

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

DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

| | |
|---------------|------------------|
| PA0025615 | 101 |
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | | | | | |
|-------------------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 86 | 1 | 1 | | 86 | 1 | 31 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

Chemical Waste Sump

Expires 2 29 84

527

Attention: R.J. Druga

NOTE: Read instructions before completing this form.

| PARAMETER | X | (1 Card Only) QUANTITY OR LOADING (46-51) | | | (4 Card Only) QUALITY OR CONCENTRATION (46-51) | | | | NO. EX (62-61) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|-------------------------|--------------------|---|---------|-------|--|----------------|--------------|-------|----------------|-------------------------------|---------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| FLOW | SAMPLE MEASUREMENT | 0.016 | 0.047 | MGD | ***** | ***** | ***** | | 0 | 2/ MONTH | EST. |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | ***** | ***** | | | | |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 5.63 | 9.19 | MG/L | 0 | 2/ MONTH | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MONTHLY | 100 DAILY | | | | |
| OIL AND GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 6.25 | 12.5 | MG/L | 0 | 2/ MONTH | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 15 MONTHLY | 20 DAILY | | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | | 6.90 | ***** | 7.77 | SU | 0 | 2/ MONTH | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 6.0 MINIMUM | ***** | | | | |
| | 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 18 USC § 1333. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

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

TELEPHONE: 412 393-5208
 DATE: 86 / 1 / 27
 AREA CODE: 412 NUMBER: 393-5208 YEAR: 86 MO: 1 DAY: 27

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

8603100133 860131
 PDR ADDCK 05000334
 R PDR

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

DISCHARGE MONITORING REPORT (DMR)

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

OMB No. 2040-0049
Expires 2 29 84

Softener Regenerates

FACILITY LOCATION

Attention: R.J. Druga

| MONITORING PERIOD | | | | | | | |
|-------------------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 86 | 1 | 1 | | 86 | 1 | 31 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

NOTE: Read instructions before completing this form.

| PARAMETER (12-17) | X | (1 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (54-61) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|-------------------------|--------------------|---|---------|-------|--|---------------|--------------|-------------------|----------------------------------|------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| FLOW | SAMPLE MEASUREMENT | 0.020 | 0.020 | MGD | ***** | ***** | ***** | 0 | 2/ MONTH | EST. |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | ***** | ***** | | | |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.13 | 0.16 | 0 | 2/ MONTH | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MONTHLY | 100 DAILY | | | |
| OIL AND GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 5.76 | 9.37 | 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 18 U.S.C. § 1343. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

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

TELEPHONE 412 393-5208
DATE 86 1 27
AREA CODE NUMBER YEAR MO DAY

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

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

| PA0025615 PERMIT NUMBER | | 301 DISCHARGE NUMBER | | | | | |
|----------------------------|---------|-------------------------|---------|----|---------|---------|---------|
| MONITORING PERIOD | | | | | | | |
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 86 | 1 | 1 | | 86 | 1 | 31 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

Aux. Blr. Blowdown - Unit #2

NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | SAMPLE MEASUREMENT | (3 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (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 | NO FLOW ALL MONTH | | | MGD | ***** | ***** | ***** | | 2/ MONTH | EST. |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | | ***** | ***** | ***** | | | |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | MG/L | 2/ MONTH | GRAB | |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MONTHLY | 100 DAILY | | | | |
| OIL AND GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | MG/L | 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. | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 18 USC § 1319. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years. | TELEPHONE 412 393-5208 | DATE | | | |
| | | | 80 | 2 | 27 | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Robert J. Druga</i> | AREA CODE | NUMBER | YEAR | MO | DAY |

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

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

PA0025615
PERMIT NUMBER

401
DISCHARGE NUMBER

FACILITY
LOCATION Attention: R.J. Druga

| MONITORING PERIOD | | | | | | | |
|-------------------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 86 | 1 | 1 | | 86 | 1 | 31 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

