•	*		- 19		*		*		*			â		*
		Sample Measure.	•	•				•		*		•					•
		Permit Require.	*	*				*		•		•			•		•
		Sample Measure.						•		•		•			•		*
		Permit Require.	*	*				•		•		•			•		*
		Sample Measure.	*	•				•		•		•			•		*
		Permit Require.	*	*				*				•					*
		Sample Measure.	•					•		•		*			•		•
		Permit Require.	*					•		•		*			•		*
NAME/TIT	LE PRINCIPAL EXECUTIVE OFFICE	R 1 certif	y under penalty	of law that	t I hay	ve person	hally e	xamined				-	TELE	PHONE		DATE	
	Orndorf stry Manager	on my in obtainin is true nificant	amiliar with the option of those of the informati accurate and c penalties for ibility of fine s 1319. (Pena 0,000 and/or mag	individuals on, I belie complete. I submitting	immed ve the am away false	submitte are that	sponsi d info there ion, ir	ble for mation are sig- cluding	.A	X	Pn	Ort	412,39	3-51	113 96	01	23
		- 33 U.S.C	S 1319. (Pena	and impris	these	statutes	s may i	nclude f	in SIG	NATURE O	FPRIN	CIPAL EXECUTIVE	AREA	NUMBE	R YEAR	MONTH	DAY
	TYPED OR PRINTED	up to \$1	0,000 and/or ma	ixiana impri	sonmen	Detweer	1 C m0.	and o )	1. 1	UTTILER I	UK AUTI	HORIZED AGENI	CODE				1

Form PGH BWOM 002 (Rev 5/88)

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NAME	Duquesne Light Company One Oxford Centre		PAO	025615	٦		-	103	-	
ADDRESS	301 Grant Street		PERMI	T NUMBER			DI	SCHARGE	NO.	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
	Pittsburgh, Pennsylvania 15279				MONITO	RING PE	R100			(NPDES)
FACILITY	Beaver Valley Power Station		Year	Month	Day		Year	Month	Day	DISCHARGE MONITORING REPORT (DMR) .
LOCATION	Shippingport Borough, Beaver County	FROM	95	13	01	TO	95	13	31	
										NOTE: Read instructions before completing this for
		QUANTITY OR LOADI	NG				QUAL	ITY OR C	ONCEN	ITRATION
1	CLOSER TED				1				1	

		QUANTIT	TY OR LOADING	1		QUALITY OR CON	CENTRATION		4		Accessor
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	Sample Measure.	7.4514	600,0	MGD	2	*	•	1.	C	2/31	ESE
Flow	Permit Require.	* 1/22/46	*	Hub	•	*	*	1		2/MONTH	ESTIMATE
	Sample Measure.	•	•	1.	*	20.6	31.5		0	2/31	34 HC
Suspended Solids	Permit Require.	•	•	1 1	•	30	100	MG/L		2/MONTH	24 HOUR COMPOSITE
	Sample Measure.	•	•		7.45	•	7.53		C	2/31	G
рн	Permit Require.	*			6.0	•	9.0	- S.U.		2/MONTH	GRAB
	Sample Measure.	*	*		*			1			
	Permit Require.		*	1 1	•	*	*				•
	Sample Measure.	•	*		•	*	*	1.		*	*
	Permit Require.	•	*		*	•		1		•	*
	Sample Measure.	*	*		•	•		1.		•	*
	Permit Require.	•		1	•	•				- *	
	Sample Measure.	*	*		*	*	*				*
	Permit Require.	•	*	1	*	•	*			•	•
AME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certif	fy under penalty	of law that I	have person	ally examined			TELEP	PHONE		DATE
David Orndorf Chemistry Manager	on my in obtainin is true nifican the pos	amiliar with the quiry of those i ing the informatic accurate and co penalties for sibility of fine	ndividuals imme on, I believe th amplete. I am submitting fals and imprisonme	diately res ne submitter aware that e informati nt. See 18	ponsible for information there are sig- on, including U.S.C. S 1001 8	OAT	PRINCIPAL EXECUTIVE	412393	3 - 5 1 NUMBER		01 23 MONTH DA
TYPED OR PRINTED	up to \$1	C, S 1319. (Penal 10,000 and/or max	kimum imprisonm	ent between	6 mo. and 5 yr.	OFFICER OR	AUTHORIZED AGENT	CODE	UNDE	K TEAN	ONTH

Form PGH BWOM 002 (Rev 5/88)

	And And Contact				PA	0025615	1			203						
ADORESS	One Oxford Centre 301 Grant Street				PERM	IT NUMBER	1		DI	SCHARGE	NO.	NATIONAL POLLU	TANT DISCH	ARGE	ELIMINATION	SYSTEM
	Pittsburgh, Pennsylvania 1	\$ 370					MONITO	RING PE	0100			7	(NPDES	5)		-
					Vaar	INanth	T T	KING PE	1	Marth	1.0	-	BOT HOULED			
FACILITY	Beaver Valley Power Station			FROM	Year		Day		Year	Month	Day	UISCHA	IRGE MONITO	RING	REPORT (DMR	,
LOCATION	Shippingport Borough, Beave	er county		PRUM	95	12	01	TO	95	17	131	] HOTE: Read inst	nutions h	-	a completing	this for
		1	QUANTI	TY OR LOADIN	NG				QUAL	ITY OR C		the second of the second second	indections is	T		this for
	PARAMETER		AVERAGE	MAXIMU	м	UNITS	MI	NIMUM	1	AVERAGE	Τ	MAXIMUN	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		Sample Measure.	0.003	0.00	4	HCD		*		*		•	1.	0	1.17	MEAS
Flow		Permit Require.	0.023	•		MGD		•	-	•		*	1		1/WEEK	MEASURED
		Sample Measure.				LB/DY		•	10	2.1		3.2	MG/L	0	2/31	SHC
CB00-5	Day	Permit Require.	•			LB/D1		•		25		50	Mu/L		2/MONTH	8 HOUR COMPOSITI
		Sample Measure.	•			LB/DY		*		29.1		32.5	MG/L	0	3/31	8HC
Suspend	led Solids	Permit Require.		•		60/01		•		30		60	MG/L		2/MONTH	8 HOUR COMPOSIT
Total R	esidual Chlorine	Sample Measure.	*	*				*	0	0,50		1.73	MG/L	0	2/3.	6
Perm Sept	it issuance thru ember 30, 1997	Permit Require.	*	•				*		1.2		INSTANT. MAX. 3.0	MOL		2/MONTH	GRAB
Fecal C	oliform	Sample Measure.	*	•				*	1	505		3000	#/100HL	0	2/31	G
May Oct	1 to Sep 30 1 to Apr 30	Permit Require.	*	*				*		200 2000		1000	W/ TOOML		2/MONTH	GRAB
		Sample Measure.	•	*			6	55		•		6.88	S.U.	0	2/3,	G
рH		Permit Require.	*					6.0		•		9.0	3.0.		2/MONTH	GRAB
		Sample Measure.	*	*				•		*		*			•	
		Permit Require.	*					•		*		•			•	
NAME/TITL	E PRINCIPAL EXECUTIVE OFFICE	R I certi	fy under penalty	of law that	t I ha	ve person	ally ex	amined				~	TELER	PHONE		DATE
	Orndorf stry Manager	on my in obtainin is true nifican	fy under penalty familiar with th nquiry of those ng the informati accurate and c t penalties for sibility of fine C. S 1319. (Pena 10,000 and/or ma	on, I belie submitting	immed ve the am aw false	iately re submitte are that informati	sponsit d infor there a on, inc	mation resignation		K	Du	Cot	412393	-51	13 96	01 2
	TYPED OR PRINTED	- 33 U.S. up to \$	C. S 1319. (Pena 10,000 and/or ma	ilties under iximum impri	these	statutes t between	may in 6 mo.	and 5 y	in SIG	NATURE OFFICER	F PRIN	CIPAL EXECUTIVE	E AREA I	NUMBE	ER YEAR M	NONTH DA

Form PGH 8WOM 002 (Rev 5/88)

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Duquesne Light Company

NAME

NAME	Duquesne Light Company		PAD	025615	٦			303		
ADDRESS	One Oxford Centre			T NUMBER	-		01	SCHARGE	NO	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
	301 Grant Street		L	- Hortock	1			Jenninge	. J	(NPDES)
	Pittsburgh, Pennsylvania 15279				MONITO	RING PE	RIOD			(Wrocs)
FACILITY	Beaver Valley Power Station		Year	Month	Day		Year	Month	Day	DISCHARGE MONITORING REPORT (DMR)
LOCATION	Shippingport Borough, Beaver County	FROM	95	12	01	TO	95	12	31	]
										NOTE: Read instructions before completing this form
		QUANTITY OR LOADI	NG				QUAL	ITY OR C	ONCEN	TRATION

