

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

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

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

NAME _____
ADDRESS _____
FACILITY _____
LOCATION _____

(2-16) _____ (17-19) _____
PERMIT NUMBER _____ DISCHARGE NUMBER _____
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 (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER	SAMPLE MEASUREMENT						88	DEG. F		CONTIN	RCORDR
	PERMIT REQUIREMENT									CONTIN	RCORDR
	SAMPLE MEASUREMENT				7.07		7.44	SU	0	CONTIN	RCORDR
	PERMIT REQUIREMENT				MINIMUM		MAXIMUM			CONTIN	RCORDR
	SAMPLE MEASUREMENT					< 1	< 1	HG/L	0	ONCE	GRAB
	PERMIT REQUIREMENT					DAILY AV	DAILY MX			ONCE	GRAB
	SAMPLE MEASUREMENT	< 0.01	< 0.01							CONTIN	RCORDR
	PERMIT REQUIREMENT									CONTIN	RCORDR
	SAMPLE MEASUREMENT					< 0.01	0.22	HG/L	0	CONTIN	RCORDR
	PERMIT REQUIREMENT					DAILY AV	DAILY MX			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	
C. Fricknacht, Gen. Supt. Fossil Power Generation		412 393-4343		83 08 29	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO DAY

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

8309010270 830829
PDR ADOCK 05000334
PDR

DO BE USED

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PAGE 1 OF 1

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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STAMP
PLACE

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STAPLE HERE

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

NAME
ADDRESS
FACILITY
LOCATION

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

PERMIT NUMBER
DISCHARGE NUMBER

MONITORING PERIOD
FROM TO
YEAR MO DAY YEAR MO DAY

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SAMPLE MEASUREMENT					7.25		7.62		TWICE	GRAB
	PERMIT REQUIREMENT				MINIMUM		MAXIMUM		MONTH	
SAMPLE MEASUREMENT		0.94	1.58						THREE	GRAB
	PERMIT REQUIREMENT	DAILY AV	DAILY MX			DAILY AV	DAILY MX		MONTH	COMP
SAMPLE MEASUREMENT		0.29	0.50						TWICE	GRAB
	PERMIT REQUIREMENT	DAILY AV	DAILY MX			DAILY AV	DAILY MX		MONTH	GRAB
SAMPLE MEASUREMENT		0.012	0.001						TWICE	CALC
	PERMIT REQUIREMENT								MONTH	CALC
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C. Weichmacht, Gen. Mgr.
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
Leon J. Stead

TELEPHONE
412 393-4343

DATE
83 08 29

AREA CODE
NUMBER
YEAR MO DAY

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.
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HERE
STAMP
PLACE

(FOLD HERE THIRD)

STAPLE HERE

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

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

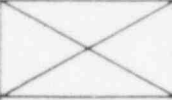
DISCHARGE NUMBER


MONITORING PERIOD

FROM

TO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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	UNITS			
C1042 3 10 SEE COMMENTS BELOW	SAMPLE MEASUREMENT					0.01	0.01	MG/L	0	ONCE MONTH	GRAB
	PERMIT REQUIREMENT					DAILY AV	DAILY MAX			THICE MONTH	GRAB
C1043 3 10 SEE COMMENTS BELOW	SAMPLE MEASUREMENT					0.06	0.06	MG/L	0	ONCE MONTH	GRAB
	PERMIT REQUIREMENT					DAILY AV	DAILY MAX			THICE MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	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			412/393-4343	83	08	29	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

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(FOLD HERE SECOND)

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PLACE

(FOLD HERE THIRD)

STAPLE HERE

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

NAME _____
ADDRESS _____
FACILITY _____
LOCATION _____

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

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			
TOTAL SOLIDS	SAMPLE MEASUREMENT					1.3	2.1	0	TWICE MONTH	GRAB
	PERMIT REQUIREMENT					DAILY AV	DAILY MX			
CIL AND CREAT	SAMPLE MEASUREMENT					9	18	0	TWICE MONTH	GRAB
	PERMIT REQUIREMENT					DAILY AV	DAILY MX			
FLOW IN CONDUIT OF TREATMENT PLANT	SAMPLE MEASUREMENT	0.020	0.020						TWICE MONTH	ESTI
	PERMIT REQUIREMENT								TWICE MONTH	ESTIM
	SAMPLE MEASUREMENT									
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	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. 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
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and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA
CODE

NUMBER

YEAR

MO

DAY

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

GENERAL INSTRUCTIONS

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STAPLE HERE

HERE
STAMP
PLACE

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

NAME
ADDRESS
FACILITY
LOCATION

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

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY
FROM TO

FINAL LIMITS
SCREEN BACKWASH, ETC.

