NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

DUQUESNE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

(Final Period)

ST	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0025615	102	4911	40°37'15"	80°26'18"

REPORTING PERIOD FROM 80 05 01 (YEAR MO DAY) TO 80 05 31 (YEAR MO DAY)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.). If continuous enter "CONT."
5. Specify sample type ("grab" or "___ hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER		QUANTITY (3 card only) MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	QUANTITY NO EX	CONCENTRATION (3 card only) MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	CONCENTRATION NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED				MGD		***	***	***				
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			N/A	N/A
Total Iron	REPORTED									mg/l			
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	1			2/30	grab
Total Copper	REPORTED									mg/l			
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	1			2/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION			NO FLOW FROM DISCHARGE 102 DURING MAY, 1980									
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE		
Moore Gilbert W.	Cen.Supt.Pwr.Sta.Dept.	80	06	25
LAST FIRST MI	TITLE	YEAR	MO	DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Leon L Stark
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA Form 3320-1 (10-72)

PAGE 1 OF 1

ORIGINAL

8004025Y4

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

Form Approved
OMB No. 158-R0072

DUQUESNE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

(Final Period)

ST	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0025615	103	4911	40°27'15"	80°26'18"

REPORTING PERIOD: FROM 80 05 01 (YEAR MO DAY) TO 80 05 31 (YEAR MO DAY)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "___ hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER		QUANTITY (3 card only) MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	NO. EX	CONCENTRATION (4 card only) MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED	0.020	0.020	0.020	MGD		***	***	***			2/31	estimate
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			2/30	estimate
Total Suspended Solids	REPORTED						1.3	1.5	1.7	mg/l	0	2/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	100			2/30	grab
Oil and Grease	REPORTED						<1.0	1	1	mg/l	0	2/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20			2/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE		
Moore Gilbert W.	Gen.Supt.Pwr.Sta.Dept.	80 (YEAR)	06 (MO)	15 (DAY)
LAST FIRST MI	TITLE			

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Leon D Steed
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA Form 3320-1 (10-72)

ORIGINAL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

DUQUESNE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

(Final Period)

(2-3) ST	(4-10) PERMIT NUMBER	(17-19) DIS	SIC	LATITUDE	LONGITUDE
PA	0025615	002	4911	40°37'15"	80°26'18"

REPORTING PERIOD FROM (20-21) YEAR 80 (22-23) MO 05 (24-25) DAY 01 TO (26-27) YEAR 80 (28-29) MO 05 (30-31) DAY 31

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "__ hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

(22-37) PARAMETER		(3 card only) QUANTITY (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-63) NO EX	(4 card only) CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-63) NO EX	(64-68) FREQUENCY OF ANALYSIS	(69-70) SAMPLE TYPE
Flow	REPORTED			0.09	MGD		***	***	***			1/31	Calc.
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	calculated
pH	REPORTED	***	***	***			7.36		7.36		0	1/31	grab
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A			1/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	
Moore Gilbert W.	Gen.Supt.Pwr.Sta.Dept.	810 016 215	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.
LAST FIRST MI	TITLE	YEAR MO DAY	Leon L. Steed SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA Form 3320-1 (10-72)

ORIGINAL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

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OMB NO. 158-R0073

DUQUESNE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

(Final Period)

ST	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0025615	201	4911	40°37'15"	80°26'18"

REPORTING PERIOD FROM YEAR 80 MO 01 DAY 01 TO YEAR 80 MO 03 DAY 31

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "1/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "___ hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER		QUANTITY (3 card only) MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	QUANTITY NO. EX	CONCENTRATION (4 card only) MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	CONCENTRATION NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED			0.001	MGD		***	***	***			1/31	estimate
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	estimate
Total Suspended Solids	REPORTED							37.6	37.6	mg/l	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	100			1/30	grab
Oil and Grease	REPORTED							17	17	mg/l	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20			1/30	grab
pH	REPORTED	***	***	***			8.26		8.26	standard units	0	1/31	grab
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0			1/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	
Moore Gilbert W. (LAST FIRST MI)	Gen.Supt.Pwr.Sta.Dept. (TITLE)	80 01 02 15 (YEAR MO DAY)	

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Leon L Steed
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA Form 3320-1 (10-72)

ORIGINAL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

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OMB NO. 158-R0073

DUQUESNE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

(Final Period)

ST	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0025615	003	4911	40°37'15"	80°26'18"

