

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 156-0007

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

(Final Period)

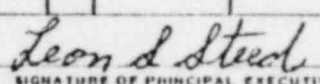
POOR ORIGINAL

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 watermarks. "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.

12-18 PA ST	14-18 0025615 PERMIT NUMBER	117-181 001 DIS	4911 SIC	130-271 122-281 124-291 40°37'15" LATITUDE	130-271 122-281 124-291 80°26'18" LONGITUDE
REPORTING PERIOD: FROM		TO			
8/10/12 0/11 YEAR MO DAY		8/10/12 3/11 YEAR MO DAY			

PARAMETER		(3 card only)				UNITS	NO. EX	(4 card only)				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM						
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		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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Moore	Gilbert	W. Gen. Supt. Pwr. Sta. Dept.	8/11/12	3/10			
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

8102040451

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-00073

POOR ORIGINAL

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

(Final Period)

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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.
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12-9 PA ST	14-18 0025615 PERMIT NUMBER	157-191 901 DIS	191-199 4911 SIC	199-207 40°37'15" LATITUDE	207-215 80°26'18" LONGITUDE
120-211 122-213 124-215 8 10 11 2 0 1 YEAR MO DAY		TO		126-217 128-219 130-221 8 10 11 23 11 YEAR MO DAY	

REPORTING PERIOD FROM

TO

PARAMETER		(3 card only)				UNITS	NO. EX	(4 card only)				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED	0.001	0.012	0.033	MGD		***	***	***				cont.	calc.	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***						Cont.
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
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
pH	REPORTED	7.5	***	***			7.00		7.73	standard units	0		3/31	grab	
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0						2/30
	REPORTED														
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NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER		DATE		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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.		8/10/31			
LAST	FIRST	MI	TITLE		YEAR MO DAY			

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

POOR ORIGINAL

Form Approved
EPA Form 3370-1 (10-72)

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

(Final Period)

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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.

12-# PA ST	14-101 0025615 PERMIT NUMBER	117-101 102 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		130-231 810 YEAR	122-231 112 MO	124-231 011 DAY	TO
		130-231 810 YEAR	122-231 112 MO	124-231 011 DAY	

PARAMETER	REPORTED	QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(3 card only)			EX			(2 card only)			EX				
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED							***	***	***					
	PERMIT CONDITION	N/A	N/A	N/A		MGD		***	***	***				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														
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	PERMIT CONDITION														
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NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			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.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY								
Moore	Gilbert		W. Gen. Supt. Pwr. Sta. Dept.	811	011	310								

DISCHARGE MONITORING REPORT

Form Approved
(MAY 1972) (EPA 400/7-72)DUQUESNE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

(Final Period)

POOR ORIGINAL

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5. Specify sample type ("grab" or "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.
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-00073

DUQUESNE LIGHT COMPANY
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(Final Period)

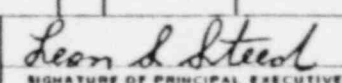
POOR ORIGINAL

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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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PA ST	0025615 PERMIT NUMBER	002 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		8 10 YEAR MO DAY	1 12 MO DAY	TO 8 10 12 31 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
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													
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	REPORTED													
	PERMIT CONDITION													
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	PERMIT CONDITION													
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Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.	8 10 31	0 11 31	0 11 31	YEAR MO DAY			

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

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PA ST	0025615 PERMIT NUMBER	201 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		8 10 YEAR MO DAY	1 12 MO DAY	TO	8 10 YEAR MO DAY

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
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														
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NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		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.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
Moore Gilbert W.		Gen. Supt. Pwr. Sta. Dept.		8 11 310 YEAR MO DAY								Leon D. Steel			
LAST FIRST MI		TITLE		YEAR MO DAY								OFFICER OR AUTHORIZED AGENT			

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12-8 PA ST	12-10 0025615 PERMIT NUMBER	12-12 003 DHS	12-13 4911 SIC	12-14 40°37'15" LATITUDE	12-15 80°26'18" LONGITUDE
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REPORTING PERIOD: FROM

12-21 8/0	12-22 11	12-23 20	12-24 11
YEAR	MO	DAY	

TO

12-25 8/0	12-26 11	12-27 20	12-28 11
YEAR	MO	DAY	

PARAMETER		(2 card only)				(4 card only)				FREQUENCY OF ANALYSIS		SAMPLE TYPE	
		QUANTITY			UNITS	CONCENTRATION							
		12-29 MINIMUM	12-30 AVERAGE	12-31 MAXIMUM		12-32 NO. EX.	12-33 MINIMUM	12-34 AVERAGE	12-35 MAXIMUM	12-36 UNITS	12-37 NO. EX.		
Flow	REPORTED	0.22	0.23	0.25	MGD		***	***	***				
	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	
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 156-00073

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

(Final Period)

POOR ORIGINAL

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.

