



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

Telephone (412) 393-6000

May 23, 1990

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

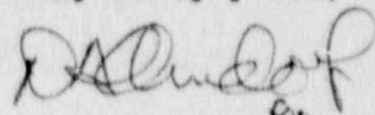
NPDES Monthly Reports, EPA Permit Number PA0025615 & PA0001589

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

IF25
Cent No
PA82627359

9006040303 900430
PDR ADOCK 05000334
R PDC



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

Telephone (412) 393-6000

May 23, 1990

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



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

Telephone (412) 393-6000

May 23, 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 April 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

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. 2030-0004
Expires 2-29-84

PA0025615
PERMIT NUMBER

101
DISCHARGE NUMBER

Chemical Waste Sump

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	04	01		90	04	30
	(20-31)	(22-31)	(24-31)		(26-31)	(28-29)	(30-31)

Attention:

NOTE: Read instructions before completing this form.

PARAMETER (12-17)		QUANTITY OR LOADING (16-17)			QUALITY OR CONCENTRATION (18-19)			NO. OF ANALYSES (20-21)	FREQUENCY OF ANALYSES (22-23)	SAMPLE TYPE (24-25)
		AVERAGE (16-17)	MAXIMUM (18-19)	UNITS (20-21)	MINIMUM (18-19)	AVERAGE (18-19)	MAXIMUM (20-21)			
FLOW	SAMPLE MEASUREMENT	0.016	0.045	MGD	*****	*****	*****	0	27	Est.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		27	MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	29.91	46.20	0	27	Grab
	PERMIT REQUIREMENT	*****	*****		*****	50 MONTHLY	100 DAILY		27	MONTH
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	1.69	2.38	0	27	Grab
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY		27	MONTH
pH	SAMPLE MEASUREMENT	*****	*****	SP	7.90	*****	7.93	0	27	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		27	MONTH
	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 BELIEF OF 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 10 USC § 1001 AND 18 USC § 1330. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of 5 years and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-5113
DATE 90 05 23
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
PERMIT NUMBER

(17-19)
201
DISCHARGE NUMBER

Softener Regenerates

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	04	01		90	04	30
	(10-31)	(12-31)	(14-31)		(16-31)	(18-31)	(10-31)

NOTE: Read instructions before completing this form.

PARAMETER (12-17)		(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-59)			NO. OF ANALYSES (67-68)	FREQUENCY OF ANALYSIS (64-66)	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	*****	*****		*****	1.00	1.00	0	2/ Month	Grab
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	2.91	4.81	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									
	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 THESE INDIVIDUALS 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 TO USC § 1001 AND 18 USC § 1001. (Penalties under these statutes may include fines up to \$100,000 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 05 23
YEAR MO DAY

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

Address _____ Beaver Valley Power Station
 _____ P.O. Box 4
 _____ Shippingport, PA 15077

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

D/CHARGE MONITORING REPORT (DMR)

Expir. Date 11/26/89

Form Approved
OMB No. 2060-0046
Expires 7-29-84

PA0025615	PERMIT NUMBER
-----------	---------------

301

FROM		MONITORING PERIOD			
YEAR	MC	DAY	YEAR	MO	DAY
90	04	01	90	04	30

Aux. Blr. Blowdown - Unit 02

Attention:

[illegible]

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

401
DISCHARGE NUMBER

EACHITY LOCATION

Attention:

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	04	01		90	04	30
	(30-27)	(22-23)	(24-25)		(30-27)	(22-23)	(24-25)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (34-37)			QUALITY OR CONCENTRATION (34-37)			NO. EX ANALYSIS (54-55)	FREQUENCY OF ANALYSIS (54-55)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.001	0.001	MGD	*****	*****	*****	0	2/	Est.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	0	2/	Est.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	3.70	4.35	0	2/	Grab
	PERMIT REQUIREMENT	*****	*****		*****	90 MONTHLY	100 DAILY	0	2/	Grab
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	8.75	9.63	0	2/	Grab
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY	0	2/	Grab
pH	SAMPLE MEASUREMENT	*****	*****	SU	8.52	*****	*****	0	2/	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	*****	0	2/	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 INSURANCE 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 TO USC 81001 AND 33 USC 81010 (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

DATE

90 05 23

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

AWWA CODE NUMBER YEAR MO DAY

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

PA0025615	001
PERMIT NUMBER	DISCHARGE NUMBER

FACILITY
LOCATION

Attention:

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	04	01		90	04	30
	(28-31)	(27-31)	(24-31)		(28-31)	(28-31)	(30-31)

Cooling Tower Blowdown Units #1 & #2

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-65)	FREQUENCY OF ANALYSIS (66-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	MAXIMUM	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	32.61	46.80	MGD	*****	*****	*****		0	Cont.	Record
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		*****	0	Cont.
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****	0.05	0.06		0	26/ Month	Grab
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY	0.3 INST.		0	Cont.	Record
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	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 10 USC § 1001 AND 33 USC § 1310. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 1 year.)

