



**Duquesne Light**

435 Sixth Avenue  
Pittsburgh, Pennsylvania  
15219

(412) 456-6000

May 25, 1983

Chief of Operations  
Bureau of Water Quality Management  
600 Kossman Building  
100 Forbes Avenue  
Pittsburgh, PA 15222

NPDES Monthly Reports

Gentlemen:

The subject reports for Duquesne Light Company for April, 1983,  
are submitted for your consideration. A list of the permit numbers follows:

PA 0001571	Elrama Power Station
PA 0001589	Shippingport Atomic Power Station
PA 0001619	Phillips Power Station
PA 0001627	Cheswick Power Station
PA 0025615	Beaver Valley Atomic Power Station
PA 0031933	Brunot Island Power Station

Very truly yours,

*Handwritten signature: C. Feitknecht*

C. Feitknecht  
General Superintendent  
Fossil Power Generation

NAME DURRONE LIGHT COMPANY  
ADDRESS SPRAYER VALLEY ALUMINUM POWER ST.  
1941 NEW BEAVER AVENUE  
PITTSBURGH PA 15223

FA0023615  
PERMIT NUMBER

001-A  
DISCHARGE NUMBER

F - FINAL LIMITS  
001-A COOLING TOWER BLOWDOWN

FACILITY  
LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	04	01	83	04	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	89		CONTIN-	RCORDR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		CONTIN-	RCORDR
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	6.10	*****	7.80	0	CONTIN-	RCORDR
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	0	CONTIN-	RCORDR
OIL AND GREASE FRESH EXTR-GRAV MTH 00556 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1	<1	0	ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY AV DAILY MX	0	ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	13.18	15.44	MGD	*****	*****	*****		CONTIN-	RCORDR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		CONTIN-	RCORDR
CHLORINE, FREE AVAILABLE 50064 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.01	0.10	0	CONTIN-	RCORDR
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AV	0.5 DAILY MX	0	CONTIN-	RCORDR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 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	DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	412   393-4343   83 05 25 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SEE PAGE 2 OF PERMIT FOR INFORMATION REGARDING TEMPERATURE. LOCATION D IS THE COOLING TOWER BASIN.

## GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipalities with secondary treatment requirement: enter 70-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".)
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT" (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

## LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation; or by imprisonment for not more than one year, or by both.

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HERE

STAMP

PLACE

(FOLD HERE THIRD)

STAPLE HERE

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

FINAL LIMITS  
NOT A CHEMICAL

84002613	1014
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
93	04	01	93	04	30

**NOTE:** Read instructions before completing this form.

FACILITY		LOCATION		FROM		TO		NOTE: Read instructions before completing this form.			
PARAMETER (32-37)		QUANTITY OR LOADING (46-53)		QUANTITY OR CONCENTRATION (46-53)		NO. EX		FREQUENCY OF ANALYSIS (64-68)		SAMPLE TYPE (69-70)	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE		MAXIMUM	
		AVERAGE		MAXIMUM		UNITS		MINIMUM		AVERAGE	
		MAXIMUM		UNITS		MINIMUM		AVERAGE			

TYPED OR PRINTED  
 Reference all attachments here)  
 and of maximum importance

## GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD," covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipalities with secondary treatment requirement: enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".)
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX." enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average, as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT" (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

## LEGAL NOTICE

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STAMP  
PLACE

(FOLD HERE THIRD)

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

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

Form Approved  
OMB No. 2000-0015

NAME DUQUESNE LIGHT COMPANY  
ADDRESS BEAVER VALLEY ATOMIC POWER ST.  
2841 NEW BEAVER AVENUE  
PITTSBURGH PA 15233

(2-16)  
PERMIT NUMBER  
PA0025815

(17-19)  
DISCHARGE NUMBER  
102 A

1 - INITIAL LIMITS  
102 A AUX BOILER BLOWDOWN

FACILITY  
LOCATION

MONITORING PERIOD  
FROM 83 04 01 TO 83 04 30  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

No Discharge 102

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
COPPER, TOTAL (45 CU) 01042 C D SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	1 MG/L	TWICE MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MX			
IRON, TOTAL (45 FE) 01045 C D SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	1 MG/L	TWICE MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MX			
	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

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

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

C. Feitknecht, Gen. Supt.  
Fossil Power Generation

TYPED OR PRINTED

412 393-4343 83 05 25  
AREA CODE NUMBER YEAR MO DAY

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

SEE P 23 AND 24, SPECIAL CONDITIONS.



