

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

NAME DUPLICATE LIGHT COMPANY  
 ADDRESS BEAVER VALLEY ATOMIC POWER ST.  
442 NEW BLAVER AVENUE  
BLITZBURGH PA 17232  
 FACILITY DUPLICATE LIGHT COMPANY  
 LOCATION BLITZBURGH PA 17232

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

(2-16)  
 PERMIT NUMBER P40022812

(17-19)  
 DISCHARGE NUMBER 001 A

MONITORING PERIOD  
 FROM YEAR 84 MO 03 DAY 01 TO YEAR 84 MO 03 DAY 01  
 (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)			(5 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	UNITS	MINIMUM	AVERAGE	MAXIMUM		
TEMPERATURE, WATER	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	80					CONTIN-	RECORD
SEC. FAN/HEAT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****					UOUS	*****
EFFLUENT CROSS VALU	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.43					CONTIN-	RECORD
PH	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****					UOUS	*****
GUARD 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****					CONTIN-	RECORD
EFFLUENT CROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****					UOUS	*****
DIC AND CHARGE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****					ONCE/	GRAB
AREON EXTN-GRAB MCT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****					MONTH	*****
EFFLUENT CROSS VALU	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****					CONTIN-	RECORD
FLOW, IN CONDUIT OR	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****					UOUS	*****
THAT TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****					CONTIN-	RECORD
EFFLUENT CROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****					UOUS	*****
CHLORINE, FREE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****					CONTIN-	RECORD
AVAILABLE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****					UOUS	*****
EFFLUENT CROSS VALU	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****					CONTIN-	RECORD
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****					UOUS	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****					CONTIN-	RECORD
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****					UOUS	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****					CONTIN-	RECORD
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****					UOUS	*****

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 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 L. Stuebel

TELEPHONE  
412 393-6343  
 DATE  
24 04 84

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments h-v)

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

NAME DUQUESNE LIGHT COMPANY  
ADDRESS BEAVER VALLEY ATOMIC POWER ST.  
2441 BEAVER AVENUE  
PITTSBURGH, PA 15203  
FACILITY \_\_\_\_\_  
LOCATION \_\_\_\_\_

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-15) PA0029513  
PERMIT NUMBER  
(17-19) 101 A  
DISCHARGE NUMBER

# - FINAL LIMITS  
101 A CHEMICAL WASTE SUMP

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

MONITORING PERIOD  
FROM YEAR 84 MO 03 DAY 01 TO YEAR 84 MO 03 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) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
PH 00400 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	8.00	8.00	8.00	7.43	8.00	8.62	8.00	0	FOUR/MONTH	0	FOUR/MONTH	GRAB
	PERMIT REQUIREMENT	8.00	8.00	8.00	MINIMUM	8.00	MAXIMUM	8.00	0	FOUR/MONTH	0	FOUR/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.57	1.13	LB/30DY	0.00	7	7	MG/L	0	TWICE/MONTH	0	TWICE/MONTH	GRAB
	PERMIT REQUIREMENT	3.4	4.3	LB/30DY	0.00	0.00	0.00	MG/L	0	TWICE/MONTH	0	TWICE/MONTH	GRAB
OIL AND GREASE PREDN EXTRA-GRAV MET 00550 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.50	1.00	LB/30DY	0.00	8	10	MG/L	0	TWICE/MONTH	0	TWICE/MONTH	GRAB
	PERMIT REQUIREMENT	1.5	4.3	LB/30DY	0.00	0.00	0.00	MG/L	0	TWICE/MONTH	0	TWICE/MONTH	GRAB
FLOW, IN CONDUIT OF THRU TREATMENT PLANT 00650 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.008	0.043	MGD	0.00	0.00	0.00	MGD	0	THIRTY/MONTH	0	THIRTY/MONTH	CALC
	PERMIT REQUIREMENT	0.00	0.00	MGD	0.00	0.00	0.00	MGD	0	THIRTY/MONTH	0	THIRTY/MONTH	CALC
	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

412 393-4343 84 04 26  
AREA CODE NUMBER YEAR MO DAY

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

SAMPLES TAKEN AT LOCATION OF CHEM WASTE SUMP PRIOR TO COMBINATION WITH OTHER EFFLUENT.  
SEE P 23 AND 24, SPECIAL CONDITIONS.

