



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

Telephone (412) 383-8000

March 26, 1990

Document Control Desk
U. S. Nuclear Regulatory Commission
Washington, DC 20555

NPDES Monthly Reports, EPA Permit Number PA0025615 & PA0001589

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

Dear Sir:

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

Very truly yours,

A. M. Dulick

DAO/sl

Enclosure

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PDR ADUCK 05000334
R FDC

Int 20
9243961024
IL25
1/1



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

Telephone (412) 393-6000

March 26, 1990

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

NPDES Monthly Reports, EPA Permit Number PA0025615 & PA0001589

Gentlemen:

The NPDES Monthly Reports for Duquesne Light Company, Beaver Valley Power Station and Shippingport Atomic Power Plant for February 1990 are 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,

A. M. Dulick
Chemistry Manager

DAO/sl

Enclosure



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

Telephone (412) 383-6000

March 26, 1990

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

NPDES Monthly Reports, EPA Permit Number PA0025615 & PA0001589

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,

A. M. Dulick
Chemistry Manager

DAO/sl

Enclosure

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

FACILITY
 LOCATION

(16) (17-19)
 PA0025615 101
 PERMIT NUMBER DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 90 02 01 90 02 28
 (30-31) (32-33) (34-35) (36-37) (38-39) (40-41)

Chemical Waste Sump

Attention:

NOTE: Read instructions before completing this form.

PARAMETER (32-33)	X	(1 Card Only) (45-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (18-49) QUALITY OR CONCENTRATION (50-57)			NO. OF ANALYSES (64-65)	FREQUENCY OF ANALYSES (66-69)	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	*****	18.51	36.40	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 HOURLY	100 DAILY			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	3.04	5.38	0	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 HOURLY	20 DAILY			
pH	SAMPLE MEASUREMENT	*****	*****	SU	7.34	*****	7.44	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

A. M. Dulick
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREON AND BASED ON MY KNOWLEDGE OF THESE 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 § 1010. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

TELEPHONE

412-393-5113

DATE

90 03 26

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

412-393-5113

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Expir. Date 11/26/89 Form Approved
DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004
Expires 2-29-90

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

FACILITY
LOCATION

PA0025615
PERMIT NUMBER

201
DISCHARGE NUMBER

Softener Regenerates

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	02	01		90	02	28
	(28-29)	(22-23)	(24-25)		(24-25)	(28-29)	(28-31)


Attention:

NOTE: Read instructions before completing this form.

PARAMETER (12-17)		(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (46-51)			NO. OF ANALYSES (52-53)	FREQUENCY OF ANALYSES (54-55)	SAMPLE TYPE (56-57)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.020	0.020	MGD	*****	*****	*****	0	1/month	EST.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	2.87	2.87	0	1/ Month	Grab
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	5.65	5.65	0	1/ Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY			
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 18 USC § 1011. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 5 months and 5 years.)


SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE
412 393-5113
DATE
90 03 26

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

ONLY ONE SOFTENER REGENERATION THIS MONTH

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:

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)
301
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	02	01		90	02	28
	(38-39)	(23-33)	(24-33)		(36-37)	(28-39)	(30-37)

Aux. Blr. Blowdown - Unit #2

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (34-41)			(4 Card Only) (38-45) QUALITY OF CONCENTRATION (34-41)			NO. EX (42-45)	FREQUENCY OF ANALYSIS (64-69)	SAMPLE TYPE (60-70)
		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	*****	*****		*****	4.43	4.56	0	2/ Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	100 DAILY	100 DAILY			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	2.65	3.41	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									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER A. M. Dulick Chemistry Manager 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 REVIEW 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 \$100,000 and/or maximum imprisonment of between 6 months and 3 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>A. M. Dulick</i>	TELEPHONE	DATE		
			412 393-5113	90	03	26

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

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

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

FACILITY
LOCATION

Attention:

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)
401
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	02	01		90	02	28
	(30-31)	(12-31)	(31-31)		(30-31)	(12-31)	(31-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX 15-18	FREQUENCY OF ANALYSIS (64-66)	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	*****	*****		*****	14.38	18.69	0	2/ Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	90 MONTHLY	160 DAILY			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	3.00	5.89	0	2/ Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY			
pH	SAMPLE MEASUREMENT	*****	*****		8.53	*****	*****	0	2/ Month	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	*****			
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick
Chemistry Manager

