

(MITTEE NAME/ADDRESS (Include City 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 Duquesne Light Company
ADDRESS Beaver Valley Atomic Power Station
One Oxford Center
301 Grant Street
CITY Pittsburgh, PA 15279
STATE PA

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
213
DISCHARGE NUMBER

Expir. Date 11/26/85

Unit #2 Cooling Tower Pumphouse.

No Discharge 213

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (18-45) 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			
FLOW		SAMPLE MEASUREMENT			*****	*****	*****				
		PERMIT REQUIREMENT	*****	*****	*****	*****	*****			2/ MONTH	MEAS.
SOLIDS, TOTAL SUSPENDED		SAMPLE MEASUREMENT	*****	*****	*****						
		PERMIT REQUIREMENT	*****	*****	*****	30 MONTHLY	100 DAILY			2/ MONTH	GRAB
OIL AND GREASE		SAMPLE MEASUREMENT	*****	*****	*****						
		PERMIT REQUIREMENT	*****	*****	*****	15 MONTHLY	20 DAILY			2/ MONTH	GRAB
pH		SAMPLE MEASUREMENT	*****	*****		*****					
		PERMIT REQUIREMENT	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			2/ MONTH	GRAB
		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 INFORMATION SUBMITTED IS TRUE, ACCURATE AND CORRECT. I AM AWARE THAT UNDER THE ENVIRONMENTAL PROTECTION ACT, WILLFUL FALSIFICATION OF INFORMATION IS A CRIMINAL OFFENSE AND THAT VIOLATION OF THIS ACT MAY RESULT IN A FINE OF UP TO \$10,000 AND IMPRISONMENT FOR UP TO 5 YEARS. (Penalties under these statutes may include fines up to \$10,000 and/or imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE			
D. H. DeVos, Gen. Mgr. Fossil Generation Unit						
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	412 393-6600	85	11	26	
MENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA CODE	NUMBER	YEAR	MO	DAY

8512090411 851031
PDR AD0CK 05000334
R PDR

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

NAME Duquesne Light Company
ADDRESS Beaver Valley Atomic Power Station
One Oxford Center
301 Grant Street
FACILITY Pittsburgh, PA 15279
LOCATION

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

Expir. Date 11/26/89

Form Approved
OMB No. 2040-000
Expires 2-29-84

(2-16)

(17-19)

PA0025615

101

PERMIT NUMBER

DISCHARGE NUMBER

Chemical Waste Sump

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
85	10	01	85	10	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 (45-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-79)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.016	0.047	MGD	*****	*****	*****			2/ MONTH	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			2/ MONTH	EST.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.8	7.7	MG/L	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			2/ MONTH	2 HR. COMP.
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	<1	<1	MG/L	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY			2/ MONTH	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		6.23	*****	7.75	SU	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			2/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

D. H. DeVos, Gen. Mgr.
Fossil Generation Unit

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 RESPONSIBLY RESPONSIBLE FOR
OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION
IS TRUE, ACCURATE AND CORRECT. I AM AWARE THAT THERE ARE
PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING
THE PENALTIES 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 J. Steel
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412
AREA
CODE

393-6600
NUMBER

85 11 26
YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include
and Name of location if different)

NAME Duquesne Light Company
ADDRESS Beaver Valley Atomic Power Station
One Oxford Center
301 Grant Street
CITY Pittsburgh, PA 15279
LOCATION

Attention: D. H. DeVos

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Expir. Date 11/26/89
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-000-
Expires 2-29-84

(2-16)

(17-19)

PA0025615

201

PERMIT NUMBER

DISCHARGE NUMBER

Softener Regenerates

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	10	01		85	10	31
	(30-31)	(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			
FLOW	SAMPLE MEASUREMENT	0.020	0.020	MGD	*****	*****	*****			2/ MONTH	EST
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			2/ MONTH	EST.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	1.9	3.5	MG/L	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			2/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	3	5	MG/L	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY			2/ 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

D. H. DeVos, Gen. Mgr.
Fossil Generation Unit

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THOSE INDUSTRY, I AM RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE INFORMATION SUBMITTED IS TRUE AND ACCURATE AND CORRECTLY REPRESENTS THE ACTUAL DISCHARGE. I AM AWARE THAT THERE ARE SEVERAL PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING CIVIL PENALTIES OR FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 18 USC § 1011. 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

