

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 155-R0073

Duquesne Light Company
Shippingport Atomic Power Station
P. O. Box 57
Shippingport, PA 15077

(Final Period)

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 (*2, "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.

17-20 PA ST	14-18 0001589 PERMIT NUMBER	117-119 001 DIS	4911 SIC	120-121 40°37'18" LATITUDE	122-123 80°26'19" LONGITUDE
REPORTING PERIOD: FROM		120-121 8/11 YEAR	122-123 10 MO	124-125 31 DAY	TO
		126-127 8/11 YEAR	128-129 10 MO	130-131 31 DAY	

PARAMETER		(3 card only)					(4 card only)					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX		
Flow	REPORTED	158.4	158.4	158.4	MGD		***	***	***			cont.	calc.
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			cont.	calculated
Temperature (Inlet)	REPORTED	***	***	***			52	56	63	°F		cont.	recorded
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A			cont.	recorded
Temperature (Outlet)	REPORTED	***	***	***			62	67	76	°F		cont.	recorded
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A			cont.	recorded
Heat Rejection	REPORTED	5.52	6.79	7.84	x10 ⁸ BTU/hr.		***	***	***		0	31/31	calc.
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			30/30	calculated
Total Residual Chlorine	REPORTED						0.10	0.13	0.15	mg/l	0	1/7	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	0.2			1/7	grab
	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
Feitknecht, C. LAST FIRST MI	Gen. Supt. Fossil Pwr. Gen. TITLE	8/11/81 YEAR MO DAY		

8112040589 811130
PDR ADDCK 05000334
PDR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

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OMB NO. 151-R0073

Duquesne Light Company
Shippingport Atomic Power Station
P. O. Box 57
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(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.
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	0001589 PERMIT NUMBER	101 DIS	4911 SIC	40°37'18" LATITUDE	80°26'19" LONGITUDE
REPORTING PERIOD: FROM		TO			
8/1 1/00/1		8/1 1/03/1			
YEAR MO DAY		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	2.37	4.20	6.75		x10 ⁻³ MGD		***	***	***				2/31	estimate
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				2/30	estimate
Total Suspended Solids	REPORTED							0.56	4.7	8.8	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	2	3	mg/l	0		2/31	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	15	20				2/30	grab
pH	REPORTED	***	***	***				7.28		7.31	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														

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
Feitknecht, C.		Gen. Supt. Fossil Pwr. Gen.		8/11/11	310		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

(Final Period)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUALITY" and "COST" NTRA forms in the table requested for each parameter as appropriate for the test water values in each tool under sections "ANALYSIS," "AVERAGE COMPUTED OVER TEST TIME DISCRETE" and "MAXIMUM," "MINIMUM" and "AVERAGE".
3. Specify the number of extreme values observed during the reporting period.
4. Specify frequency of analysis for each parameter as the *analysis/no days* (e.g., "3/1"). In special test conditions in the column labeled "No. Ea." if none, enter "q".
5. Specify frequency of analysis for each parameter as the *analysis/no days* (e.g., "3/1"). In special test conditions in the column labeled "No. Ea." if continuous, enter "CONT".
6. Specify sample type ("Solid" or "— the composite") as applicable. If frequency was continuous, enter "RA".
7. Analytical signature is required on bottom of this form.
8. Name carried over from report for your records.

PARAMETER	QUANTITY			CONCENTRATION			UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MINIMUM	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM			
Flow	0	0.002	0.002	MGD	***	***	mg/l	1/31	estimate
Oil and Grease	N/A	N/A	N/A		***	***		1/30	estimate
Total Suspended Solids	N/A	N/A	N/A		3	20	mg/l	1/31	grab
Total Iron	N/A	N/A	N/A		<0.05	<0.05	mg/l	1/31	grab
Total Copper	N/A	N/A	N/A		100	<0.10	mg/l	1/30	grab
	N/A	N/A	N/A		1	0.12	mg/l	1/31	grab
	N/A	N/A	N/A		1		mg/l	1/30	grab

Gen. Supt. Fossil Pwr. Gen.

Feitknecht, C.

DATE: 8/11/11

TIME OF THE OFFICER: 11:30

YEAR: 2011

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.