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

NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | X | (1 Card Only) QUANTITY OR LOADING (46-51) | | | (4 Card Only) QUALITY OR CONCENTRATION (54-61) | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|----------------------------|--------------------|---|---------|-------|--|---------------|--------------|-------|-------------------|--|---------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| FLOW | SAMPLE MEASUREMENT | NO FLOW ALL MONTH | | | MGD | ***** | ***** | ***** | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | | ***** | ***** | ***** | | 2/ MONTH | EST. |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | MG/L | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MONTHLY | 100 DAILY | | 2/ MONTH | GRAB | |
| OIL AND GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | MG/L | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 15 MONTHLY | 20 DAILY | | 2/ MONTH | GRAB | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | | | | | SU | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | 6.0 MINIMUM | ***** | ***** | | 2/ MONTH | GRAB | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
R.J. Druga, Ngr.
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 3 years.

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

TELEPHONE 412 393-5208
DATE 86 - 1 - 27
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
3 Shippingport, PA 15077
 FACILITY _____
 LOCATION _____

(2-16) PA0025615
 PERMIT NUMBER
 (17-19) 001
 DISCHARGE NUMBER

| MONITORING PERIOD | | | | | | | |
|-------------------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 86 | 1 | 1 | | 86 | 1 | 31 |
| | (20-31) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

Cooling Tower Blowdown Units #1 & #2

NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | X | (1 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (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 | 17.21 | 21.38 | MGD | ***** | ***** | ***** | | 0 | CONT. | RCORD. |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | ***** | ***** | | | | |
| FREE AVAILABLE CHLORINE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.19 | 0.19 | | 0 | 22/ MONTH | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 0.2 DAILY | 0.5 INST. | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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.

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

TELEPHONE
 412 | 393-5208
 AREA CODE | NUMBER
 DATE
 88 | 2 | 77
 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
30 Shippingport, PA 15077
 FACILITY _____
 LOCATION Attention: R.J. Druga

| PA0025615 PERMIT NUMBER | | 102 DISCHARGE NUMBER | | | | | |
|----------------------------|---------|-------------------------|---------|----|---------|---------|---------|
| MONITORING PERIOD | | | | | | | |
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 86 | 1 | 1 | | 86 | 1 | 31 |
| | (20-21) | (22-24) | (24-25) | | (26-27) | (28-29) | (30-31) |

Intake Screenhouse Pump Bearing
Cooling Water

NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | X | (1 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (38-45) | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|-------------------------|--------------------|---|---------|-------|--|---------------|----------------|-------|-------------------|----------------------------------|------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| FLOW | SAMPLE MEASUREMENT | NO FLOW ALL MONTH | | | MGD | ***** | ***** | ***** | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | | ***** | ***** | ***** | | 2/ MONTH | EST. |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | MG/L | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MONTHLY | 100 DAILY | | | 2/ MONTH | GRAB |
| OIL AND GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | MG/L | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 15 MONTHLY | 20 DAILY | | | 2/ MONTH | GRAB |
| pH | SAMPLE MEASUREMENT | ***** | ***** | | | | | SU | | | |
| | 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 53 U.S.C. § 1319. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 1 year.

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

TELEPHONE: 412 393-5208
 DATE: 80 2 27

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

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

PA0025615
PERMIT NUMBER

103
DISCHARGE NUMBER

Clarifier Blowdown

| MONITORING PERIOD | | | | | | | |
|-------------------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 86 | 1 | 1 | | 86 | 1 | 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 (46-51) | | | (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 | 0.003 | 0.008 | MGD | ***** | ***** | ***** | 0 | 2/ MONTH | EST. |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | ***** | ***** | | | |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | MG/L | ***** | 6.93 | 9.02 | 0 | 2/ MONTH | 24 HR COMP |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MONTHLY | 100 DAILY | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | SU | 7.04 | ***** | 7.58 | 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 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.

