NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

POOR ORIGINAL

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 81 01 12 01 TO 81 01 12 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	1.72	15.80	45.14	MGD		***	***	***			cont.	recorded
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			Cont.	recorded
Temperature	REPORTED	***	***	***			35	54	79	°F		cont.	recorded
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A			Cont.	recorded
Oil and Grease	REPORTED								4.0	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						0.00	<0.01	0.09	mg/l	0	See special	
	PERMIT CONDITION	N/A	N/A	N/A			N/A	0.2	0.5			condition #9	
pH	REPORTED	***	***	***			6.40		8.70	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 Gilbert W.	Gen.Supt.Pwr.Sta.Dept.	81	01	30
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 Steed
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA Form [illegible]-1 (10-73)

PAGE 1 OF 1

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

POOR ORIGINAL

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	101	4911	40°37'15"	80°26'18"

REPORTING PERIOD FROM YEAR 81 MO 12 DAY 01 TO YEAR 81 MO 23 DAY 1

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.
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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 (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	0.012	0.033	MGD		***	***	***			cont.	calc.
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			Cont.	calculated
Total Suspended Solids	REPORTED	0.70	6.43	14.74	lbs/day	0						3/31	grab
	PERMIT CONDITION	N/A	3.8	45			N/A	N/A	N/A			2/30	24-hr. composite
Oil and Grease	REPORTED	0.53	1.25	2.28	lbs/day	0						3/31	grab
	PERMIT CONDITION	N/A	1.9	9.0			N/A	N/A	N/A			2/30	grab
pH	REPORTED	*	***	***			7.00		7.73	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.	81 01 30	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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Leon L Steidl

EPA Form 3320-1 (10-72)

1 OF 1

ORIGINAL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

POOR ORIGINAL

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: YEAR 80 MO 12 DAY 01 TO: YEAR 81 MO 23 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.
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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 (3 card only) MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	NO. EX	CONCENTRATION (7 card only) MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	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						2.11	2.38	2.64	mg/l	2	2/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	1			2/30	grab
Total Copper	REPORTED						<0.02	<0.02	<0.02	mg/l	0	2/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	1			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.	81 YEAR	011 MO 31 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 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)

POOR ORIGINAL

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

REPORTING PERIOD FROM: YEAR 80 MO 12 DAY 01 TO: YEAR 80 MO 12 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.
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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".
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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	0.020	0.020	0.020	MGD		***	***	***			1/31	estimate
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			2/30	estimate
Total Suspended Solids	REPORTED						<1.0	<1.0	<1.0	mg/l	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	100			2/30	grab
Oil and Grease	REPORTED						4	4	4	mg/l	0	1/31	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 N.	Gen. Supt. Pwr. Sta. Dept.	YEAR 81	MO 01	DAY 30
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 Steed
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA Form 3320-1 (10-78)

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	002	4911	40°37'15"	80°26'18"

REPORTING PERIOD FROM 8 10 (YEAR) 1 2 (MO) 0 1 (DAY) TO 8 10 (YEAR) 1 2 (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.
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5. Specify sample type ("grab" or "__ hr. composite") as applicable. If frequency was continuous, enter "NA".
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8. Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER		QUANTITY (if used only) MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	QUANTITY NO. EX	CONCENTRATION (if used only) MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	CONCENTRATION NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED			0.09	MGD		***	***	***			1/31	calc.
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	calculated
pH	REPORTED	***	***	***			7.39		7.39			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 (LAST) Gilbert (FIRST) W. (MI)	Gen.Supt.Pwr.Sta.Dept. (TITLE)	81 (YEAR)	01 (MO)	30 (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

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	OIS	SIC	LATITUDE	LONGITUDE
PA	0025615	201	4911	40°37'15"	80°26'18"

REPORTING PERIOD: FROM 8|0 (YEAR) 1|2 (MO) 0|1 (DAY) TO 8|0 (YEAR) 1|2 (MO) 3|1 (DAY)

INSTRUCTIONS

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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".
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PARAMETER		QUANTITY (7 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
Total Suspended Solids	REPORTED									mg/l			
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	100			1/30	grab
Oil and Grease	REPORTED									mg/l			
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20			1/30	grab
pH	REPORTED	***	***	***						standard units			
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0			1/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED			NO FLOW FROM DISCHARGE 201									
	PERMIT CONDITION			DURING DECEMBER, 1980									
	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)	8|1 (YEAR) 0|1 (MO) 3|0 (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 Steel
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