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

TELEPHONE

412-393-5113

DATE

90 05 23

AREA CODE NUMBER YEAR MO DAY

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

DISCHARGE MONITORING REPORT (DMR)

Expir. Date 11/26/89

FORM APPROVED
OMB No. 2040-0006
Expires 2-29-84

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

EACH-IT
LOCATION

Attention:

PA0025615
PERMIT NUMBER

102
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	04	01		90	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Intake Screenhouse Pump Bearing
Cooling Water

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. OF ANALYSES (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (67-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	No Flow		MGD	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY	MG/L	2/ MONTH	EST. 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									
	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 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 U.S.C. § 1001 AND 33 U.S.C. § 1319. Penalties under these statutes may include fines up to \$250,000 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 05 23
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) Expir. Date 11/26/89
DISCHARGE MONITORING REPORT (DMR)

(2-18)
PA0025615
PERMIT NUMBER

(17-19)
103
DISCHARGE NUMBER

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

Clarifier Slowdown

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	04	01		90	04	30
	(38-39)	(21-31)	(34-35)		(38-39)	(38-39)	(38-31)

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 (54-61)			NO. EX	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.002	0.012	MGD	*****	*****	*****	0	2/ Month	Est.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	4.69	5.05	0	2/ Month	24 Hr. Comp.
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			
pH	SAMPLE MEASUREMENT	*****	*****	SI	6.96	*****	7.43	0	2/ Month	Grab
	PERMIT REQUIREMENT	*****	*****		MINIMUM	*****	9.0 MAXIMUM			
	SAMPLE MEASUREMENT								2/ MONTH	GRAB
	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 INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 18 USC § 1333 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113
AREA CODE NUMBER

DATE

90 05 23
YEAR MO DAY

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

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

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

Expir. Date 11/26/89

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

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

FACILITY
LOCATION

PA0025615
PERMIT NUMBER

203
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	04	01		90	04	30
	(30-31)	(23-25)	(24-25)		(36-37)	(28-29)	(30-31)

Unit #1 STP

Attention:

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) (45-53) QUANTITY OR LOADING (34-61)			(4 Card Only) (58-65) QUALITY OR CONCENTRATION (54-67)				NO. OF ANALYSES (64-68)	FREQUENCY OF ANALYSES (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.006	0.010	MGD	*****	*****	*****		0	3/ Month	Meas.
	PERMIT REQUIREMENT	0.023 MONTHLY	*****		*****	*****					
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	29.33	42.00	MG/L	0	3/ Month	Grab
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.				
pH	SAMPLE MEASUREMENT	*****	*****		6.34	*****	6.63	S.U.	0	2/ Month	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
FECAL COLIFORM MAY - OCTOBER	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	#/ 100 ML		2/ Month	Grab
	PERMIT REQUIREMENT	*****	*****		*****	200 MONTHLY-GRO	400 PART C				
FECAL COLIFORM NOVEMBER - APRIL	SAMPLE MEASUREMENT	*****	*****		*****	0.00	0.00	#/ 100 ML	0	2/ Month	Grab
	PERMIT REQUIREMENT	*****	*****		*****	1000 MONTHLY-GRO	2000 PART C				
BOD - 5 DAY	SAMPLE MEASUREMENT	*****	*****		*****	17.00	22.00	MG/L	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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

A. M. Dulick

TELEPHONE

412 393-5113

AREA CODE NUMBER

DATE

90 02 23

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 11/29/89

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

303
DISCHARGE NUMBER

Unit #1 Oil Separator

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	04	01		90	04	30
	(30-31)	(01-12)	(01-31)		(30-31)	(01-12)	(01-31)

