

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

(2-16)
 PA0025615
 PERMIT NUMBER

(17-19)
 101
 DISCHARGE NUMBER

Chemical Waste Sump

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	88	8	1		88	8	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (3 Card Only) (46-51)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.016	0.045	MGD	*****	*****	*****	0	2/ MONTH	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	27.31	30.76	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	6.01	9.62	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY			
pH	SAMPLE MEASUREMENT	*****	*****	SU	7.69	*****	8.55	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 18 U.S.C. § 1033. (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 9 28
 AREA CODE NUMBER YEAR MO DAY

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

8810070140 880831
 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)
 PA0025615
 PERMIT NUMBER

(17-19)
 201
 DISCHARGE NUMBER

Softener Regenerates

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
88	8	1	88	8	31
(20-21)	(22-23)	(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 (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-51)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.020	0.020	MGD	*****	*****	*****		0	2/ MONTH	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	0.10	0.10	MG/L	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	1.84	2.60	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 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.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT V.J. Zel / For RJD	TELEPHONE		DATE		
			412 393-4925	88	9	28	

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

(2-16) PA0025615	(17-19) 301
PERMIT NUMBER	DISCHARGE NUMBER

FACILITY LOCATION
 Attention: R.J. Druga

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	88	8	1		88	8	31
	(20-27)	(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)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)				NO. EX (62-67)	FREQUENCY OF ANALYSIS (54-68)	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	*****	*****	MG/L	*****	2.00	2.00	0	2/ MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	2.67	4.57	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 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 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.

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

TELEPHONE 412 393-4925
 DATE 88 9 28
 AREA CODE NUMBER YEAR MO DAY

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

COMMITTEE 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

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

PA0025615
 PERMIT NUMBER

401
 DISCHARGE NUMBER

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
88	8	1	88	8	31
(10-27)	(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 (12-17)	X	(1 Card Only) QUANTITY OR LOADING (34-61)			(4 Card Only) QUALITY OR CONCENTRATION (34-61)				NO. EX (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.001	0.001	MGD	*****	*****	*****		0	2/ MONTH	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	1.00	1.00		0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	1.42	1.85		0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY				
pH	SAMPLE MEASUREMENT	*****	*****	SU	9.53	*****	*****		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.)

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

TELEPHONE
 412 393-4925
 AREA CODE NUMBER

DATE
 88 9 28
 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 (2-16) PERMIT NUMBER
 001 (17-19) DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	88	8	1		88	8	31
	(26-27)	(32-33)	(24-25)		(26-27)	(28-29)	(30-31)

Cooling Tower Blowdown Units #1 & #2

FACILITY LOCATION: Attention: R.J. Druga

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (1 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (58-65)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	MAXIMUM	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	23.226	31.618	MGD	*****	*****	*****		0	CONT	RCORD
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			CONT.	RCORD.
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****	0.03	0.06		0	CONT	RCORD
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY	0.5 INST.			CONT.	RCORD.
	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.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>RJ Druga</i>	TELEPHONE	DATE			
			412 : 393-4925	88	9	28	
			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

(2-16)
 PA0025615
 PERMIT NUMBER

(17-19)
 102
 DISCHARGE NUMBER

FACILITY
 LOCATION Attention: R.J. Druga

Intake Screenhouse Pump Bearing Cooling Water

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	88	8	1		88	8	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	SAMPLE MEASUREMENT	NO FLOW			*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****		2/	MONTH	EST.	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	30 MONTHLY	100 DAILY	MG/L		2/	MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****					2/	MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	15 MONTHLY	20 DAILY	MG/L		2/	MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****					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 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
 DATE 88 9 28
 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 Clarifier Blowdown
 LOCATION Attention: R.J. Druga

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

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

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	88	8	1		88	8	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(5 Card Only) QUANTITY OR LOADING (34-61)			(4 Card Only) QUALITY OR CONCENTRATION (34-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-43)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS			
FLOW	SAMPLE MEASUREMENT	0.002	0.012	MGD	*****	*****	*****		0	2/ MONTH	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	4.07	4.69	MG/L	0	2/ MONTH	24 HR COMP
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY				
pH	SAMPLE MEASUREMENT	*****	*****		7.80	*****	7.97	SU	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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 WITH THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>R.J. Druga</i>	TELEPHONE	DATE		
			412-393-4925 AREA CODE NUMBER	88	9	28 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

203
DISCHARGE NUMBER

MONITORING PERIOD	
FROM	TO
YEAR MO DAY	YEAR MO DAY
88 8 1	88 8 31
(26-27) (22-23) (24-25)	(26-27) (28-29) (30-31)

Unit #1 STP

NOTE: Read instructions before completing this form.

