

PERMITTEE NAME/ADDRESS (Include Facility Name, if one of 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) 101
PERMIT NUMBER	DISCHARGE NUMBER

Chemical Waste Sump

FACILITY LOCATION: Attention: R.J. Druga

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	87	03	01		87	03	31
	(20-27)	(22-29)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (17-19)	SAMPLE MEASUREMENT (20-27)	QUANTITY OR LOADING (28-31)			QUALITY OR CONCENTRATION (32-39)			NO. EX (42-43)	FREQUENCY OF ANALYSIS (44-48)	SAMPLE TYPE (49-50)
		AVERAGE (34-35)	MAXIMUM (36-37)	UNITS (38)	MINIMUM (32-33)	AVERAGE (34-35)	MAXIMUM (36-37)			
FLOW	SAMPLE MEASUREMENT	0.016	0.045	MGD	*****	*****	*****	0	2/ MONTH	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	29.40	67.27	0	8/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	4.29	4.92	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY			
pH	SAMPLE MEASUREMENT	*****	*****	SU	7.19	*****	8.23	0	4/ 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	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 § 1379 (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.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	412	393-5208	87	04
TYPED OR PRINTED	AREA CODE		NUMBER	YEAR	MO	DAY

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

8705060306 870331
 PDR ADOCK 05000334
 R PDR

IE25/1

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

201
DISCHARGE NUMBER

Softener Regenerates

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	87	03	01		87	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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 (46-53)			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	*****	*****	MG/L	*****	0.10	0.19	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	5.05	7.87	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY			
	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. § 1359. Penalties under these statutes may include fines up to \$20,000 and/or maximum imprisonment of between 6 months and 5 years.

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

TELEPHONE
412 393-5208
AREA CODE NUMBER

DATE
87 04 28
YEAR MO DAY

COMPLETE 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 _____
 Attention: R.J. Druga

(2-16)
 PA0025615
 PERMIT NUMBER

(17-19)
 301
 DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	87	03	01		87	03	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)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (34-67)				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	
	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 412 393-5208
 AREA CODE NUMBER
 DATE 87 04 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 Attention: R.J. Druga

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

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	87	03	01		87	03	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)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			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, 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 412 393-5208
 DATE 87 04 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)
001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
87	03	01		87	03	31
(20-21)	(22-23)	(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)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-79)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	MAXIMUM	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	13.685	28.440	MGD	*****	*****	*****		0	31/MONTH	RCORD.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				CONT.
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****	0.18	0.18		0	31/MONTH	
	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										

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
R.J. Druga

TELEPHONE
412 393-5208
AREA CODE NUMBER
DATE
87 04 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
 FACILITY _____
 LOCATION _____

PA0025615
 PERMIT NUMBER

102
 DISCHARGE NUMBER

Intake Screenhouse Pump Bearing Cooling Water

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	87	03	01		87	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(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			
FLOW	SAMPLE MEASUREMENT	NO FLOW	ALL MONTH	MGD	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		2/ MONTH	EST.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY	MG/L	2/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY	MG/L	2/ MONTH	GRAB
pH	SAMPLE MEASUREMENT	*****	*****			*****				
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM	SU	2/ MONTH	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 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.)

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

TELEPHONE
 412 393-5208
 DATE
 87 04 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) Expir. Date 11/26/89
DISCHARGE MONITORING REPORT (DMR)

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

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

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

Clarifier Blowdown

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	87	03	01		87	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.001	0.003	MGD	*****	*****	*****		0	31/ MONTH	RCORD
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	2.58	2.68	MG/L	0	2/ MONTH	24 HR COMP
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY				
pH	SAMPLE MEASUREMENT	*****	*****		7.02	*****	7.43	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 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>R.J. Druga</i>	TELEPHONE		DATE		
			412	393-5208	87	04	28
			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

DISCHARGE MONITORING REPORT (DMR)

Expir. Date 11/26/89

(2-16)	(17-19)
PA0025615	203
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	87	03	01		87	03	31
	(20-27)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Unit #1 STP

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.014	0.024	MGD	*****	*****	*****	0	25/ MONTH	MEAS
	PERMIT REQUIREMENT	0.023 MONTHLY	*****		*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	29.39	66.2	1	21/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.			
pH	SAMPLE MEASUREMENT	*****	*****	S.U.	6.15	*****	7.12	0	22/ 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	*****	238	444	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1000 MONTHLY-GEO.	2000 PART C			
BOD - 5 DAY	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	19.5	20.0	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.			
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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

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

R. Druga
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
412 393-5208
DATE
87 04 28
AREA CODE NUMBER YEAR MO DAY

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

See attached letter of non-compliance.