REPORTING PERIOD: FROM 80 05 01 (YEAR MO DAY) TO 80 05 31 (YEAR MO DAY)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "__ hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER		QUANTITY (3 card only) MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	QUANTITY NO EX	CONCENTRATION (4 card only) MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	CONCENTRATION NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED	0.093	0.108	0.136	MGD		***	***	***			31/31	Calc.
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	calculated
pH	REPORTED	***	***	***			7.87		7.87		0	1/31	grab
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A			1/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE		
Moore Gilbert W.	Gen.Supt.Pwr.Sta.Dept.	80	06	15
LAST FIRST MI	TITLE	YEAR	MO	DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Leon L Stash
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA Form 3320-1 (10-72)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

DUQUESNE LIGHT COMPANY
Beaver Valley Unit 1 (Final Period)
P. O. Box 4
Shippingport, PA 15077

ST	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0025615	301	4911	40°37'15"	80°26'18"

REPORTING PERIOD FROM 8|0 YEAR 0|5 MO 0|1 DAY TO 8|0 YEAR 0|5 MO 3|1 DAY

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum *(and/or minimum as appropriate)* permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. *(e.g., "3/7" is equivalent to 3 analyses performed every 7 days.)* If continuous enter "CONT."
5. Specify sample type *("grab" or "___ hr. composite")* as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove copy and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER		QUANTITY (3 card only) MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	QUANTITY NO EX	CONCENTRATION (4 card only) MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	CONCENTRATION NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED	0.018	0.026	0.039	MGD		***	***	***			2/31	measured
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			2/30	measured
Total Suspended Solids	REPORTED	29	1.12	2.05	lbs/day	0						2/31	24 hr. composite
	PERMIT CONDITION	N/A	2.8	14.3			N/A	N/A	N/A			2/30	24-hr. composite
pH	REPORTED	***	***	***			7.60		7.76	standard units	0	2/31	grab
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0			2/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE		
Moore Gilbert W.	Gen.Supt.Pwr.Sta.Dept.	8|0 YEAR	0|6 MO	2|5 DAY
LAST FIRST MI	TITLE			

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Leon A Stood
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA Form 3320-1 (10-72)

ORIGINAL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

Form Approved
OMB No. 158-R0073

DUQUESNE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

(Final Period)

ST	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0025615	302	4911	40°37'15"	80°26'18"

REPORTING PERIOD FROM 80 05 01 (YEAR MO DAY) TO 80 05 31 (YEAR MO DAY)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. of days/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "__ hr. composite") as applicable. If frequency was continuous, enter "NA".
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7. Remove carbon and retain copy for your records.
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PARAMETER		QUANTITY (3 card only) MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	NO. EX	CONCENTRATION (4 card only) MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED	0.006	0.013	0.026	MGD		***	***	***			31/31	measured
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			2/30	measured
pH	REPORTED	***	***	***			7.00		8.20	standard	0	31/31	grab
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0	units		2/30	grab
	REPORTED								Highest				
	PERMIT CONDITION							Monthly	Weekly				
	REPORTED							Average	Average				
	PERMIT CONDITION												
Total Suspended Solids	REPORTED							29	31	mg/l	0	31/31	composite 8-hr.
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	45			2/30	composite
BOD-5	REPORTED							20	38	mg/l	0	3/31	8-hr.
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	45			2/30	composite
Fecal Coliform	REPORTED							0	0	colonies	0	4/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	200	400	100 ml		2/30	grab
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	
Moore Gilbert W. (LAST FIRST MI)	Gen. Supt. Pwr. Sta. Dept. (TITLE)	80 06 25 (YEAR MO DAY)	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

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

EPA Form 3320-1 (10-72)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

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OMB No. 158-R0073

DUQUESNE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

(Final Period)

STATE	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0025615	303	4911	40°37'15"	80°26'18"

REPORTING PERIOD FROM 8 0 0 5 0 1 (YEAR MO DAY) TO 8 0 0 5 3 1 (YEAR MO DAY)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
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4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "___ hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER		QUANTITY (if card only) MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	QUANTITY NO. EX	CONCENTRATION (if card only) MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	CONCENTRATION NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED	0.069	0.069	0.069	MGD		***	***	***			2/31	estimate
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	estimate
Total Suspended Solids	REPORTED						6.1	7.1	8.1	mg/l	0	2/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	100			1/30	grab
Oil and Grease	REPORTED						2	3	3	mg/l	0	2/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20			1/30	grab
pH	REPORTED	***	***	***			7.48		7.48	standard units	0	2/31	grab
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0			1/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE		
Moore Gilbert W.	Gen.Supt.Pwr.Sta.Dept.	8 10	16	15
LAST FIRST MI	TITLE	YEAR	MO	DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Leon A Steed
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA Form 3320-1 (10-72)

ORIGINAL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
O.M.B. NO. 158-R0073

DUQUESNE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

(Final Period)

ST	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0025615	004	4911	40°37'15"	80°26'18"