TYPED OR PRINTED

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

A. M. Dulick
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

DATE

90 03 26

AREA
CODE

NUMBER

YEAR MO DAY

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

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

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

FACILITY
 LOCATION

Attention:

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

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

Expir. Date 11/26/89 Form Approved
 OASIS No. 2040-000-1
 Expires 2-29-90

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 90 02 01 90 02 28
 (30-31) (31-31) (31-31) (31-31) (30-31) (30-31)

Cooling Tower Blowdown Units 01 & 02

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (34-37)			(4 Card Only) QUALITY OR CONCENTRATION (38-41)				NO. OF ANALYSES (42-43)	FREQUENCY OF ANALYSIS (44-45)	SAMPLING TYPE (46-47)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	MAXIMUM	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	18.756	28.080	MGD	*****	*****	*****		0	Cont	RCORD
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****	0.19	0.28		0	31/ Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY	0.9 DAILY				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick
 Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREON AND BASED ON MY REVIEW OF THOSE MATERIALS SUBMITTED, 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 10 USC § 1001 AND 33 USC § 1310. (Penalties under other statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

A. M. Dulick
 SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

412-393-5113

DATE

90 02 26

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

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

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

FACILITY
LOCATION

Attention:

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

(12-16) PA0025615	(17-19) 102
PERMIT NUMBER	DISCHARGE NUMBER

Expir. Date 11/26/89

FORM APPROVED
OMB No. 2050-0004
Expires 2-29-90

Intake Screenhouse Pump Bearing
Cooling Water

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	02	01		90	02	28
	(28-31)	(21-23)	(24-29)		(24-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT (38-41)	(1 Card Only) QUANTITY OR LOADING (42-45)			(4 Card Only) QUALITY OR CONCENTRATION (46-51)				NO. OF ANALYSES (52-53)	FREQUENCY OF ANALYSES (54-55)	SAMPLE TYPE (56-57)
		AVERAGE (42-43)	MAXIMUM (44-45)	UNIT (46-47)	MINIMUM (48-49)	AVERAGE (50-51)	MAXIMUM (52-53)	UNIT (54-55)			
FLOW	SAMPLE MEASUREMENT	NO FLOW			MINIMUM	AVERAGE	MAXIMUM	UNIT			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			2/ MONTH	EST.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	10 MONTHLY	100 DAILY	MG/L		2/ MONTH	CRAB
	PERMIT REQUIREMENT	*****	*****		*****	10 MONTHLY	100 DAILY	MG/L		2/ MONTH	CRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	15 MONTHLY	20 DAILY	MG/L		2/ MONTH	CRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY	MG/L		2/ MONTH	CRAB
pH	SAMPLE MEASUREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM	SU		2/ MONTH	CRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM	SU		2/ MONTH	CRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick
Chemistry Manager

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 POSSESSION OF THOSE DOCUMENTS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

A. M. Dulick
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

DATE

90 03 26

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

5. 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) Expir. Date 11/26/89
DISCHARGE MONITORING REPORT (DMR)

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

(2-16) PA0025615	(27-19) 103
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
90	02	01	90	02	28
(30-31)	(01-12)	(01-31)	(30-31)	(01-12)	(01-31)

Clarifier Blowdown

Attention:

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (18-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.002	0.012	MGD	*****	*****	*****		0	2/ MONTH	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.73	9.24	MG/L	0	2/ Month	24 Hr. Comp
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY				
pH	SAMPLE MEASUREMENT	*****	*****		6.82	*****	7.29	SU	0	2/ Month	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick
Chemistry Manager

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

412-393-5113

DATE

90 03 26

AREA
CODE

NUMBER

YEAR

MO

DAY

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

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		
YEAR	MO	DAY		YEAR	MO	DAY
90	02	01		90	02	28
(25-27)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Unit #1 STP

Attention:

