

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

PA0025615  
 PERMIT NUMBER

401  
 DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
87	05	01	87	05	31

FROM (20-21) (22-23) (24-25) TO (26-27) (28-29) (30-31)

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

Attention: R.J. Druga

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	AVERAGE	MAXIMUM	UNITS			
FLOW	< 0.001	< 0.001	MGD	*****	*****	*****	0	2/ MONTH	EST.
	*****	*****	*****	*****	*****	*****	0	2/ MONTH	EST.
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	0.00	0.00	MG/L	0	2/ MONTH	GRAB
	*****	*****	*****	30 MONTHLY	100 DAILY	MG/L	0	2/ MONTH	GRAB
OIL AND GREASE	*****	*****	*****	2.15	4.19	MG/L	0	2/ MONTH	GRAB
	*****	*****	*****	15 MONTHLY	20 DAILY	MG/L	0	2/ MONTH	GRAB
PH	*****	*****	*****	8.97	*****	SU	0	2/ MONTH	GRAB
	*****	*****	*****	6.0 MINIMUM	*****	*****	0	2/ MONTH	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER									
	R.J. Druga, Mgr.								
TECHNICAL SERVICES DEPT.									
	Technical Services Dept.								
TYPED OR PRINTED									
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)									
				9/1/87		FOX R/O			
				412		393-5208		87 06 26	
				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE		DATE	
						NUMBER		YEAR MO DAY	

8707010584 870630  
 PDR ADBCK 05000334  
 R PDR

IEB  
 11

PA0025615  
PERMIT NUMBER

101  
DISCHARGE NUMBER

MONITORING PERIOD  
YEAR MO DAY TO YEAR MO DAY  
FROM 87 05 01 TO 87 05 31

QUANTITY OR LOADING (3 Card Only) (46-53)  
AVERAGE (46-53) MAXIMUM (54-61) UNITS

QUALITY OR CONCENTRATION (4 Card Only) (38-45)  
MINIMUM (38-45) AVERAGE (46-53) MAXIMUM (54-61) UNITS

NOTE: Read instructions before completing this form.

PARAMETER (12-17)	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			NO. EX (62-63)	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)				UNITS
FLOW	SAMPLE MEASUREMENT	0.016	0.045	MCD	*****	*****	0	2/ MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****		2/ MONTH	EST.	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		26.11	28.19	0	2/ MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****		30 MONTHLY	100 DAILY		2/ MONTH	2 HR. COMP.	
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		9.24	14.00	0	2/ MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****		15 MONTHLY	20 DAILY		2/ MONTH	GRAB	
pH	SAMPLE MEASUREMENT	*****	*****		7.32	7.56	0	2/ MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	9.0 MAXIMUM		2/ MONTH	GRAB	
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.										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER R.J. Druga, Mgr. Technical Services Dept. TYPED OR PRINTED										
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) V.J. Trip for NO										
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA NUMBER	YEAR	MO	DAY
							412 393-5208	87	06	26
							AREA CODE			
							TELEPHONE			



PERMITTEE NAME/ADDRESS (Include Facility Name/location if different)  
 Duquesne Light Company  
 Beaver Valley Power Station  
 P.O. Box 4  
 Shippingport, PA 15077

PA0025615  
 PERMIT NUMBER

201  
 DISCHARGE NUMBER

Softener Regenerates

Facility LOCATION  
 Attention: R. J. Druga

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (34-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (34-61)			
FLOW	SAMPLE MEASUREMENT	0.020		*****	*****	*****	0	2/ MONTH	EST
	PERMIT REQUIREMENT	*****	MGD	*****	*****	*****		2/ MONTH	EST.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****		*****	0.00	0.00	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	MONTHLY	*****	30	100 DAILY		2/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****		*****	11.50	12.23	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	MONTHLY	*****	15	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

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

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.

W. H. H. for RJO

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5208

87 06 26

AREA CODE NUMBER

412 393-5208

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**

PERMIT NUMBER: PA0025615  
 DISCHARGE NUMBER: 301

MONITORING PERIOD  
 FROM: YEAR 87, MO 05, DAY 01 TO YEAR 87, MO 05, DAY 31

Attention: R.J. Druga

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (34-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (46-53)	UNITS (46-53)	MINIMUM (46-53)	AVERAGE (46-53)	MAXIMUM (46-53)			
FLOW	SAMPLE MEASUREMENT	0.004	0.022	MGD	*****	*****	0	2/ MONTH	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****		2/ MONTH	EST.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	30.00	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	100 DAILY		2/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	18.80	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY		2/ MONTH	GRAB