393-6600

85

11

26

AREA
CODE

NUMBER

YEAR

MO

DAY

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

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

NAME Duquesne Light Company
ADDRESS Beaver Valley Atomic Power Station
One Oxford Center
301 Grant Street
CITY Pittsburgh, PA 15279
LOCATION

Attention: D. H. DeVos

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

Expir. Date 11/26/89

Form Approved
OMB No. 2040-0007
Expires 2-29-94

(2-76)

PA0025615

PERMIT NUMBER

(17-19)

301

DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	10	01		85	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Aux. Blr. Blowdown - Unit #2

No Discharge 301

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(A Card Only) QUANTITY OR LOADING (45-53)			(A Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-69)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		2/ MONTH	EST.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY		2/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY		2/ MONTH	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

D. H. DeVos, Gen. Mgr.
Fossil Generation Unit

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 WHOSE NAMES ARE LISTED AS
OBTAINING THE INFORMATION, I BELIEVE THE INFORMATION IS TRUE. I AM
AWARE THAT THE PENALTY FOR PROVIDING FALSE INFORMATION IS
IMPRISONMENT FOR ONE YEAR AND A FINE OF \$10,000 AND
UP TO \$10,000. (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 | 393-6600 | 85 | 11 | 26
AREA CODE | NUMBER | YEAR | MO | DAY

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

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

NAME Duquesne Light Company
 ADDRESS Beaver Valley Atomic Power Station
One Oxford Center
301 Grant Street
 FACILITY Pittsburgh, PA 15279
 LOCATION Attention: D. H. DeVos

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

Expir. Date 11/26/89

Form Approved
 OMB No. 2040-000-
 Expires 2-29-84

(2-16)

(17-19)

PA0025615

401

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
 85 10 01 85 10 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Chem. Feed Area of Aux. Blrs. - Unit

No Discharge 401

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			
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		2/ MONTH	EST.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY		2/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY		2/ MONTH	GRAB
pH	SAMPLE MEASUREMENT	*****	*****			*****	*****			
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	*****		2/ MONTH	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

D. H. DeVos, Gen. Mgr.
 Fossil Generation Unit

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 PERSONS I BELIEVE RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE INFORMATION SUBMITTED IS TRUE. I HEREBY CERTIFY I AM AWARE THAT THERE ARE SEVERAL PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 18 USC § 1339. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

Leon L. Steel

412 393-6600 85 11 26

AREA CODE NUMBER YEAR MO DAY

TYPED OR PRINTED

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

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

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

Expir. Date 11/26/89 Form Approved
OMB No. 2040-0004
Expires 2-29-84

NAME Duquesne Light Company
ADDRESS Beaver Valley Atomic Power Station
One Oxford Center
3301 Grant Street
CITY Pittsburgh, PA 15279
LOCATION Attention: D. H. DeVos

(2-16)		(17-19)	
PA0025615		001	
PERMIT NUMBER		DISCHARGE NUMBER	

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
85	10	01	85	10	31
(20-21)		(22-23)	(24-25)	(26-27)	
		(28-29)	(30-31)		

Cooling Tower Blowdown Units #1 & #2

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 (69-79)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	MAXIMUM	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	17.3	40.2	MGD	*****	*****	*****			31/ MONTH	REC
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			CONT.	RECORD
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****	0.03	0.36		0	29/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY	0.5 INST.			CONT.	RECORD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

D. H. DeVos, Gen. Mgr.
Fossil Generation Unit

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 PERSONS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND CORRECT. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 18 USC § 1011. (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 | 393-6600 | 85 | 11 | 26
AREA CODE | NUMBER | YEAR | MO | DAY

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

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

NAME Duquesne Light Company
 ADDRESS Beaver Valley Atomic Power Station
One Oxford Center
30 301 Grant Street
 FACILITY Pittsburgh, PA 15279
 LOCATION Attention: D. H. DeVos

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

Expir. Date 11/26/89

Form Approved
 OMB No. 2040-006
 Expires 2-29-84

(2-16)		(17-19)	
PA0025615		102	
PERMIT NUMBER		DISCHARGE NUMBER	

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
85	10	01	85	10	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

Intake Screenhouse Pump Bearing
 Cooling Water

No Discharge 102

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			2/ MONTH	EST.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****						
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY	MG/L		2/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****						
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY	MG/L		2/ MONTH	GRAB
pH	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM	SU		2/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 D. H. DeVos, Gen. Mgr.
 Fossil Generation Unit