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

TELEPHONE
412 | 393-5208
AREA CODE | NUMBER
DATE
86 | 2 | 27
YEAR | MO | DAY

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

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

PA0025615
PERMIT NUMBER

203
DISCHARGE NUMBER

| MONITORING PERIOD | | | | | | | |
|-------------------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 86 | 1 | 1 | | 86 | 1 | 31 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

Unit #1 STP

NOTE: Read instructions before completing this form.

| PARAMETER (52-57) | X | (1 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (58-65) | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|------------------------------------|--------------------|--|---------|-----------------|---|---------------------|------------------|-------|-------------------|----------------------------------|------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| FLOW | SAMPLE MEASUREMENT | 0.006 | 0.013 | MGD | ***** | ***** | ***** | 0 | 24/ MONTH | MEAS. | |
| | PERMIT REQUIREMENT | 0.023 MONTHLY | ***** | | ***** | ***** | | | | | |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | MG/L | ***** | 34.5 | 58.2 | 0 | 29/ MONTH | GRAB | |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MONTHLY | 60 INST. MAX. | | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | S.U. | 6.47 | ***** | 8.05 | 0 | 29/ MONTH | GRAB | |
| | PERMIT REQUIREMENT | ***** | ***** | | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | | | | |
| FECAL COLIFORM MAY - OCTOBER | SAMPLE MEASUREMENT | ***** | ***** | #/ 100 ML | ***** | ----- | ----- | 0 | 2/ MONTH | GRAB | |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 200 MONTHLY-GEO | 400 PART C | | | | |
| FECAL COLIFORM NOVEMBER - APRIL | SAMPLE MEASUREMENT | ***** | ***** | #/ 100 ML | ***** | 1237.0 | 1556.5 | 0 | 2/ MONTH | GRAB | |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 1000 MONTHLY-GEO | 2000 PART C | | | | |
| BOD - 5 DAY | SAMPLE MEASUREMENT | ***** | ***** | MG/L | ***** | 112.40 | 177.43 | 3 | 4/ 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.

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

TELEPHONE 412 393-5208
DATE 86 1 27
AREA CODE NUMBER YEAR MO DAY

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

See attached letter.

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

| | | | | | | | |
|--------------------------------------|---------|------------------------------------|---------|----|---------|---------|---------|
| PA0025615 (2-16) PERMIT NUMBER | | 303 (17-19) DISCHARGE NUMBER | | | | | |
| MONITORING PERIOD | | | | | | | |
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 86 | 1 | 1 | | 86 | 1 | 31 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

Unit #1 Oil Separator

NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | X | (1 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (38-43) | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|-------------------------|--------------------|---|---------|-------|--|----------------|--------------|-------|-------------------|----------------------------------|------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| FLOW | SAMPLE MEASUREMENT | 0.019 | 0.056 | MGD | ***** | ***** | ***** | | 0 | 2/ MONTH | EST. |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | ***** | ***** | | | | |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 5.85 | 8.70 | MG/L | 0 | 2/ MONTH | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MONTHLY | 100 DAILY | | | | |
| OIL AND GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 4.26 | 8.51 | MG/L | 0 | 2/ MONTH | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 15 MONTHLY | 20 DAILY | | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | | 6.65 | ***** | 7.84 | SU | 0 | 2/ MONTH | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 6.0 MINIMUM | ***** | | | | |
| | 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 <i>Robert J. Druga</i> | TELEPHONE | | DATE | | |
| | | | 412 | 393-5208 | R | 2 | 27 |
| | | | AREA CODE | NUMBER | YEAR | MO | DAY |

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

Facility 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) PA0025615 PERMIT NUMBER
 (17-19) 003 DISCHARGE NUMBER

Expir. Date 11/26/89
 Expires 2 29 84

| MONITORING PERIOD | | | | | | | |
|-------------------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 86 | 1 | 1 | | 86 | 1 | 31 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

Combined 103, 203, 303

NOTE: Read instructions before completing this form.

| PARAMETER (42-43) | 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 | 0.008 | 0.026 | MGD | ***** | ***** | ***** | | 0 | 2/ MONTH | CALC. |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | ***** | ***** | | | TWICE/ MONTH | CALC. |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME, TITLE PRINCIPAL EXECUTIVE OFFICER
 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. § 1519). Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.

