

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:

PA0025615  
 PERMIT NUMBER

101  
 DISCHARGE NUMBER

Chemical Waste Sump

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
85	11	01		85	11	30
(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 (46-53)				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	*****	*****	*****		0	2/	EST.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			2/	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	7.6	10.1	MG/L	0	2/	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30	100			2/	
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	<1	<1	MG/L	0	2/	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15	20			2/	
pH	SAMPLE MEASUREMENT	*****	*****		6.77	*****	7.52	SU	0	2/	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0			2/	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

8601070692 851130  
 PDR ADOCK 05000334  
 R PDR

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  
*Leon S. Steel*

TELEPHONE: 412 393-6600  
 DATE: 85 12 26  
 AREA CODE NUMBER YEAR MO DAY

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

IE 25  
 1/1

PERMITTEE NAME/ADDRESS (Include  
 Facility Name 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

PA0025615  
 PERMIT NUMBER

201  
 DISCHARGE NUMBER

Softener Regenerates

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	11	01		85	11	30
	(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 (48-55)				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	*****	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	1.8	2.3	MG/L	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30	100				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	2	4	MG/L	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15	20				
	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.)

*Leon S. Stead*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-6600  
 DATE 85 12 26  
 AREA CODE NUMBER YEAR MO DAY

CONTENT 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. 2040-0004  
 Expires 2-29-84

(2-16) PA0025615 (17-19) 301  
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
85	11	01	85	11	30	
(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 (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
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.

*Leon S. Street*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-6600  
 DATE 85 12 26  
 AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name, Location & Address)

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

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
85	11	01	85	11	30	
(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	(4 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	*****	*****		*****			MG/L			
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY		2/ MONTH	GRAB	
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****			MG/L			
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY		2/ MONTH	GRAB	
pH	SAMPLE MEASUREMENT	*****	*****					SU			
	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  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

*Leon S. Stead*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-6600  
 DATE 85 12 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  
3 -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

PA0025615  
 PERMIT NUMBER

001  
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
85	11	01		85	11	30
(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)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(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 (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (38-39)	MAXIMUM (40-41)	MAXIMUM (42-43)			
FLOW	SAMPLE MEASUREMENT	16.9	23.8	MGD	*****	*****	*****		30/ MONTH	RCOR
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		CONT.	RCOR
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****	0.20	0.20	0	18/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY	0.5 INST.		CONT.	RCOR
	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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

*Leon S. Stead*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412 | 393-6600  
 DATE: 85 | 12 | 26  
 AREA CODE: 412 NUMBER: 393-6600 YEAR: 85 MO: 12 DAY: 26

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  
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. 2040-000-  
 Expires 2-29-84

(2-16)  
 PA0025615  
 PERMIT NUMBER

(17-19)  
 102  
 DISCHARGE NUMBER

Intake Screenhouse Pump Bearing  
 Cooling Water

No Discharge 102

NOTE: Read instructions before completing this form.

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	11	01		85	11	30
	(20-23)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)	X	QUANTITY OR LOADING (45-53)			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	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.

*Leon S. Steart*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 412 | 393-6600  
 DATE  
 85 | 12 | 26

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

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

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 Attention: D. H. DeVos

(2-16) **PA0025615**  
PERMIT NUMBER  
(17-19) **103**  
DISCHARGE NUMBER

Clarifier Blowdown

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	11	01		85	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (45-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.003	0.010	MGD	*****	*****	*****		2/ MONTH	EST.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		2/ MONTH	EST.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	26	41	0	2/ MONTH	24 HR COMP.
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY		2/ MONTH	24 HR. COMP.
pH	SAMPLE MEASUREMENT	*****	*****		6.70	*****	6.82	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 IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

*Leon J. Steel*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
412 | 393-6600  
DATE  
85 | 12 | 26

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. 2040-000  
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

203  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
85	11	01		85	11	30

Unit #1 STP

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(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	0.006	0.011	MGD	*****	*****	*****			29/ MONTH	MEAS.
	PERMIT REQUIREMENT	0.023 MONTHLY	*****		*****	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	34	68	MG/L	1*	29/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.				
pH	SAMPLE MEASUREMENT	*****	*****		6.06	*****	7.34	S.U.	0	29/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
FECAL COLIFORM MAY - OCTOBER	SAMPLE MEASUREMENT	*****	*****		*****	200	400	#/ 100 ML		2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	MONTHLY-GEO.	PART C				
FECAL COLIFORM NOVEMBER - APRIL	SAMPLE MEASUREMENT	*****	*****		*****	198	625	#/ 100 ML	0	4/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1000 MONTHLY-GEO.	2000 PART C				
BOD - 5 DAY	SAMPLE MEASUREMENT	*****	*****		*****	24	37	MG/L	0	3/ MONTH	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.)