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 HAVE IN SUBMITTED INFORMATION IS TRUE, ACCURATE AND CORRECT. I AM AWARE THAT FALSIFYING OR MISREPRESENTING THE INFORMATION FOR MONITORING FALSE INFORMATION INCLUDING THE FALSIFYING OR THE AND IMPRISONMENT SEE 18 USC § 1001 AND 18 USC § 1011. (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	393-6600	85	11	26
AREA CODE	NUMBER	YEAR	MO	DAY

TYPED OR PRINTED

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

*Only one sample taken during the month, clarifier blowdown sump was pumped out by an approved hauler, there was no effluent flow at the end of the month.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Expir. Date 11/26/89

Form Approved
OMB No. 2040-000
Expires 2-29-84

NAME Duquesne Light Company
ADDRESS Beaver Valley Atomic Power Station
One Oxford Center
301 Grant Street
FACILITY Pittsburgh, PA 15279
LOCATION

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
203
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	10	01		85	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Unit #1 STP

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			
FLOW	SAMPLE MEASUREMENT	0.006	0.011	MGD	*****	*****	*****			31/ MONTH	MEAS.
	PERMIT REQUIREMENT	0.023 MONTHLY	*****		*****	*****	*****			2/ MONTH	MEAS.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	28	52	MG/L	0	31/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.			2/ MONTH	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		6.02	*****	7.47	S.U.	0	30/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			2/ MONTH	GRAB
FECAL COLIFORM MAY - OCTOBER	SAMPLE MEASUREMENT	*****	*****		*****	<1	<1	#/ 100 ML	0	4/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	200 MONTHLY-GEO.	400 PART C			2/ MONTH	GRAB
FECAL COLIFORM NOVEMBER - APRIL	SAMPLE MEASUREMENT	*****	*****		*****			#/ 100 ML			
	PERMIT REQUIREMENT	*****	*****		*****	1000 MONTHLY-GEO.	2000 PART C			2/ MONTH	GRAB
BOD - 5 DAY	SAMPLE MEASUREMENT	*****	*****		*****	<1	<1	MG/L	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.			2/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

D. H. DeVos, Gen. Mgr.
Fossil Generation Unit

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 INFORMATION SUBMITTED IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT I HAVE AND WILL BE RESPONSIBLE FOR THE SUBMITTING FALSE INFORMATION TO THE AGENCIES AND FOR THE PENALTIES OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 18 U.S.C. § 1011. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-6600

DATE

85 11 21

AREA
CODE

NUMBER

YEAR MO DAY

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



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

Telephone (412) 393-6000

November 14, 1985
ND1RCC:0961

EPA Permit No. 0025615 Reportable Occurrence

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

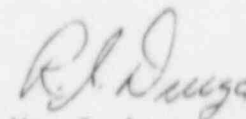
Dear Sir:

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

Discharge 303, Unit #1 Oil Separator was out of specification with respect to pH (9.62) on a sample taken October 25, 1985.

The out-of-specification parameter was caused by the discharge of air ejector drains to the turbine basement sumps and subsequently to the oil separator. A Station Design Change (DCP 129), when completed, will route this water through an auxiliary cleanup system, alleviating the potential to discharge high pH water to the receiving stream.

If you have any questions concerning this report, please do not hesitate to contact me.


Wm. S. Lacey
Plant Manager

AMD/vat

cc: J. J. Carey	G. F. Hickel
T. D. Jones	R. J. Druga
D. Devos	L. R. Freeland
J. W. McIntire	A. C. Mazukna
J. F. Zagorski	A. M. Dulick (3)
S. L. Pernick	V. J. Linnenbom
C. N. Dunn	J. C. Summers
	Central File (2)

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

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

Expir. Date 11/26/89

Form Approved
OMB No. 2040-000
Expires 2-29-84

NAME Duquesne Light Company
ADDRESS Beaver Valley Atomic Power Station
One Oxford Center
301 Grant Street
CITY Pittsburgh, PA 15279
LOCATION _____

