

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) PA0025815
PERMIT NUMBER

(17-19) 001 A
DISCHARGE NUMBER

FACILITY BEAVER VALLEY ATOMIC POWER ST.
LOCATION PITTSBURGH PA 15233

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
82	12	01	82	12	31
FROM (20-21) (22-23) (24-25)			TO (26-27) (28-29) (30-31)		

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (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			
TEMPERATURE, HOT DEG. FAHRENHEIT 00011 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
OIL AND GREASE FREON EXTR-GRAV MTH 00550 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	14.14	16.76	MGD	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
CHLORINE, FREE AVAILABLE 00064 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.14			
	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.)

Leon L. Steel
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-4343 DATE 83 01 26
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.

8302010670 830128
PDR ADDCK 05000334
PDR

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions detected 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 it is listed 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

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

NAME DUQUESNE LIGHT COMPANY
ADDRESS BEAVER VALLEY ATOMIC POWER ST.
2841 NEW BEAVER AVENUE
PITTSBURGH PA 15213

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)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE			
PH	SAMPLE MEASUREMENT	6.50	6.83		6.50	6.83					0	2/mo.	grab
00400 C 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT				MINIMUM		MAXIMUM						
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.44	0.77			3	5				0	2/mo.	grab
00330 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	DAILY AV	DAILY MX	LBS/DY		DAILY AV	DAILY MX	MG/L					
OIL AND GREASE FREDN EXTR-GRAV METH	SAMPLE MEASUREMENT	0.07	0.09			0.5	0.6				0	2/mo.	grab
00590 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	DAILY AV	DAILY MX	LBS/DY		DAILY AV	DAILY MX	MG/L					
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.007	0.018									31/mo.	calc.
50050 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT			MGD									
	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

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SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-4343 93 01 26
AREA CODE NUMBER YEAR MO DAY

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

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.
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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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(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

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STAPLE HERE

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

NAME DUQUESNE LIGHT COMPANY
 ADDRESS BEAVER VALLEY ATOMIC POWER ST.
2641 NEW BEAVER AVENUE
PITTSBURGH PA 15233

FACILITY _____
 LOCATION _____

ATTN: C. FEITKNECHT, GEN. SUPT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) PA0025815
 PERMIT NUMBER

(17-19) 103 A
 DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
82	12	01	82	12	31
(20-21)	(22-24)	(24-25)	(26-27)	(28-29)	(30-31)

FROM TO

Form Approved
 OMB No. 2000-0015

1 - INITIAL LIMITS
 103 A SOFTENER REGENERATES

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			
SOLIDS, TOTAL SUSPENDED 00530 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.0	8.0	0	2/mo.	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MAX		MONTH	
OIL AND GREASE FRESH EXTRA-GRAV MTH 00556 0 0 SEE COMMENT, BELOW	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 1	< 1	0	2/mo.	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MAX		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.020	0.020	MGD	*****	*****	*****		2/mo.	est.
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		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. 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

TELEPHONE

DATE

412 393-4343 83 01 10
 AREA CODE NUMBER YEAR MO DAY

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

SEE P 23 AND 24, SPECIAL CONDITIONS.

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 RESERVE VALLEY ATOMIC POWER ST.
1941 NEW REAPER AVENUE
PITTSBURGH PA 15223
FACILITY _____
LOCATION _____

PA0023415
PERMIT NUMBER

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)
12 12 01 12 12 31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	<div></div>	(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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.34	*****	7.34	SU		1/mo.	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.09	0.09		*****	*****	*****	*****		1/mo.	calc.
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		ONCE/ MONTH	CALCULATED
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										

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 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. Steel</i>	TELEPHONE 412 393-4343	DATE 83 01 26		
TYPED OR PRINTED		AREA CODE 412	NUMBER 393-4343	YEAR 83	MO 01	DAY 26

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.
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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.)