		SOANT	ITT OK LOMDING			WUALTIT UK LUNG	ENIRALIUN		1.1		10.00
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	Sample Measure.	0.019	0.056	MGD	•	•	•		0	1/7	EST
Flow	Permit Require.	*	•	HGD	*	*	*			1/WEEK	ESTIMATE
	Sample Measure.	*	*		*	4.2	4.8		0	1/7	G
Suspended Solids	Permit Require.	•	•		*	30	100	MG/L		1/WEEK	GRAB
	Sample Measure.	•	•		*	<5	<5		0	1/7	G
Oil and Grease	Permit Require.	•	•		•	15	20	MG/L		1/WEEK	GRAB
	Sample Measure.	*	*		6.68	*	6.78		0	1/7	G
рн	Permit Require.	•	*	1	6.0	•	9.0	- s.u.		1/WEEK	GRAB
	Sample Measure.	*	*		*	*	•	1.		*	*
	Permit Require.	*	*	1	*	•	*	7		*	
	Sample Measure.	*	•		•						
	Permit Require.	ŧ			*	•	•				•
	Sample Measure.	*	*		•	*	*				a
	Permit Require.	*		1	•	•	•			•	*
AME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certif	fy under penalt	y of law that 1 h	ave person	ally examined			TELE	PHONE		DATE
David Orndorf Chemistry Manager	and am f on my ir obtainir is true nificant the poss 33 U.S.(	ramiliar with t nquiry of those ng the informat accurate and penalties for sibility of fin . S 1319. (Pen	y of law that 1 h he information st individuals imme ion, I believe th complete. I am a submitting false e and imprisonme alties under thes aximum imprisonme	Womitted he ediately re ne submitte aware that informati nt. See 18 se statutes	rein, and based sponsible for d information there are sig- on, including U.S.C. S 1001 / may include fir	SIGNATURE OF PI		412 39: (E AREA	3-51 NUMBE		01 23 ONTH DAY
TYPED OR PRINTED	up to \$	10,000 and/or m	aximum imprisonme	ent between	6 mo. and 5 yr	OFFICER OR	AUTHORIZED AGENT	CODE			

Form PGH BWGM 002 (Rev 5/88)

NAME Duquesne Light Com	pany			PAG	0025615	7	-	403						
DDRESS One Oxford Centre 301 Grant Street				PERMI	IT NUMBER	1	DI	SCHARGE I	NO.	NATIONAL POLLU	TANT DISC	HARGE	ELIMINATION	SYSTEM
Pittsburgh, Pennsy	Ivania 15279			[		MONITORING PER	100			1	(NPDE:	s)		
ACILITY Beaver Valley Powe				Year	Month	Day	Year	Nonth	Day	DISCHA		ORING	REPORT (DMR)	,
OCATION Shippingport Borou	gh, Beaver County		FROM	95	12	01 10	95	13	31	1				•
<u> </u>									-	OTE: Read inst	tructions	befor	e completing	this for
		QUANT	ITY OR LOADI	NG			QUAL	ITY OR C	DINCENT	TRATION		4		
PARAMETER		AVERAGE	MAXIMU	н	UNITS	MINIMUM		AVERAGE		MAXIMUN	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	Sample Measure.	0,001	0,00	5	MGD					•		0	1/7	Est
Flow	Permit Require.	•	•		Hab			•		*			1/WEEK	ESTIMAT
	Sample Measure.	*				•	6	.9		7.3		0	1/7	G
Suspended Solids	Permit Require.	•				•		30		100	MG/L		1/WEEK	GRAB
	Sample Measure.	*	•				<	:5		< 5	-	C	1/7	G
Oil and Grease	Permit Require.	•						15		20	MG/L		1/WEEK	GRAB
	Sample Measure.	*				NA	-		-		-	-		P
Hydrazine	Permit Require.	*				NOT DETECTABLE		USING		ASTM D-1385	MG/L		1/WEEK	GRAB
	Sample Measure.						1	JA	_					2
Ammonia	Permit Require.				100	•		MONI	TORA	ND REPORT	MG/L		1/WEEK	GRAB

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Sample

Measure.

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

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Form PGH 8WQM 002 (Rev 5/88)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

Total Residual Colorine

Clamtrol (CT-1)

David Orndorf

Chemistry Manager

NOTE: YOUR PERMIT WILL EXPIRE ON

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 firm and imprisonment. See 18 U.S.C. S 1001 & 33 U.S.C. S 1319. (Pen thiss under these statutes may include fin up to \$10,000 and/or m kimum imprisonment between 6 mo. and 5 yr.

PAGE 1 OF 2

1/7

1/WEEK

WHEN DISCHARGING

96

YEAR

0.07

NOT DETECTABLE

INSTANT. MAX. 1.25 MG/L

MG/L

AREA

CODE

TELEPHONE

12 393-5113

NUMBER

6

GRAB

2

GRAB

23

DAY

DATE

01

MONTH

RAME	Doquestie Light Company				PAG	0025615			403							
ADDRESS	One Oxford Centre				PERMI	T NUMBER	1	T	DISCHAR	GE NO.	NATIONAL PO	LLUTANT DISC	HARGE	ELINIHATIO	I SYST	EM
	301 Grant Street										-	(NPDE				•
	Pittsburgh, Pennsylvania 15	279				1	MONITORI				_					
FACILITY	Beaver Valley Power Station				Year	Month	Day		ear Mon		DIS	CHARGE MONIT	ORING	REPORT (DN	0	
LOCATION	Shippingport Borough, Beaver	County		FROM	95	13	01	10 9	5 13		MOTE: Read i	estructions	hefor	a complatio	a this	tore
		T	QUANTI	TY OR LOADIN	NG			6	UALITY O		and the local division of the second division		1		1	1014
	PARAMETER		AVERAGE	MAXIMU	4	UNITS	MININ	NIM I	AVERA	GE	MAXIMUM	UNITS	NO.	FREQUENCY OF ANALYSIS	S SAT	MPLE
		Sample Measure.	•				•		•		N/A -		-		-	>
Betz DT	-1	Permit Require.	*	*			•		•		35.0	MG/L		DISCHARGING	G	RAB
		Sample Measure.	*	•			7.6	3			8.03		0	1/7	G	,
pH		Permit Require.	*	•			6.1		•		9.0	S.U.		1/WEEK	G	RAB
		Sample Measure.	*	*					•		•			•	1	•
		Permit Require.					•		*		•	<b>-</b> ·				•
		Sample Measure.	*				•		•					•	1	•
		Permit Require.	*				•		•		*	1.		•	T	•
		Sample Measure.					•		•		•			•		•
		Permit Require.	*			1.1	•				•			•		*
		Sample Measure.	*				•		•		•		1	•		•
		Permit Require.	*	•			•				•			*	T	•
		Sample Measure.	*						•		*		1	•	T	•
		Permit Require.	*	•			•		*		•	1.		•		•
NAME/TITL	E PRINCIPAL EXECUTIVE OFFICER	I certify	under penalty miliar with th	of law that	t I hav	ve person	ally exam	ined				TEL	PHONE		DATE	
	Orndorf try Manager		the informati accurate and c penalties for bility of fine \$ 1319. (Pena 0,000 and/or ma						A	Æ	.60	41239	And in case of the local division of the loc		01	23
	TYPED OR PRINTED	33 U.S.C. up to \$10	\$ 1319. (Pena ),000 and/or ma	ities under ximum impri	these	statutes t between	may incl 6 mo. an	ude fin d	OFFICE	OF PRI	HCIPAL EXECUT	T CODE	NUMBE	R YEAR	MONTH	DAT

NA = Not appliedle, Not discharging.

Sorm PGH BWQM 002 (Rev 5/88)

PAGE 2 OF 2

NAME	Duquesne Light Company				-		_						
ADDRESS	One Oxford Centre		PAO	025610				003					
ADDRESS	301 Grant Street		PERMI	T NUMBER			01	SCHARGE	NO.	NATIONAL POLLUTANT D	ISCHARGE ELIMIN	ATION SYST	EM
	Pittsburgh, Pennsylvania 15279				MONITON	RING PER	R100			) (N	(PDES)		
FACILITY	Beaver Valley Power Station		Year	Month	Day		Year	Month	Day	DISCHARGE MO	ITORING REPORT	(DMR)	
LOCATION	Shippingport Borough, Beaver County	FROM	95	13	01	to	95	13	31	1			•
									1	NOTE: Read instructio	ons before compl	eting this	form.

