

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

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

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

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

(2-16) **PA0025615**  
PERMIT NUMBER  
(17-19) **101**  
DISCHARGE NUMBER

Chemical Waste Sump

FACILITY \_\_\_\_\_  
LOCATION \_\_\_\_\_  
Attention: R.J. Druga

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	88	7	1		88	7	31
	(26-31)	(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 (48-55)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE (54-57)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (58-65)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)			
FLOW	SAMPLE MEASUREMENT	0.016	0.045	MCD	*****	*****	*****	0	2/month	EST	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	11.76	23.03	0	2/month	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	2.64	2.75	0	2/month	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY				
pH	SAMPLE MEASUREMENT	*****	*****	SU	7.00	*****	8.32	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  
R.J. Druga, Mgr.  
Technical Services Dept.  
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 18 U.S.C. § 1001 AND 2325C § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

*V.J. Tilden for RJO*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-4925  
DATE 88 8 26  
AREA CODE NUMBER YEAR MO DAY

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

8809070370 880731  
PDR ADOCK 05000334  
R  
PDC

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
 NAME Duquesne Light Company  
 ADDRESS Beaver Valley Power Station  
P.O. Box 4  
Shippingport, PA 15077  
 FACILITY \_\_\_\_\_  
 LOCATION \_\_\_\_\_  
 Attention: R.J. Druga

(2-16)		(17-19)			
PA0025615		201			
PERMIT NUMBER		DISCHARGE NUMBER			
MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
88	7	1	88	7	31
(20-22)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

Softener Regenerates

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (34-37)			QUALITY OR CONCENTRATION (34-37)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE (46-51)	MAXIMUM (54-61)	UNITS	MINIMUM (48-53)	AVERAGE (46-51)	MAXIMUM (54-61)	UNITS			
FLOW	SAMPLE MEASUREMENT	0.020	0.020	MGD	*****	*****	*****		0	2/month	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	0.38	0.65	MG/L	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	3.64	4.22	MG/L	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  R.J. Druga, Mgr. Technical Services Dept.  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>V.J. Zin</i>	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			412	393-4925	88	8	26

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)

Expir. Date 11/26/89

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

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

PA0025615  
 PERMIT NUMBER

301  
 DISCHARGE NUMBER

FACILITY  
 LOCATION Attention: R.J. Druga

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
88	7	1	88	7	31

Aux. Blr. Blowdown - Unit #2

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (54-67)			QUALITY OR CONCENTRATION (54-67)				NO. EX (62-67)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.001	0.001	MCD	*****	*****	*****		0	2/month	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			2/ MONTH	EST.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	1.00	1.00	MG/L	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			2/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	3.32	3.59	MG/L	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY			2/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 R.J. Druga, Mgr.  
 Technical Services Dept.  
 TYPED OR PRINTED

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

*V.J. Z...*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-4925  
 DATE 88 8 26  
 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 7  
Shippingport, PA 15077  
 FACILITY  
 LOCATION

DISCHARGE MONITORING REPORT (DMR)

(2-26) (27-29)  
 PA0025615 401  
 PERMIT NUMBER DISCHARGE NUMBER

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

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

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	88	7	1		88	7	31
	(28-27)	(22-23)	(24-25)		(26-27)	(28-28)	(28-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (46-53)			NO. EX (62-65)	FREQUENCY OF ANALYSIS (66-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.001	0.001	MCD	*****	*****	*****	0	2/month	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	0	2/MONTH	EST.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	1.00	1.00	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY	0	2/MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	3.32	3.59	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	12 MONTHLY	20 DAILY	0	2/MONTH	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	SU	9.83	*****	*****	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	*****	0	2/MONTH	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 R.J. Druga, Mgr.  
 Technical Services Dept.  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 18 U.S.C. § 1343. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of 5 years and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*R.J. Druga* FOR RJD

TELEPHONE 412 393-4925  
 DATE 88 8 26  
 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  
 Attention: R.J. Druga

DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (17-19)  
 PA0025615  
 1-PERMIT NUMBER  
 001  
 DISCHARGE NUMBER  
 MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY  
 88 7 1 88 7 31  
 (36-27) (22-23) (34-25) (36-27) (28-28) (36-31)

Expir. Date 11/26/89 OMB No. 2040-0004  
 Expires 2-29-84

Cooling Tower Blowdown Units #1 & #2

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-51) (54-61)			QUALITY OR CONCENTRATION (38-43) (46-51) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	MAXIMUM	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	22.023	30.561	MCD	*****	*****	*****		0	CONT.	RECORD.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				CONT.
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****	0.03	0.08		0	55/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY	0.5 INST.			CONT.	RECORD.
	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  
 R.J. Druga, Mgr.  
 Technical Services Dept.  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY 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.)

*R.J. Druga*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412-393-4925  
 DATE 88 8 26  
 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)

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

NAME Duquesne Light Company  
 ADDRESS Beaver Valley Power Station  
P.O. Box 4  
Shippingsport, PA 15077  
 FACILITY \_\_\_\_\_  
 LOCATION \_\_\_\_\_

PA0025615  
 PERMIT NUMBER

102  
 DISCHARGE NUMBER

Intake Screenhouse Pump Bearing Cooling Water

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	88	7	1		88	7	31
	(28-31)	(23-23)	(24-25)		(26-29)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (52-57)	X	(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-51)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (58-63)	AVERAGE (46-51)	MAXIMUM (54-61)			
FLOW	SAMPLE MEASUREMENT	NO FLOW			MGD	*****	*****	*****		
	PERMIT REQUIREMENT	*****	*****	*****		*****	*****	*****		2/ MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY	MG/L	2/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY	MG/L	2/ MONTH	GRAB
pH	SAMPLE MEASUREMENT	*****	*****							
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM	SU	2/ MONTH	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 R.J. Druga, Mgr.  
 Technical Services Dept.  
 TYPED OR PRINTED

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

*V. J. Zinf* FOR RJD  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-4925  
 DATE 88 8 26  
 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)

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

Form Approved  
OMB No. 2040-000-6  
Expires 2-29-84

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

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

Clarifier Blowdown

FACILITY \_\_\_\_\_  
LOCATION \_\_\_\_\_  
Attention: R.J. Druga

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	88	7	1		88	7	31
	(26-27)	(23-23)	(24-23)		(26-27)	(28-29)	(30-31)

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 (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.002	0.012	MGD	*****	*****	*****		0	2/month	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			2/MONTH	EST.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	3.15	3.61	MG/L	0	2/month	24 hr. comp.
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			2/MONTH	24 HR. COMP.
pH	SAMPLE MEASUREMENT	*****	*****		7.85	*****	7.94	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										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
R.J. Druga, Mgr.  
Technical Services Dept.  
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 5 years and 6 months and 5 years.)

R.J. Druga  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-4925  
DATE 88 8 26  
AREA CODE NUMBER YEAR MO DAY

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

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

NAME Duquesne Light Company  
 ADDRESS Beaver Valley Power Station  
P.O. Box 4  
Shippingport, PA 15077  
 FACILITY \_\_\_\_\_  
 LOCATION Attention: R.J. Druga

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Expir. Date 11/26/89

Form Approved  
 OMB No. 2040-0024  
 Expires 2-29-84

(2-76)	(2-78)
PA0025615	203
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	88	7	1		88	7	31
	(28-31)	(22-31)	(24-25)		(26-27)	(28-29)	(30-31)

Unit #1 STP

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 (34-42)				NO. EX (63-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.011	0.011	MGD	*****	*****	*****		0	2/month	Meas.
	PERMIT REQUIREMENT	0.023 MONTHLY	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	28.95	40.00	MG/L	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.				
pH	SAMPLE MEASUREMENT	*****	*****		6.73	*****	6.96	S.U.	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
FECAL COLIFORM MAY - OCTOBER	SAMPLE MEASUREMENT	*****	*****		*****	35.00	35.00	#/100 ML	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	200 MONTHLY-GRO	400 PART C				
FECAL COLIFORM NOVEMBER - APRIL	SAMPLE MEASUREMENT	*****	*****		*****			#/100 ML			
	PERMIT REQUIREMENT	*****	*****		*****	1000 MONTHLY-GRO	2000 PART C				
BOD - 5 DAY	SAMPLE MEASUREMENT	*****	*****		*****	20.00	31.00	MG/L	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 R.J. Druga, Mgr.  
 Technical Services Dept.  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$1000 and or serious imprisonment of between 6 months and 3 years.)