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-65)	FREQUENCY OF ANALYSIS (66-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.006	0.006	MGD	*****	*****	*****	0	2/ Month	Meas.
	PERMIT REQUIREMENT	0.023 MONTHLY	*****		*****	*****	*****			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	21.18	25.85	0	2/ Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.			
pH	SAMPLE MEASUREMENT	*****	*****	S.U.	6.14	*****	7.23	0	2/ 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-COD	400 PART C			
FECAL COLIFORM NOVEMBER - APRIL	SAMPLE MEASUREMENT	*****	*****	#/ 100 ML	*****	2.50	5.00	0	2/ Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1000 MONTHLY-COD	2000 PART C			
BOD - 5 DAY	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	29.00	34.00	0	2/ Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.			
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick
Chemistry Manager

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.)

TELEPHONE

412 393-5113

DATE

90 03 26

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)
303
DISCHARGE NUMBER

Unit #1 Oil Separator

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	02	01		90	02	28
	(26-27)	(27-28)	(24-25)		(26-27)	(27-28)	(24-25)

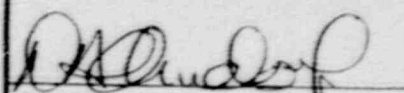
Attention:

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 (52-61)				NO. EX (62-65)	FREQUENCY OF ANALYSIS (66-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.019	0.056	MGD	*****	*****	*****		0	2/ Month	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	12.88	19.95	MG/L	0	2/ Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	8.03	13.30	MG/L	0	2/ Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY				
pH	SAMPLE MEASUREMENT	*****	*****		7.33	*****	8.92	SU	0	2/ Month	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
	SAMPLE MEASUREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
TYPED OR PRINTED

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


SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE
412 393-5113 90 03 26
AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name 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

003
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	02	01		90	02	28
	(30-31)	(12-31)	(26-29)		(36-37)	(28-29)	(30-31)

Combined 103, 203, 303

Attention:

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 (58-65)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.027	0.074	MGD	*****	*****	*****	0	2/ Month	Calc.	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick
Chemistry Manager

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 THESE 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 § 1361. 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

412-393-5113

AREA CODE NUMBER

DATE

90 03 26

YEAR MO DAY

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

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

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

Expir. Date 11-26-89

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

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

PA0025615
PERMIT NUMBER

004
DISCHARGE NUMBER

FACILITY
LOCATION

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	02	01		90	02	28
	(28-31)	(27-31)	(24-31)		(26-29)	(28-29)	(26-31)

Unit #1 Cooling Tower Overflow

Attention:

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (56-61)			NO. EX	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	NO FLOW		MGD	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		1/ WEEK	EST.
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY MAX.	0.9 INST. MAX.			
CHROMIUM	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			
ZINC	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			
pH	SAMPLE MEASUREMENT	*****	*****							
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	50 MONTHLY	100 DAILY		2/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	50 DAILY		2/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
TYPED OR PRINTED

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

A. M. Dulick
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE
412 393-5113
AREA CODE NUMBER
DATE
90 03 26
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

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

Expir. Date 11/26/89

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

PA0025615

PERMIT NUMBER

007

DISCHARGE NUMBER

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
90	02	01	90	02	28
(26-27)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

Aux. Intake System Testing Water

Attention:

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) (45-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-43) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	NO FLOW		MGD	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY MAX.	0.5 INST. MAX.	MG/L	1/ WEEK	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick
Chemistry Manager

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 18 U.S.C. § 1331. (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

412 393-5113

TELEPHONE NUMBER

90 03 26

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)
008
DISCHARGE NUMBER

Expir. Date 11/26/89

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	02	01		90	02	28
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Unit #1 Cooling Tower Pumphouse

Attention:

NOTE: Read instructions before completing this form.