		QUANT	ITY OR LOADING			QUALITY OR CONC	ENTRATION			19611343	
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUH	UNITS	NO. EX	FREQUENCY OF AMALYSIS	SAMPLE TYPE
	Sample Measure.	0.024	0.067	MGD	*	*	*		0	2/31	EST
Flow	Permit Require.	•		Hau	•		•	1		2/MONTH	ESTIMATE
	Sample Measure.	*			•		•			•	•
	Permit Require.	*			*	*	•	1		•	•
	Sample Measure.	*			•	•	•		T	•	•
	Permit Require.	•	•		*		•	1 .		•	•
	Sample Measure.	*			*		•			•	•
	Permit Require.	•	•	1	•	•	•	•		•	•
	Sample Measure.	*	*		•		•		1	•	•
	Permit Require.	*			*	•	•	1		•	•
	Sample Measure.	*	*		•	*	•			•	•
	Permit Require.	*			*	•	•	1		•	•
	Sample Neasure.	*	*	1.1	•	•	•			•	•
	Permit Require.	•	•		*	*	•			•	•
AME/TITLE PRINCIPAL EXECUTIVE OFFICE	R I certif	y under penalt	y of law that I I	have persona	lly examined		·	TELE	PHONE		DATE
David Orndorf Chemistry Manager	and am f on my in obtainin is true, nificant the poss	amiliar with the squiry of those of the informat accurate and penalties for ibility of fin	individuals immu ion, I believe th complete. I am submitting false e and imprisonme	ediately res he submitted aware that t e informatio ht. See 18	ein, and based ponsible for information here are sig- n, including U.S.C. S 1001.8	Oth		412393			01 2
TYPED OR PRINTED	up to \$1	0,000 and/or m	atties under the aximum imprisonme	ent between	6 mo. and 5 yr.	OFFICER OR	UTHORIZED AGENT	CODE	NUMBE	K TEAK M	INTH DAY

Form PGH BWOM 002 (Rev 5/88)

NAME ADDRESS	Duquesne Light Company One Oxford Centre			025615 T NUMBER	7		01	004 SCHARGE	NO.	NATIONAL POLLUTANT DISCHARGE ELININATION SYSTEM
	301 Grant Street Pittsburgh, Pennsylvania 15279				MONITO	RING PE				(NPDES)
FACILITY	Beaver Valley Power Station		Year	Month	Day		Year	Month	Day	DISCHARGE MONITORING REPORT (DWR)
LOCATION	Shippingport Borough, Beaver County	FROM	95	12	01	to	95	17	31	1
-										NOTE: Read instructions before completing this form
		QUANTITY OF LOCAL	HC .		1		CH LA L	174 00 0	ourres.	

		YUANTI	IT OR LUGDING			QUALITY OR CONC	ENTRATION		1		1	
PARAMETER		AVERAGE	MAXIMIM	UNITS	AVERAGE	MAXIMUM DAILY	INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAM	
	Sample Measure.	NO FLC	N	MGD	•	*	•					
Flow	Permit Require.		*	MGU	•	*	•	1		1/WEEK	MEAS	URED
	Sample Measure.	*	•		*							
Free Available Chlorine	Permit Require.				•	0.2	0.5	MG/L		CONT ! NUQUS	RECO	RDED
	Sample Measure.	*			•	•						
Total Residual Chlorine	Permit Require.	•	*		*	9	1.25	MG/L		1/WEEK	GR	AB
	Sample Measure.	*	•				•					
płł	Permit Require.	*	•		MINIMUM 6.0	9.0	•	s.u.		1/WEEK	GR	AB
	Sample Measure.	•	•		•	*	•			*	•	
	Permit Require.	•			•	•	•	1		*	•	
	Sample Measure.	*	*		•					•		
	Permit Require.	*	•		•	*	•	1		•		
	Sample Measure.	*	*		•	*	*			•		
	Permit Require.	*			*	*	•	1		*	•	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	l certify	under penalty	of law that I I	have persona	ally examined	1.0403404		TELE	PHONE		DATE	
David Orndorf Chemistry Manager	on my ing obtaining is true, nificant	the informati accurate and c penalties for	on, I believe the submitting false	ediately res he submitted aware that the information	sponsible for dinformation there are sig- on, including	EACh	ALL	412393	-511	3 96	01	23
TYPED OR PRINTED	- 33 U.S.C. up to \$10	\$ 1319. (Pena ),000 and/or ma	lties under the ximum imprisonme	se statutes ent between	may include fin 6 mo. and 5 yr.	SIGNATURE OF PE	RINCIPAL EXECUTIVE	AREA I	NUMBER	R YEAR M	IONTH	DAY

NO DISCHARGE

Form PGH BWOM 002 (Rev 5/88)

NAME	Duquesne Light Company															
ADDRESS	One Oxford Centre				PA	0025615				006	NATIONAL I NATIONAL I NATIONAL I Day D NOTE: Read R CONCENTRATION					
	301 Grant Street				PERM	IT NUMBER			D	ISCHARGE	NO.	NATIONAL POLL	UTANT DISC	HARGE	ELIMINATION	SYSTEM
	Pittsburgh, Pennsylvania						MONITO	RING PE	RIOD			7	MAXIMUM UNITS NO. FREQUEN			
FACILITY	Beaver Valley Power Stati		PERMIT NUMBER     DISCHARGE NG.     NATIONAL POLLUTANT DISCHARG       MONITORING PERIOD     (NPDES)       Year     Month     Day       Year     Month     Day       FROM     95     13       95     13     01       10     95     13       NOTE: Read instructions before       QUANTITY OR LOADING     QUALITY OR CONCENTRATION       AVERAGE     MAXIMUM     UNITS       MINIMUM     AVERAGE     MAXIMUM       U.CCC3     U.CC16     MGD	ORING	REPORT (DMR											
LOCATION	Shippingport Borough, Bea	aver County		FROM	95	13	01	10	95	12	31					
												NOTE: Read inst	tructions	befor	e completing	this form.
1.50			QUANTI	TY OR LOADIN	NG				QUAL	ITY OR C				T	T	1
	PARAMETER		AVERAGE	MAXIMU	м	UNITS	MI	NIMUM		AVERAGE		MAXIMUM	UNITS	NO.	FREQUENCY OF ANALYSIS	SAMPLE
1		Sample Measure.	U.COD	E.C.R	0			*			1	•		-		EST
Flow		Permit Require.				MGD		*			1		1 .	F	1/WEEK	ESTIMATE
		Sample Measure.	*	*				•		*	-	*		+	•	

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I certify under penalty of law that I have personally examined and am familiar with the incormation submitted herein, and based on my inquiry of those individuals immediately reconsible for obtaining the information. I believe the submitted information is true, accurate and complete. I am aware that there are sig-nificant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. S 1001 & 33 U.S.C. S 1319. (Penalties under these statutes may include fin up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.

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TELEPHONE

412393-5113

NUMBER

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

David Orndorf Chemistry Manager Permit

Require.

Sample

Measure

Permit

Require. Sample

Measure.

Permit

Require. Sample

Measure.

Permit

Require.

Sample

Measure.

Permit

Require. Sample

Measure.

Permit

Require.

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

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PAGE 1 OF 1

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96

YEAR

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23

DAY

DATE

01

MONTH

NAME	Duquesne Light Company									
ADDRESS	One Oxford Centre		PAO	025615				007		
	301 Grant Street		PERMI	T NUMBER			DI	SCHARGE	NO.	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSIEM
	Pittsburgh, Pennsylvania 15279				MONITO	RING PE	R100			(NPDES)
FACILITY	Beaver Valley Power Station		Year	Month	7		1	Month	Day	DISCHARGE MONITORING REPORT (DMR)
LOCATION	Shippingport Borough, Beaver County	FROM	95	13	01	TO	95	13	31	
									-	 NOTE: Read instructions before completing this f