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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.
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PLACE
STAMP
HERE

(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. 2000-0015

NAME QUICKSILVER LIGHT COMPANY
ADDRESS BEAVER VALLEY ATOMIC POWER ST.
2041 NEW BEAVER AVENUE
PITTSBURGH PA 15225
FACILITY _____
LOCATION _____

280025415	201 A
PERMIT NUMBER	DISCHARGE NUMBER

1 - INITIAL LIMITS
201 A LOW VOLUME WASTE STREAM

NO DISCHARGE 201

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
82	12	01	82	12	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) (46-53)			(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					
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****							
60400 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	3U			ONCE/ MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****								
00530 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100 DAILY MX	MG/L			ONCE/ MONTH	GRAB	
OIL AND GREASE FREON EXTR-GRAV MET	SAMPLE MEASUREMENT	*****	*****	*****	*****								
00596 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY AV	20 DAILY MX	MG/L			ONCE/ MONTH	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT				*****	*****	*****	*****					
50090 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****			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	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE 412 393-4343	DATE 83 01 26			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Leon L. Stash</i>	AREA CODE 412	NUMBER 393-4343	YEAR 83	MO 01

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLES TAKEN AT LOW VOLUME WASTE STREAMS 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 to municipalities with secondary treatment requirement, etc.: 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. (318, 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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PERMIT NUMBER	DISCHARGE NUMBER
---------------	------------------

FACILITY

LOCATION

NOTE: Read instructions before completing this form.

(20.21)	(22.21)	(24.25)
(26.27)	(28.29)	(30.31)

THOMAS C. FREITAG, CH. SUP.

PARAMETER (32-37)	(4 Card Only) (46-53)			QUANTITY OR LOADING (34-67)			(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	MINIMUM	AVERAGE	MAXIMUM	UNITS				
EFFLUENT GROSS VALUE FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
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	PERMIT REQUIREMENT														
	SAMPLE MEASUREMENT														

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

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

NAME	COMPANY LIGHT COMPANY
ADDRESS	NEW YORK NEW YORK ST.
	FIFTH AVENUE
	NEW YORK CITY
	10017

14023418	1718
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
YEAR		MO		DAY	
19	82	12	01	12	31
				TO	

FACILITY	LOCATION
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
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99	99
100	100

NOTE: Read instructions before completing this form.

[illegible]

NAME DUQUESNE LIGHT COMPANY
ADDRESS BEAVER VALLEY ATOMIC POWER ST.
2841 NEW BEAVER AVENUE
PITTSBURGH PA 15231
FACILITY _____
LOCATION _____

(2-16) P40025615
PERMIT NUMBER
(17-19) 302 A
DISCHARGE NUMBER

5 - FINAL LIMITS
102 A SEWAGE TREATMENT SYSTEM

MONITORING PERIOD
FROM YEAR 82 MO 12 DAY 01 TO YEAR 82 MO 12 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	<div></div>	(3 Card Only) (46-53)			(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						
800, 5-DAY (30 DEG. C)	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	10		0	4/mo.	grab			
00310 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	*****	30	45	MG/L		TWICE/MONTH	COMP-			
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.00	7.20		0	31/mo.	grab			
00400 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	*****	6.0 MINIMUM	9.0 MAXIMUM	50		TWICE/MONTH	GRAB			
501105, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	26	30		0	30/31	grab			
00530 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	*****	30	45	MG/L		TWICE/MONTH	COMP-			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.004	0.010		*****	*****	*****	*****		1/mo.	est.			
50050 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		TWICE/MONTH	MEASRE			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	*/	0	4/mo.	grab			
74055 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	100ML		TWICE/MONTH	GRAB			
	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 \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412
AREA
CODE

393-4343
NUMBER

83 01 26
YEAR MO DAY

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

SAMPLES TAKEN AT LOC. OF SEWAGE TREATMENT SYSTEM 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: 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 1 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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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