PARAMETER (12-17)	SAMPLE MEASUREMENT (18-19)	QUANTITY OR LOADING (1 Card Only) (46-51)			QUALITY OR CONCENTRATION (4 Card Only) (18-49)				NO. EX (52-53)	FREQUENCY OF ANALYSIS (54-55)	SAMPLE TYPE (60-70)
		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	*****	*****		*****	18.37	26.87	MG/L	0	2/ Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		2.58	4.78	4.78	MG/L	0	2/ Month	GRAB
	PERMIT REQUIREMENT	*****	*****		15 AVG. MONTHLY	20 DAILY MAX.	30 INST. MAX.				
pH	SAMPLE MEASUREMENT	*****	*****		7.27	*****	7.64	SU	0	2/ Month	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 18 USC § 1333. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

A. M. Dulick

TELEPHONE

412, 393-5113

DATE

90 03 26

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

DISCHARGE MONITORING REPORT (DMR)

Expir. Date 11/26/89

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

PA0025615
 PERMIT NUMBER

010
 DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	02	01		90	02	28
	(30-31)	(22-23)	(34-35)		(36-37)	(28-29)	(30-31)

Unit #2 Heat Exchanger Cooling H₂O

Attention:

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 (62-65)	FREQUENCY OF ANALYSIS (66-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	NO CHLORINATION			MGD	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****		*****	*****	*****			
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****						
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY MAX.	0.5 INST. MAX.				
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NAME Duquesne Light Company
ADDRESS Beaver Valley Power Station
P.O. Box 4
Shippingport, PA 15077

FACILITY
LOCATION

Attention:

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

(2-16)

(17-19)

Expir. Date 11/26/89

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

PA0025615

PERMIT NUMBER

011

DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	02	01		90	02	28
	(30-31)	(01-12)	(01-31)		(30-31)	(01-12)	(01-31)

Unit #2 - Three Oil Separators

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-65)	FREQUENCY OF ANALYSIS (66-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.001	0.001	MGD	*****	*****	*****		0	6/ Month	EST.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			2/ MONTH	EST.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	4.57 10 MONTHLY	11.91 100 DAILY		0	6/ Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****					2/ MONTH	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		6.18	*****	6.78		0	6/ Month	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			2/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		4.78	14.90	14.90		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

A. M. Dulick
Chemistry Manager

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 SIG-
NIFICANT 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

412 393-5113

AREA
CODE

NUMBER

DATE

90 03 26

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)

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
012
DISCHARGE NUMBER

Expir. Date 11/26/89

FACILITY
LOCATION
Attention:

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	(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) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (18-25) QUALITY OR CONCENTRATION (26-31) (32-39) (40-47) (48-55)				NO. EX (62-68)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-79)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.001	0.001	MGD	*****	*****	*****		0	1/ Month	EST.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****		6.73	*****	6.73		0	1/ Month	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

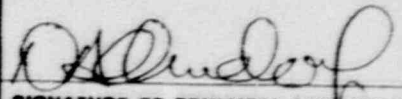
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick
Chemistry Manager

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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE

412.393-5113

DATE

90 03 26

AREA CODE NUMBER YEAR MO DAY

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Expir. Date 11/26/89

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

PA0025615

PERMIT NUMBER

113

DISCHARGE NUMBER

Unit #2 STP

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	02	01		90	02	28
	(28-29)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Attention:

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-65)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (60-63)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.030	0.030	MGD	*****	*****	*****	0	3/ Month	MEAS.
	PERMIT REQUIREMENT	0.043 MONTHLY	*****		*****	*****	*****			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	23.45	30.40	0	2/ Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	40 INST. MAX.			
pH	SAMPLE MEASUREMENT	*****	*****	S.U.	6.14	*****	7.86	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 MONTHLY, GRAB	1000 PART C			
FECAL COLIFORM OCTOBER - APRIL	SAMPLE MEASUREMENT	*****	*****	#/100 ML	*****	0.00	*****	0	2/ Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	3000 PART C	*****			
BOD - 5 DAY	SAMPLE MEASUREMENT	*****	*****	S.U.	*****	9.50	12.00	0	2/ Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.			
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick
Chemistry Manager