		QUANT	TITY OR LOADING			QUALITY OR CON	ACENTRATION		T	1	1
PARAMETER		AVERAGE	MAXIMUM	UNITS	AVERAGE MONTHLY	MAXIMUM DAILY	INSTANTANEOUS MAXIMUM	UNITS	NO.		SAMPLE S TYPE
	Sample Measure.	NO FL	ion		•	•	•		T		
Flow	Permit Require.	*	•	MGD	•	•	•	- ·	-	X OF AHALYSI 1/WEEK 1/WEEK 1/WEEK 1/WEEK * * * * * * * * * * * * *	ESTIMATE
	Sample Measure.	*	•		•				1	OF AHALYS 1/WEEK 1/WEEK 1/WEEK 1/WEEK * * * * * * * * * *	
Free Available Chlorine	Permit Require.	*	•	1.1		0.2	0.5	MG/L		1/WEEK	GRAS
	Sample Measure.	•	•			•			-		
Total Residual Chlorine	Permit Require.	•		1.1	0.5	*	1.25	MG/L	H	1/WEEK	GRAB
	Sample Measure.	*	*				•		S.U.		
РЯ	Permit Require.	*	*		MINIMUM 6.0	9.0	•	s.u.		OF AHALYSIS	GRAB
	Sample Measure.	*	*						1	•	•
	Permit Require.	*	•	1 1	*	•	•	1 •		•	
	Sample Measure.	•	•		•		*		17	*	
	Permit Require.	*		1 1	•	•	*	1.		•	•
	Sample Measure.	*	*		•		•		-	•	•
	Permit Require.	*	*		•			1.	-	*	· ·
MAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify	under penalty	y of law that I	have persona	Ily examined		1	TELEP	PHONE		DATE
David Orndorf Chemistry Manager	and all far on my inq obtaining is true, nificant the poss	millar with in uiry of those the informati accurate and o penalties for ibility of fin	in information su individuals imme ion, I believe th complete. I am submitting fals e and imprisonme	abmitted here ediately res he submitted aware that t e informatio nt. See 18	ein, and based ponsible for information here are sig- m, including U.S.C. § 1001 &	CAR.	PRINCIPAL EXEGUTIVE	412393-	-511	13 96	01 23
TYPED OR PRINTED	up to \$10	1,000 and/or m	Attes under they aximum imprisonm	ent between	6 mo. and 5 yr.	SIGNATURE OF PE	AUTHORIZED AGENT	AREA N CODE	NUMBER	A YEAR	MONTH DAY

NO DISCHARCE

Form PGH BWOM 002 (Rev 5/88)

NAME ADDRESS	Duquesne Light Company One Oxford Centre 301 Grant Street			025615 T NUMBER	-		DI	008 SCHARGE	NO.	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
	Pittsburgh, Pennsylvania 15279				MONITOP	RING PER	100			(NPDES)
FACILITY	Beaver Valley Power Station		Year	Month	Day		Year	Month	Day	DISCHARGE MONITORING REPORT (DMR)
LOCATION	Shippingport Borough, Beaver County	FROM	95	17	01	TO	95	13	31	
		and the first of							1	NOTE: Read instructions before completing this form.

		QUANTI	ITY OR LOADING			QUALITY OR CONC	ENTRATION				1 1 1
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCE OF ANALYS	S SAMPLE S TTPE
	Sample Measure.	0.001	0,001	MGD	*	*	•		0	1/7	EST
Flow	Permit Require.	•		HGO	•			1		1/WEEK	ESTIMAT
	Sample Measure.	*			•	7.2	10.3		0	2/31	G
Suspended Solids	Permit Require.	•				30	100	MG/L		2/MONTH	GRAB
	Sample Measure.	*	•		5.8	6.6 5.8	6.6		EX OF ANAL 0 1/7 1/WEE 0 2/3 2/HON 0 2/3 2/HON 0 2/3 2/HON 0 2/3 2/HON 0 2/3 2/HON 0 2/3 2/HON 0 2/3 2/HON	2/31	6
Oil and Grease	Permit Require.	*	*		AVG. MONTHLY	DAILY MAX . 122	FINSTANT. MAX.	MG/L		2/MONTH	GRAB
	Sample Measure.	*	*		7.60		7.62		0	2/31	G
рн	Permit Require.	*	•	1	6.0		9.0	s.u.		2/MONTH	GRAB
	Sample Measure.	*	•		*	•	•			•	•
	Permit Require.	*	*	1		•		1 .		•	•
	Sample Measure.	*	•		•	•	•			•	•
	Permit Require.	*			*		•	•		•	*
	Sample Measure.	*	*				•			•	•
	Permit Require.	*	*	1 •	•	•		· ·	H	•	•
ME/TITLE PRINCIPAL EXECUTIVE OFFICER	l certify	fy under penalty of law that I have personally examined familiar with the information submitted herein, and based nquiry of those individuals immediately responsible for ng the information, I believe the submitted information accurate and complete. I am aware that there are sig- t penalties for submitting false information, including sibility of fine and imprisonment. See 18 U.S.C. S 1001 & C. S 1319. (Penalties under these statutes may include fin 10,000 and/or maximum imprisonment between 6 mo. and 5 yr.) SIGNATURE OF PRINCIPAL EXECUTIVE								1	DATE
David Orndorf Chemistry Manager	and am fa on my ind obtaining is true, nificant the possi	miliar with th uiry of those the informati accurate and c penalties for bility of fine	individuals imma on, I believe ti complete, I am i submitting false and imprisonmen	ubmitted he ediately re he submitte aware that e informati nt. See 18	rein, and based sponsible for d information there are sig- on, including U.S.C. S 1001 &	DAR	most	412393		13 96	01 23
TYPED OR PRINTED	up to \$10	\$ 1319. (Pena 0,000 and/or ma	uties under the minum imprisonme	se statutes ent between	may include fin 6 mo. and 5 yr.	OFFICER OF A	INCIPAL EXECUTIVE	AREA I	UMBER	YEAR	MONTH DA

Form PGH BWOM 002 (Rev 5/88)

NOTE: YOUR PERMIT WILL EXPIRE ON \_\_\_\_\_. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY \_\_\_\_\_

NAME Duquesne Light Company				DAO	025615	7		-	110	-						
ADDRESS One Oxford Centre					T NUMBER	-		01	SCHARGE	10	NATIONAL DOLL	TANT DICC	ABOF			
301 Grant Street				- TERM	1 HOHDEN	_		Loi	SCHARGE	NU.	NATIONAL POLLU			ELIMINATION	SYSTEM	
Pittsburgh, Pennsylvania 1	5279					MONITO	RING PE	R100				(NPDES	5)			
FACILITY Beaver Valley Power Station	1			Year	Month	Day		Year	Month	Day	DISCHA	RGE MONITO	RING	REPORT (DMR	)	
LOCATION Shippingport Borough, Beave	er County		FROM	45	12	01	тө	95	13	31	]					
						_				8	NOTE: Read inst	ructions	befor	e completing	this fo	rm
0.0		QUANTI	TY OR LOADI	NG				QUAL	ITY OR C	ONCENT	TRATION			1.11	1.162	
PARAMETER		AVERAGE	MAXIMU		UNITS	MI	NEMUN		AVERAGE		MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPL TYPE	
	Sample Measure.	No FLC	N		MGD		•		•		*		1			-
Flow	Permit Require.	•	•		MGU		*		*		*	1		1/WEEK	ESTIMA	TE
	Sample Measure.	*	•				•		•		*			*	•	
	Permit Require.	•	•			1.27	•		*			1		•	*	
	Sample Measure.		•				•		•		•			*	•	-
	Permit Require.		•		. 1.	100	•		•		ż			*	*	-
	Sample Measure.	•					•		•		•		Τ	•		
	Permit Require.	*	•				•		•		•	1		*	*	
	Sample Measure.	*	•				•		*	1	•			•	•	
	Permit Require.	*			1.51		•		*		*	1		•	•	
	Sample Measure.	*	•				*		*		•			*	•	
	Permit Require.	*	. *				•		*		•			•	*	
	Sample Measure.	*0					•		*		1000			*	•	
	Permit Require.	•					*		•		•			*	•	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	R I certif	y under penalty amiliar with th	of law that	t I hav	e person	ally ex	amined	d			1	TELE	PHONE		DATE	
David Orndorf Chemistry Manager	obtainin is true,	amiliar with th quiry of those g the informati accurate and c penalties for ibility of fine	on, I belie omplete, 1	am awa	submitter	d infor	mation resig-	1	X	Er.	Cit	412 39	3-51	13 96	01 2	23
TYPED OR PRINTED	- 33 U.S.C up to \$1	bility of fine S 1319. (Pena 0,000 and/or ma	lties under ximum impri	these	statutes between	may in 6 mo.	and 5 y	IN SIGN	ATURE OF	PRING R AUTH	CIPAL EXECUTIVE	AREA I CODE	UMBE	R YEAR M	ONTH D	AY

NO DISCHARGE

Form PGH BWOM 002 (Rev 5/88)

NAME ADDRESS	Duquesne Light Company One Oxford Centre		PAO	025615	٦		<b></b>	010		
ADDRE 33	301 Grant Street		PERMI	T NUMBER	]		DI	SCHARGE	NO.	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
	Pittsburgh, Pennsylvania \$5279				MONITON	RING PE	RIOD			(NPDES)
FACILITY	Beaver Valley Power Station		Year	Month	Day		Year	Month	Day	DISCHARGE MONITORING REPORT (DMR)
LOCATION	Shippingport Borough, Beaver County	FROM	95	13	01	to	95	13	31	
				L. A. S.						NOTE: Read instructions before completing this fo
12.		QUANTITY OR LOADI	NG				QUAL	ITY OR C	ONCEN	TRATION