POOR ORIGINAL

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 810 11 20 11 TO 811 12 31 11
(YEAR MO DAY)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
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5. Specify sample type ("grab" or "___ hr. composite") as applicable. If frequency was continuous, enter "NA".
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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	0.22	0.23	0.25	MGD		***	***	***			31/31	calc.
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	calculated
pH	REPORTED	***	***	***			8.18		8.18			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.	811 011 310	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 (10-73)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

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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	301	4911	40°37'15"	80°26'18"

REPORTING PERIOD FROM YEAR 80 MO 12 DAY 01 TO YEAR 80 MO 12 DAY 31

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
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5. Specify sample type ("grab" or "__ hr. composite") as applicable. If frequency was continuous, enter "NA".
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PARAMETER		QUANTITY (5 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	0.001	0.003	0.006	MGD		***	***	***			31/31	measured
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			2/30	measured
Total Suspended Solids	REPORTED	0.22	0.33	0.43	lbs/day	0						2/31	24 hr. comp.
	PERMIT CONDITION	N/A	2.8	14.3			N/A	N/A	N/A			2/30	24-hr. composite
pH	REPORTED	***	***	***			7.99		8.18	standard	0	2/31	grab
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0	units		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.	YEAR 81	MO 01	DAY 30
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 S Steck
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)

POOR ORIGINAL

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

REPORTING PERIOD FROM 8 10 | 1 2 | 0 1 (YEAR | MO | DAY) TO 8 10 | 1 2 | 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	0.003	0.010	0.024	MGD		***	***	***			29/31	measured
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			2/30	measured
pH	REPORTED	***	***	***			6.70		8.60	standard units	0	29/31	grab
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0			2/30	grab
	REPORTED								Highest				
	PERMIT CONDITION							Monthly	Weekly				
	REPORTED							Average	Average				
	PERMIT CONDITION												
Total Suspended Solids	REPORTED							37	43	mg/l	0	29/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	45			2/30	8-hr. composite
BOD-5	REPORTED							1	3	mg/l	0	5/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	45			2/30	8-hr. composite
Fecal Coliform	REPORTED							0	0	colonies/100 ml	0	5/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	200	400			2/30	grab
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER: Moore (LAST) Gilbert (FIRST) W. (MI)

TITLE OF THE OFFICER: Gen. Supt. Pwr. Sta. Dept. (TITLE)

DATE: 8 11 | 0 11 | 3 10 (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 Steel
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

POOR ORIGINAL

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	303	4911	40°37'15"	80°26'18"

REPORTING PERIOD FROM: YEAR 81 MO 11 DAY 20 TO: YEAR 81 MO 23 DAY 11

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".
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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			0.219	MGD		***	***	***			1/30	estimate
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	estimate
Total Suspended Solids	REPORTED							14	14	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							5	5	mg/l	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20			1/30	grab
pH	REPORTED	***	***	***			8.04		8.04	standard units	0	1/30	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 (LAST) Gilbert (FIRST) W. (MI)	Gen.Supt.Pwr.Sta.Dept. (TITLE)	YEAR 81	MO 11	DAY 30

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 Steel
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

POOR ORIGINAL

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|1|3|0|1 (YEAR|MO|DAY) TO 8|0|1|2|3|1 (YEAR|MO|DAY)

INSTRUCTIONS

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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			0.001	MGD		***	***	***			1/31	estimate
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	estimate
pH	REPORTED	***	***	***			7.71		7.71	standard	0	1/31	grab
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A	units		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 (LAST) Gilbert (FIRST) W. (MI)	Gen.Supt.Pwr.Sta.Dept. (TITLE)	8|1 (YEAR) 0|1 (MO) 3|0 (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)

PAGE 1 OF 1

ORIGINAL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

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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 1|2 0|1 (YEAR MO DAY) TO 8|0 1|2 3|1 (YEAR MO DAY)

INSTRUCTIONS

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Flow	REPORTED			<0.001	MGD		***	***	***			1/30	estimate
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	estimate
Total Suspended Solids	REPORTED							4.2	4.2	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							7	7	mg/l	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20			1/30	grab
pH	REPORTED	***	***	***			7.94		7.94	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 1 (YEAR)	0 1 (MO)	3 0 (DAY)
LAST FIRST MI	TITLE			

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Leon J. Steed
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EPA Form 3320-1 (10-72)

ORIGINAL