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

303
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
87	03	01	87	03	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	(3 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	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.019	0.056	MGD	*****	*****	*****	0	2/ MONTH	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	7.65	8.79	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	8.65	12.37	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY			
pH	SAMPLE MEASUREMENT	*****	*****	SU	8.39	*****	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 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

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

TELEPHONE 412 393-5208
 DATE 87 04 28
 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

DISCHARGE MONITORING REPORT (DMR)

Expir. Date 11/26/89

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
003
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	87	03	01		87	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Combined 103, 203, 303

FACILITY
LOCATION
Attention: R.J. Druga

NOTE: Read instructions before completing this form.

PARAMETER (42-47)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.033	0.087	MGD	*****	*****	*****		0	2/ MONTH TWICE/ 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 USC § 1001 AND 18 USC § 1339 (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 | 393-5208
AREA CODE | NUMBER
DATE
87 | 04 | 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
 FACILITY _____
 LOCATION _____

PA0025615
 PERMIT NUMBER

004
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
87	03	01		87	03	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)			(4 Card Only) QUALITY OR CONCENTRATION (38-43) (46-53) (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	*****	*****		*****	*****	*****		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	20 DAILY		2/ MONTH	* GRAB	

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

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

TELEPHONE		DATE		
412	393-5208	87	04	28
AREA CODE	NUMBER	YEAR	MO	DAY

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

*Required only when there is a discharge at 004.

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

Expir. Date 11/26/89

PA0025615
 PERMIT NUMBER

007
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
87	03	01		87	03	31
(20-21)	(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 (38-45)			UNITS (54-61)	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	SAMPLE MEASUREMENT	NO FLOW	ALL MONTH	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
R.J. Druga, Mgr.
Technical Services Dept.
 TYPED OR PRINTED

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

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

TELEPHONE
 412 | 393-5208
 DATE
 87 | 04 | 28
 AREA CODE NUMBER YEAR MO DAY

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

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

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

Expir. Date 11/26/89

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	87	03	01		87	03	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 (1-17)	X	(1 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (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	2/ MONTH	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	7.46	10.14	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	MG/L	3.72	3.76	3.76	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		15 AVG. MTHLY.	20 DAILY MAX.	30 INST. MAX.			
pH	SAMPLE MEASUREMENT	*****	*****	SU	7.46	*****	7.72	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 18 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

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

TELEPHONE
412 393-5208
AREA CODE NUMBER
DATE
87 04 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 _____

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
010
DISCHARGE NUMBER

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
87	03	01	87	03	31	
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)	

Unit #2 Heat Exchanger Cooling H₂O

Attention: R.J. Druga

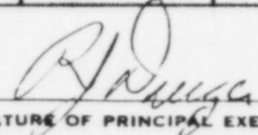
NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-43) (46-53) (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	*****	*****		*****	*****	*****		1/ WEEK	EST.	
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****						
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY MAX.	0.5 INST. MAX.		1/ WEEK	* GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

*Sample must be taken during chlorination.