(7-16)
PA0025615
PERMIT NUMBER

(17-19)
303
DISCHARGE NUMBER

Unit #1 Oil Separator

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO DAY
	85	10	01		85	10 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 (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.019	0.056	MGD	*****	*****	*****		2/ MONTH	EST.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		2/ MONTH	EST.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.4 30 MONTHLY	9.1 100 DAILY	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		2/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	11 MONTHLY	19 DAILY	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY		2/ MONTH	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		8.71 6.0 MINIMUM	*****	9.62 9.0 MAXIMUM	1	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		2/ MONTH	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

D. H. DeVos, Gen. Mgr.
Fossil Generation Unit

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED
AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND I BASED
ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE
OBTAINING THE INFORMATION I BELIEVE THE INFORMATION IS TRUE AND
IS TRUE ACCURATE FOR ALL INFORMATION I AM PROVIDING TO YOU AND NO
SIGNIFICANT PENALTY FOR FURNISHING FALSE INFORMATION INCLUDING
THE CONFINEMENT OR FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND
18 U.S.C. § 1003. (Violations 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

393-6600

85

11

26

AREA
CODE

NUMBER

YEAR

MO

DAY

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

PRINTED NAME/ADDRESS (Include
 facility Name/License # if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
 OMB No. 20-10-000
 Expires 2-29-84

DISCHARGE MONITORING REPORT (DMR)

Expir. Date 11/26/89

NAME Duquesne Light Company
 ADDRESS Beaver Valley Atomic Power Station
One Oxford Center
301 Grant Street
 CITY Pittsburgh, PA 15279
 LOCATION Attention: D. H. DeVos

(12-16)
 PA0025615
 PERMIT NUMBER

(17-19)
 003
 DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	10	01		85	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Combined 103, 203, 303

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (48-53)			(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			
FLOW	SAMPLE MEASUREMENT	0.027	0.070	MGD	*****	*****	*****			2/ MONTH	CALC.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			TWICE/ MONTH	CALC.
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

D. H. DeVos, Gen. Mgr.
 Fossil Generation Unit

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED
 AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED
 ON MY KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR
 OBTAINING THE INFORMATION I HAVE NOT DISCOVERED ANYTHING THAT
 IN THIS DISCHARGE MONITORING REPORT I AM KNOWINGLY FALSIFYING OR
 OTHERWISE KNOWINGLY FALSIFYING OR OTHERWISE KNOWINGLY FALSIFYING
 THE INFORMATION OR THAT AND IMPRISONMENT SEE 18 USC § 1001 AND
 CIVIL PENALTY. Offenders under these statutes may include fines up to \$10,000
 and/or a maximum imprisonment of between 6 months and 5 years.

Leon J. Steel

SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-6600

AREA
 CODE

DATE

95 11 21

YEAR MO DAY

TYPED OR PRINTED

REMARKS AND EXPLANATION OF ANY VIOLATIONS (reference all attachments here)

Form Approved
OMB No. 2040-0007
Expires 2-29-84

MONITORING				PERIOD			
YEAR	MO	DAY		YEAR	MO	DAY	
85	10	01	TO	85	10	31	

Unit #1 Cooling Tower Overflow
No Discharge 004
OTE: Read instructions before completing this form

MENT AND EXPLANATION OF ANY VIOLATIONS. (Reference all attachments here.)

*Required only when there is a discharge at 004.

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

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

Expir. Date 11/26/89

Form Approved
OMB No. 20-10-Q004
Expires 2-29-84

NAME Duquesne Light Company
ADDRESS Beaver Valley Atomic Power Station
One Oxford Center
301 Grant Street
CITY Pittsburgh, PA 15279
LOCATION

PA0025615
PERMIT NUMBER

007
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	10	01		85	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Aux. Intake System Testing Water

No Discharge 007

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (45-53)			(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			
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		1/ WEEK	EST.
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY MAX.	0.5 INST. MAX.		1/ WEEK	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

D. H. DeVos, Gen. Mgr.
Fossil Generation Unit

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. PENALTIES FOR FALSIFYING OR FOR AND IMPRISONMENT SEE TO USC § 1001 AND 18 USC § 1003. Penalties under these statutes may include fines up to \$10,000 and/or imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-6600 85 11 26
AREA CODE NUMBER YEAR MO DAY

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

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

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

Expir. Date 11/26/89

Form Approved
OMB No. 2040-00
Expires 2-29-84

NAME Duquesne Light Company
ADDRESS Beaver Valley Atomic Power Station
One Oxford Center
301 Grant Street
CITY Pittsburgh, PA 15279
LOCATION Attention: D. H. DeVos

(2-16)		(17-19)	
PA0025615		008	
PERMIT NUMBER		DISCHARGE NUMBER	

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	10	01		85	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Unit #1 Cooling Tower Pumphouse

No Discharge 008

NOTE: Read instructions before completing this form.