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

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

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*W. L. ...*

TELEPHONE

DATE: YEAR 87, MO 06, DAY 26

AREA CODE: 412, NUMBER: 393-5208



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
Duquesne Light Company  
Beaver Valley Power Station  
P.O. Box 4  
Shippingport, PA 15077

Expir. Date 11/26/89

Cooling Tower Blowdown Units #1 & #2

PA0025615  
PERMIT NUMBER

001  
DISCHARGE NUMBER

MONITORING PERIOD	
YEAR	MO DAY
87	05 01
87	05 31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	MAXIMUM (46-53)	UNITS (46-53)			
FLOW	11.869	21.810	MGD	*****	*****	*****	0	31/ MONTH	RCORD.
	*****	*****		*****	*****	*****		CONT.	RCORD.
FREE AVAILABLE CHLORINE	*****	*****		*****	0.12	0.12	0	9/ MONTH	GRAB
	*****	*****		*****	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									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER R.J. Druga, Mgr. Technical Services Dept. TYPED OR PRINTED									
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)									
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER <i>RJ Druga for RJD</i>							TELEPHONE 412 393-5208		DATE 87 06 26
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE 412		NUMBER 393-5208

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

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: Intake Screenhouse Pump Bearing  
 Location: Cooling Water

PA0025615  
 Permit Number: 102  
 Discharge Number: 102  
 Monitoring Period: FROM 87-05-01 TO 87-05-31  
 (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)	QUANTITY OR LOADING (54-61)			QUALITY OR CONCENTRATION (46-53)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (54-55)	UNITS (56-57)	AVERAGE (46-53)	MINIMUM (48-49)	MAXIMUM (54-55)			
FLOW	NO FLOW ALL MONTH		MGD	*****	*****	*****			
SOLIDS, TOTAL SUSPENDED	*****	*****	30 MONTHLY	*****	*****	*****		2/MONTH	EST.
OIL AND GREASE	*****	*****	15 MONTHLY	*****	*****	*****		2/MONTH	GRAB
pH	*****	*****	6.0 MINIMUM	*****	*****	*****		2/MONTH	GRAB
	*****	*****	9.0 MAXIMUM	*****	*****	*****		2/MONTH	GRAB

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.

NAME/TITLE: R.J. Druga, Mgr. Technical Services Dept.  
 Signature: R.J. Druga  
 OFFICER OR AUTHORIZED AGENT

TELEPHONE: 393-5208  
 AREA CODE: 412  
 NUMBER: 393-5208

DATE: 87 06 26



PERMITTEE NAME/ADDRESS (Include facility Name if different)  
Duquesne Light Company  
Beaver Valley Power Station  
P.O. Box 4  
Shippingport, PA 15077

PERMIT NUMBER  
FA0025615

DISCHARGE NUMBER  
103

Clarifier Blowdown

MONITORING PERIOD  
FROM 87 05 01 TO 87 05 31  
(20-23) (22-23) (24-23)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	QUANTITY OR LOADING (54-61)			QUALITY OR CONCENTRATION (46-53)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (48-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
FLOW	0.003	0.012	MGD	*****	*****	*****	0	31/MONTH	EST
	*****	*****		*****	*****	*****		2/MONTH	EST.
SOLIDS, TOTAL SUSPENDED	*****	*****		*****	5.71	7.60	0	2/MONTH	24hr. COMP
	*****	*****		*****	30 MONTHLY	160 DAILY		2/MONTH	24 HR. COMP.
pH	*****	*****		7.72	*****	7.85	0	2/MONTH	GRAB
	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		2/MONTH	GRAB
<p>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.</p>									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER							TELEPHONE		DATE
R.J. Druga, Mgr. Technical Services Dept.							412 393-5208		87 06 26
TYPED OR PRINTED							AREA NUMBER		YEAR MO DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)							412 393-5208		87 06 26
							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER		OFFICER OR AUTHORIZED AGENT
							V.J. [Signature]		412 393-5208

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

PA0025615  
PERMIT NUMBER

203  
DISCHARGE NUMBER

Unit #1 STP

MONITORING PERIOD		YEAR		MO		DAY	
FROM	TO	87	05	01	87	05	31
(26-27) (22-23) (24-25)		(26-27) (28-29) (30-31)					