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

NAME ROCKWELL LIGHT COMPANY  
ADDRESS REAR VALLEY ATOMIC POWER ST.  
1001 REAR VALLEY AVENUE  
BRIDGEVIEW PA 15221  
FACILITY \_\_\_\_\_  
LOCATION \_\_\_\_\_

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

(2-16) PA0025615  
PERMIT NUMBER

(17-19) 102 A  
DISCHARGE NUMBER

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

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
84	03	01	84	03	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)	SAMPLE MEASUREMENT (46-53)	QUANTITY OR LOADING (54-61)			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			
COPPER, TOTAL (43-50) 01042 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.03	0.04	*****	0	TWICE/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MAX	*****		TWICE/ MONTH	GRAB
IRON, TOTAL (43-50) 01045 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.76	0.96	*****	0	TWICE/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MAX	*****		TWICE/ MONTH	GRAB
	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			112 393-6343	84	04	26

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

SAMPLES TAKEN AT EOC BY BOILER BLOWDOWN PRIOR TO COMBINATION WITH OTHER EFFLUENT.  
SEE P 23 AND 24, SPECIAL CONDITIONS.

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

NAME QUAKERTOWN LIGHT COMPANY  
ADDRESS BEAVER VALLEY ATOMIC POWER ST.  
22-1 NEW BEAVER AVENUE  
PITTSBURGH PA 15213  
FACILITY BEAVER VALLEY ATOMIC POWER ST.  
LOCATION BEAVER VALLEY ATOMIC POWER ST.

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

(2-16)  
PAC025615  
PERMIT NUMBER

(17-19)  
103 A  
DISCHARGE NUMBER

1 - INITIAL LIMITS  
103 A SOFTENER REGENERATES

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

MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)  
84 03 01 TO 84 03 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)				(5 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						
SOLIDS, TOTAL SUSPENDED 00530 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	7				0	TWICE/ MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	30	100	MG/L				TWICE/ MONTH	GRAB	
OIL AND GREASE FREDN EXTRA-GRAV MET 00356 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	3				0	ONCE/ MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	15	20	MG/L				TWICE/ MONTH	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00030 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.020	0.020		*****	*****	*****	*****				TWICE/ MONTH	ESTI	
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****				TWICE/ MONTH	ESTI	
	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 SIG-  
NIFICANT 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

84 04 26  
YEAR MO DAY

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

SAMPLES TAKEN AT LOC. 5, SOFTENER REGENERATORS PRIOR TO COMBINATION WITH OTHER EFFLUENT.  
SEE P 23 AND 24, SPECIAL CONDITIONS.

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

NAME QUAKERTOWN LIGHT COMPANY  
ADDRESS BEAVER VALLEY ATOMIC POWER ST.  
2491 NEW BEAVER AVENUE  
PITTSBURGH PA 15203

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

P40025813

002 &

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR MO DAY  
84 03 01  
(20-21) (22-23) (24-25)

TO

YEAR MO DAY  
84 03 31  
(26-27) (28-29) (30-31)

F - FINAL LIMITS

002 & SCREEN BACKWASH, ETC

No Discharge 002

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

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			
PM	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****			
00430 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	50		ONCE A MONTH
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT				*****	*****	*****	*****		
50030 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		ONCE A 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 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

393-4343

84

04

26

AREA  
CODE

NUMBER

YEAR

MO

DAY

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



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

NAME DUPLOINE LIGHT COMPANY  
ADDRESS 201 VALLEY ATOMIC POWER ST.  
201 NEW BRAYER AVENUE  
PITTSBURGH PA 15203  
FACILITY \_\_\_\_\_  
LOCATION \_\_\_\_\_

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

(2-16) PA0025615  
PERMIT NUMBER  
(17-19) 201 A  
DISCHARGE NUMBER

Form Approved  
OMB No. 2040-0004  
Expires 2 28 84  
I - INITIAL LIMITS  
201 A LOW VOLUME WASTE STREAM  
No Discharge 201

MONITORING PERIOD  
FROM YEAR 84 MO 01 DAY 01 TO YEAR 84 MO 03 DAY 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(4 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (58-65)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****				
	PERMIT REQUIREMENT	*****	*****	*****	5.0 MINIMUM	*****	7.0 MAXIMUM		ONCE A MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		ONCE A MONTH	
	PERMIT REQUIREMENT	*****	*****	*****	*****	10 DAILY AV	100 DAILY MAX	MG/L	ONCE A MONTH	
OIL AND GREASE FRESH EXTRA-GRAV MFT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		ONCE A MONTH	
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY AV	20 DAILY MAX	MG/L	ONCE A MONTH	
PLOC, IN CONDUIT OR T-40 TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		ONCE A MONTH	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		ONCE A 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  
Leon J. Steel

TELEPHONE  
412 393-4343

DATE  
84 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.