REPORTING PERIOD FROM 8|0 YEAR 0|5 MO 3|1 DAY TO 8|0 YEAR 0|5 MO 3|1 DAY

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analyses for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "___ hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER		QUANTITY (3 card only) MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	QUANTITY NO EX	CONCENTRATION (4 card only) MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	CONCENTRATION NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED				MGD		***	***	***				
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	estimate
pH	REPORTED	***	***	***						standard units			
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A			1/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NO FLOW FROM DISCHARGE 004
DURING MAY, 1980

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Moore Gilbert W. (LAST FIRST MI)	Gen.Supt.Pwr.Sta.Dept. (TITLE)	8|0 YEAR 0|6 MO 2|5 DAY	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	Leon L Stead

EPA Form 3320-1 (10-72)

ORIGINAL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0072

DUQUESNE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

(Final Period)

ST	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0025615	401	4911	40°37'15"	80°26'18"

REPORTING PERIOD FROM 8|0 05 0|1 (YEAR MO DAY) TO 8|0 05 3|1 (YEAR MO DAY)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum *(and/or minimum as appropriate)* permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. *(e.g., "3/7" is equivalent to 3 analyses performed every 7 days.)* If continuous enter "CONT."
5. Specify sample type ("*grab*" or "*___ hr. composite*") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER		QUANTITY (3 card only) MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	QUANTITY NO EX	CONCENTRATION (4 card only) MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	CONCENTRATION NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED			<0.001	MGD		***	***	***			1/31	estimate
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	estimate
Total Suspended Solids	REPORTED							2.9	2.9	mg/l	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	100			1/30	grab
Oil and Grease	REPORTED							3	3	mg/l	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20			1/30	grab
pH	REPORTED	***	***	***			7.38		7.38	standard	0	1/31	grab
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0	units		1/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE		
Moore Gilbert W.	Gen.Supt.Pwr.Sta.Dept.	8	0	6
LAST FIRST MI	TITLE	YEAR	MO	DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

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

EPA Form 3320-1 (10-72)

ORIGINAL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

DUQUESNE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

(Final Period)

ST	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0025615	001	4911	40°37'15"	80°26'18"

REPORTING PERIOD: FROM 80 05 01 (YEAR MO DAY) TO 80 05 31 (YEAR MO DAY)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "__ hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER		QUANTITY (if card only) MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	QUANTITY NO. EX	CONCENTRATION (if card only) MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	CONCENTRATION NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED	9.36	12.08	14.04	MGD		***	***	***			Cont.	recorded
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			Cont.	recorded
Temperature	REPORTED	***	***	***			57	63	70	°F		Cont.	recorded
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A			Cont.	recorded
Oil and Grease	REPORTED						< 1	< 1	< 1	mg/l	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	10			1/30	grab
Free Available Chlorine	REPORTED						0	0	0	mg/l	0	See special	
	PERMIT CONDITION	N/A	N/A	N/A			N/A	0.2	0.5			condition #9	
pH	REPORTED	***	***	***			6.60		7.10	standard units	0	Cont.	recorded
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0			Cont.	recorded
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE
Moore (LAST) Gilbert (FIRST) W. (MI)	Gen. Supt. Pwr. Sta. Dept. (TITLE)	80 (YEAR) 06 (MO) 25 (DAY)

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

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

EPA Form 3320-1 (10-72)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

DUQUESNE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

(Final Period)

ST	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0025615	101	4911	40°37'15"	80°26'18"

REPORTING PERIOD FROM 810 (YEAR) 05 (MO) 01 (DAY) TO 810 (YEAR) 05 (MO) 31 (DAY)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "___ hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
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PARAMETER		QUANTITY (if card only) MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	QUANTITY NO. EX	CONCENTRATION (if card only) MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	CONCENTRATION NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED	0	0.022	0.087	MGD		***	***	***			Cont.	Calc.
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			Cont.	calculated
Total Suspended Solids	REPORTED	1.13	1.63	2.12	lbs/day	0						2/31	grab
	PERMIT CONDITION	N/A	3.8	45			N/A	N/A	N/A			2/30	24-hr. composite
Oil and Grease	REPORTED	0.14	0.15	0.15	lbs/day	0						2/31	grab
	PERMIT CONDITION	N/A	1.9	9.0			N/A	N/A	N/A			2/30	grab
pH	REPORTED	***	***	***			7.34		8.51	standard units	0	3/31	grab
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0			2/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE		
Moore Gilbert W.	Gen.Supt.Pwr.Sta.Dept.	810 (YEAR)	06 (MO)	25 (DAY)
LAST FIRST MI	TITLE			

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Leon L Stash
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA Form 3320-1 (10-72)

ORIGINAL