*R.J. Druga*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-4925  
 DATE 88 8 26  
 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)

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

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

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

PA0025615  
 PERMIT NUMBER

303  
 DISCHARGE NUMBER

Unit #1 Oil Separator

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	88	7	1		88	7	31
	(26-27)	(23-23)	(24-25)		(26-27)	(28-28)	(28-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (34-37)			QUALITY OR CONCENTRATION (34-37)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-57)	UNITS	MINIMUM (48-49)	AVERAGE (45-53)	MAXIMUM (54-57)			
FLOW	SAMPLE MEASUREMENT	0.319	0.056	MGD	*****	*****	*****	0	2/month	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	3.16	4.00	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	4.72	5.05	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY			
pH	SAMPLE MEASUREMENT	*****	*****	SU	7.40	*****	7.49	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  
 R.J. Druga, Mgr.  
 Technical Services Dept.  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.

*R.J. Druga*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412 393-4925  
 DATE: 88 8 26  
 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))

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

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

PA0025615  
PERMIT NUMBER

003  
DISCHARGE NUMBER

MONITORING PERIOD						
FROM			TO	PERIOD		
YEAR	MO	DAY	YEAR	MO	DAY	
88	7	1	88	7	1	
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)	

Combined 103, 203, 303

FACILITY  
LOCATION Attention: R.J. Druga

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 (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.032	0.079	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  
R.J. Druga, Mgr.  
Technical Services Dept.  
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*R.J. Druga*

TELEPHONE 412 393-4925  
DATE 88 8 26  
AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
**NAME** Duquesne Light Company  
**ADDRESS** Beaver Valley Power Station  
 P.O. Box 4  
 Shippingport, PA 15077  
**FACILITY**  
**LOCATION**  
 Attention: R.J. Druga

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

Expir. Date 11-26-89  
 Form Approved  
 OMB No. 2040-0004  
 Expires 2-29-84

PA0025615  
 PERMIT NUMBER  
 004  
 DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	88	7	1		88	7	31
	(30-31)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Unit #1 Cooling Tower Overflow

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 (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW		NO FLOW		MGD	*****	*****	*****			
		PERMIT REQUIREMENT	*****	*****	*****	*****	*****		1/ WEEK	EST.
FREE AVAILABLE CHLORINE		SAMPLE MEASUREMENT	*****	*****	*****					
		PERMIT REQUIREMENT	*****	*****	*****	0.2 DAILY MAX.	0.5 INST. MAX.		*	
CHROMIUM		SAMPLE MEASUREMENT	*****	*****	*****					
		PERMIT REQUIREMENT	*****	*****	*****	*****	*****		*	
ZINC		SAMPLE MEASUREMENT	*****	*****	*****					
		PERMIT REQUIREMENT	*****	*****	*****	*****	*****		*	
pH		SAMPLE MEASUREMENT	*****	*****	*****					
		PERMIT REQUIREMENT	*****	*****	6.0 x MINIMUM	*****	9.0 MAXIMUM		*	
SOLIDS, TOTAL SUSPENDED		SAMPLE MEASUREMENT	*****	*****	*****					
		PERMIT REQUIREMENT	*****	*****	*****	30 MONTHLY	100 DAILY		2/ MONTH	* GRAB
OIL AND GREASE		SAMPLE MEASUREMENT	*****	*****	*****					
		PERMIT REQUIREMENT	*****	*****	*****	15 MONTHLY	30 DAILY		2/ MONTH	* GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 R.J. Druga, Mgr.  
 Technical Services Dept.  
 TYPED OR PRINTED

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

*V.J. Z...*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412 393-4925  
 DATE: 88 8 26  
 AREA CODE NUMBER YEAR MO DAY

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

\*Required only when there is a discharge at 004.