PARAMETER (3-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (45-53)			NO. EX	FREQUENCY OF ANALYSIS (62-63)	SAMPLE TYPE (60-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		2/ MONTH	EST.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY		2/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****							
	PERMIT REQUIREMENT	*****	*****		15 AVG. MTHLY.	20 DAILY MAX.	30 INST. MAX.		2/ MONTH	GRAB
pH	SAMPLE MEASUREMENT	*****	*****			*****				
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		2/ MONTH	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

D. H. DeVos, Gen. Mgr.
Fossil Generation Unit

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 CORRECT. I AM AWARE THAT UNDER THE SIGNATURE PENALTY FOR SUBMITTING FALSE INFORMATION INCLUDING THE PENALTY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 18 USC § 1011. 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

412 393-6600

85 11 2

AREA
CODE

NUMBER

YEAR MO DAY

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

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

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

Expir. Date 11/26/85

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

NAME Duquesne Light Company
ADDRESS Beaver Valley Atomic Power Station
One Oxford Center
301 Grant Street
CITY Pittsburgh, PA 15279
LOCATION _____

PA0025615
PERMIT NUMBER

010
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	10	01		85	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Unit #2 Heat Exchanger Cooling H₂O

No Discharge 010

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		1/ WEEK	EST.
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY MAX.	0.5 INST. MAX.		1/ WEEK	* GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

*Sample must be taken during chlorination.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

D. H. DeVos, Gen. Mgr.
Fossil Generation Unit

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 CORRECT. I AM AWARE THAT FURNISHING FALSE INFORMATION IS A VIOLATION OF THE STATUTES AND REGULATIONS GOVERNING THE DISCHARGE OF POLLUTANTS AND MAY BE PUNISHED BY FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 18 USC § 1011. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of both on 5 months and 5 years.)

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

TELEPHONE

412 393-6600

DATE

85 11 26

TYPED OR PRINTED

AREA
CODE

NUMBER

YEAR

MO

DAY

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

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

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

Expir. Date 11/26/85

Form Approved
OMB No. 2010-000
Expires 2-29-84

NAME Duquesne Light Company
ADDRESS Beaver Valley Atomic Power Station
One Oxford Center
301 Grant Street
FACILITY Pittsburgh, PA 15279
LOCATION Attention: D. H. DeVos

PA0025615
PERMIT NUMBER

011
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	10	01		85	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Unit #2 - Three Oil Separators

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 (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.001	0.010	MGD	*****	*****	*****		2/ MONTH	EST.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		2/ MONTH	EST.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	3.7	10.4	0	6/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY		2/ MONTH	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		6.23	*****	8.34	0	6/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		2/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		2	6	6	0	6/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		15 AVG. MTHLY.	20 DAILY MAX.	30 INST. MAX.		2/ MONTH	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

D. H. DeVos, Gen. Mgr.
Fossil Generation Unit

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 PERSONS WHOSE RESPONSIBILITY IT IS TO OBTAIN THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 18 USC § 1332. (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. Steel

TELEPHONE

DATE

412 393-6600 85 11 26

AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include
City, Name/Location if different)

NAME Duquesne Light Company
ADDRESS Beaver Valley Atomic Power Station
One Oxford Center
301 Grant Street
CITY Pittsburgh, PA 15279
LOCATION _____

NATL. POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Expir. Date 11/26/85

Form Approved
OMB No. 2010-0004
Expires 2-29-84

PA0025615
PERMIT NUMBER

113
DISCHARGE NUMBER

Unit #2 STP

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	10	01		85	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (12-17)		(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			
FLOW	SAMPLE MEASUREMENT	0.001	0.001	MGD	*****	*****	*****			2/ MONTH	MEAS.
	PERMIT REQUIREMENT	0.043 MONTHLY	*****		*****	*****	*****			2/ MONTH	MEAS.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	17	26	MG/L	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	40 INST. MAX.			2/ MONTH	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		7.22	*****	7.51	S.U.	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			2/ MONTH	GRAB
FECAL COLIFORM MAY - SEPTEMBER	SAMPLE MEASUREMENT	*****	*****		*****	200	1000	#/100 ML		2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	MTHLY. GEO	PART C			2/ MONTH	GRAB
FECAL COLIFORM OCTOBER - APRIL	SAMPLE MEASUREMENT	*****	*****		*****	65	*****	#/100 ML	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	2000 PART C	*****			2/ MONTH	GRAB
BOD - 5 DAY	SAMPLE MEASUREMENT	*****	*****		*****	15	31		0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.			2/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