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

TELEPHONE: 412 393-5208
 DATE: 86 1 27
 AREA CODE: 412 NUMBER: 393-5208 YEAR: 86 MO: 1 DAY: 27

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

PA0025615
 PERMIT NUMBER

004
 DISCHARGE NUMBER

| MONITORING PERIOD | | | | | | | |
|-------------------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 86 | 1 | 1 | | 86 | 1 | 31 |
| | (20-21) | (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) | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | (3 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (38-45) | | | UNITS (46-51) | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|-------------------------|---|--|-----------|-------|---|-------------------|-------------------|------------------|-------------------|----------------------------------|------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | | |
| FLOW | SAMPLE MEASUREMENT | NO FLOW | ALL MONTH | | ***** | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | MGD | ***** | ***** | ***** | | 1/ WEEK | EST. | |
| FREE AVAILABLE CHLORINE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | MG/L | | * | |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 0.2 DAILY MAX. | 0.5 INST. MAX. | | | * | |
| CHROMIUM | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | MG/L | | * | |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | ***** | ***** | | | * | |
| ZINC | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | MG/L | | * | |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | ***** | ***** | | | * | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | | | | | SU | | * | |
| | PERMIT REQUIREMENT | ***** | ***** | | 6.0 MINIMUM | | 9.0 MAXIMUM | | | * | |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | MG/L | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 - MONTHLY | 100 DAILY | | 2/ MONTH | * GRAB | |
| OIL AND GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | MG/L | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 15 MONTHLY | | | 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 18 U.S.C. § 1333. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

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

TELEPHONE
 412 393-5208
 AREA CODE NUMBER

DATE
 87 1 27
 YEAR MO DAY

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

*Required only when there is a discharge at 004.

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

PA0025615
 PERMIT NUMBER

007
 DISCHARGE NUMBER

| MONITORING PERIOD | | | | | | | |
|-------------------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 86 | 1 | 1 | | 86 | 1 | 31 |
| | (20-22) | (22-23) | (24-25) | | (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 | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| FLOW | SAMPLE MEASUREMENT | NO FLOW | ALL MONTH | MGD | ***** | ***** | ***** | | | 1/ WEEK | EST. |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | ***** | ***** | | | | |
| FREE AVAILABLE CHLORINE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.2 | 0.5 | MG/L | | 1/ WEEK | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | DAILY MAX. | INST. MAX. | | | | |
| | 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 \$100,000 and/or maximum imprisonment of between 6 months and 3 years.

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

TELEPHONE
 412 | 393-5208
 AREA CODE | NUMBER | YEAR | MO | DAY
 | | 86 | 1 | 27

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)

(7-16)
 PA0025615
 PERMIT NUMBER

(7-19)
 008
 DISCHARGE NUMBER

Expir. Date 11/26/89

OMB No. 2040-0019
 Expires 2-29-84

| MONITORING PERIOD | | | | | | |
|-------------------|---------|---------|---------|---------|---------|--|
| FROM | | | TO | | | |
| YEAR | MO | DAY | YEAR | MO | DAY | |
| 86 | 1 | 1 | 86 | 1 | 31 | |
| (20-21) | (22-23) | (24-25) | (26-27) | (28-29) | (30-31) | |

Unit #1 Cooling Tower Pumphouse

NOTE: Read instructions before completing this form.

| PARAMETER (47-48) | X | (1 Card Only) (46-51) QUANTITY OR LOADING (54-61) | | | (4 Card Only) (18-45) QUALITY OR CONCENTRATION (46-51) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (54-68) | SAMPLE TYPE (69-70) |
|----------------------------|--------------------|---|---------|-------|--|------------------|------------------|-------------------|----------------------------------|------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| FLOW | SAMPLE MEASUREMENT | <0.001 | <0.001 | MGD | ***** | ***** | ***** | 0 | 1/ MONTH* | EST. |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | ***** | ***** | | 2/ MONTH | EST. |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | MG/L | ***** | 4.35 | 4.35 | 0 | 1/ MONTH* | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MONTHLY | 100 DAILY | | 2/ MONTH | GRAB |
| OIL AND GREASE | SAMPLE MEASUREMENT | ***** | ***** | MG/L | 2.14 | 2.14 | 2.14 | 0 | 1/ MONTH* | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | 15 AVG. MTHLY. | 20 DAILY MAX. | 30 INST. MAX. | | 2/ MONTH | GRAB |
| pH | SAMPLE MEASUREMENT | ***** | ***** | SU | 7.47 | ***** | 7.47 | 0 | 1/ 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 TO BE 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 42 U.S.C. § 1921). Penalties under these statutes may include fines up to \$50,000 and/or maximum imprisonment of between 6 months and 5 years.

