

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. 2040-0001 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

101  
 DISCHARGE NUMBER

Chemical Waste Sump

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
85	08	01	85	08	31	
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)	

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-43)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.016	0.047	MGD	*****	*****	*****			2/mo	Est.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			2/ MONTH	EST.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	20	51	MG/L	0	4/mo	Grab
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			2/ MONTH	2 HR. COMP.
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	8	9	MG/L	0	2/mo	Grab
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY			2/ MONTH	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		6.63	*****	8.00	SU	0	2/mo	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			2/ MONTH	GRAB
	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 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.)

*D. Dillman*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

412 393-6600 09 27 85  
 AREA NUMBER YEAR MO DAY

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

8510010476 850831  
 PDR ADOCK 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

(2-16)  
 PA0025615  
 PERMIT NUMBER

(17-19)  
 201  
 DISCHARGE NUMBER

Softener Regenerates

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	08	01		85	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (42-47)	X	(1 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			
FLOW	SAMPLE MEASUREMENT	0.020	0.020	MGD	*****	*****	*****			2/mo	Calc
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	3.3	6.6	MG/L	0	2/mo	Grab
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	8	14	MG/L	0	2/mo	Grab
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY				
	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 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)

*D. Dillman*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-6600  
 DATE 09 27 85  
 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 11/26/89 Form Approved OMB No. 2040-0001 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 \_\_\_\_\_

PA0025615  
 PERMIT NUMBER

301  
 DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	08	01		85	08	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)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (48-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (48-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
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
	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 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.)

*D. Dillman*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 | 393-6600  
 DATE 09 | 27 | 85  
 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 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. 2010-0001 Expires 2-29-81

(2-16) PA0025615 (17-19) 401  
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	08	01		85	08	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)	X	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-51) (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	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	*****	*****	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  
 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.)

*D. Dillman*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-6600  
 DATE 09 27 85  
 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)

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

NAME Duquesne Light Company  
ADDRESS Beaver Valley Atomic Power Station  
One Oxford Center  
3 301 Grant Street  
FACILITY Pittsburgh, PA 15279  
LOCATION

PA0025615  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Expir. Date 11/26/89

Cooling Tower Blowdown Units #1 & #2

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	08	01		85	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-43)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	MAXIMUM	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	24.0	37.7	MGD	*****	*****	*****			31/mo	Rec.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			*****	CONT.
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****	0.18	0.18		0	24/mo	Grab
	PERMIT REQUIREMENT	*****	*****		*****	0.2	0.5			DAILY INST.	CONT.
	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 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.)

*D. DeVos*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-6600  
DATE 09 27 85  
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 11/26/89

Form Approved OMB No. 2040-C00 Expires 2-29-84

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

PA0025615  
 PERMIT NUMBER

102  
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
85	08	01	TO	85	08	31
(20-31)	(22-33)	(24-35)		(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)	X	(3 Card Only) QUANTITY OR LOADING (54-61)			(4 Card Only) 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			
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  
 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.)

*D. DeWittman*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-6600  
 DATE 09 27 85  
 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) Expir. Date 11/26/89  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0001  
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

PA0025615  
PERMIT NUMBER

103  
DISCHARGE NUMBER

Clarifier Blowdown

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	08	01		85	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (2-37)	X	(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			
FLOW	SAMPLE MEASUREMENT	0.002	0.005	MGD	*****	*****	*****			31/mo	Calc.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	11.8	13.7	MG/L	0	2/mo	EST. 24 hr. Comp
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY				
pH	SAMPLE MEASUREMENT	*****	*****		7.47	*****	7.78	SU	0	2/mo	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
	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 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.)

*D. H. DeVos*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

412 393-6600 09 27 85  
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 11/26/89

Form Approved  
OMB No. 2040-C001  
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 \_\_\_\_\_

PA0025615  
PERMIT NUMBER

203  
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	08	01		85	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Unit #1 STP

Attention: D. H. DeVos

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) (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	0.013	0.023	MGD	*****	*****	*****			31/mo	Meas.
	PERMIT REQUIREMENT	0.023 MONTHLY	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	29	53	MG/L	0	2/mo	Grab
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.				
pH	SAMPLE MEASUREMENT	*****	*****		6.01	*****	7.83	S.U.	0	2/mo	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
FECAL COLIFORM MAY - OCTOBER	SAMPLE MEASUREMENT	*****	*****		*****	6400	12420	#/ 100 ML	3	3/mo	Grab
	PERMIT REQUIREMENT	*****	*****		*****	200 MONTHLY-GEO.	400 PART C				
FECAL COLIFORM NOVEMBER - APRIL	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	#1 100 ML		2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1000 MONTHLY-GEO.	2000 PART C				
BOD - 5 DAY	SAMPLE MEASUREMENT	*****	*****		*****	14	29	MG/L	0	2/mo	Grab
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.				
	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 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.)