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

NAME BUCKINGHAM LIGHT COMPANY  
ADDRESS BEAVER VALLEY ATOMIC POWER ST.  
2241 BEAVER AVENUE  
PITTSBURGH PA 15213  
FACILITY \_\_\_\_\_  
LOCATION \_\_\_\_\_

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

(2-16) PA0025815  
PERMIT NUMBER  
(17-19) 003 A  
DISCHARGE NUMBER

P - FINAL LIMITS  
003 A - SANITARY WASTE

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

MONITORING PERIOD  
FROM YEAR 84 MO 03 DAY 01 TO YEAR 84 MO 03 DAY 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				(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	*****	*****	*****	7.25	*****	*****	*****	*****	*****	*****	*****	ONCE/ MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	ONCE/ MONTH	GRAB	
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.03	0.05	MGD	*****	*****	*****	*****	*****	*****	*****	*****	ONCE/ MONTH	CALC	
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****	*****	*****	*****	*****	ONCE/ MONTH	CALC	
EFFLUENT CROSS VALU	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
EFFLUENT CROSS VALU	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
EFFLUENT CROSS VALU	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
EFFLUENT CROSS VALU	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
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	PERMIT REQUIREMENT														
EFFLUENT CROSS VALU	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
EFFLUENT CROSS VALU	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 16 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 <u>Leon R. Feitknecht</u>										412 393-4343		84 04 26	
TYPED OR PRINTED												AREA CODE		NUMBER	

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

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

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

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

(2-16)	(17-19)
<u>04023815</u>	<u>301 A</u>
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL LIMITS  
301 A CLARIFIER BLOWDOWN

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM <u>84</u>	<u>03</u>	<u>01</u>	TO <u>84</u>	<u>03</u>	<u>31</u>
(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)			(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				6.91		7.08					TWICE	GRAB
	PERMIT REQUIREMENT				MINIMUM		MAXIMUM						
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.76	1.17			22	31					TWICE	COMP
	PERMIT REQUIREMENT												
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.005	0.010									30/	MEAS
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

G. Veitknecht, 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  
AREA CODE NUMBER YEAR MO DAY

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

SAMPLES TAKEN AT LOCATION OF TREATED CLARIFIER BLOWDOWN & FILTER WASH, PRIOR TO EFFLUENT.  
SEE P 23 AND 24, SPECIAL CONDITIONS.



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

NAME BOULDER LIGHT COMPANY  
 ADDRESS RAYMOND VALLEY ATOMIC POWER ST.  
2641 NEW BEAVER AVENUE  
BRITISH COLUMBIA V2A 1S2Z3  
 FACILITY \_\_\_\_\_  
 LOCATION \_\_\_\_\_

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

(2-16)  
 BAC023615  
 PERMIT NUMBER

(17-19)  
 302 A  
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
74	03	01	74	03	01
(120-21)	(122-23)	(124-25)	(126-27)	(128-29)	(130-31)

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) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
302, 3-DAY (26 DEC. 74) 00310 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	*****	28	50	MG/L	1	FOUR/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	3004 AV	704 AV	MG/L		THICE/ MONTH	GRAB
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.30	6.80			0	31/ MONTH	GRAB
00400 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	MAXIMUM				THICE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	*****	34	41	MG/L	0	31/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	3004 AV	704 AV	MG/L		THICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 06030 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.005	0.013	MGD	*****	*****	*****	*****		ONCE/ MONTH	CALC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		THICE/ MONTH	GRAB
COLIFORM, FECAL GENERAL 74035 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	*****	14	40	*/	0	THREE/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	3004 GED	704 GED	100ML		THICE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	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 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  
Loon L. L. L.  
 OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 412 393-6343  
 DATE  
 84 04 26

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 SAMPLES TAKEN AT EOC OF SEWAGE TREATMENT SYSTEM PRIOR TO COMBINATION WITH OTHER EFFLUENT.  
 SEE P 23 AND 24, SPECIAL CONDITIONS.

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

NAME QUAKERS LIGHT COMPANY  
 ADDRESS HAVER VALLEY ATOMIC POWER ST.  
1941 HAN HAVER AVENUE  
PITTSBURGH PA 15223  
 FACILITY \_\_\_\_\_  
 LOCATION \_\_\_\_\_

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

(2-16) PA0028615  
 PERMIT NUMBER  
 (17-19) 307 &  
 DISCHARGE NUMBER

Form Approved OMB No. 2040-0004  
 Expires 2-29-84  
 I - INITIAL LIMITS  
 303 & NONRAD SYSTEM LEAKAGE

MONITORING PERIOD  
 FROM YEAR 84 MO 03 DAY 01 TO YEAR 84 MO 03 DAY 31  
 (10-21) (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	*****	*****	*****	6.39	*****	6.39	0	ONCE/	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	0	ONCE/	GRAB
SEE COMMENTS BELOW										
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	21	21	0	ONCE/	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	3000 ug/L	100	0	ONCE/	GRAB
SEE COMMENTS BELOW										
OIL AND GASES PREGA EXTRA-GRAV MEST	SAMPLE MEASUREMENT	*****	*****	*****	*****	81	111	2	TWICE/	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	15	20	0	ONCE/	GRAB
SEE COMMENTS BELOW										
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.015	0.034	MGD	*****	*****	*****	*****	ONCE/	ESTIM.
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	ONCE/	ESTIM.
SEE COMMENTS BELOW										
	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 \$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 84 04 26