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

TELEPHONE 412 393-5208
 DATE 01 27 89
 AREA CODE NUMBER YEAR MO DAY

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

*Found sample flow only once during the entire month.

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

| PA0025615 | | 011 | | | | | |
|-------------------|---------|------------------|---------|----|---------|---------|---------|
| PERMIT NUMBER | | DISCHARGE NUMBER | | | | | |
| MONITORING PERIOD | | | | | | | |
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 86 | 1 | 1 | | 86 | 1 | 31 |
| | (20-27) | (22-24) | (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) QUANTITY OR LOADING (46-51) | | | (4 Card Only) QUALITY OR CONCENTRATION (54-61) | | | NO. EX (62-69) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|-------------------------|--------------------|---|---------|-------|--|------------------|------------------|----------------|-------------------------------|---------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| FLOW | SAMPLE MEASUREMENT | 0.001 | 0.010 | MGD | ***** | ***** | ***** | 0 | 2/ MONTH | EST. |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | ***** | ***** | | 2/ MONTH | EST. |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 7.34 | 33.00 | 0 | 6/ MONTH | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MONTHLY | 100 DAILY | | 2/ MONTH | GRAB |
| pH | SAMPLE MEASUREMENT | ***** | ***** | | 6.91 | ***** | 8.68 | 0 | 6/ MONTH | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | | 2/ MONTH | GRAB |
| OIL AND GREASE | SAMPLE MEASUREMENT | ***** | ***** | | 14.73 | 48.00 | 48.00 | 2 | 7/ MONTH | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | 15 AVG. MTHLY | 20 DAILY MAX. | 30 INST. MAX. | | 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 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.

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

TELEPHONE 412 393-5208
 DATE 86 1 27
 AREA CODE NUMBER YEAR MO DAY

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

See attached letter.

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

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

Expir. Date 11/26/85 Expires 2 29 84

MONITORING PERIOD
 FROM YEAR 86 MO 1 DAY 1 TO YEAR 86 MO 1 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 | (1 Card Only) QUANTITY OR LOADING (45-53) | | | (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 | <0.001 | <0.001 | MGD | ***** | ***** | ***** | 0 | 1/ MONTH | EST. |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | ***** | ***** | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | | 7.03 | ***** | 7.03 | 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
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.)

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

TELEPHONE 412-893-5208
 DATE 02 2 27
 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 _____

(2-16) **PA0025615** (17-19) **213**
 PERMIT NUMBER DISCHARGE NUMBER

Expir. Date 11/26/85 Expires 2-29-84

| MONITORING PERIOD | | | | | | |
|-------------------|---------|---------|---------|---------|---------|--|
| FROM | | | TO | | | |
| YEAR | MO | DAY | YEAR | MO | DAY | |
| 86 | 1 | 1 | 86 | 1 | 31 | |
| (20-27) | (22-23) | (24-25) | (26-27) | (28-29) | (30-31) | |

Unit #2 Cooling Tower Pumphouse

NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | SAMPLE MEASUREMENT | (1 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|-------------------------|--------------------|--|---------|-------|---|---------------|----------------|-------|-------------------|----------------------------------|------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| FLOW | SAMPLE MEASUREMENT | NO FLOW ALL MONTH | | | ***** | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | ***** | ***** | | | 2/ MONTH | MEAS. |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MONTHLY | 100 DAILY | | | 2/ MONTH | GRAB |
| OIL AND GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 15 MONTHLY | 20 DAILY | | | 2/ MONTH | GRAB |
| pH | SAMPLE MEASUREMENT | ***** | ***** | | | | | | | | |
| | 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 6 months and 5 years.