PARAMETER (52-57)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (54-61)			QUALITY OR CONCENTRATION (54-61)			FREQ. EX. (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (58-65)	AVERAGE (46-53)	MAXIMUM (54-61)			
FLOW	SAMPLE MEASUREMENT	0.008	0.010	MGD	*****	*****	*****	0	2/	MONTH MEAS
	PERMIT REQUIREMENT	0.023 MONTHLY	*****		*****	*****	*****		2/	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	24.56	33.12	0	2/	MONTH GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.		2/	
pH	SAMPLE MEASUREMENT	*****	*****	S.U.	6.48	*****	6.64	0	2/	MONTH GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		2/	
FECAL COLIFORM MAY - OCTOBER	SAMPLE MEASUREMENT	*****	*****	#/100 ML	*****	66.5	120.0	0	2/	MONTH GRAB
	PERMIT REQUIREMENT	*****	*****		*****	200 MONTHLY-GEO	400 PART C		2/	
FECAL COLIFORM NOVEMBER - APRIL	SAMPLE MEASUREMENT	*****	*****	#/100 ML	*****	1000	2000	0	2/	MONTH GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1000 MONTHLY-GEO	2000 PART C		2/	
BOD - 5 DAY	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	24.56	33.12	0	2/	MONTH GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.		2/	
	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 16 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.)

RJ Druga
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-4925
DATE 88 9 28
AREA CODE NUMBER YEAR MO DAY

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

WITTER 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 _____

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
303
DISCHARGE NUMBER

Unit #1 Oil Separator

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	88	8	1		88	8	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (34-61)			NO. EX (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
FLOW	SAMPLE MEASUREMENT	0.019	0.056	MGD	*****	*****	*****	0	2/ MONTH	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	2.31	3.97	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	6.50	8.59	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY			
pH	SAMPLE MEASUREMENT	*****	*****	SU	7.23	*****	7.39	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.

RJ Druga
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
412 393-4925
AREA CODE NUMBER
DATE
88 9 28
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

Expir. Date 11/26/89

PA0025615
PERMIT NUMBER

003
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
88	08	01		88	08	31
(20-31)	(22-31)	(24-31)		(26-27)	(28-29)	(30-31)

Combined 103, 203, 303

FACILITY
LOCATION
Attention: R.J. Druga

NOTE: Read instructions before completing this form.

PARAMETER (12-17)	X	(1 Card Only) QUANTITY OR LOADING (45-51)			(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			
FLOW	SAMPLE MEASUREMENT	0.029	0.078	MGD	*****	*****	*****		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									
	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
R.J. Druga FOR RJD

TELEPHONE 412-393-4925
DATE 88 09 28
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
 004 DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	88	8	1		88	8	31
	(20-27)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Unit #1 Cooling Tower Overflow

Attention: R.J. Druga

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) (46-53) (54-61)			NO. EX (62-67)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
FLOW	SAMPLE MEASUREMENT	NO FLOW			*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****		1/ WEEK	EST.	
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****						
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY MAX.	0.5 INST. MAX.	MG/L	*		
CHROMIUM	SAMPLE MEASUREMENT	*****	*****		*****						
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	MG/L	*		
ZINC	SAMPLE MEASUREMENT	*****	*****		*****						
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	MG/L	*		
pH	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM	SU	*		
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	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED 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 3 years.					TELEPHONE		DATE		
R.J. Druga, Mgr. Technical Services Dept.							412 393-4925		88 9 28		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

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

*Required only when there is a discharge at 004.

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 Attention: R.J. Druga

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

(17-19) **007**
DISCHARGE NUMBER

Expir. Date 11/26/89

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	88	8	1		88	8	31
	(26-27)	(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)	SAMPLE MEASUREMENT	(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			MGD	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****			*****	*****	*****		1/ WEEK	EST.
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****			0.2	0.5	MG/L			
	PERMIT REQUIREMENT	*****	*****			DAILY MAX.	INST. MAX.			1/ WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER S.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.	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>S.J. Druga</i> FOR RJD	412	393-49298	88	9
		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

(17-18) PA0025615	(17-19) 008
PERMIT NUMBER	DISCHARGE NUMBER

Expir. Date 11/26/89

FACILITY
LOCATION
Attention: R.J. Druga

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
88	8	1	88	8	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 (42-47)	X	(1 Card Only) (46-53) QUANTITY OR LOADING (34-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (34-61)				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	*****	*****		*****	1.82	2.13	MG/L	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		3.16	5.50	5.50	MG/L	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		15 AVG. MTHLY.	20 DAILY MAX.	30 INST. MAX.				
pH	SAMPLE MEASUREMENT	*****	*****		7.92	*****	7.94	SU	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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 a maximum imprisonment of between 6 months and 5 years.)