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

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


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
412	393-5208	87	04	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 _____
 Attention: R.J. Druga

PA0025615
 PERMIT NUMBER

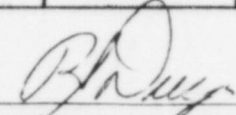
011
 DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	87	03	01		87	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Unit #2 - Three Oil Separators

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.001	0.001	MGD	*****	*****	*****		0	2/ MONTH	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	8.33	16.00		0	6/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY				
pH	SAMPLE MEASUREMENT	*****	*****		7.13	*****	8.20		0	6/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		2.08		4.47		0	6/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		15 AVG. MTHLY.	20 DAILY MAX.	30 INST. MAX.				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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 	TELEPHONE	DATE			
			412 393-5208	87	04	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

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

Expir. Date 11/26/89

FACILITY
LOCATION
Attention: R.J. Druga

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	87	03	01		87	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

ERF - HVAC Cooling Tower Blowdown

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (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	*****	*****		8.37	*****	8.37		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										

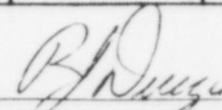
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE

412-893-5208

AREA CODE

NUMBER

DATE

87 04 28

YEAR MO DAY

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Expir. Date 11/26/89

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

(2-16)
 PA0025615
 PERMIT NUMBER

(17-19)
 113
 DISCHARGE NUMBER

Unit #2 STP

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	87	03	01		87	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (58-65) (66-73)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.013	0.013	MGD	*****	*****	*****	0	31/ MONTH	MEAS.	
	PERMIT REQUIREMENT	0.043 MONTHLY	*****		*****	*****					
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	23.0	30.0	0	2/ MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.				
pH	SAMPLE MEASUREMENT	*****	*****	S.U.	7.17	*****	7.58	0	2/ MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
FECAL COLIFORM MAY - SEPTEMBER	SAMPLE MEASUREMENT	*****	*****	#/100 ML	*****	---	---	0	2/ MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	200 MTHLY. GEO	1000 PART C				
FECAL COLIFORM OCTOBER - APRIL	SAMPLE MEASUREMENT	*****	*****	#/100 ML	*****	5	*****	0	2/ MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	2000 PART C	*****				
BOD - 5 DAY	SAMPLE MEASUREMENT	*****	*****	0	*****	9.22	12.53	0	2/ MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 23 U.S.C. § 3319. 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; 393-5268
 DATE
 87 04 28
 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
 PERMIT NUMBER

(17-19)
 213
 DISCHARGE NUMBER

Expir. Date 11/26/89

Unit #2 Cooling Tower Pumphouse

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	87	03	01		87	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (58-63) (46-53) (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		*****	*****	*****	0	2/ MONTH	MEAS
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		2/ MONTH	MEAS.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	7.5	9.0	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY		2/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	1.83	1.94	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY		2/ MONTH	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		7.51	*****	7.51	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 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

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

TELEPHONE		DATE		
412	393-5208	87	04	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

April 28, 1987

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

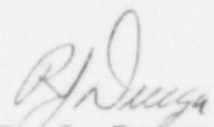
NPDES Monthly Report, EPA Permit Number PA0025615

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
Manager,
Technical Services

AMD/vat

Enclosure

IEZS
11



Duquesne Light

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

Telephone (412) 393-6000

April 28, 1987

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 March 1987 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/vat

Enclosure



Duquesne Light

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

Telephone (412) 393-6000

April 28, 1987

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

NPDES Monthly Report, EPA Permit Number PA0025615

Gentlemen:

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

Very truly yours,

R. J. Druga
Manager,
Technical Services

AMD/vat

Enclosure



Duquesne Light

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

Telephone (412) 393-6000

April 28, 1987

EPA Permit No. PA0025615 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/vat

Attachment



Duquesne Light

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

Telephone (412) 393-6000

April 28, 1987

EPA Permit No. PA0025615 Reportable Occurrence

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

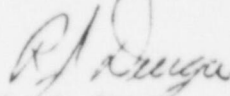
Dear Sir:

As required by EPA Permit No. PA0025615, the following information is provided in regard to a reportable occurrence at Beaver Valley Power Station Unit 1 and Unit 2:

Discharge 203, Unit 1 Sewage Treatment Plant, was out of specification with respect to total suspended solids on March 30, 1987 (66.2 mg/l). The comminutor on the influent tank was not working properly and allowing larger than normal amounts of large suspended solids to enter the treatment plant. Maintenance replaced several parts and additional parts have been ordered. The sample stream was returned to specification on March 31, 1987 (23.5 mg/l).

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

Very truly yours,


R. J. Druga
Manager,
Technical Services

AMD/vat

Attachment