APPROVE: PRINCIPAL EXECUTIVE OFFICER

D. H. DeVos, Gen. Mgr.
Fossil Generation Unit

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 PERSONALLY RESPONSIBLE FOR
OBTAINING THE INFORMATION I BELIEVE THE CONTAINED INFORMATION IS
TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE
PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING
THE PROBABILITY OF FINE AND IMPRISONMENT SEE TO 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 S. Steed

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412
AREA
CODE

393-6600
NUMBER

85 11 26
YEAR MO DAY

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

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

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

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

NAME Duquesne Light Company
ADDRESS Beaver Valley Atomic Power Station
One Oxford Center
301 Grant Street
CITY Pittsburgh, PA 15279
LOCATION Attention: D. H. DeVos

(2-16)
PA0025615
PERMIT NUMBER


(17-19)
012
DISCHARGE NUMBER

Expir. Date 11/26/85

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	10	01		85	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

ERF - HVAC Cooling Tower Blowdown

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 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 (69-79)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	*****	*****	*****			1/ MONTH	EST.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			1/ MONTH	EST.
pH	SAMPLE MEASUREMENT	*****	*****		7.95	*****	7.95		0	1/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

D. H. DeVos, Gen. Mgr.
Fossil Generation Unit

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 FORWARDED INFORMATION IS TRUE ACCURATE AND CORRECT. I AM AWARE THAT THIS AND ANY OTHER FALSE OR MISLEADING INFORMATION SUBMITTED HEREIN IS A VIOLATION OF THE FEDERAL WATER POLLUTION CONTROL ACT AND IS SUBJECT TO FINE AND IMPRISONMENT SEE 18 USC 1001 AND 18 USC 1503. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Leon L. Stahl

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 3893-6600

AREA
CODE

DATE

85 11 26

YEAR MO DAY

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



One Oxford Centre
301 Grant Street
Pittsburgh, PA 15279

(412) 393-6000

DUQUESNE LIGHT COMPANY
Fossil Generation Unit, 19-3
One Oxford Centre
301 Grant Street
Pittsburgh, PA 15279
November 27, 1985

Director of Nuclear Reactor Regulations
Attention: Mr. Steven Varga, Chief
Operating Reactor Branch, No. 1
U. S. Nuclear Regulatory Commission
Washington, DC 20555

NPDES Monthly Report

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

Dear Mr. Varga:

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

Very truly yours,

D. H. DeVos
General Manager
Fossil Generation Unit

Enclosure

IE25
1/1



One Oxford Centre
301 Grant Street
Pittsburgh, PA 15279

(412) 393-6000

DUQUESNE LIGHT COMPANY
Fossil Generation Unit, 19-3
One Oxford Centre
301 Grant Street
Pittsburgh, PA 15279
November 27, 1985

Mr. Joseph A. Galda (3WM50)
U. S. Environmental Protection Agency
Region III
Sixth and Walnut Streets
Philadelphia, PA 19106

NPDES Monthly Report

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,

D. H. DeVos
General Manager
Fossil Generation Unit

Enclosure



One Oxford Centre
301 Grant Street
Pittsburgh, PA 15279

(412) 393-6000

DUQUESNE LIGHT COMPANY
Fossil Generation Unit, 19-3
One Oxford Centre
301 Grant Street
Pittsburgh, PA 15279
November 27, 1985

Department of Environmental Resources
Bureau of Water Quality Management
600 Highland Building
121 South Highland Avenue
Pittsburgh, PA 15206

NPDES Monthly Report

Gentlemen:

The subject reports for Duquesne Light Company for October 1985 are submitted for your consideration. A list of the permit numbers follows:

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

Please be advised that required techniques, even if performed properly, do not measure actual conditions with 100 percent accuracy 100 percent of the time, and therefore some reported values in the attached DMR's may not represent actual conditions with absolute accuracy.

Very truly yours,

D. H. DeVos
General Manager
Fossil Generation Unit

Enclosure