		QUANTI	ITT OR LOADING			QUALITY OR CON	CENTRATION		1		
PARAMETER		AVERAGE	MAXIMUM	UNITS	AVERAGE MONTHLY	DAILY	INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
	Sample Measure.	2,880	2,880			*	•		10	1/7	MEAS
Flow	Permit Require.	*		MGD	•		•	1 •	F	1/WEEK	MEASURED
	Sample Measure.	*	*		•	0,00	0.00		0	14	GRAE
Free Available Chlorine	Permit Require.	*	•		•	0.2	0.5	MG/L	-	1/WEEK	GRAB WHIL
	Sample Measure.		*		0.00	•	0.00		0	1/7	GRAG
Total Residual Chlorine	Permit Require.	*			0.5	•	1.25	MG/L	1/WEEK	1/WEEK	GRAB WHILL CHLORO.
	Sample Measure.	*		1.1.1	NA -		*				15
Clamtrol CT-1	Permit Require.	*	•	•		DETECTABLE		MG/L	-	WHEN DISCHARGING	24 HOUR
	Sample Measure.	*	*		NA		•				2
Betz DT-1	Permit Require.	*		1.	*	35.0	•	MG/L		WHEN	24 HOUR
	Sample Measure.	*	•		7.46	7.60	*		C	17	Crub
pH	Permit Require.		*		MINIMUM 6.0	9.0		S.U.		1/WEEK	GRAB
	Sample Measure.	*	*		*		•		1	•	•
	Permit Require.	*	*	1	*	•	•		· + -	•	• •
AME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certif	y under penalty	of law that I	have person	ally examined	1	1	TELEF	HONE	1	DATE
David Orndorf Chemistry Manager	on my in obtainin is true nificant the poss	y under penalty amiliar with th quiry of those ig the informati accurate and c penalties for ibility of fine . S 1319. (Pena 0,000 and/or ma	412, 39	3-51		01 23					
TYPED OR PRINTED	33 U.S.C up to \$1	0,000 and/or ma	alties under the aximum imprisonm	se statutes ent between	may include fir 6 mo. and 5 yr.	OFFICER OF	RINCIPAL EXECUTIVE AUTHORIZED AGENT	AREA N CODE	UMBEI	R YEAR M	ONTH DAY

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

Form PGH BWQM 002 (Rev 5/88)

PAGE 1 OF 1

ADDRESS	Duquesne Light Company One Oxford Centre 301 Grant Street			025615 NUMBER	] .		DI	011 SCHARGE	NO.	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
	Pittsburgh, Pennsylvania 15279				MONITO	ING PER	100			(NPDES)
FACILITY	Beaver Valley Power Station		Year	Month	Day		Year	Nonth	Day	DISCHARGE MONITORING REPORT (DMR)
LOCATION	Shippingport Borough, Beaver County	FROM	95	13	01	10	95	13	31	
		A long to the second				1				NOTE: Read instructions before completing this form.
		QUANTITY OR LOADIN	₩G	-			QUAL	ITY OR C	ONCEN	TRATION
1 · · · · · · · · · · · · · · · · · · ·						the state of the s		Contraction of the second s		

		QUANTI	IT OK LUADING		1	QUALITY OR CONC	ENTRATION		1 1	1.1.1.1.1.1.1.1	100 00 1
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	HAXIMUN	UNITS	NO. EX	FREQUENCY OF ANALTSIS	SAMPLE
	Sample Measure.	0.004	0.004	MGD	•	*	•		6	1/7	EST
Flow	Permit Require.	•		MGU	•	*	•	1		OF ANALYSI 1/-7 1/WEEK * * * * * * * * * *	ESTIMATE
	Sample Measure.	*	*		•	•	•			•	•
	Permit Require.		•	1 1	*	•	•	1.		OF ANALYSIS '/-7 1/WEEK * * * * * * * * * * *	•
	Sample Measure.		*		•	•	*		EX 0	•	•
	Permit Require.	*	*	1 1	*	•	•	1.		*	•
	Sample Measure.		•		•	•	•			•	•
	Permit Require.	*	*	1 1	•	•	•	1		*	•
	Sample Measure.	•			•	•	•			•	•
	Permit Require.	*	*	1 1	*	•	•	1		•	•
	Sample Measure.	*	*		*	•	•			•	•
	Permit Require.	*	•	1 1	•	•	*	1 .	*	•	*
	Sample Measure.	*	*		*	•	•			•	•
	Permit Require.	*	*	1 1	•	•	•	1 .		•	•
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certif	y under penalty	of law that I h	ave persona	lly examined		1	TELEP	HONE	1	DATE
David Orndorf Chemistry Manager	and am f on my in obtainin is true nificant the poss	amiliar with the squiry of those g the information accurate and compensations penalties for ibility of fine	e information su individuals imme on, I believe th omplete. I am a submitting false and imprisonmen	bmitted here diately resp e submitted ware that the information t. See 18 (	ein, and based ponsible for information here are sig- n, including U.S.C. \$ 1001.8	All	Dert INCIPAL EXECUTIVE UTHORIZED AGENT	412,39	and the second		01 23
ME/TITLE PRINCIPAL EXECUTIVE OFFICER avid Orndorf Themistry Manager	up to \$1	0,000 and/or mai	ties under thes kimum imprisonme	e statutes i nt between i	may include fin 6 mo. and 5 yr.	OFFICER OR A	INCIPAL EXECUTIVE	AREA N	IUMBER	YEAR M	DNTH DAY

RAME	Duquesne Light Company				Dec	025/45										
ADDRESS	One Oxford Centre				-	025615	-		-	111						
	301 Grant Street				PERMI	T NUMBER			DI	SCHARGE	NO.	NATIONAL POLL	UTANT DISC	HARGE	ELIMINATIO	SYSTEM -
	Pittsburgh, Pennsylvania	15279					MONITORI	NG PE	RICO			1	(NPDE	S)		
FACILITY	Beaver Valley Power Statio	n			Year	Month	Day		Year	Month	Day	DISCH	ARGE MONIT	ORING	REPORT (DM	23
LOCATION	Shippingport Borough, Beav	er County		FROM	95	13	01	TO	95	12	31				and the second	
											N	OTE: Read ins	tructions	befor	e completing	this form
			QUANTI	TY OR LOAD!	NG				QUAL	ITY OR C	ONCENT	RATION				1.1.1.1.1.1
1	PARAMETER		AVERAGE	MAXIMU	м	UNITS	MINI	MUM		AVERAGE		MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		Sample Measure.	0,002	0,00	3	MGD				•		•		0	1/7	FST
Flow		Permit Require.	•	*		Hau	•					•	1		1/WEEK	ESTIMATE
		Sample Measure.	•	*					<	4		< 4		0	1/7	GRAS
Suspend	ded Solids	Permit Require.	•	*						30		100	MG/L		1/WEEK	GRAB
		Sample Measure.	*	*			<5		<	5	<	5		6	1/-7	GRAG
Oil and	d Grease	Permit Require.	•	*			AVER/	AGE		MUM IXAH	1	NSTANI. MAX.	MG/L		1/WEEK	GRAB
		Sample Measure.	•				6.9	8				7.34		0	1/2	GRAG
рН		Permit Require.	•				6.1	- MANTEL		•		9.0	S.U.		1/WEEK	GRAB
		Sample Measure.	•				*			*		*		1		
		Permit Require.	•	*			*			*		•	1.		2/QUARTER	GRAB
		Sample Measure.	*				*					•				1
		Permit Require.	*	*						*		•	1		1/WEEK	GRAB
		Sample Measure.	*							*		•			•	
		Permit Require.	*	*						*		•	•		*	
NAME/TITL	E PRINCIPAL EXECUTIVE OFFICE	ER   certif	y under penalty	of law tha	t 1 hav	e person	ally exam	ined					TELE	PHUNE	1	DATE
	Orndorf stry Manager	on my in obtainin is true, nificant	y under penalty amiliar with the quiry of those g the informatia accurate and co penalties for s ibility of fine S 1319. (Penal 0,000 and/or mage	individuals on, I belie omplete. I submitting	on subm immedi ve the am awa false i	ately re submitte re that nformati	sponsible d information there are on, inclus	base for tion sig- ding		X	2 de	Ort	412393	-51	13 96	01 23
	TYPED OR PRINTED	- 33 U.S.C	1511ity of fine 5 1319. (Penal 0,000 and/or mai	and impris lties under kimum impri	these soment	See 18 statutes between	May inclu 6 mo. and	ude f d 5 y	in SIGN	ATURE OF	PRINC R AUTH	IPAL EXECUTIVE	AREA	NUMBE	R YEAR	IONTH DAY