NAME DUCHENE LIGHT COMPANY  
ADDRESS BEAVER VALLEY ATOMIC POWER ST.  
2041 N.W. BEAVER AVENUE  
PITTSBURGH PA 15223

PAC025615  
PERMIT NUMBER

103 A  
DISCHARGE NUMBER

I - INITIAL LIMITS  
103 A SOFTENER REGENERATES

FACILITY  
LOCATION

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED CO530 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.6	1.0	0	TWICE/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100 DAILY MX		TWICE/ MONTH	GRAB
OIL AND GREASE FRESH EXTRA-DRAW NET 00556 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	5	0	TWICE/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY AV	20 DAILY MX		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50030 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.020	0.020		*****	*****	*****		TWICE/ MONTH	EST.
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****		TWICE/ MONTH	ESTIMATE
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 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		DATE		
C. Feitknecht, Gen. Supt. Fossil Power Generation TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SAMPLES TAKEN BY LOG OF SOFTENER REGENERATORS PRIOR TO COMBINATION WITH OTHER EFFLUENT.  
SEE P 23 AND 24, SPECIAL CONDITIONS.



## GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE: In municipalities with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM.")
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

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HERE  
 STAMP  
 PLACE

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

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

Form Approved  
OMB No. 2000-0015

NAME SUCCESSION LIGHT COMPANY  
ADDRESS BEAVER VALLEY ATOMIC POWER ST.  
2841 NEW BEAVER AVENUE  
PITTSBURGH PA 15233  
FACILITY \_\_\_\_\_  
LOCATION \_\_\_\_\_

(2-16)  
PA0025613  
PERMIT NUMBER

(17-19)  
002 A  
DISCHARGE NUMBER

F - FINAL LIMITS  
002 A - SCREEN BACKWASH, ETC

MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)  
83 04 01 TO 83 04 30

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	7.10	*****	7.10	*****		ONCE/ MONTH	GRAB
00050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		ONCE/ MONTH	GRAB
00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.09	79	MGD	*****	*****	*****	*****		ONCE/ MONTH	CALC
00050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		ONCE/ MONTH	CALC
	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	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO

C. Feitknecht, Gen. Supt.  
Fossil Power Generation

412 393-4343 83 05 25

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



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

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

Form Approved  
OMB No. 2000-0015

NAME DUQUESNE LIGHT COMPANY  
ADDRESS BEAVER VALLEY ATOMIC POWER ST.  
2841 NEW BEAVER AVENUE  
PITTSBURGH PA 15203

(2-16) PA0023815  
PERMIT NUMBER

(17-19) 201 A  
DISCHARGE NUMBER

I - INITIAL LIMITS  
201 A LOW VOLUME WASTE STREAM

FACILITY \_\_\_\_\_  
LOCATION \_\_\_\_\_

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
83	04	01	83	04	30
(20-21)	(22-24)	(24-25)	(26-27)	(28-29)	(30-31)

FROM TO

No Discharge 201

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00400 C 0	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM		ONCE/MONTH	GRAB
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00500 C 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100 DAILY MX		ONCE/MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00556 C 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY AV	20 DAILY MX		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00050 C 0	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****		ONCE/MONTH	ESTIMATE
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  C. Fairknecht, Gen. Supt. Fossil Power Generation  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>Leon L. Storch</i>	TELEPHONE	DATE		
			412/393-4343 AREA CODE NUMBER	83	05	25 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):  
STREAMS PRIOR TO COMBINATION WITH OTHER EFFLUENT.  
SEE P 20 AND 24, SPECIAL CONDITIONS.