PA ST	0025615 PERMIT NUMBER	301 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD FROM		8 10 YEAR	1 12 MO	0 1 DAY	TO 8 10 YEAR
		1 12 MO	0 1 DAY	3 11 DAY	

PARAMETER		QUANTITY				UNITS	NO EX	CONCENTRATION				UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM						
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														
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	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER		DATE		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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.	8 11	0 1 13 10			
LAST	FIRST	MI	TITLE	YEAR	MO	DAY		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
USEN 7-73 155-100073

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

(Final Period)

POOR ORIGINAL

INSTRUCTIONS

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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.

PA 0025615 PERMIT NUMBER

302 DIS 4911 SIC

40°37'15" 80°26'18" LATITUDE LONGITUDE

REPORTING PERIOD FROM 8/10/81 TO 8/12/81

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION				UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED	0.003	0.010	0.024		MGD		***	***	***				29/31	measured
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***					
pH	REPORTED	***	***	***				6.70		8.60			0	29/31	grab
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0	standard units			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	composite	
BOD-5	REPORTED								4.1	3	mg/l	0	5/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	45			2/30	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 Gilbert W.

LAST FIRST MI

TITLE OF THE OFFICER

Gen. Supt. Pwr. Sta. Dept.

TITLE

DATE

8/11/81

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.

Signature of Principal Executive Officer or Authorized Agent

Lean S. Stetson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

POOR ORIGINAL

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

(Final Period)

INSTRUCTIONS

1. Provide data 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".
6. Appropriate signature is required on bottom of this form.
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PA	0025615	PERMIT NUMBER
303	4911	SIC
810	11	2011
YEAR	MO	DAY
810	11	23
YEAR	MO	DAY
40°37'15"	80°26'18"	LONGITUDE
LATITUDE		

REPORTING PERIOD FROM

PARAMETER	QUANTITY (15-30)			CONCENTRATION (10-30)			NO. EX.	UNITS	FREQUENCY OF ANALYSIS (10-40)	SAMPLE TYPE (10-70)
	MINIMUM (15-20)	AVERAGE (15-25)	MAXIMUM (15-30)	MINIMUM (10-30)	AVERAGE (10-35)	MAXIMUM (10-40)				
Flow									1/30	estimate
Total Suspended Solids									1/30	estimate
Oil and Grease									1/31	grab
									1/30	grab
									1/31	grab
									1/30	grab
pH									1/30	grab
									1/30	grab

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE	DATE
Moore Gilbert	Gen. Supt. Pwr. Sta. Dept.	8/10/11
LAST FIRST MI		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.

Lean S. Stuel
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB No. 155-00073

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

(Final Period)

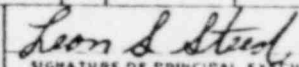
POOR ORIGINAL

INSTRUCTIONS

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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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PA ST	0025615 PERMIT NUMBER	004 DIS	4911 MC	40° 37' 15" LATITUDE	80° 26' 18" LONGITUDE
REPORTING PERIOD FROM		8/01 YEAR	11/20/11 MO DAY	TO	8/10/11 YEAR
					11/23/11 MO DAY

PARAMETER		QUANTITY				UNITS	CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
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		0	1/31	grab
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A	standard units		1/30	grab
	REPORTED												
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NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.	8/10/11	3/0		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB No. 154-0007

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

(Final Period)

POOR ORIGINAL

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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
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PA ST	0025615 PERMIT NUMBER	401 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		8/0 YEAR	11 MO	20/1 DAY	TO
		8/0 YEAR	11 MO	23/1 DAY	

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
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		0	1/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	100	mg/l		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														

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Moore	Gilbert	W. Gen. Supt. Pwr. Sta. Dept.		8/11	01/13/10		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	