*Leon L. Steed*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-6600  
DATE 85 12 26  
AREA CODE NUMBER YEAR MO DAY

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

\*See attached non-compliance letter





Duquesne Light

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

Telephone (412) 393-6000

December 16, 1985  
NDIRCC:0967

EPA Permit No. 0025615 Reportable Occurrence

Pennsylvania Department of Environmental Resources  
600 Kossman Building  
100 Forbes Avenue  
Pittsburgh, PA 15222

Gentlemen:

This letter forwards a copy of our reportable occurrence of EPA Permit No. 0025615 as submitted to the United States Environmental Protection Agency, Region III compliance office.

Very truly yours,

Wm. S. Lacey  
Plant Manager

AMD/vat

Attachment

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



Duquesne Light

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

Telephone (412) 393-6000

December 16, 1985  
ND1RCC:0968

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 reportable occurrences at Beaver Valley Power Station, Unit I:

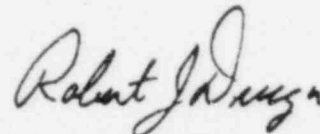
Discharge 303, Unit #1 Oil Separator was out of specification with respect to pH (9.67) on a sample taken November 11, 1985, and on samples taken (9.40 and 9.22) November 19, and November 20, 1985.

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. A sample taken after the drains were isolated was within the specification (8.66, November 29, 1985).

Discharge 303, Unit 1 sewage treatment plant was out of specification with respect to total suspended solids (67.5 mg/l) on a sample taken November 25, 1985. The sample stream returned to specification (51.0 mg/l) on a sample taken November 26, 1985.

A flow diverter was opened to a larger setting that caused flow to surge during the November 25 sample. The diverter was returned to the normal position and the sample stream returned to specification.

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	Director, Planning and Scheduling
Shift Supervisor	Central File (2)

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

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

Expir. Date 11/26/89

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

PA0025615  
 PERMIT NUMBER

303  
 DISCHARGE NUMBER

Unit #1 Oil Separator

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
85	11	01	85	11	30
(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 (54-61)	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	*****	*****	MG/L	*****	19	29	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY		2/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	MG/L	*****	8	10	0	2/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY		2/ MONTH	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	SU	8.66	*****	9.67	3*	4/ 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 IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

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

TELEPHONE  
 412 393-6600  
 DATE  
 85 12 26  
 AREA CODE NUMBER YEAR MO DAY

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

\*See attached non-compliance letter

PERMITTEE NAME (Include Facility Name 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. 2040-00  
 Expires 2-29-84

PA0025615  
 PERMIT NUMBER

003  
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
85	11	01		85	11	30
<small>(20-21)</small>	<small>(22-23)</small>	<small>(24-25)</small>		<small>(26-27)</small>	<small>(28-29)</small>	<small>(30-31)</small>

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 (64-65)	SAMPLE TYPE (67-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.028	0.077	MGD	*****	*****	*****			TWICE/MONTH	CALC.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			TWICE/MONTH	
	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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

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

TELEPHONE  
 412 393-6600  
 DATE  
 85 12 2

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  
 301 Grant Street  
 CITY Pittsburgh, PA 15279  
 LOCATION Attention: D. H. DeVos

PA0025615  
 PERMIT NUMBER

004  
 DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	11	01		85	11	30

Unit #1 Cooling Tower Overflow

No Discharge 004

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		1/WEEK	EST.	
FREE AVAILABLE CHLORINE	SAMPLE MEASUREMENT	*****	*****		*****			MG/L			
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY MAX.	0.5 INST. MAX.		*		
CHROMIUM	SAMPLE MEASUREMENT	*****	*****		*****			MG/L			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		*		
ZINC	SAMPLE MEASUREMENT	*****	*****		*****			MG/L			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		*		
pH	SAMPLE MEASUREMENT	*****	*****					SU			
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		*		
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			MG/L			
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY		2/MONTH	GRAB	
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****			MG/L			
	PERMIT REQUIREMENT	*****	*****		*****	15 MONTHLY	20 DAILY		2/MONTH	GRAB	

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 COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Leon S. Stead*

TELEPHONE 412 393-6600  
 DATE 85 12 26

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

\*Required only when there is a discharge at 004.