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

TELEPHONE 412 393-5208
 DATE 86 1 27
 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

February 27, 1986
ND1RCC:0990

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 PA 0025615

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
Manager

Technical Services Department

AMD/rr

Enclosure

cc: Central File (2)

TE25
||



Duquesne Light

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

Telephone (412) 393-6000

February 27, 1986
NDRCC:0989

Mr. Joseph A. Galda (3WM50)
U. S. Environmental Protection Agency
Region III
Sixth and Walnut Streets
Philadelphia, PA 19106

NPDES Monthly Report, EPA Permit Number PA 0025615

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,

R. J. Druga
Manager
Technical Services Department

AMD/rr

Enclosure

cc: Central File (2)



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

Telephone (412) 393-6000

February 27, 1986
NDIRCC:0988

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 PA 0025615

Gentlemen:

The NPDES Monthly Report for Duquesne Light Company, Beaver Valley Power Station for February 1986 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 DMR's may not represent actual conditions with absolute accuracy.

Very truly yours,

R. J. Druga
Manager, Technical Services

AMD/rr

Enclosure

cc: Central File (2)



Duquesne Light

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

Telephone (412) 393-6000

February 27, 1986
ND1RCC:0986

EPA Permit No. 0025615 Reportable Occurrence

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

Gentlemen:

This letter forwards a copy of our reportable occurrence of EPA Permit No. 0025615 as submitted to the United States Environmental Protection Agency, Region III compliance office.

Very truly yours,

R. J. Druga
Manager, Technical Services

AMD/rr

Attachment

| | |
|-----------------|------------------|
| cc: J. J. Carey | L. R. Freeland |
| T. D. Jones | Shift Supervisor |
| J. W. McIntire | V. J. Linnenbom |
| A. C. Mazukna | A. M. Dulick (3) |
| S. L. Pernick | J. C. Summers |
| R. J. Druga | Central File (2) |



Duquesne Light

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

Telephone (412) 393-6000

February 27, 1986
NDRCC:0987

EPA Permit No. 0025615 Reportable Occurrence

United States Environmental Protection Agency
Region III Compliance Office
6th and Walnut Streets
Philadelphia, PA 19106

Dear Sir:

As required by EPA Permit No. 0025615, the following information is provided in regard to reportable occurrences at Beaver Valley Power Station, Unit #1 and Unit #2:

Discharge 113, Unit #2 Sewage Treatment Plant was out of specification with respect to total suspended solids (65.8 mg/l) and BOD₅ (270.17 mg/l) on January 23, 1986. The plant was pumped out by an approved hauler and returned to specification for TSS (29.0) on January 29, 1986.

Discharge 011, Unit #2 Oil Separators, was out of specification with respect to oil and grease on January 16, 1986 (43.11 mg/l) and January 29, 1986 (48.00 mg/l). The sample stream returned to specification on January 31, 1986 (2.99 mg/l).

Discharge 203, Unit #1 Sewage Treatment Plant was out of specification with respect to BOD₅ on January 10, 1986 (177.43 mg/l), January 17, 1986 (118.19 mg/l) and January 24, 1986 (153.97 mg/l). During this period the total suspended solids and the pH of the plant did not indicate an operating problem. The accuracy of the analysis and instruments are being investigated at this time for problems.

If you have any questions concerning this report, please do not hesitate to contact me.

R. J. Druga
Manager, Technical Services

AMD/rr

| | | |
|-----------------|------------------|------------------|
| cc: J. J. Carey | R. J. Druga | V. J. Linnenbom |
| T. D. Jones | L. R. Freeland | J. C. Summers |
| J. W. McIntire | A. C. Mazukna | Shift Supervisor |
| S. L. Pernick | A. M. Dulick (3) | Central File (2) |