Form PGH BWQM 002 (Rev 5/88)

ADDRESS	Duquesne Light Company One Oxford Centre 301 Grant Street					025615 T NUMBER	]		DI	211 SCHARGE	NO.	NATIONAL POL	LUTANT DIS	CHARGE		SYSTEM-
	Pittsburgh, Pennsylvania	15279					MONITO	RING PE	R100			7	(NPDI	ES)		
FACILITY	Seaver Valley Power Statio	n			Year	Month	Day		Year	Month	Day	DISC	HARGE MONIT	TORING	REPORT (DMR)	
LOCATION	Shippingport Borough, Beav	er County		FROM	95	12	01	to	95	17	3.	1				
											1	NOTE: Read in	structions	before	e completing	this form.
		QUANTIT	Y OR LOADI	NG				QUAL	ITY OR	CONCEN	TRATION					
1	PARAMETER		AVERAGE	MAXIMU	M	UNITS	MI	NIMUM		AVERAGE		MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE

		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	OF ANALYSI	TYPE
	Sample Measure.	0.002	60002	MGD	*	*	*		0	1/7	EST
Flow	Permit Require.	*	•	HGD	•	•	•	1		1/WEEK	ESTIMATE
	Sample Measure.	*	*		•	4.0	4.2		0	1/7	G
Suspended Solids	Permit Require.	*	*		*	30	100	MG/L		1/WEEK	GRAB
	Sample Measure.	•	*		<5	<5	<5		0	117	6
Oil and Grease	Permit Require.	*	*	1	AVERAGE 15	MAXIMUM 20	INSTANT. MAX.	MG/L		1/WEEK	GRAB
	Samole Measure.	*	*		6.83		8.69		0	1/7	6
рн	Permit Require.	*	*	1.1	6.0	*	9.0	s.u.		1/WEEK	GRAB
	Sample Measure.	*			*	*	•	1.			
	Permit Require.	*		1	•	•		1		2/QUARTER	GRAB
	Sample Measure.	*	•			*		1.	1		
	Permit Require.	*	*	1		•	•	1		1/WEEK	GRAB
	Sample Measure.	*	*		•	*	•		1	•	•
	Permit Require.	*	*	1	•	*	•	1		•	
MAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certif	y under penalty	of law that I h	ave person	ally examined			TELE	PHONE	1	DATE
David Orndorf Chemistry Manager	and am f on my in obtainin is true, nificant the poss	amiliar with th quiry of those g the informati accurate and a penalties for ibility of find	individuals imme ion, I believe th complete. I am a submitting false and imprisonmen	Districted he ediately re submitted ware that information. See 18	rein, and based sponsible for d information there are sig- on, including U.S.C. \$ 1001 &	CARE		412393			01 23
TYPED OR PRINTED	up to \$1	0,000 and/or ma	alties under thes aximum imprisonme	e statutes ent between	may include find 6 mo. and 5 yr.	OFFICER OR	AUTHORIZED AGENT	CODE	NUMBE	R YEAR	NONTH DAT

NAME	Duquesne Light Company One Oxford Centre				PAG	025615	]			012						
PERCAP	301 Grant Street				PERMI	T NUMBER			DI	SCHARGE	NO.	NATIONAL POLLU	TANT DISC	HARGE	ELIMINATION	SYSTEM
	Pittsburgh, Pennsylvania	15279					HONITO	RING PE	R100			7	(NPDE	S)		
FACILITY	Beaver Valley Power Statio	n			Year	Month	Day		Year	Month	Day	DISCHA	RGE MONIT	ORING	REPORT (DHR)	
LOCATION	Shippingport Borough, Beav	ver County		FROM	95	13	01	TO	95	13	31	1				
											1	NOTE: Read inst	ructions	befor	e completing	this form.
			QUANTI	TY OR LOAD!	NG				QUAL	ITY OR C	ONCEN	TRATION				
	PARAMETER		AVERAGE	MAXIMU	н	UNITS	AN	VERAGE DNTHLY		DAILY		INSTANTANEOUS MAXIMUN	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Sample Measure.	0.001	0.00	01	MGD		•		•		•		0	1/31	FST
HOW		Permit Require.	*			MGD		•		*		•			1/HONTH	ESTIMATE
		Sample Measure.	*	÷				*	1	2,01		0.01		0	2/31	6

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Form PGH BWQM 002 (Rev 5/88)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

David Orndorf Chemistry Manager

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Free Available Chlorine

pH

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 sig-nificant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. S 1001 & 33 U.S.C. S 1319. (Penalties under these statutes may include fin up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.

PAGE 1 OF 1

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TELEPHONE

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ADDRESS	Duquesne Light Company One Oxford Centre 301 Grant Street					025615 T NUMBER	]		DI	113 SCHARGE	NO.	NATIONAL P	POLLUTANT	DISCH	ARGE		SYSTEM
	Pittsburgh, Pennsylvania	15279					MONITO	RING PER	0019			7		(NPDES	;)		
FACILITY	Beaver Valley Power Statio	m			Year	Month	Day		Year	Month	Day	DI	SCHARGE	MONITO	RING	REPORT (DMR)	
LOCATION	Shippingport Borough, Beau	er County		FROM	95	12	01	TO	95	12	31						
												NOTE: Read	instruct	ions b	efor	e completing	this form.
			QUANTITY O	R LOADI	NG				QUAL	ITY OR C	DNCEN	TRATION					
	PARAMETER		AVERAGE	MAXIMU	м	UNITS	MI	NÎMUR		AVERAGE		MAXIMUN	U	NITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE

- Friday Control - Contro		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUN	UNITS	EX	OF ANALYSI	S TYPE
	Sample Measure.	0.008	0.008		•	•	•		0	117	MEAS
Flue	Permit Require.	0.043		MGD	*	•	*		F	1/WEEK	MEASURED
	Sample Measure.	*	•	1.	•	8.5	8.5		0	1/31	SHC
C800-5 Day	Permit Require.	*	•	1	•	25	50	MG/L	H	2/MONTH	8 HOUR
	Sample Measure.	*			•	6.1	10,9		0	2/31	EHC
Suspended Solids	Permit Require.	•			•	30	60	MG/L		2/MONTH	8 HOUR
Total Residual Chlorine	Sample Measure.	*	*		•	1.48	7.85		0	6/31	6
Permit issuance thru September 30, 1997	Permit Require.	*	*	1	*	1.2	INSTANT. MAX.	MG/L	H	2/MONTH	GRAB
Fecal Coliform	Sample Measure.	*	*		•	1667	10000		0	6/31	6
May 1 to Oct 31 Nov 1 to Apr 30	Permit Require.	*	*	1 1	•	200	1000	#/100ML		2/MONTH	GRAB
	Sample Measure.	*	*		6.80	•	7.57		0	2/31	G
рн	Permit Require.	*	•	1	6.0	*	9.0	S.U.		2/MONTH	GRAB
	Sample Measure.	*		1.	•	•				•	
	Permit Require.	*		1.			•	•			
AME/TITLE PRINCIPAL EXECUTIVE OFFICER	1 certif	y under penalt	y of law that I	have person	hally examined		1	TELEP	PHONE	1	DATE
David Orndorf Chemistry Manager	on my in obtainin is true, nificant the poss	amiliar with t quiry of those g the informat accurate and penalties for ibility of fin	individuals imm ion, 1 believe ti complete. 1 am submitting fals e and imprisonme	ubmitted he ediately re he submitte aware that e informati nt. See 18	rrein, and based rsponsible for d information there are sig- on, including U.S.C. \$ 1001.6	AND		412 39			01 2
TYPED OR PRINTED	up to \$1	0,000 and/or m	alties under the aximum imprisonm	se statutes ent between	may include fir 6 mo. and 5 yr.	OFFICER OR	RINCIPAL EXECUTIVE AUTHORIZED AGENT	CODE	NUMBER	YEAR	MONTH DA

maximum concentrations are based on the one sit of sample insults etterned.