NAME DUQUESNE LIGHT COMPANY  
ADDRESS BEAVER VALLEY ATOMIC POWER ST.  
2841 NEW BEAVER AVENUE  
PITTSBURGH PA 15223  
FACILITY \_\_\_\_\_  
LOCATION \_\_\_\_\_

PERMIT NUMBER  
PA0025615

DISCHARGE NUMBER  
003 A

F - FINAL LIMITS  
003 A SANITARY WASTE

MONITORING PERIOD  
FROM 83 04 01 TO 83 04 30  
(12-21) (12-24) (12-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.70	*****	8.70			ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	SU		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.02	0.06		*****	*****	*****			ONCE/MONTH	CALC
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****			ONCE/MONTH	CALC
EFFLUENT GROSS VALUE	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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
C. Feitknecht, Gen. Supt. Fossil Power Generation TYPED OR PRINTED			412 393-4343	83 05 25	YEAR	MO

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

## GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipalities with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".)
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

## LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

(FOLD HERE SECOND)

HERE

STAMP

PLACE

(FOLD HERE THIRD)

STAPLE HERE

NAME DUCESNE LIGHT COMPANY  
ADDRESS BEAVER VALLEY ATOMIC POWER ST.  
2841 NEW BEAVER AVENUE  
PITTSBURGH PA 15223  
FACILITY \_\_\_\_\_  
LOCATION \_\_\_\_\_

PA0025613  
PERMIT NUMBER

301 A  
DISCHARGE NUMBER

F - FINAL LIMITS  
301 A CLARIFIER BLOWDOWN

MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)  
83 04 01 TO 83 04 30

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH 00400 C 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	8.74	*****	8.97	0	TWICE/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	50	TWICE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 C 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	1.7	3.0		*****	28	46	0	TWICE/ MONTH	COMP
	PERMIT REQUIREMENT	2.5 DAILY AV	14.3 DAILY MX	LBS/DY	*****	***** DAILY AV	***** DAILY MX	NG/L	TWICE/ MONTH	COMP
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 C 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.005	0.018		*****	*****	*****	30/ MONTH	MEAS	
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****	TWICE/ MONTH	MEAS
	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  
C. Feitknecht, Gen. Supt.  
Fossil Power Generation  
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  
DATE  
SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT  
412 393-4343  
AREA CODE NUMBER YEAR MO DAY  
83 05 25

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SAMPLES TAKEN AT LOCATION OF TREATED CLARIFIER BLOWDOWN & FILTER BACKWASH, PRIOR TO EFFLUENT.  
SEE P 23 AND 24, SPECIAL CONDITIONS.

# GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE: for municipalities with secondary treatment requirements enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".)
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX." enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

## LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

(FOLD HERE SECOND)

HERE  
STAMP  
PLACE

(FOLD HERE THIRD)

STAPLE HERE

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

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

Form Approved  
OMB No. 2000-0615

NAME DUCESNE LIGHT COMPANY  
ADDRESS BEAVER VALLEY ATOMIC POWER ST.  
2841 NEW BEAVER AVENUE  
PITTSBURGH PA 15203

(2-16)  
PERMIT NUMBER  
PA0029619

(17-19)  
DISCHARGE NUMBER  
302 A

F - FINAL LIMITS  
302 A - SEWAGE TREATMENT SYSTEM

FACILITY  
LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	04	01	83	04	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BOD, 5-DAY (20 SEC. C) 00310 C 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	29	0	4/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	300A AV	70A AV			
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.20	*****	7.10	0	4/ MONTH	GRAB
00400 C 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM			
SOLIDS, TOTAL SUSPENDED 00530 C 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	*****	35	36	1	29/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	300A AV	70A AV			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00650 C 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.004	0.010	MGD	*****	*****	*****		ONCE/ MONTH	EST.
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
COLIFORM, FECAL GENERAL 74055 C 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	0	4/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	300A 660	70A 660			
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

C. Feitknecht, Gen. Supt.  
Fossil Power Generation

*Leonard Steel*

412 393-4343

83 05 25

TYPED OR PRINTED

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

SEE P 23 AND 24, SPECIAL CONDITIONS.