V.J. Telford for RJD

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
412, 393-4925		88	9	28
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

FACILITY
 LOCATION

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

(2-16) PA0025615 (17-19) 010
 PERMIT NUMBER DISCHARGE NUMBER

Expir. Date 11/26/89

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

Unit #2 Heat Exchanger Cooling H₂O

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	88	8	1		88	8	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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 (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-51)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-43)	AVERAGE (46-53)	MAXIMUM (54-61)			
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				*Sample must be taken during chlorination.					
	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 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.)	TELEPHONE 412 393-4925	DATE			
			88	9	28	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>VJ Druga for RJD</i>	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
GMB 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	YEAR	MO	DAY	TO	YEAR	MO	DAY
	88	8	1		88	8	31
	(28-27)	(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) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	U/UNITS			
FLOW	SAMPLE MEASUREMENT	0.001	0.001	MGD	*****	*****	*****		0	2/ MONTH	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			2/ MONTH	EST.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	2.67	7.00		0	6/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			2/ MONTH	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		7.09	*****	7.89		0	5/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			2/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		6.08		7.53		0	6/ 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 33 USC § 1319 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>R.J. Druga</i>	TELEPHONE	DATE			
			412, 393-4925	88	9	28	
			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 _____
 Attention: R.J. Druga

PA0025615
 PERMIT NUMBER

012
 DISCHARGE NUMBER

Expir. Date 11/26/89

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	88	8	1		88	8	31
	(20-27)	(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 (46-53)				NO. EX (62-67)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.001	0.001	MGD	*****	*****	*****	0	1/ MONTH	EST	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	6.0 MINIMUM	8.48	*****	8.48	0	1/ MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	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 \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

RJ Druga
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412-393-4925
 DATE 88 9 28
 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	8	1		88	8	31
	(20-27)	(22-23)	(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 (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (46-51)				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	0.032	HGD	*****	*****	*****		0	2/ MONTH	MEAS
	PERMIT REQUIREMENT	0.043 MONTHLY	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	11.00	19.00	MG/L	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.				
pH	SAMPLE MEASUREMENT	*****	*****		7.21	*****	7.85	S.U.	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
FECAL COLIFORM MAY - SEPTEMBER	SAMPLE MEASUREMENT	*****	*****		*****	3.50	4.00	#/100 ML	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	200 MTHLY. GEO	1000 PART C				
FECAL COLIFORM OCTOBER - APRIL	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	#/100 ML		2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	2000 PART C	*****				
BOD - 5 DAY	SAMPLE MEASUREMENT	*****	*****		*****	10.25	15.08		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 HONORARY 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 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and a maximum imprisonment of between 6 months and 5 years.

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

TELEPHONE 412 393-4925
DATE 88 9 28
AREA CODE NUMBER YEAR MO DAY

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

PLANT NAME/ADDRESS (Include City 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 15677
 FACILITY
 LOCATION

PA0025615 PERMIT NUMBER
 213 DISCHARGE NUMBER

Expir. Date 11/26/89

Unit #2 Cooling Tower Pumphouse

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
88	8	1		88	8	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (54-61)			QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (58-65)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS			
FLOW	SAMPLE MEASUREMENT	0.001	0.001		*****	*****	*****		0	2/ MONTH	MEAS.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			2/ MONTH	MEAS.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	10.50	14.00		0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			2/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	10.89	14.10		0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY			2/ MONTH	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		7.12	*****	7.69		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 6 months and 3 years.

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

TELEPHONE 412 393-4925
 DATE 88 9 28
 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

September 28, 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

R. J. Druga
Manager,
Technical Services

AMD/pcj

Enclosure

COOL
1/1



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

Telephone (412) 393-6000

September 28, 1988

U. S. Environmental Protection Agency
Region III, Pennsylvania Section (3W352)
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,

R. J. Druga
Manager,
Technical Services

AMD/pcj

Enclosure



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

Telephone (412) 393-6000

September 28, 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 August 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
Manager,
Technical Services

AMD/pcj

Enclosure