Form PGH BWOM 002 (Rev 5/88)

NAME	Duquesne Light Company One Oxford Centre 301 Grant Street					025615 T NUMBER	]		DI	213 SCHARGE	NO.	NATIONAL POLLUTA	T DISC	ARGE	ELIMINATION	SYSTEM
	Pittsburgh, Pennsylvan	ia 15279					MONITO	RING PER	RICO			٦	(NPDE			
FACILITY	Beaver Valley Power St	ation			Year	Month	Day		Year	Month	Day	DISCHARG		DRING	REPORT (DMR)	1.1
LOCATION	Shippingport Borough, I	Beaver County		FROM	95	13	CI	TO	95	17	31	1				
											A	NOTE: Read instru	tions l	befor	e completing	this form.
			QUANTIT	Y OR LOADI	NG				QUAL	ITY OR C	ONCENT	TRATION		1		
	PARAMETER		AVERAGE	MAXIMU	н	UNITS	MI	MUMUM		AVERAGE		MAXIMUM	UN17S	NO.	FREQUENCY OF ANALYSIS	SAMPLE
		Sample Measure.	NOFLON	$\sim$			1	*		*				1		
Flow		Permit Require		*		MGD		•		•		•	•	-	1/WEEK	ESTIMATE

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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, a-curate and complete. I am aware that there are sign if ficant persities for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. S 1001 & 33 U.S.C. S 1319. (Penalties under these statutes may include fin up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.

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

NO DISCHARGE

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Form PGH BWOM 002 (Rev 5/88)

Suspended Solids

Oil and Grease

David Orndorf Chemistry Manager

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pH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

PAGE 1 OF 1

MG/L

MG/L

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TELEPHONE

412, 393-5113

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ADDRESS	Duquesne Light Company One Oxford Centre 301 Grant Street					025615 T NUMBER	]		DI	313 SCHARGE	10.	NATIONAL POLLUT	ANT DIS	SCHARGE	ELIMINATION	SYSTEM"
	Pittsburgh, Pennsylvani	a 15279					MONITOR	ING PER	0019			7	(NPI	DES)		-
FACILITY	Beaver Valley Power Sta		Year	Month	Day		Year	Month	Day	DISCHAR	GE MON	ITORING	REPORT (DMR)			
LOCATION	CATION Shippingport Borough, Beaver County				95	13	01	to	95	13	31					
												NOTE: Read instr	uction	s befor	re completing	this form
			QUANTI	TY OR LOADI	NG				QUAL	ITY OR C	DNCEN	TRATION				
	PARAMETER	MAXIMU	м	UNITS	MIN	MUM		AVERAGE		MAXIMUM	UNIT	S EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		Sample Measure.	0.003	0.00	3	MCD		*		*		•		0	1/7	FOT

FLOW Permit \* 1/WEEK ESTIMATE Require. \* \* . Sample 1/7 < 4 24 G Measure. 0 . MG/L Permit \* \* . 30 100 1/WEEK GRAB Suspended Solids Require \* \* \* Sample 11-> < 5 <5 C 6 Measure. . MG/L \* \* \* 15 20 1/WEEK GRAB Permit Oil and Grease Require. \* \* \* Sample 7.16 1/7 7.00 O 67 Measure. \* S.U. 9.0 \* . 6.0 \* 1/WEEK GRAB Permit pH Require \* \* \* \* . \* . Sample Measure. . \* \* . \* \* \* \* Permit Require. \* \* \* \* \* . . Sample Measure . . ÷ \* \* \* \* . . Permit Require. . \* . . . \* \* Sample Measure. \* \* . . . \* \* . Permit Require. I certify under penalty of jaw 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 sig-nificant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. S 1001 & 33 U.S.C. S 1319. (Penalties under these statutes may include fin up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr. OFFICER OR AUTHORIZED AGENT TELEPHONE DATE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager 23 412 393-5113 96 01 1 YEAR DAY NUMBER MONTH TYPED OR PRINTED

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

Form PGH BWQM 002 (Rev 5/88)

IAME	Duquesne Light Company				PA	0025615	7		-	413	-					
DDRESS	One Oxford Centre					T NUMBER			01	SCHARGE I	0		TANT DICC	ABOT		
	301 Grant Street						1			SCHARDE I		NATIONAL POLL			ELIMINATION	SYSTEM.
	Pittsburgh, Pennsylvani	ia 15279					MONITORI	NG PER	100				(NPDE	5)		1
ACILITY	Beaver Valley Power Sta	ation			Year	Month	Day		Year	Month	Day	DISCH	ARGE MONIT	ORING	REPORT (DMR)	) .
OCATION	Shippingport Borough, B	Beaver County		FROM	95	12	CI	TO	95	17	31	1				
											1	OTE: Read ins	tructions	befor	e completing	this form
			QUANTI	ITY OR LOADI	NG				QUAL	ITY OR CO	DNCEN	TRATION				
	PARAMETER		AVERAGE	MAXIMU	м	UNITS	MINI	MUM		AVERAGE		MAXIMUM	UNITS	NO.	FREQUENCY OF ANALYSIS	SAMPLE
		Sample Measure.	NO FLON	V		MGD	*			*		•				
FLOW		Permit Require.	•	•		MGD				*		•	1.		1/WEEK	ESTIMATE
		Sample Measure.		•			*							1		
Suspen	ded Solids	Permit Require.	*	*			*			30		100	- MG/L	-	1/WEEK	GRAB
		Sample Neasure.	*				*		1					T		
Oil and	d Grease	Permit Require.	*				•			15		20	- MG/L		1/WEEK	GRAB
		Sample Measure.	*	*						•				1		
₽Ħ		Permit Require.	*				6.	0		*		9.0	- S.U.		1/WEEK	GRAB
		Sample Measure.	*				•			*		*	1.	1	*	•
		Permit Require.	*							*		•	1		•	•
		Sample		*			*		T	*				1		

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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 sig-nificant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. S 1001 & 33 U.S.C. S 1319. (Penalties under these statutes may include fin up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.

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TELEPHONE

412,393-5113

NUMBER

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

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Form PGH BWGM 002 (Rev 5/88)

David Orndorf Chemistry Manager

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

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PAGE 1 OF 1

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MONTH

IAME	Duquesne Light Company				PAC	0025615	٦			013						
DORESS	One Oxford Centre					T NUMBER			DI	SCHARGE	NO.	NATIONAL POLLU	TANT DISC	HARGE		SYSTEM
	301 Grant Street				·				L			7	(NPDE		ECTRONITION	araten .
	Pittsburgh, Pennsylvania							DRING PE	1							
ACILITY	Seaver Valley Power Station				Year	Month	Day		Year	Month	Day	DISCHA	RGE MONIT	DRING	REPORT (DMR	0 *
OCATION	Shippingport Borough, Beave	er County		FROM	95	12	01	TO	95	13	31	]				•
		T	QUANT	ITY OR LOADI	NG		1		QUAL	ITY OR C	owned the second	NOTE: Read inst	ructions	befor	e completing	this for
	PARAMETER		AVERAGE	MAXIMU	M	UNITS	м	NIMUM	1	AVERAGE	T	MAXIMUM	UNITS	NO.	FREQUENCY OF ANALYSIS	SAMPLE
		Sample Measure.	0.010	0.010				•	1	*	+	*		-	1/7	EST
FLOW		Permit Require.	*	*		MGD		•	-	*	+	*	•	-	1/WEEK	ESTIMATE
		Sample Measure.	*				1	*	1	•		90		0	1/7	I-5
Tempera	ature	Permit Require.	*	*				*		*	1	INSTANT. MAX.	DEG F	-	1/WEEK	1 - 5
		Sample Measure.	*					*	C	.75		3.93		0	1/7	G
Total #	Residual Chlorine	Permit Require.	*			1.1		•		0.5	1	INSTANT MAX. 1.25	MG/L		1/WEEK	GRAB
		Sample Measure.	*	*				*	<	0.5		< C. 5		0	2/67	G
Antimor	ny	Permit Require.	*	*				*		MONI	TOR A	D REPORT	MG/L		1/WEEK	24 HOUR COMPOSITI
		Sample Measure.	•	*				•	0.	039	0	0.041		0	3/GE	6
Cyanide	e, Free	Permit Require.	*	*		1.1		*		MON	TOR AN	ND REPORT	MG/L		1/WEEK	24 HOUR COMPOSITI
		Sample Measure.	•	\$				*	0	. 26.2	(	0.400	MCU	0	a/at	G
Cyanide	e, Total	Permit Require.	*	*				•		MON	TOR A	D REPORT	MG/L		1/WEEK	24 HOUR COMPOSITI
		Sample Measure.	*	*			6.	80		•		7.52		0	1/7	6
рH		Permit Require.	*					6.0		*		9.0	s.u.		1/WEEK	GRAB
AME/TITU	E PRINCIPAL EXECUTIVE OFFICE	R I certif	fy under penalt	y of law that	t I hav	ve person	ally e	kamined				~	TELE	PHONE		DATE
	IS CRAGO! F LISTRY MARHGER	on my ir obtainir is true nificant	fy under penalt familiar with t nguiry of those of the informat accurate and penalties for	individuals ion, I belie complete. 1 submitting	immedi ve the am awa false i	submitte are that	sponsil d info there on, in	no base ole for mation are sig- cluding	6	Al	luc	Dort	412 35	35	113, 96	c1 33
7	TYPED OR PRINTED	- 33 U.S.C up to \$1	penalties for sibility of fin . S 1319. (Pen 10,000 and/or m	e and impris alties under aximum impri	these soment	statutes	may in 6 mo.	nclude f and 5 y	in SIGN	ATURE OF	PRIN	CIPAL EXECUTIVE	AREA	NUMBE	R YEAR	NONTH DAY

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#### DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

#### Instructions:

- Complete monthly and submit with each DMR. Attach additional sheets and comments as needed for completeness and clarity.
- 2. Sludge production information will be used to evaluate plant performance. Report only sludge which has been removed from digesters and other solids which have been permanently removed from the treatment process. Do not include sludge from other plants which is processed at your facility.
- 3. In the disposal site section, report all sludge leaving your facility for disposal. If another plant processes and disposes of your sludge, just provide the name of that plant. If you dispose of sludge from other plants, include their tonnage in the disposal site section and provide their names and individual dry tonnage on the back of this form.