Attention.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (38-41)			(2 Card Only) QUALITY OR CONCENTRATION (42-45)			NO. ON 107-47	FREQUENCY OF ANALYSIS (46-48)	SAMPLE TYPE (49-50)
		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	*****	*****		*****	4.36	7.13	0	2/ Month	Grab
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	100 DAILY			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	2.92	4.84	0	2/ Month	Grab
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY			
pH	SAMPLE MEASUREMENT	*****	*****		7.50	*****	8.60	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 HEREIN AND BASED ON MY KNOWLEDGE OF THESE OPERATIONS 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

DATE

412 393-5113

90 05 23

AREA CODE NUMBER YEAR MO DAY

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

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

003
DISCHARGE NUMBER

FACILITY
LOCATION

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	04	01		90	04	30
	(36-37)	(32-33)	(34-35)		(36-37)	(32-33)	(34-35)

Combined 103, 203, 303

Attention:

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (34-37)			(4 Card Only) QUALITY OR CONCENTRATION (38-41)				NO. EX (42-43)	FREQUENCY OF ANALYSIS (44-45)	SAMPLE TYPE (46-47)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.027	0.078	MGD	*****	*****	*****		0	2/ Month	Calc.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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 HEREIN AND BASED ON MY KNOWLEDGE OF THESE INDIVIDUALS 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 § 1519. (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

412-393-5113

90 05 23

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:

PA0025615
PERMIT NUMBER

004
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	04	01		90	04	30
	(28-31)	(22-23)	(24-25)		(28-31)	(28-31)	(28-31)

Unit #1 Cooling Tower Overflow

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (58-65) QUALITY OR CONCENTRATION (66-73)			NO. EX (67-68)	FREQUENCY OF ANALYSIS (69-70)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	NO FLOW			*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****		1/ WEEK	EST.
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY MAX.	0.5 INST. MAX.	MG/L	*	
CHROMIUM	SAMPLE MEASUREMENT	*****	*****		*****			MG/L	*	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	MG/L	*	
ZINC	SAMPLE MEASUREMENT	*****	*****		*****			MG/L	*	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	MG/L	*	
pH	SAMPLE MEASUREMENT	*****	*****			*****		SU	*	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM	SU	*	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			MG/L		
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY	MG/L	2/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****			MG/L		
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	100 DAILY	MG/L	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 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
A. M. Dulick

TELEPHONE 412 393-5113
DATE 90 05 23
ANNUAL 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:

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

007

DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	04	01		90	04	30
	(30-31)	(23-25)	(34-35)		(36-37)	(28-29)	(30-32)

Aux. Intake System Testing Water

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-67)				NO. EX (62-65)	FREQUENCY OF ANALYSIS (66-69)	SAMPLE TYPE (70-73)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	NO FLOW		MGD	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****			MG/L		1/ WEEK	EST.
	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										
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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 28 USC § 1339. (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 05 23

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**
 PERMIT NUMBER

(17-19) **008**
 DISCHARGE NUMBER

Expir. Date 11/26/89

Form Approved
 OMB No. 2040-0046
 Expires 2-29-88

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	04	01		90	04	30
	(10-31)	(12-31)	(10-31)		(10-31)	(10-31)	(10-31)

Unit #1 Cooling Tower Pumphouse

NOTE: Read Instructions before completing this form.

PARAMETER (12-17)		(1 Cont Only) QUANTITY OR LOADING (16-21)			(1 Cont Only) QUALITY OR CONCENTRATION (16-21)			FREQ (17-18)	FREQ OF ANALYSIS (16-18)	SAMPLE TYPE (19-20)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.001	0.001	MGD	*****	*****	*****		2/ 0 Month	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		2/ 0 Month	EST.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.90	10.10	MG/L	2/ 0 Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	50 MONTHLY	100 DAILY		2/ 0 Month	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		3.04	5.08	5.08	MG/L	2/ 0 Month	GRAB
	PERMIT REQUIREMENT	*****	*****		15 AVG. MONTHLY	20 DAILY MAX.	30 INST. MAX.		2/ 0 Month	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		7.48	*****	8.49	SU	2/ 0 Month	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		2/ 0 Month	GRAB
	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 THESE MATTERS I AM FULLY 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. (Signature under these dates 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 05 23

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

DISCHARGE MONITORING REPORT (DMR)

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
010
DISCHARGE NUMBER

Expir. Date 11/26/89

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

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	04	01		90	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(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) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (58-65) QUALITY OR CONCENTRATION (66-73)				NO. EX (82-88)	FREQUENCY OF ANALYSIS (64-68) (69-70)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	5.000	5.000	MGD	*****	*****	*****			1/ 0 Week	Est.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****	0.00	0.00			3/ 0 Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY MAX.	0.5 INST. MAX.				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										

*Sample must be taken during chlorination.