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
FLOW	SAMPLE MEASUREMENT	0.013	0.014	*****	*****	*****	0	3/ MONTH	MEAS	
	PERMIT REQUIREMENT	0.023 MONTHLY	*****	*****	*****	*****		2/ MONTH	MEAS.	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	29.6	42.7	0	3/ MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	30 MONTHLY	INST. MAX.		2/ MONTH	GRAB	
pH	SAMPLE MEASUREMENT	*****	*****	6.53	6.74	S.U.	0	3/ MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM		2/ MONTH	GRAB	
FECAL COLIFORM MAY - OCTOBER	SAMPLE MEASUREMENT	*****	*****	*****	0.0	#/ 100 ML	0	2/ MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	200 MONTHLY-GEO PART C	400		2/ MONTH	GRAB	
FECAL COLIFORM NOVEMBER - APRIL	SAMPLE MEASUREMENT	*****	*****	*****	*****	#/ 100 ML	0	2/ MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	1000 MONTHLY-GEO PART C	2000		2/ MONTH	GRAB	
BOD - 5 DAY	SAMPLE MEASUREMENT	*****	*****	*****	4.00	6.00	0	2/ MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	30 MONTHLY	INST. MAX.		2/ MCNTH	GRAB	
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.)										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		R. J. Druga, Mgr.			TELEPHONE			412 393-5208		
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			DATE		
					V. J. [Signature]			87 06 26		



Unit #1 Oil Separator

PA0025615  
PERMIT NUMBER

303  
DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
87	05	01	87	05	31

FROM (26-27) (22-23) (24-25) TO (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (54-61)			NO. EX (32-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.019	0.056	MGD	*****	*****	0	2/ MONTH	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****		2/ MONTH	EST.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	12.95	21.14	MG/L	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	30 MONTHLY	100 DAILY			2/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	6.67	8.15	MG/L	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	15 MONTHLY	20 DAILY			2/ MONTH	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	7.12	8.58	SU	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	6.0 MINIMUM	9.0 MAXIMUM			2/ MONTH	GRAB
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

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.)

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

TELEPHONE  
412 393-5208  
AREA CODE NUMBER

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

DATE  
87 06 26  
YEAR MO DAY

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

Expir. Date 11/26/89

(17-19)

PA0025615  
PERMIT NUMBER

003  
DISCHARGE NUMBER

Combined 103, 203, 303

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
87	05	01	87	05	31

FROM (20-21) (22-23) (24-25) TO (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (12-17)	(3 Card Only) QUANTITY OR LOADING (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (54-57)	UNITS (58-60)	MINIMUM (28-45)	AVERAGE (46-53)	MAXIMUM (54-57)			
FLOW	0.035	0.082	MGD	*****	*****	*****	0	2/ MONTH TWICE/ MONTH	CALC
SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			
PERMIT REQUIREMENT	*****	*****		*****	*****	*****			
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

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 § 3319. Penalties under these statutes may include fines up to \$10,000 and a maximum imprisonment of between 6 months and 5 years.

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*RJ Druga For MGD*  
TELEPHONE NUMBER  
412 393-5208  
AREA CODE  
87 06  
DATE  
26



PA0025615  
PERMIT NUMBER

004  
DISCHARGE NUMBER

MONITORING PERIOD  
FROM 87 05 01 TO 87 05 31  
(20-21) (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)	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (48-53)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	NO FLOW	ALL MONTH	MGD	*****	*****	*****			
FREE AVAILABLE CHLORINE	*****	*****		*****	0.2 DAILY MAX.	0.5 INST. MAX.		1/ WEEK	EST.
CHROMIUM	*****	*****		*****				*	
ZINC	*****	*****		*****				*	
pH	*****	*****		*****				*	
SOLIDS, TOTAL SUSPENDED	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		*	
OIL AND GREASE	*****	*****		*****	30 MONTHLY	100 DAILY		2/ MONTH	GRAB
	*****	*****		*****	15 MONTHLY	20 DAILY		2/ MONTH	GRAB

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.)

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

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

TELEPHONE NUMBER  
412 393-5208

DATE  
87 06 26

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

Expir. Date 11/26/89

PA0025615  
PERMIT NUMBER

007  
DISCHARGE NUMBER

Aux. Intake System Testing Water

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
87	05	01	87	05	31

FROM (20-21) (22-23) (24-25) TO (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) QUANTITY OR LOADING (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-75)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	NO FLOW ALL MONTH		MGD	*****	*****				
FREE AVAILABLE CHLORINE	*****	*****		*****	*****	MG/L	1/ WEEK	EST.	
	*****	*****		*****	0.2 DAILY MAX. 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 MEASUREMENT									
PERMIT REQUIREMENT									

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.)

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

TELEPHONE  
412 393-5208  
AREA CODE NUMBER  
412 393-5208  
DATE  
87 06 26  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
OFFICER OR AUTHORIZED AGENT  
V. [Signature]



Expir. Date 11/26/89

Unit #1 Cooling Tower Pumphouse

NOTE: Read instructions before completing this form.