*D. Dillman*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-6600  
DATE 09 27 85  
AREA CODE NUMBER YEAR MO DAY

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





**Duquesne Light**

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

Telephone (412) 393-6000

September 12, 1985  
ND1RCC:0950

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 the abnormal occurrences at Beaver Valley Power Station, Unit I:

Discharge 203, Sewage Treatment Plant, was out of specification in fecal coliform bacteria count on samples taken on August 8, 1985, August 9, 1985, and August 16, 1985. (12,420 colonies/100 ml, 6,055 colonies/100 ml, and 724 colonies/100 ml respectively).

The above out-of-specification discharges were caused by a very low chlorine residual in the effluent stream due to a malfunctioning pump in the hypochlorinator system. The pump head was cleaned and liquid sodium hypochlorite will be used in the system instead of a dry powder that has to be dissolved and can clog the pump head if not dissolved properly.

Discharge 303, Unit I Oil Separator, was out of specification in pH on a sample taken August 7, 1985, (pH = 9.33) and out of specification in oil and grease on August 16, 1985, and August 20, 1985 (29.47 mg/l and 30.00 mg/l).

The above out of specification pH discharge was caused by the discharge of air ejector drains to the turbine basement sumps and subsequently, to the oil separator. Normally, this water would be returned to the condenser hotwell, but the water was being routed to the sumps to help maintain secondary side chemistry. 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. The cause of the out-of-specification oil and grease discharges is unknown as of the date of this letter. Additional samples will be taken to determine the source of the oil and determine if the discharge well of the oil separator has become contaminated and needs cleaned.

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. G. Schad
J. W. McIntire	Shift Supervisor
A. C. Mazukna	V. J. Linnenbom (3)
J. F. Zagorski	A. M. Dulick
S. L. Pernick	Central File (2)
C. N. Dunn	Director, Planning & Scheduling

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  
 FACILITY Pittsburgh, PA 15279  
 LOCATION \_\_\_\_\_

PA0025615  
 PERMIT NUMBER

303  
 DISCHARGE NUMBER

Unit #1 Oil Separator

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	08	01		85	08	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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
FLOW	SAMPLE MEASUREMENT	0.019	0.056	MGD	*****	*****	*****		2/mo	Est.	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.8	10.4	MG/L	0	2/mo	Grab
	PERMIT REQUIREMENT	*****	*****		*****	30	100				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	22	30	MG/L	2	3/mo	Grab
	PERMIT REQUIREMENT	*****	*****		*****	15	20				
pH	SAMPLE MEASUREMENT	*****	*****		8.86	*****	9.33	SU	1	2/mo	Grab
	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0				
	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 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.)

*D. Dillman*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-6600  
 DATE 09 27 85  
 AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name 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  
2841 New Beaver Avenue  
Pittsburgh, PA 15233

PA0025615  
PERMIT NUMBER

003  
DISCHARGE NUMBER

Expir. Date 11/26/89

FACILITY LOCATION  
Attention: D. H. DeVos

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	08	01	TO	85	08	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)	X	(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			
FLOW	SAMPLE MEASUREMENT	0.034	0.084	MGD	*****	*****	*****			2/MO	CALC
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			TWICE/MONTH	CALC.
	SAMPLE MEASUREMENT			†							
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
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 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 3 years.)

*D. Dillman*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-4343  
DATE 09 27 85  
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 11-26-89

Form Approved OMB No. 2040-0001 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

004  
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
85	08	01		85	08	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Unit #1 Cooling Tower Overflow  
 No Discharge 004

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 (34-61)			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.		*	
CHROMIUM	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		*	
ZINC	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		*	
pH	SAMPLE MEASUREMENT	*****	*****			*****				
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		*	
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

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 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 3 years.)

*D. H. DeVos*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

412 393-6600 09 27 85  
 AREA CODE NUMBER YEAR MO DAY

COMMENT 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. 2040-0001  
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 \_\_\_\_\_

PA0025615  
PERMIT NUMBER

007  
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	08	01		85	08	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)	X	(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			
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		1/ WEEK	EST.
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY MAX.	0.5 INST. MAX.	MG/L	1/ WEEK	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 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.)