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 DUTY 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 other 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			
			412 393-5113	90	05	23	
			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) (17-19)
PA0025615 011
PERMIT NUMBER DISCHARGE NUMBER

Expir. Date 11/26/89

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

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
90 04 01 90 04 30
(28-29) (22-23) (24-25) (26-27) (28-29) (30-31)

Unit #2 - Three Oil Separators

NOTE: Read instructions before completing this form.

PARAMETER (32-33)	X	(1 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (18-25) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-65)	FREQUENCY OF ANALYSIS (66-69)	SAMPLE TYPE (69-79)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.001	0.001	MGD	*****	*****	*****		0	6/ Month	Est.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	1.97	3.08		0	6/ Month	Grab
	PERMIT REQUIREMENT	*****	*****		*****	NO MONTHLY	100 DAILY				
pH	SAMPLE MEASUREMENT	*****	*****		7.03	*****	8.08		0	6/ Month	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		2.53	6.22	6.22		0	6/ Month	Grab
	PERMIT REQUIREMENT	*****	*****		15 AVG. NTHLY	20 DAILY MAX.	30 EXT. MAX.				
	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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

A. M. Dulick

TELEPHONE

412, 393-5113

DATE

90 05 23

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:

DISCHARGE MONITORING REPORT (DMR)

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
012
DISCHARGE NUMBER

Expir. Date 11/26/89

FORM APPROVED
OMB No. 2040-0004
Expires 2-29-94

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	04	01		90	04	30
	(26-27)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

ERF - HVAC Cooling Tower Blowdown

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-66)	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	*****	*****		*****	*****	*****			1/ MONTH	EST.
pH	SAMPLE MEASUREMENT	*****	*****		7.30	*****	7.30		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										
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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 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 05 23
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)

(2-16) **PA0025615**
 PERMIT NUMBER
 (17-19) **113**
 DISCHARGE NUMBER

Expir. Date 11/26/89

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

Unit #2 STP

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 90 04 01 90 04 30
 (25-31) (22-23) (24-30) (26-31) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (58-65) QUALITY OR CONCENTRATION (66-73)			NO. EX	FREQUENCY OF ANALYSIS (64-68) (69-70)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.036	0.042	MGD	*****	*****	*****	0	2/ Month	Meas.
	PERMIT REQUIREMENT	0.043 MONTHLY	*****		*****	*****	*****			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	18.90	20.60	0	2/ Month	Grab
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	40 INST. MAX.			
pH	SAMPLE MEASUREMENT	*****	*****	S.U.	7.30	*****	7.32	0	2/ Month	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			
FECAL COLIFORM MAY - SEPTEMBER	SAMPLE MEASUREMENT	*****	*****	#/100 ML	*****	200 MONTHLY, GRAB	1000 PART C	0	2/ Month	Grab
PERMIT REQUIREMENT	*****	*****	*****		*****	*****				
FECAL COLIFORM OCTOBER - APRIL	SAMPLE MEASUREMENT	*****	*****	#/100 ML	*****	0.00	*****	0	2/ Month	Grab
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			
BOD - 5 DAY	SAMPLE MEASUREMENT	*****	*****	0	*****	3.50	5.00	0	2/ Month	Grab
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY, 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 \$100,000 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 05 23

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

DISCHARGER NAME/ADDRESS (Include
City/State/Zip/Location if different)

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

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

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

Expir. Date 11/26/89

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

Unit #2 Cooling Tower Pumphouse

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	04	01		90	04	30
	(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 (34-37)			(4 Card Only) QUALITY OR CONCENTRATION (34-41)				NO. EX (42-43)	FREQUENCY OF ANALYSIS (44-45)	SAMPLE TYPE (46-49)
		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	*****	*****		*****	1.00	1.00		0	2/ Month	Grab
	PERMIT REQUIREMENT	*****	*****		*****	10 MONTHLY	10 DAILY				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	2.29	3.09		0	2/ Month	Grab
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	15 DAILY				
pH	SAMPLE MEASUREMENT	*****	*****		6.60	*****	6.74		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 33 USC 1319. (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
AREA CODE NUMBER
DATE
90 05 23
YEAR MO DAY