PA0025615  
PERMIT NUMBER

008  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
87	05	01		87	05	31

PARAMETER (1-37)	QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	NO FLOW ALL MONTH		MGD	*****	*****	*****			
	PERMIT REQUIREMENT	*****		*****	*****	*****		2/ MONTH	EST.
SOLIDS, TOTAL SUSPENDED	*****	*****	30 MONTHLY	*****	100 DAILY	MG/L		2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****		*****	30 INST. MAX.	MG/L		2/ MONTH	GRAB
OIL AND GREASE	*****	*****		*****	9.0 MAXIMUM	SU		2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****		*****					
pH	*****	*****		*****					
	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 U.S.C. § 1001 AND 18 U.S.C. § 1339. 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, Mgr. Technical Services Dept.								
TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	11/26/89 for RJD								
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								
TELEPHONE							DATE		
412 393-5208							87 06		26
AREA CODE							NUMBER		DAY
412							393-5208		MO

PA0025615  
 PERMIT NUMBER  
 010  
 DISCHARGE NUMBER  
 Expir. Date 11/26/89

Duquesne Light Company  
 Beaver Valley Power Station  
 P.O. Box 4  
 Shippingport, PA 15077  
 Unit #2 Heat Exchanger Cooling H2O

Attention: R.J. Druga

MONITORING PERIOD

FROM		TO	
YEAR	MO	DAY	DAY
87	05	01	31
(20-27) (22-23) (24-25)		(26-27) (28-29) (30-31)	

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)			NO. EX. (62-69)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	NO FLOW ALL MONTH		MGD						
	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****	*****	*****		1/ WEEK	EST.
FREE AVAILABLE CHLORINE		*****		*****	0.2 DAILY MAX. INST. MAX.	0.5		1/ WEEK	*
	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****		*****	*****	*****			CRAB
	SAMPLE MEASUREMENT PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT PERMIT REQUIREMENT								

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 393-5208 87 06 26  
 AREA CODE 412 NUMBER 393-5208  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER: *R.J. Druga*  
 OFFICER OR AUTHORIZED AGENT



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(17-19)

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

Expir. Date 11/26/89

PA0025615  
PERMIT NUMBER

011  
DISCHARGE NUMBER

Unit #2 - Three Oil Separators

NOTE: Read instructions before completing this form.

(3 Card Only) QUANTITY OR CONCENTRATION (54.61)

(4 Card Only) QUANTITY OR CONCENTRATION (54.61)

(3 Card Only) QUANTITY OR CONCENTRATION (54.61)

(4 Card Only) QUANTITY OR CONCENTRATION (54.61)

(3 Card Only) QUANTITY OR CONCENTRATION (54.61)

(4 Card Only) QUANTITY OR CONCENTRATION (54.61)

(3 Card Only) QUANTITY OR CONCENTRATION (54.61)

(4 Card Only) QUANTITY OR CONCENTRATION (54.61)

(3 Card Only) QUANTITY OR CONCENTRATION (54.61)

(4 Card Only) QUANTITY OR CONCENTRATION (54.61)

(3 Card Only) QUANTITY OR CONCENTRATION (54.61)

(4 Card Only) QUANTITY OR CONCENTRATION (54.61)

(3 Card Only) QUANTITY OR CONCENTRATION (54.61)

PARAMETER (32-37)	AVERAGE (46.53)			MINIMUM (38.65)			MAXIMUM (54.61)			UNITS	NO. EX. (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MINIMUM	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM				
FLOW	SAMPLE MEASUREMENT	0.001	0.001	0.001	MGD	0	2/MONTH	EST.					
	PERMIT REQUIREMENT	*****	*****	*****		0	2/MONTH	EST.					
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	12.0	29.0	0	6/MONTH	GRAB					
	PERMIT REQUIREMENT	*****	*****	30 MONTHLY	100 DAILY	0	2/MONTH	GRAB					
pH	SAMPLE MEASUREMENT	*****	*****	6.77	8.84	0	6/MONTH	GRAB					
	PERMIT REQUIREMENT	*****	*****	6.0 MINIMUM	9.0 MAXIMUM	0	2/MONTH	GRAB					
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	13.25	18.70	0	6/MONTH	GRAB					
	PERMIT REQUIREMENT	*****	*****	15 AVG. MTHLY. DAILY MAX.	30 INST. MAX.	0	2/MONTH	GRAB					
SAMPLE MEASUREMENT													
PERMIT REQUIREMENT													
SAMPLE MEASUREMENT													
PERMIT REQUIREMENT													
SAMPLE MEASUREMENT													
PERMIT REQUIREMENT													

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.)