Name/Location (if different)

DISCHARGE MONITORING REPORT (DMR)

Expir. Date 11/26/89

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

PA0025615		007				
PERMIT NUMBER		DISCHARGE NUMBER				
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
85	11	01		85	11	30
(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 (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.	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.

*Leon S. Stead*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412 393-6600  
 DATE: 85 12 26  
 AREA CODE NUMBER YEAR MO DAY

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

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

NAME 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)

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

Expir. Date 11/26/89

Form Approved  
 OMB No. 2040-001  
 Expires 2-29-84

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
85	11	01		85	11	30
(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.

Attention: D. H. DeVos

PARAMETER (3-7)	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 (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 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 18 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 Stead*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-6600  
 DATE 85 12 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)

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 \_\_\_\_\_

PERMIT NUMBER PA0025615 (2-16)  
 DISCHARGE NUMBER 010 (17-19)

Expir. Date 11/26/85

MONITORING PERIOD		
YEAR	MO	DAY
85	11	01
85	11	30

FROM (20-21) (22-23) (24-25) TO (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)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Leon J. Stead*  
 TELEPHONE 412 393-6600  
 DATE 85 12 26  
 AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE 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  
LOCATION Attention: D. H. DeVos

PA0025615  
PERMIT NUMBER

011  
DISCHARGE NUMBER

Expir. Date 11/26/85

Unit #2 - Three Oil Separators

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
85	11	01	TO	85	11	30
(20-31)	(22-31)	(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 (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.001	0.010	MGD	*****	*****	*****			2/ MONTH	EST.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			2/ MONTH	EST.
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	10.3	23.3		0	6/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	100 DAILY			2/ MONTH	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		6.74	*****	7.53		0	6/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			2/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		7	17	17		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										

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 COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

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

TELEPHONE 412 393-6600  
DATE 85 12 26  
AREA CODE NUMBER YEAR MO DAY

TYPED OR PRINTED

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

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

Expir. Date 11/26/85

PERMITTEE NAME/ADDRESS (include facility name/location if different)  
 Duquesne Light Company  
 Beaver Valley Atomic Power Station  
 One Oxford Center  
 301 Grant Street  
 Pittsburgh, PA 15279  
 Attention: D. H. DeVos

PA0025615  
 PERMIT NUMBER

012  
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
85	11	01		85	11	30
(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)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	*****	*****	*****			1/ MONTH	EST.
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			1/ MONTH	EST.
pH	SAMPLE MEASUREMENT	*****	*****		7.69	*****	7.69	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										

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  
*Leon L. Steed*

TELEPHONE: 412 393-6600  
 DATE: 85 12 26  
 AREA CODE: 412 NUMBER: 393-6600 YEAR: 85 MO: 12 DAY: 26

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

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

Expir. Date 11/26/85

PERMITTEE NAME/ADDRESS (include County Name/location if different)

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

PA0025615  
PERMIT NUMBER

113  
DISCHARGE NUMBER

Unit #2 STP

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
85	11	01	85	11	30
(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 (45-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.002	0.003	MGD	*****	*****	*****		0	2/	MEAS.
	PERMIT REQUIREMENT	0.043 MONTHLY	*****		*****	*****	*****			2/	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	24	25	MG/L	0	2/	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.			2/	
pH	SAMPLE MEASUREMENT	*****	*****		7.41	*****	7.48	S.U.	0	2/	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			2/	
FECAL COLIFORM MAY - SEPTEMBER	SAMPLE MEASUREMENT	*****	*****		*****	200 MTHLY. GEO	1000 PART C	#/100 ML	0	2/	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	103	*****			2/	
FECAL COLIFORM OCTOBER - APRIL	SAMPLE MEASUREMENT	*****	*****		*****	2000 PART C	*****	#/100 ML	0	2/	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			2/	
BOD - 5 DAY	SAMPLE MEASUREMENT	*****	*****		*****	<1	<1		0	2/	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY	60 INST. MAX.			2/	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

*Leon S. Stead*

TELEPHONE

412 393-6600

DATE

85 12 26

CONTENT 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)  
213  
DISCHARGE NUMBER

Expir. Date 11/26/85

Unit #2 Cooling Tower Pumphouse

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
85	11	01		85	11	30	
(20-21)		(22-23)		(24-25)		(26-27)	
		(28-29)		(30-31)			

No Discharge 213

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 (46-53)				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  
D. H. DeVos, Gen. Mgr.  
Fossil Generation Unit  
TYPED OR PRINTED

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*Leon L. Stead*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
412 393-6600  
DATE  
85 12 26  
AREA CODE NUMBER 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  
December 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