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

NAME: Buchanan Light Company
 ADDRESS: One Jefferson Centre
 291 Grant St. ext
 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	04	01	90	04	30

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADINGS			QUALITY OR CONCENTRATION				NO. OF ANALYSES	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		
Flow	Sample Measure.								
	Permit Require.								
Suspended Solids	Sample Measure.								
	Permit Require.								
pH	Sample Measure.								
	Permit Require.								
Total Dissolved Solids	Sample Measure.								
	Permit Require.								
Total Suspended Solids	Sample Measure.								
	Permit Require.								
Total Hardness	Sample Measure.								
	Permit Require.								
Total Alkalinity	Sample Measure.								
	Permit Require.								
Total Chloride	Sample Measure.								
	Permit Require.								
Total Sulfate	Sample Measure.								
	Permit Require.								
Total Nitrate	Sample Measure.								
	Permit Require.								
Total Phosphate	Sample Measure.								
	Permit Require.								
Total Ammonia	Sample Measure.								
	Permit Require.								
Total Cyanide	Sample Measure.								
	Permit Require.								
Total Mercury	Sample Measure.								
	Permit Require.								
Total Cadmium	Sample Measure.								
	Permit Require.								
Total Lead	Sample Measure.								
	Permit Require.								
Total Copper	Sample Measure.								
	Permit Require.								
Total Zinc	Sample Measure.								
	Permit Require.								
Total Barium	Sample Measure.								
	Permit Require.								
Total Strontium	Sample Measure.								
	Permit Require.								
Total Selenium	Sample Measure.								
	Permit Require.								
Total Chromium	Sample Measure.								
	Permit Require.								
Total Manganese	Sample Measure.								
	Permit Require.								
Total Vanadium	Sample Measure.								
	Permit Require.								
Total Cobalt	Sample Measure.								
	Permit Require.								
Total Nickel	Sample Measure.								
	Permit Require.								
Total Boron	Sample Measure.								
	Permit Require.								
Total Fluoride	Sample Measure.								
	Permit Require.								
Total Chlorine	Sample Measure.								
	Permit Require.								
Total Bromine	Sample Measure.								
	Permit Require.								
Total Iodine	Sample Measure.								
	Permit Require.								
Total Silver	Sample Measure.								
	Permit Require.								
Total Gold	Sample Measure.								
	Permit Require.								
Total Platinum	Sample Measure.								
	Permit Require.								
Total Palladium	Sample Measure.								
	Permit Require.								
Total Antimony	Sample Measure.								
	Permit Require.								
Total Arsenic	Sample Measure.								
	Permit Require.								
Total Bismuth	Sample Measure.								
	Permit Require.								
Total Molybdenum	Sample Measure.								
	Permit Require.								
Total Tellurium	Sample Measure.								
	Permit Require.								
Total Tin	Sample Measure.								
	Permit Require.								
Total Lead	Sample Measure.								
	Permit Require.								
Total Cadmium	Sample Measure.								
	Permit Require.								
Total Copper	Sample Measure.								
	Permit Require.								
Total Zinc	Sample Measure.								
	Permit Require.								
Total Barium	Sample Measure.								
	Permit Require.								
Total Strontium	Sample Measure.								
	Permit Require.								
Total Selenium	Sample Measure.								
	Permit Require.								
Total Chromium	Sample Measure.								
	Permit Require.								
Total Manganese	Sample Measure.								
	Permit Require.								
Total Vanadium	Sample Measure.								
	Permit Require.								
Total Cobalt	Sample Measure.								
	Permit Require.								
Total Nickel	Sample Measure.								
	Permit Require.								
Total Boron	Sample Measure.								
	Permit Require.								
Total Fluoride	Sample Measure.								
	Permit Require.								
Total Chlorine	Sample Measure.								
	Permit Require.								
Total Bromine	Sample Measure.								
	Permit Require.								
Total Iodine	Sample Measure.								
	Permit Require.								
Total Silver	Sample Measure.								
	Permit Require.								
Total Gold	Sample Measure.								
	Permit Require.								
Total Platinum	Sample Measure.								
	Permit Require.								
Total Palladium	Sample Measure.								
	Permit Require.								
Total Antimony	Sample Measure.								
	Permit Require.								
Total Arsenic	Sample Measure.								
	Permit Require.								
Total Bismuth	Sample Measure.								
	Permit Require.								
Total Molybdenum	Sample Measure.								
	Permit Require.								
Total Tellurium	Sample Measure.								
	Permit Require.								
Total Tin	Sample Measure.								
	Permit Require.								
Total Lead	Sample Measure.								
	Permit Require.								
Total Cadmium	Sample Measure.								
	Permit Require.								
Total Copper	Sample Measure.								
	Permit Require.								
Total Zinc	Sample Measure.								
	Permit Require.								
Total Barium	Sample Measure.								
	Permit Require.								
Total Strontium	Sample Measure.								
	Permit Require.								
Total Selenium	Sample Measure.								
	Permit Require.								
Total Chromium	Sample Measure.								
	Permit Require.								
Total Manganese	Sample Measure.								
	Permit Require.								
Total Vanadium	Sample Measure.								
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Total Cobalt	Sample Measure.								
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Total Nickel	Sample Measure.								
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	Permit Require.								
Total Fluoride	Sample Measure.								
	Permit Require.								
Total Chlorine	Sample Measure.								
	Permit Require.								
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	Permit Require.								
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	Permit Require.								
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	Permit Require.								
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	Permit Require.								
Total Platinum	Sample Measure.								
	Permit Require.								
Total Palladium	Sample Measure.								
	Permit Require.								
Total Antimony	Sample Measure.								
	Permit Require.								
Total Arsenic	Sample Measure.								
	Permit Require.								
Total Bismuth	Sample Measure.								
	Permit Require.								
Total Molybdenum	Sample Measure.								
	Permit Require.								
Total Tellurium	Sample Measure.								
	Permit Require.								
Total Tin	Sample Measure.								
	Permit Require.								