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

FACILITY _____
 LOCATION _____

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER
PA0023615

DISCHARGE NUMBER
303 A

I - INITIAL LIMITS

303 A NONRAD SYSTEM LEAKAGE

Form Approved
 OMB No. 2000-0015

MONITORING PERIOD						
YEAR			MO			DAY
FROM			TO			
82			12			01
(20-21)			(22-23)			(24-25)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53)			(4 Card Only) (38-45)				QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS						
PH	SAMPLE MEASUREMENT	7.43	7.48		7.43	7.48						0	1/mo.	grab
00400 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT				MINIMUM	MAXIMUM							ONCE/ MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	6.7	6.7			6.7						0	1/mo.	grab
01830 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT					300A 4V	70A 4V						ONCE/ MONTH	
OIL AND GREASE FRESH EXTRA-GRAV-METH	SAMPLE MEASUREMENT	3	3			3						0	1/mo.	grab
00570 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT					300A 4V	70A 4V						ONCE/ MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.007	0.034										1/mo.	est.
50050 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT												ONCE/ MONTH	
	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

TELEPHONE

DATE

AREA
 CODE

NUMBER

YEAR MO DAY

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

SEE P 23 AND 24, SPECIAL CONDITIONS.

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 55400 VALLEY AIDMIL POWER ST.
2041 NEW BELVER AVENUE
PITTSBURGH PA 15233
FACILITY _____
LOCATION _____

PERMIT NUMBER PA0025615
DISCHARGE NUMBER 004 4

MONITORING PERIOD
FROM

YEAR	MO	DAY
82	12	01

 TO

YEAR	MO	DAY
82	12	31

F - FINAL LIMITS
004 4 COOLING TOWER OVERFLOW

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	<div></div>	(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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.87	*****	7.87	SU		1/mo.	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	< 0.001	< 0.001	MGD	*****	*****	*****	*****		1/mo.	est.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <u>C. Feitknecht, Gen. Supt.</u> <u>Fossil Power Generation</u>	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 <u>Leon L. Steel</u>	TELEPHONE 412 393-4343	DATE 83 01 26		
TYPED OR PRINTED		AREA CODE 412	NUMBER 393-4343	YEAR 83	MO 01	DAY 26

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
FLOW MONITORING ONLY WHEN DISCHARGING.
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.
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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.)
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.
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(FOLD HERE SECOND)

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STAMP
PLACE

(FOLD HERE THIRD)

STAPLE HERE

NAME INDUSTRY LIGHT COMPANY
ADDRESS BEAVER VALLEY ATOMIC POWER ST.
2841 NEW BEAVER AVENUE
PITTSBURGH PA 15231
FACILITY UNIT 1, BEATRICE, GEN. SUPT
LOCATION UNIT 1, BEATRICE, GEN. SUPT

PERMIT NUMBER PAC025615
DISCHARGE NUMBER 401 A

1 - INITIAL LIMITS
401 A COOLING TOWER PUMPHOUSE

MONITORING PERIOD
FROM 82 12 01 TO 82 12 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 (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	8.0-8.5	8.5-9.0	*****	8.56	8.56	8.56	0	1/mo.	grab
00400 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	8.0-8.5	8.5-9.0	*****	8.0 MINIMUM	9.0 MAXIMUM	9.0	0	ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.4	4.4	0	1/mo.	grab
00530 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100 DAILY MAX	0	ONCE/ MONTH	GRAB
OIL AND GREASE FRIED FRYER-GRAB METHOD	SAMPLE MEASUREMENT	*****	*****	*****	*****	17	17	0	1/mo.	grab
00550 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY AV	20 DAILY MAX	0	ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	< 0.001	< 0.001	*****	*****	*****	*****	0	1/mo.	est.
00850 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	0	ONCE/ MONTH	ESTIMATE
	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		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 AT COOL TOWER PUMPHOUSE LOW VOLUME, PRIOR TO COMB WITH OTHER EFFLUENT.
SEE P. 23 AND 24, SPECIAL CONDITIONS.

GENERAL INSTRUCTIONS

1. If form has been partially completed by re-printing, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/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 detail and 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