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

NAME Duquesne Light Company  
 ADDRESS Beaver Valley Power Station  
P.O. Box 4  
Shippingport, PA 15077  
 FACILITY \_\_\_\_\_  
 LOCATION Attention: R.J. Druga

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

Expir. Date 11/26/89

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

(2-16)  
 PA0025615  
 PERMIT NUMBER

(17-19)  
 007  
 DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	88	7	1		88	7	31
	(20-22)	(23-23)	(24-23)		(26-27)	(28-29)	(30-31)

Aux. Intake System Testing Water

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 (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-57)	MAXIMUM (58-61)	UNITS (62-63)	MINIMUM (64-67)	AVERAGE (68-71)	MAXIMUM (72-75)	UNITS (76-79)			
FLOW	SAMPLE MEASUREMENT	NO FLOW			MGD	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****			*****	*****	*****		1/ WEEK	EST.
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****								
	PERMIT REQUIREMENT	*****	*****			0.2 DAILY MAX.	0.5 INST. MAX.	MG/L		1/ WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
R.J. Druga, Mgr.  
Technical Services Dept.  
 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 19 U.S.C. § 1001 AND 33 U.S.C. § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)

*R.J. Druga*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 412 | 393-4925  
 AREA CODE | NUMBER

DATE  
 88 | 8 | 26  
 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 2-29-84

NAME Duquesne Light Company

(2-16)

(17-19)

Expir. Date 11/26/89

ADDRESS Beaver Valley Power Station

PA0025615  
PERMIT NUMBER

008  
DISCHARGE NUMBER

P.O. Box 4

FACILITY Shippingport, PA 15077

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	88	7	1		88	7	31
	(30-31)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Unit #1 Cooling Tower Pumphouse

LOCATION Attention: K.J. Druga

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	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	2/month	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	0.80	0.80	MG/L	0	1/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		1.00	1.00	1.00	MG/L	0	1/month	GRAB
	PERMIT REQUIREMENT	*****	*****		15 AVG. MTHLY.	20 DAILY MAX.	30 INST. MAX.				
pH	SAMPLE MEASUREMENT	*****	*****		8.01	*****	8.01	SU	0	1/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

R.J. Druga, Mgr.  
Technical Services Dept.

TYPED OR PRINTED

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

*R.J. Druga* FOR RJD

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412, 393-4925

AREA CODE

NUMBER

DATE

88 8 26

YEAR

MO

DAY

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

Flow was found only once during the month.

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 2-29-84

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

PA0025615  
 PERMIT NUMBER

010  
 DISCHARGE NUMBER

Expir. Date 11/26/89

FACILITY LOCATION  
Attention: R. J. Druga

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
88	7	1	88	7	31
(20-31)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

Unit #2 Heat Exchanger Cooling H<sub>2</sub>O

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 (54-61)			NO. EX (62-63)	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 MEASUREMENT									
	PERMIT REQUIREMENT									

\*Sample must be taken during chlorination.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
R. J. Druga, Mgr.  
Technical Services Dept.  
 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.)

*R. J. Druga*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
412	393-4925	88	8	26
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)

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

Expir. Date 11/26/39

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

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

PA0025615  
PERMIT NUMBER

011  
DISCHARGE NUMBER

FACILITY  
LOCATION Attention: R.J. Druga

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
88	7	1	88	7	31	
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)	

Unit #2 - Three Oil Separators

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (18-25) QUALITY OR CONCENTRATION (54-61)				NO. OF ANALYSIS (62-63)	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	2/month	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	2.67	4.00		0	6/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY				
pH	SAMPLE MEASUREMENT	*****	*****		6.69	*****	8.41		0	6/month	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		4.46	7.05	7.05		0	6/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.J. Druga, Mgr.  
Technical Services Dept.  
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.J. Druga*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
412 393-4925