NAME Duquesne Light Company

ADDRESS One Oxford Centre

301 Grant Street

Pittsburgh, PA 15279

FACILITY: Shippingport Atomic Power Station

LOCATION: Shippingport Borough, Beaver County

PA9001589

PERMIT NUMBER

011

DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

(NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

FROM

Year	Month	Day
90	04	01

TO

Year	Month	Day
90	04	30

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	0	0	0	0			
	Permit Require.	0	0		0	0	0		0	CONT	EST
	Sample Measure.	0	0	0	0	0	0	0	0	0	
	Permit Require.	0	0		0	0	0		0	0	0
	Sample Measure.	0	0	0	0	0	0	0	0	0	
	Permit Require.	0	0		0	0	0		0	0	0
	Sample Measure.	0	0	0	0	0	0	0	0	0	
	Permit Require.	0	0		0	0	0		0	0	0
	Sample Measure.	0	0	0	0	0	0	0	0	0	
	Permit Require.	0	0		0	0	0		0	0	0
	Sample Measure.	0	0	0	0	0	0	0	0	0	
	Permit Require.	0	0		0	0	0		0	0	0
	Sample Measure.	0	0	0	0	0	0	0	0	0	
	Permit Require.	0	0		0	0	0		0	0	0
	Sample Measure.	0	0	0	0	0	0	0	0	0	
	Permit Require.	0	0		0	0	0		0	0	0

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE		
A. M. Dulick	412393-5113	90	05	23
Chemistry Manager		YEAR	MONTH	DAY
TYPED OR PRINTED				

EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

FACILITY Shippingport Atomic Power Station
 LOCATION Shippingport Borough, Beaver County

FA0001589
 PERMIT NUMBER

101
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 NPDES)


MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
90	04	01		TO	90	04

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	Sample Measure.	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	NO FLOW		MGD	0	0	0				
	Permit Require.	0	0		0	0	0		2/MO	EST	
Suspended Solids	Sample Measure.	0	0	0	0			MG/L			
	Permit Require.	0	0		0	30	100		2/MO	GRAB	
Oil & Grease	Sample Measure.	0	0	0	0			MG/L			
	Permit Require.	0	0		0	15	20		2 MO	GRAB	
	Sample Measure.	0	0	0				S.U.			
	Permit Require.	0	0		6.0	0	9.0		2/MO	GRAB	
	Sample Measure.	0	0	0	0	0	0		0	0	0
	Permit Require.	0	0		0	0	0		0	0	0
	Sample Measure.	0	0	0	0	0	0		0	0	0
	Permit Require.	0	0		0	0	0		0	0	0
	Sample Measure.	0	0	0	0	0	0		0	0	0
	Permit Require.	0	0		0	0	0		0	0	0

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


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER

TELEPHONE
 412393-5113

DATE
 90 05 23
YEAR MONTH DAY

EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)