NAME DUQUESNE LIGHT - BEAVER VALLEY  
ADDRESS 2841 NEW BEAVER AVENUE  
PITTSBURGH PA 15233

PA 0025615  
PERMIT NUMBER

013  
DISCHARGE NUMBER

013 - TREATED SEWAGE

FACILITY \_\_\_\_\_  
LOCATION \_\_\_\_\_  
ATTN: C. FEITKNECHT, GEN. SUPT.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
83	4	1	TO	83	4	30
(20-21)	(22-24)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BOD - 5 DAY	SAMPLE MEASUREMENT	0.45	0.45	LBS/DY	*****	41	41	1	ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	10.8	21.5		*****	30	60		once/ month	grab
pH	SAMPLE MEASUREMENT	*****	*****		7.30	*****	7.30	0	ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0		once/ month	grab
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1.1	1.1	LBS/DY	*****	102	102	1	ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	10.8	21.5		*****	30	60		once/ month	grab
FLOW	SAMPLE MEASUREMENT	0.001	0.001	MGD	*****	*****	*****	0	ONCE/ MONTH	MEAS
	PERMIT REQUIREMENT	0.043	*****		*****	*****	*****		once/ month	meas.
COLIFORM, FECAL MAY 1 TO SEPT 30 OCT 1 TO APR 30	SAMPLE MEASUREMENT	*****	*****		*****	0	0	0	ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	200 2000	1000 *****		once/ month	grab
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
C. Feitknecht, Gen. Supt.  
Fossil Power Generation

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

*Leon J. Stead*  
SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE  
412 393-4343  
DATE  
83 05 25  
AREA CODE NUMBER YEAR MO DAY

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

NAME DUQUESNE LIGHT COMPANY  
ADDRESS BEAVER VALLEY ATOMIC POWER ST.  
2841 NEW BEAVER AVENUE  
PITTSBURGH PA 15223  
FACILITY \_\_\_\_\_  
LOCATION \_\_\_\_\_

PERMIT NUMBER PA0025615  
DISCHARGE NUMBER 303 A

INITIAL LIMITS  
303 A NONPADO SYSTEM LEAKAGE

MONITORING PERIOD  
FROM YEAR 93 MO 04 DAY 01 TO YEAR 93 MO 04 DAY 30  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.10	*****	7.10	0	ONCE/ MONTH	GRAB
60400 C 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	24	24	0	ONCE/ MONTH	GRAB
60530 C 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	*****	30 300A AV	100 70A AV		ONCE/ MONTH	GRAB
OIL AND GREASE FRESH EXTR-GRAV NET	SAMPLE MEASUREMENT	*****	*****	*****	*****	7	7	0	ONCE/ MONTH	GRAB
60556 C 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	*****	15 300A AV	10 70A AV		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.007	0.034	MGD	*****	*****	*****		ONCE/ MONTH	EST.
60050 C 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		ONCE/ MONTH	ESTIM
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  C. Feitknecht, Gen. Supt. Fossil Power Generation  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>Leon S. Stead</i>	TELEPHONE 412 393-4343	DATE 83 05 25
--	--	--	---------------------------	------------------

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SAMPLING TAKEN IN NORMAL SYSTEM & FLOW MAIN SYSTEM PRIOR TO COMBINATION WITH EFFLUENT.  
SEE P 23 AND 24, SPECIAL CONDITIONS.

## GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipalities with secondary treatment requirement: enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".)
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT" (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

## LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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PLACE

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(17-19)
004
DISCHARGE NUMBER

MONITORING PERIOD								
YEAR			MO			DAY		
FROM	93	04	01	TO	93	04	30	
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)	

F - FINAL LIMITS  
004 A COOLING TOWER OVERFLOW

**NOTE:** Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	8.5	8.5	8.5	7.90	8.5	8.5		ONCE/ MONTH	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.5	8.5	8.5	8.5	8.5	8.5	SU	ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR NRU TREATMENT PLANT	SAMPLE MEASUREMENT	<0.001	<0.001		8.5	8.5	8.5		ONCE/ MONTH	EST
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.5	8.5	MGD	8.5	8.5	8.5		ONCE/ MONTH	ESTIM
	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	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		TELEPHONE		DATE	
C. Feitknecht, Gen. Supt. Fossil Power Generation				412 393-4343		83 05 25	
TYPED OR PRINTED		OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER		YEAR MO DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) NO CHARGES.



## GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." NOTE to municipalities with secondary treatment requirements: enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM."
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT" (e.g., enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

## LEGAL NOTICE

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Duquesne Light

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

Telephone (412) 393-6000

May 4, 1983  
ND1RCC:0858

EPA Permit No. 0025615 Reportable Occurrence

United States Environmental  
Protection Agency  
Sixth and Walnut Streets  
Philadelphia, PA 19106

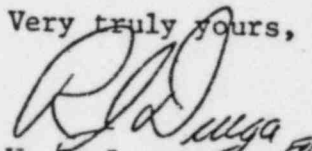
Gentlemen:

As required by EPA Permit No. 0025615, the following information is provided in regards to a reportable occurrence at Beaver Valley Power Station, Unit #1:

Discharge No. 401, Cooling Tower Pumphouse Sump, was out of specification in Oil and Grease (24 mg/l) on a sample taken on April 28, 1983.

An MWR was submitted to remove the oil from the sumps so as to return this discharge to normal.

Very truly yours,

  
W. S. Lacey  
Superintendent

VJL/t11

cc: Central File (2)

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

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

Form Approved  
OMB No. 2000-0015

NAME SUGARBE LIGHT COMPANY  
ADDRESS BEAVER VALLEY ATOMIC POWER ST.  
2841 NEW BEAVER AVENUE  
PITTSBURGH PA 15203

PERMIT NUMBER  
PA0023413

DISCHARGE NUMBER  
401 A

INITIAL LIMITS  
401 A COOLING TOWER PUMPHOUSE

FACILITY  
LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
93	07	01	93	04	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	7.80	7.80		7.80	7.80		0	ONCE/MONTH	GRAB
CO400 C 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT				MINIMUM	MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	12	12					0	ONCE/MONTH	GRAB
CO530 C 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT					DAILY AV	DAILY MX			
OIL AND GREASE FROM EXTP-GRAV X-T	SAMPLE MEASUREMENT	24	24					1	ONCE/MONTH	GRAB
CO530 C 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT					DAILY AV	DAILY MX			
FLOW, IN CONDUIT, OR THRU TREATMENT PEG	SAMPLE MEASUREMENT	<0.001	<0.001						ONCE/MONTH	EST
CO530 C 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
C. Feitknecht, Gen. Supt.  
Fossil Power Generation  
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$50,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT  
C. Feitknecht

TELEPHONE  
412 393-4343  
DATE  
83 05 25

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

SEE P 23 AND 24, SPECIAL CONDITIONS.

# GENERAL INSTRUCTIONS

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7. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
8. Enter "N" or "X" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average, as appropriate) permit requirement for each parameter. If none, enter "0".
9. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
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(FOLD HERE FIRST)

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**Duquesne Light**

435 Sixth Avenue  
Pittsburgh, Pennsylvania  
15219

(412) 456-6000

May 25, 1983

NPDES Monthly Reports

Director of Nuclear Reactor Regulations  
Attn: Mr. Robert W. Reid, Chief  
Operating Reactor Branch, No. 4  
U. S. Nuclear Regulatory Commission  
Washington, D. C. 20555

Subject: BVPS No. 1  
Docket No. 50-334  
License DPR-66

Dear Mr. Reid:

Enclosed is a copy of the subject report as submitted to the Pennsylvania Department of Environmental Resources.

Very truly yours,

C. Feitknecht  
General Superintendent  
Fossil Power Generation

IE25  
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