*D. Dillman*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
412 | 393-6600  
DATE  
09 | 27 | 85

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

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

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

Form Approved  
OMB No. 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 \_\_\_\_\_

Expir. Date 11/26/89

(12-16) PA0025615	(17-19) 008
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	08	01		85	08	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 (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
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 AVG. MTHLY.	20 DAILY MAX.	30 INST. MAX.	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  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>D. H. DeVos</i>	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			412	393-6600	09	27	85

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. 2040-0001  
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 \_\_\_\_\_

PA0025615  
PERMIT NUMBER

010  
DISCHARGE NUMBER

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
85	08	01	85	08	31	
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)	

Unit #2 Heat Exchanger Cooling H<sub>2</sub>O

No Discharge 010

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) (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	*****	*****		*****	*****	*****		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 must be taken during chlorination.

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 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.)

*D. Dillman*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
412 393-6600  
DATE  
09 27 85  
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)

Form Approved  
OMB No. 2040-0007  
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

PA0025615  
PERMIT NUMBER

011  
DISCHARGE NUMBER

Expir. Date 11/26/85

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	08	01		85	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Unit #2 - Three Oil Separators

Attention: D. H. DeVos

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.001	0.010	MGD	*****	*****	*****	0	2/mo	Est.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	3.7	9.7	0	6/mo	Grab
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			
pH	SAMPLE MEASUREMENT	*****	*****		6.67	*****	7.87	0	6/mo	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		1	3	3	0	6/mo	Grab
	PERMIT REQUIREMENT	*****	*****		15 AVG. MTHLY.	20 DAILY MAX.	30 INST. MAX.			
	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, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1003 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.

*D. Dillman*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
412 393-6600  
DATE  
09 27 85  
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)

Form Approved OMB No. 2040-0001 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) 012  
 DISCHARGE NUMBER

Expir. Date 11/26/85

MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY  
85 08 01 TO 85 08 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 (32-33)	X	(3 Card Only) QUANTITY OR LOADING (46-51)			(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			
FLOW	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	*****	*****	*****			1/mo	Est.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			1/MONTH	EST.
pH	SAMPLE MEASUREMENT	*****	*****		7.93	*****	7.93			1/mo	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/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 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)

*D. Dillman*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 3893-6600  
 DATE 09 27 85  
 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. 2040-0001  
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 \_\_\_\_\_

PA0025615  
PERMIT NUMBER

113  
DISCHARGE NUMBER

Unit #2 STP

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
85	08	01	85	08	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) (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	0.018	0.030	MGD	*****	*****	*****	0	2/mo	Meas.	
	PERMIT REQUIREMENT	0.043 MONTHLY	*****		*****	*****					
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	31	32	0	2/mo	Grab	
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.				
pH	SAMPLE MEASUREMENT	*****	*****	S.U.	7.49	*****	7.73	0	2/mo	Grab	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
FECAL COLIFORM MAY - SEPTEMBER	SAMPLE MEASUREMENT	*****	*****	#/100 ML	*****	229	458	0	2/mo	Grab	
	PERMIT REQUIREMENT	*****	*****		*****	200 MONTHLY, GEO	1000 PART C				
FECAL COLIFORM OCTOBER - APRIL	SAMPLE MEASUREMENT	*****	*****	#/100 ML	*****	NA	*****	N/A	N/A	N/A	
	PERMIT REQUIREMENT	*****	*****		*****	2000 PART C	*****				
BOD - 5 DAY	SAMPLE MEASUREMENT	*****	*****	0	*****	25	49	3/mo	Grab	Grab	
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.				
	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 INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1003 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.)

*D. Dillman*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
412; 393-6600  
DATE  
09 21 85

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

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

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

Form Approved  
OMB No. 2040-0004  
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 \_\_\_\_\_

PA0025615  
PERMIT NUMBER

213  
DISCHARGE NUMBER

Expir. Date 11/26/85

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	08	01		85	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Unit #2 Cooling Tower Pumphouse  
No Discharge 213

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (35-53)			(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			
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  
D. H. DeVos, Gen. Mgr.  
Fossil Generation Unit  
TYPED OR PRINTED

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*D. Dillman*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
412 393-6600  
DATE  
09 27 85  
AREA CODE NUMBER YEAR MO DAY

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



**Duquesne Light**

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  
September 27, 1985

Director of Nuclear Reactor Regulations  
Attention: Mr. Steven Varga, Chief  
Operating Reactor Branch, No. 1  
U. S. Nuclear Regulatory Commission  
Washington, D.C. 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  
11



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  
September 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  
September 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 August 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