AREA CODE NUMBER YEAR MO DAY

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

SAMPLES TAKEN AT NONRAD SYSTEM & FLOOR DRAIN SYSTEM PRIOR TO COMBINATION WITH EFFLUENT.  
 SEE P. 23 AND 24, SPECIAL CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name if different)

NAME QUINCY LIGHT COMPANY  
ADDRESS BEAVER VALLEY ATOMIC POWER ST.  
2841 NEW BEAVER AVENUE  
PITTSBURGH PA 15201

FACILITY

LOCATION

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

(2-16) P40025619  
PERMIT NUMBER

(17-19) 004 A  
DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
84	03	01	84	03	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

FROM TO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			(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	UNITS					
PH	SAMPLE MEASUREMENT	8.82	8.82	8.82	8.82	8.82	8.82	8.82	8.82	8.82	8.82	ONCE/	GRAB
	PERMIT REQUIREMENT											MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	<0.001	<0.001	MGD								ONCE/	ESTIM.
	PERMIT REQUIREMENT											MONTH	ESTIM.
	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.)	TELEPHONE	DATE			
C. Feitknecht, Gen. Supt. Fossil Power Generation			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

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

FLOW MONITORING - ONCE PER MONTH - SPECIAL DISCHARGING.  
SEE P 22 AND 24, SPECIAL CONDITIONS.

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

INITIAL LIMITS  
COOLING TOWER  
No Discharge 401

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) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UN			
00400 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
SOLIDS, TOTAL SUSPENDED 00530 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
CTL AND CRUISE FRESH EXTRA-GRAV WET 00550 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
FLOW, IN CONDUIT OF THRU TREATMENT PLANT 00650 0 0 SEE COMMENTS BELOW	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			412   393-4343	84 04 26
TYPED OR PRINTED			AREA CODE	NUMBER

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. 2040-0004  
Expires 2-29-84

NAME WILLIAM LEON COMPANY  
ADDRESS 1000 VALLEY HOLLOW ROAD ST.  
1001 LEON STREET AVENUE  
PITTSBURGH PA 15212  
FACILITY LEON POWER PLANT, GEN. SUPT.  
LOCATION PITTSBURGH, PA.

PERMIT NUMBER  
PA0025815

DISCHARGE NUMBER  
0112

MONITORING PERIOD  
FROM 84-03-01 TO 84-03-31  
(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 (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, 5-DAY EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.3	1.3			8	8	0	ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	10.5	21.5	LBS/DY		3004 AVE	62		ONCE/ MONTH	GRAB
PH	SAMPLE MEASUREMENT				6.10		6.10	0	ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT				MINIMUM		MAXIMUM		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4	4			21	21	0	ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	10.5	21.5	LBS/DY		3004 AVE	62		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.021	0.021					0	1E/ MONTH	MEAS.
	PERMIT REQUIREMENT	0.043		MGD					ONCE/ MONTH	MEAS.
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					709	709	0	ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT					3004 AVE	704		ONCE/ MONTH	GRAB
	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 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

412 393-4343 84 04 26  
AREA CODE NUMBER YEAR MO DAY

TYPED OR PRINTED

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

THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TREATMENT AREAS.



# GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions dealing at least with 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 by monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" as units specified in permit. "AVERAGE" is normally arithmetic average for each parameter; average for fractional 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 comply with secondary treatment requirement, this 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

April 25, 1984

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

NPDES Monthly Reports

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*  
C. Feitknecht  
General Superintendent  
Fossil Power Generation

RAT/cz

Enclosure

IE25  
1/1



One Oxford Centre  
301 Grant Street  
Pittsburgh, PA 15279

(412) 393-6000

April 25, 1984

Department of Environmental Resources  
Bureau of Water Quality Management  
600 Highland Building  
121 S. Highland Avenue  
Pittsburgh, PA 15206-3988

NPDES Monthly Reports

Gentlemen:

The subject reports for Duquesne Light Company for March, 1984, 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,

C. Feitknecht  
General Superintendent  
Fossil Power Generation

RAT/cz

Attachments



One Oxford Centre  
301 Grant Street  
Pittsburgh, PA 15279

(412) 393-6000

April 25, 1984

U. S. Environmental Protection Agency  
Region III, Pennsylvania Section (3WM52)  
Water Permits Branch  
Water Management Division  
Sixth and Walnut Streets  
Philadelphia, Pennsylvania 19106

NPDES Monthly Reports

Gentlemen:

This letter forwards copies of our NPDES Monthly Reports as submitted to the Pennsylvania Department of Environmental Resources, Bureau of Water Quality Management.

Very truly yours,

C. Feitknecht  
General Superintendent  
Fossil Power Generation

RAT/cz