Month: DECEMBER Year: 1995

Permittee: D	uguesne Light Co.	
Plant: Bequer	Valley Rover Skitten	UNTI
NPDES: PA	00:35615	
	Shippingport B.	rough
	Paver	-0

For sludge that is incinerated:

Pre-incineration weight = \_\_\_\_\_ dry tons Post-incineration weight = \_\_\_\_\_ dry tons

4. If no sludge was removed, note on form.

SLUDGE PRODUCTION INFORMATION (prior to incineration)

	HAULED AS LIQ	UID SLUDGE			AS DEWATERED SI	UDGE
(Gallons)	X (% Solids)	(Conversion X Factor)	Dry Tons	(Tons of Dewatered Sludge)	X (% Solids)	X (.01) = Dry Tons
7000	2%	.0000417		<u> </u>		.01
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	1	TOTAL	· 0.584	1	101/	

### DISPOSAL SITE INFORMATION: List all sites, even if not used this month

DISTOSIL STIL S	Site 1	Site 2	Site 3	Site 4
Name :	Boro e. FMONACA Surge Transment Plant			
Permit No.:	P40020125			
bry Tons Disposed:	0,5%4			In the second
Type: (check one) Landfill				
Agr. Utilization				and the second se
Other (specify)				
County:	Peaver			
		AP. birs	1 PALLA TRY MANAGER	1- 141. (42) 393 511

#### DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Instructions:

- 1. Complete monthly and submit with each DMR. Attach additional sheets and comments as needed for completeness and clarity.
- 2. Sludge production information will be used to evaluate plant performance. Report only sludge which has been removed from digesters and other solids which have been permanently removed from the treatment process. Do not include sludge from other plants which is processed at your facility.
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Month: DECEMBER Year: 1995

Permittee: Duquesne Light Co.	
Plant: Bequer Valley Power Skitter	1 Unit I
NPDES: PA 0025615	
Municipality: shipping pert B	orough
County: Beaver	9

For sludge that is incinerated: Pre-incineration weight -

ric-incinciation .	rergine	-	uly Li	0112
Post-incineration	weight	=	dry I	tons

4. If no sludge was removed, note on form.

SLUDGE PRODUCTION INFORMATION (prior to incineration)

	HAULED AS LIQ	UID SLUDGE		HAULED	AS DEWATERED SI	UDGE
(Gallons)	X (% Solids)	(Conversion X Factor)	Dry Tons	(Tons of Dewatered Sludge)	X (% Solids)	X (.01) = Dry Tons
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### DISPOSAL SITE INFORMATION: List all sites, even if not used this month

And all a second of the second se	Site 1	Site 2	Site 3	Site 4
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Permit No.:	PACCACIOS			
Dry Tons Disposed:	1,001			
Type: (check one) Landfill				
Agr. Utilization				
Other (specify)				
County:	Peacet		6	
		( the i	of the TPU HANALED	1/0 /1/ (42) 393 511



Nuclear Group P.O. Box 4 Shippingport, PA 15077-0004 Telephone (412) 393-6000

January 24, 1996 ND3CDM:0142

Pennsylvania Department of Environmental Protection Attention: Mr. Ronald A. Schwartz Chief of Permits Water Quality Management 400 Waterfront Drive Pittsburgh, PA 15222-4745

Dear Mr. Schwartz:

## Corbicula Control/Betz CT-1 Usage Report - Fourth Quarter 1995

On October 3, 1995, Beaver Valley Power Station personnel performed a clamicide application to the Unit 2 river water system. Also, on October 17, 1995, a clamicide application was performed on the Unit 1 river water systems. The data reporting forms for these applications are included for your review.

The following conclusions were determined for these applications:

- Unit 2 (October 3, 1995)
- 1. This sub-system dosing was completed in nine (9) hours.
- A total of 921 pounds of Bentonite clay (DT-G) was utilized during the application for detoxification of the clamicide. An additional 2254.4 pounds of clay was used to complete the cooling tower detoxification after the in-plant systems were detoxified. The average clay concentration during the application was estimated to be 20.0 ppm.
- A total of 1526.3 pounds of the clamicide Clam-Trol (CT-1) was utilized during the application. Frequent sampling of the affected outfalls revealed no detectable concentration of CT-1 at any time.
- No toxicity or impairment to the receiving stream's aquatic life was evidenced due to this application.



The Nuclear Professionals

January 24, 1996 ND3CDM:0142 Page 2

- Unit 1 (October 17, 1995)
- 1. This sub-system dosing was completed in nine (9) hours.
- A total of 1000 pounds of clay (DT-G) was utilized during the application for detoxification of the clamicide. An additional 2576 pounds of clay was added to the circulating water system to complete the detoxification after the in-plant systems were detoxified. The clay concentration during the application was estimated to be 20 ppm.
- A total of 466 pounds of CT-1 was utilized during the application. Frequent sampling of the affected outfalls revealed no detectable concentration of CT-1 at any time.
- 4. No toxicity or impairment to the receiving stream's aquatic life was evidenced due to this application.

Based upon the successful results achieved with this application, it is expected that it will not be necessary to treat either Unit's system until the Spring of this year. However, the recent Zebra mussel sightings in the Ohio River Valley may necessitate more aggressive actions should Zebra's produce problems in our plant systems.

Very truly yours,

D. A. Orndorf Chemistry Manager

DNL/clp

- cc: Kareen Milcic (PA DER)
  - J. A. Cool
  - S. L. Vicinie
  - S K Rodgers
  - Central File (Key): Corbicula Control

### UAIA REFUMIING FURM . CHEMICAL ADDITIVES

# Company Name: Duquesse Light Company

Permit No. PA 0025615

Outing No. 001 & 003, Unit 1

Month/Year	Octobe	ER	1995
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047	Discharge rate (MCD)	Allowable usage rate (lbs/dap)	Lerusl usage rate (lbs/day)	Effluent concentration (mg/l)*	Additive same
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Note: The discharge rate is to be macaused at the final outself.

"If chemical analysis of the outself is performed, report results in this polymer.

This form may be adapted for the reporting and reporting of the small deesges of Clam-troi at the Beaver Verley Power Station.

### UAIA REFUMIING FURM . CHEMICAL ADDITIVES

# Company Name: Duquesse Light Company

Permit No. PA 0025615

Outfall No. 001 6 003, Unit 1

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Mostary	685	OCT	03	ER	1995

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"If chemical analysis of the outlets is performed, report reculto in this octuma.

This form may be adapted for the reserving and reporting of the small decages of Clam-trol at the Beaver Verey Power Station.

## DATA REPORTING FORM . CHEMICAL ADDITIVES

Company Name:	Duqueses	Light	Company
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Permut No. PA 0025615

Mostaryes OCTUBER 1995

Outfall No. 001 & 010, Unit 2

047	Discharge race MCD1	Allowable usage rate lbs/day)	Actual usage rete (15e/467)	Effluent toBcontration ( mg/1/*	Additive LAND
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Note: The discharge rate is to be measured at the final outisk.

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This form may be adapted for the recording and reporting of the small doesges of Clam-trol at the Beaver Velley Power Station.

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# DATA REPORTING FORM . CHEMICAL ADDITIVES

Company	Name	Duquesse	Light Com	DADY
COMPANY		P. # # ######	median a series	province y

Permit No. PA 0025615

MODULY CATOBER 1995

Outfall No. 001 & 010, Unit 2

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047	Discharge race MGD1	Allowable usage rate (155/467)	Actual usage race (lbs/day)	fffluent ISBCentracion (mg/1)*	Additive tabe	
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Note: The discharge rate is to be measured at the final outsall.

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