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

TELEPHONE  
412 393-5208

DATE  
87 06 26

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

AREA NUMBER  
412

OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED

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

Expir. Date 11/26/89

(2.16)

NAME Duquesne Light Company

ADDRESS Beaver Valley Power Station  
P.O. Box 4

Shippingsport, PA 15077

FACILITY  
LOCATION

PERMIT NUMBER PA0025615  
DISCHARGE NUMBER 012

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
87	05	01	87	05	31

FROM (20-21) (22-23) (24-25) TO (26-27) (28-29) (30-31)

ERF - HVAC Cooling Tower Blowdown

NOTE: Read instructions before completing this form.

Attention: R.J. Druga

PARAMETER (32-37)	QUANTITY OR LOADING (34-61)			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 (54-61)	MINIMUM (48-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
FLOW	SAMPLE MEASUREMENT	< 0.001			*****	*****	0	1/ MONTH	EST
	PERMIT REQUIREMENT	*****		MGD	*****	*****		1/ MONTH	EST.
pH	SAMPLE MEASUREMENT	*****	*****	8.55	*****	8.55	0	1/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM		1/ MONTH	GRAB
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*

TELEPHONE  
412-893-5208

DATE  
87 06 26

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



PERMITTEE NAME: ADDRESS (Do not include Facility Name; Location if different)  
NAME Duquesne Light Company  
ADDRESS Beaver Valley Power Station  
P.O. Box 4  
Shippingport, PA 15077

PA0025615  
PERMIT NUMBER

113  
DISCHARGE NUMBER

Unit #2 STP

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
87	05	01	87	05	31	

NOTE: Read instructions before completing this form.

PARAMETER (2-3)	QUANTITY OR LOADING (4-6-5)			QUANTITY OR CONCENTRATION (4-6-5)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	0.017	0.026	MGD	*****	*****	*****	0	2/ MONTH	MEAS.
	0.043 MONTHLY	*****		*****	*****	*****	0	2/ MONTH	MEAS.
SOLIDS, TOTAL SUSPENDED	*****	*****	30 MONTHLY	*****	21.5	23.0	0	2/ MONTH	GRAB
	*****	*****		*****	*****	60 INST. MAX.	0	2/ MONTH	GRAB
pH	*****	*****	6.96	*****	*****	7.04	0	2/ MONTH	GRAB
	*****	*****		6.0 MINIMUM	*****	*****	9.0 MAXIMUM	0	2/ MONTH
FECAL COLIFORM MAY - SEPTEMBER	*****	*****	1	*****	*****	1	0	2/ MONTH	GRAB
	*****	*****		200 MTHLY. GEO	*****	1000 PART C	#/100 ML	0	2/ MONTH
FECAL COLIFORM OCTOBER - APRIL	*****	*****	2000 PART C	*****	*****	*****	0	2/ MONTH	GRAB
	*****	*****		3.03	*****	4.74	#/100 ML	0	2/ MONTH
BOD - 5 DAY	*****	*****	30 MONTHLY	*****	*****	60 INST. MAX.	0	2/ MONTH	GRAB
	*****	*****		*****	*****	*****	*****	0	2/ MONTH
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 SERIOUS 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 and 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			TELEPHONE		
R.J. Druga, Mgr. Technical Services Dept.	R.J. Druga, Mgr. Technical Services Dept.			412-393-5208			87 06 26		
TYPED OR PRINTED	COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			OFFICER OR AUTHORIZED AGENT			AREA NUMBER YEAR MO DAY		
				412-393-5208			87 06 26		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16)

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

PA0025615  
PERMIT NUMBER

213  
DISCHARGE NUMBER

Unit #2 Cooling Tower Pumphouse

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) QUANTITY OR LOADING (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX. (63-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (46-53)	UNITS (46-53)	AVERAGE (46-53)	MAXIMUM (46-53)	UNITS (46-53)			
FLOW	SAMPLE MEASUREMENT	0.001	0.001	*****	*****	*****	0	2/ MONTH	EST
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		2/ MONTH	MEAS.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	12.0	23.0	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	30 MONTHLY	100 DAILY		2/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	*****	7.10	11.50	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	15 MONTHLY	20 DAILY		2/ MONTH	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.42	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

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

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

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

TELEPHONE NUMBER  
412 393-5208

DATE  
87 06 26





**Duquesne Light**

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

Telephone (412) 393-6000

June 26, 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/var

Enclosure

IE25  
11



**Duquesne Light**

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

Telephone (412) 393-6000

June 26, 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/var

Enclosure





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

Telephone (412) 393-6000

June 26, 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 June 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/var

Enclosure