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

No Discharge 002

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	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SAMPLE MEASUREMENT										
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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			AREA CODE	NUMBER	YEAR

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

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

NAME _____
ADDRESS _____
FACILITY _____
LOCATION _____

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

(2-16) (17-19)
PERMIT NUMBER _____ DISCHARGE NUMBER _____

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

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

No Discharge 201

NOTE: Read instructions before completing this form.

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SAMPLE MEASUREMENT											
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	PERMIT REQUIREMENT										
SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT										
SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. Peithnocht, Gen. Supt.
Posill 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

TELEPHONE

DATE

412 393-4343

83 08 29

AREA
CODE

NUMBER

YEAR MO DAY

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

NAME DUQUESNE LIGHT COMPANY
 ADDRESS 1000 VALLEY AVENUE
ALTOONA, PA 15701
 FACILITY ALTOONA VALLEY ATOMIC POWER PLANT
 LOCATION ALTOONA, PA 15701

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

PERMIT NUMBER
PA0000001

DISCHARGE NUMBER
003 A

MONITORING PERIOD
 FROM 83 01 01 TO 83 01 31
 (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 (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
POLLUTANT	SAMPLE MEASUREMENT				7.43		7.43		ONCE MONTH	GRAB
	PERMIT REQUIREMENT								ONCE MONTH	GRAB
POLLUTANT	SAMPLE MEASUREMENT	0.08	0.08						ONCE MONTH	CALC
	PERMIT REQUIREMENT								ONCE MONTH	CALC
POLLUTANT	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
POLLUTANT	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
POLLUTANT	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
POLLUTANT	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
POLLUTANT	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C. Weikmacht, 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 \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Leon J. Steed

TELEPHONE
412 893-4343
 DATE
83 08 29

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

GENERAL INSTRUCTIONS

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LEGAL NOTICE

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PLACE

(FOLD HERE THIRD)

STAPLE HERE

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

NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

MONITORING PERIOD
FROM TO
YEAR MO DAY 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	UNITS			
00430	SAMPLE MEASUREMENT				7.17		8.61		0	TWICE MONTH	GRAB
	PERMIT REQUIREMENT				MINIMUM		MAXIMUM				
00431	SAMPLE MEASUREMENT	0.33	0.42			13	15		0	TWICE MONTH	COMP
	PERMIT REQUIREMENT	DAILY AV	DAILY MAX			DAILY AV	DAILY MAX				
00432	SAMPLE MEASUREMENT	0.009	0.061							31 MONTH	MEAS
	PERMIT REQUIREMENT									TWICE MONTH	
	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. Veismacht, 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 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE 412 393-4343	DATE 83 08 29		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Leon d. Staal</i>	AREA CODE	NUMBER	YEAR	MO DAY

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

GENERAL INSTRUCTIONS

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PLACE

(FOLD HERE THIRD)

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

NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

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

(2-16) (17-19)
 PERMIT NUMBER _____ DISCHARGE NUMBER _____

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

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

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	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
101.5-01	SAMPLE MEASUREMENT					20	45	0	4	GRAB
	PERMIT REQUIREMENT					300A AV	70A AV		MONTH	
104.10-03	SAMPLE MEASUREMENT				6.00		6.70	0	29	GRAB
	PERMIT REQUIREMENT				MINIMUM		MAXIMUM		MONTH	
104.10-04	SAMPLE MEASUREMENT					20	26	0	30	GRAB
	PERMIT REQUIREMENT					300A AV	70A AV		MONTH	
104.10-05	SAMPLE MEASUREMENT	0.005	0.013						TWICE	MEAS
	PERMIT REQUIREMENT								MONTH	
104.10-06	SAMPLE MEASUREMENT					197	323	0	5	GRAB
	PERMIT REQUIREMENT					100A G83	70A G80		MONTH	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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C. Veitknecht, Gen. Supt. Fossil Power Generation		412 393-4343		83 08 29	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO DAY

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

101.5-01 AND 104.10-04, SPECIAL CONDITIONS.