TYPED OR PRINTED

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

A. M. Dulick
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

412-393-5113

DATE

90 03 26

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

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

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

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

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
213
DISCHARGE NUMBER

Expir. Date 11/26/89

Unit #2 Cooling Tower Pumphouse

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	02	21		90	02	28
	(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) (45-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (58-65) QUALITY OR CONCENTRATION (66-73)			NO. EX (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-73)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
FLOW	SAMPLE MEASUREMENT	0.001	0.001		*****	*****	*****		0	2/ Month	Meas.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	16.78	38.10		0	2/ Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	2.25	2.42		0	2/ Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY				
pH	SAMPLE MEASUREMENT	*****	*****		6.98	*****	8.09		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

A. M. Dulick
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 18 USC § 1361. (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

A. M. Dulick

TELEPHONE

412 393-5113

AREA CODE NUMBER

DATE

90 03 26

YEAR MO DAY

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

NAME: Duquesne Light Company
 ADDRESS: One Liberty Centre
 291 Grant Street
 Pittsburgh, PA 15279
 FACILITY: Shippingport Atomic Power Station
 LOCATION: Shippingport Borough, Beaver County

PA-001589
 PERMIT NUMBER

201
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD

Year	Month	Day	Year	Month	Day
90	02	01	10	02	28

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			FREQ. OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		
Flow	Sample Measure.		MGD					
	Permit Require.						2/MO	EST
Suspended Solids	Sample Measure.							
	Permit Require.				30	100	2/MO	GRAB
pH	Sample Measure.							
	Permit Require.			6.0		9.0	2/MO	GRAB
	Sample Measure.							
	Permit Require.							
	Sample Measure.							
	Permit Require.							
	Sample Measure.							
	Permit Require.							
	Sample Measure.							
	Permit Require.							
	Sample Measure.							
	Permit Require.							
	Sample Measure.							
	Permit Require.							

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER
 A. M. Dulick
 Chemistry Manager

TELEPHONE: 412393-5113
 DATE: 90 03 26

NAME: Duquesne Light Company
 ADDRESS: One Oxford Centre
 301 Grant Street
 Pittsburgh, PA 15279

FACILITY: Shippingport Atomic Power Station
 LOCATION: Shippingport Borough, Beaver County

PAD001589
 PERMIT NUMBER

001
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

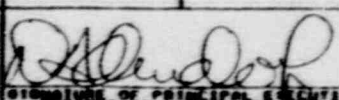
DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD						
FROM				TO		
Year	Month	Day		Year	Month	Day
90	02	01		90	02	28

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	NO FLOW		MGD							
	Permit Require.									CONT	EST
	Sample Measure.										
	Permit Require.										
	Sample Measure.										
	Permit Require.										
	Sample Measure.										
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	Permit Require.										
	Sample Measure.										
	Permit Require.										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 A. M. Dulick
 Chemistry Manager
TYPED OR PRINTED


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED REPRESENTATIVE

TELEPHONE
 412393-5113
NUMBER

DATE
 90 03 26
YEAR MONTH DAY

EXPLANATION OF ANY VIOLATIONS (reference all attachments here)

NAME: Duquesne Light Company
 ADDRESS: One Third Centre
 301 Grant Street
 Pittsburgh, PA 15279

FACILITY: Shippingport Atomic Power Station
 LOCATION: Shippingport Borough, Beaver County

FA9901589	
PERMIT NUMBER	

10.	
DISCHARGE NO.	

MONITORING PERIOD			
Year	Month	Day	
90	02	01	
90	02	28	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

NPDES

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSES	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measure.								
	Permit Require.	NO FLOW							
Suspended Solids	Sample Measure.								
	Permit Require.				30	110	MS/L	2/MO	GRAB
Oil & Grease	Sample Measure.								
	Permit Require.				15	20	MS/L	2 MO	GRAB
	Sample Measure.								
	Permit Require.				6.0	9.0	S.U.	2/MO	GRAB
	Sample Measure.								
	Permit Require.								
	Sample Measure.								
	Permit Require.								
	Sample Measure.								
	Permit Require.								
	Sample Measure.								
	Permit Require.								
	Sample Measure.								
	Permit Require.								

[Signature]
 DATE: 90 03 26

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER
 A. M. Dulick
 Chemistry Manager

DATE OF PRINTING: 90 03 26

FOR THE ANALYSIS OF ANY VIOLATIONS (Reference all attachments here)