DATE  
88 8 26

ANZA CODE NUMBER 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 2-29-84

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

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

Expir. Date 11/26/89

MONITORING PERIOD  
 FROM YEAR 88 MO 7 DAY 1 TO YEAR 88 MO 7 DAY 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

ERF - HVAC Cooling Tower Blowdown

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 (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-61)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
FLOW	SAMPLE MEASUREMENT	0.001	0.001	MGD	*****	*****	*****	0	1/month	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			
pH	SAMPLE MEASUREMENT	*****	*****		7.22	*****	7.22	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  
 E. J. Druga, Mgr.  
 Technical Services Dept.  
 TYPED OR PRINTED

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

*E. J. Druga* FOR RJD  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412.393-4925  
 DATE 88 8 26  
 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)

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

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

PA0025615 PERMIT NUMBER  
113 DISCHARGE NUMBER

Unit #2 STP

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	88	7	1		88	7	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (12-17)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53) (54-61)			QUALITY OR CONCENTRATION (58-65) (66-73)				NO. EX (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.017	0.018	MGD	*****	*****	*****		0	2/month	Meas
	PERMIT REQUIREMENT	0.043 MONTHLY	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	18.00	20.00	MG/L	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.				
pH	SAMPLE MEASUREMENT	*****	*****		7.14	7.53	S.U.	0	2/month	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****					9.0 MAXIMUM
FECAL COLIFORM MAY - SEPTEMBER	SAMPLE MEASUREMENT	*****	*****		*****	11.50	19.00	#/100 ML	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	200 MTHLY. GEO	1000 PART C				
FECAL COLIFORM OCTOBER - APRIL	SAMPLE MEASUREMENT	*****	*****		*****	*****	#/100 ML				
	PERMIT REQUIREMENT	*****	*****		*****	2000 PART C					*****
BOD - 5 DAY	SAMPLE MEASUREMENT	*****	*****		*****	24.78	27.30		0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
R.J. Druga, Mgr.  
Technical Services Dept.  
TYPED OR PRINTED

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

*V.J. [Signature]* FOR RJO  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-4925  
DATE 88 8 26  
AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Refer to attachments here)

WRITER (NAME/ADDRESS (Include City/State/Zip))

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

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

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 11/26/83

Unit #2 Cooling Tower Pumphouse

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	88	7	1		88	7	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (58-65) (66-73)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.001	0.001		*****	*****	*****	0	2/month	Meas
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		2/ MONTH	MEAS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	18.00	24.00	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY		2/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	3.90	5.47	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY		2/ MONTH	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		7.00	*****	7.48	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  
R.J. Druga, Mgr.  
Technical Services Dept.  
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 7 months and 5 years.)

*R.J. Druga*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-4925  
DATE 88 8 26  
AREA CODE NUMBER YEAR MO DAY

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



**Duquesne Light**

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

Telephone (412) 393-6000

August 26, 1988

Director of Nuclear Reactor Regulations  
Attention: Mr. Steven Varga, Chief  
Operating Reactor Branch, No. 1  
U. S. Nuclear Regulatory Commission  
Washington, DC 20555

NPDES Monthly Report, EPA Permit Number PA0025615

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

Dear Mr. Varga:

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

Very truly yours,

*R. J. Druga FOR*

R. J. Druga  
Manager,  
Technical Services

AMD/pcj

Enclosure

Cool  
/



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

Telephone: (412) 393-6000

August 26, 1988

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

NPDES Monthly Report, EPA Permit Number PA0025615

Gentlemen:

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

Very truly yours,

*V.J. Druga FOR*

R. J. Druga  
Manager,  
Technical Services

AMD/pcj

Enclosure



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

Telephone (412) 393-6000

August 26, 1988

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

NPDES Monthly Report, EPA Permit Number PA0025615

Gentlemen:

The NPDES Monthly Report for Duquesne Light Company, Beaver Valley Power Station for July 1988 is 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 DMRs may not represent actual conditions with absolute accuracy.

Very truly yours,

*R. J. Druga FOR*

R. J. Druga  
Manager,  
Technical Services

AMD/drc

Enclosure