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(FOLD HERE SECOND)

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PLACE

(FOLD HERE THIRD)

STAPLE HERE

NAME DUQUESNE LIGHT - BEAVER VALLEY
ADDRESS 2841 NEW BEAVER AVENUE
PITTSBURGH PA 15233
FACILITY _____
LOCATION _____
ATTN: C. FEITKNECHT, GEN. SUPT.

(2-16) PA 0025615
PERMIT NUMBER

(17-19) 013
DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
83	7	1	83	7	31

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

013 - TREATED SEWAGE

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-43)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BOD - 5 DAY	SAMPLE MEASUREMENT	2.6	2.6	LBS/DY	*****	23	23	0	once/ month	grab
	PERMIT REQUIREMENT	10.8	21.5		*****	30	60		once/ month	grab
pH	SAMPLE MEASUREMENT	*****	*****		6.95	*****	6.95	0	once/ month	grab
	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0		once/ month	grab
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3.3	3.3	LBS/DY	*****	28	28	0	once/ month	grab
	PERMIT REQUIREMENT	10.8	21.5		*****	30	60		once/ month	grab
FLOW	SAMPLE MEASUREMENT	0.014	0.014	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	*****	*****		*****	96	96	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

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C. Feitknecht, Gen. Supt.
Fossil Power Generation

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-4343

83 08 29

AREA
CODE

NUMBER

YEAR

MO

DAY

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



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

Telephone (412) 393-6000

July 18, 1983
ND1RCC:0872

EPA Permit No. 0025615 Reportable Occurrence

United States Environmental Protection Agency
Region III Compliance Office
6th and Walnut Streets
Philadelphia, Pennsylvania 19106

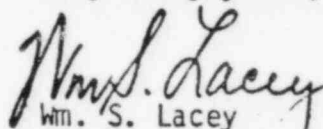
Dear Sir:

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

EPA Discharge #303, Turbine-Plant Sumps and drains, was found out of specification in total suspended solids (123mg/l) on a sample taken on 7/13/83.

The high out of specification total suspended solids was due to the flush water generated during the mechanical cleaning of the condenser tubes during the Third Refueling Outage. This abnormal condition will be corrected upon completion of the tube cleaning.

Very truly yours,


Wm. S. Lacey

Station Superintendent - BVPS #1

VJL/md

cc: J. J. Carey	G. F. Hickel
T. D. Jones	M. Coppola
L. W. Johnson	L. G. Schad
J. W. McIntire	Shift Supervisor
A. C. Mazunka	V. J. Linnenbom (3)
W. G. Logan	J. G. Randall
S. L. Pernick	G. E. Weikel
Central File (2)	

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

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM

TO

(20-21)

(22-24)

(24-25)

(26-27)

(28-29)

(30-31)

NOTE: Read instructions before completing this form.

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

PARAMETER (32-37)		(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			
SAMPLE MEASUREMENT					7.49		7.49		0	ONCE MONTH	GRAB
	PERMIT REQUIREMENT				MINIMUM		MAXIMUM				
SAMPLE MEASUREMENT						45	91		1	THREE MONTH	GRAB
	PERMIT REQUIREMENT					300A AV	70A AV				
SAMPLE MEASUREMENT						1	1		0	ONCE MONTH	GRAB
	PERMIT REQUIREMENT					300A AV	70A AV				
SAMPLE MEASUREMENT		0.007	0.034							ONCE MONTH	EST
	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		
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR

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



One Oxford Centre
301 Grant Street
Pittsburgh, PA 15279

(412) 393-6000

August 29, 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,

[Handwritten signature] for C. FEITKNECHT

C. Feitknecht
General Superintendent
Fossil Power Generation

IE25
1/1



One Oxford Centre
301 Grant Street
Pittsburgh, PA 15279

(412) 393-6000

August 29, 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 July, 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,

AKW: Vol for C. FEITKNECHT

C. Feitknecht
General Superintendent
Fossil Power Generation