OFFICER OR AUTHORIZED AGENT

Duquesne Light Company
 Shippingport Atomic Power Station
 P. O. Box 57
 Shippingport, PA 15077

(Final Period)

Shippingport, PA 15077

STEAM GENERATOR

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD."
2. Enter reported minimum, average and maximum values under "QUANTITIES" and "CONTINUALITY" as well as units involved for each parameter as appropriate. For each value, unless it is a total value, indicate in "WHEREAS" the average computed over as long time this value is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period. Specify the number of analyzed samples that were used the maximum (and/or minimum as appropriate) period mentioned in the columns marked "No. Ex." If none, enter "0."
3. Specify frequency of analysis for each parameter as No. analyses per day. "1/day" is equivalent to 1 sample collected every 24 hours. If continuous enter "CONT." If frequency was continuous, enter "N/A." or "—" as appropriate.
4. Appropriately describe in copy on bottom of this form.
 - a. Name of station and relevant copy for your records.
 - b. Name of person or persons who collected the data.
 - c. Field along dotted lines, length and most frequent to office ascribed to permit

0001539	102	4911	40°37'18"	30°26'19"
PLCNET NUMBER	1015	SIC	LATITUDE	LONGITUDE
REPORTING PERIOD FROM	811	110	811	110
	YEAR	MO	YEAR	MO
		DAY		DAY

PARAMETER	QUANTITY			CONCENTRATION			UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	MINIMUM			
Flow	0.003	0.004	0	***	***	***	MGD	1/31	estimate
Oil and Grease	N/A	N/A	N/A	***	***	***		1/30	estimate
Total Suspended Solids	N/A	N/A	N/A	<1	20	<1	mg/l	1/31	grab
Total Iron	N/A	N/A	N/A	5.1	100	5.1	mg/l	1/31	grab
Total Copper	N/A	N/A	N/A	30	<0.10	1	mg/l	1/30	grab
	N/A	N/A	N/A	N/A	1	0.02	mg/l	1/31	grab
	N/A	N/A	N/A	N/A	1			1/30	grab

Gen. Supt. Fossil Pwr. Gen.

DATE: 8/11/11 310

YEAR: 11 MONTH: 11 DAY: 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Flow

Oil and Grease

Total Suspended Solids

Total Iron

Total Copper

REPORTED

PERMIT COLLECTION

REPORTED

PERMIT COLLECTION

REPORTED

PERMIT COLLECTION

REPORTED

PERMIT COLLECTION

REPORTED

PERMIT COLLECTION

Flow

Oil and Grease

Total Suspended Solids

Total Iron

Total Copper

REPORTED

PERMIT COLLECTION

REPORTED

PERMIT COLLECTION

REPORTED

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REPORTED

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Feilcke, C.

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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., "2/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "lit. 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.

12-10 PA ST	14-10 0001589 PERMIT NUMBER	117-191 103 DIS	4911 SIC	40°37'18" LATITUDE	80°26'19" LONGITUDE
REPORTING PERIOD: FROM		120-211 8 11 YEAR	122-211 1 0 MO	124-211 9 1 DAY	TO
		126-211 8 11 YEAR	128-211 1 0 MO	130-211 3 1 DAY	

PARAMETER		(3 card only) QUANTITY				UNITS	NO. EX	(4 card only) CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM						
Flow	REPORTED	0	0.004	0.007	MGD		***	***	***				2/31	estimate	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***				2/30	estimate	
Total Suspended Solids	REPORTED						7.1	16	26	mg/l	0		2/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	100				2/30	grab	
pH	REPORTED	***	***	***			6.56		6.73	standard units	0		2/31	grab	
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0				2/30	grab	
	REPORTED														
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Feitknecht, C.	Gen. Supt. Fossil Pwr. Gen.	8 11	11 30				
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

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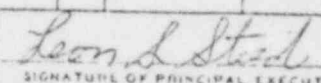
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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
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7. Remove carbon and retain copy for your records.
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PA ST	0001589 PERMIT NUMBER	104 DIS	4911 SIC	40°37'18" LATITUDE	80°26'19" LONGITUDE
REPORTING PERIOD: FROM		8/1 YEAR	11 MO	00 DAY	TO
		8/1 YEAR	11 MO	31 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	0	0.022	0.036				***	***	***				2/31	estimate
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				2/30	estimate
Total Suspended Solids	REPORTED							26	36	46	mg/l	0		2/31	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	100				2/30	grab
pH	REPORTED	***	***	***				7.30		8.91	standard	0		2/31	grab
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0	units			2/30	grab
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
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	REPORTED														
	PERMIT CONDITION														
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	PERMIT CONDITION														

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Feitknecht, C.	Gen. Supt. Fossil Pwr. Gen.	8/1/11 31		