Duquesne Light

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

Telephone (412) 393-6000

October 16, 1991

Document Control Desk
U. S. Nuclear Regulatory Commission
Washington, DC 20555

NPDES Monthly Reports, EPA Permit Number PA0025615 PA001589

SUBJECT: Beaver Valley Power Station, Unit No. 1 and No. 2
BV-1 Docket No. 50-334, License No. DPR-66
BV-2 Docket No. 50-412, License No. NPF-73

Dear Sir:

Enclosed is a copy of the NPDES Monthly Report as submitted to the Pennsylvania Department of Environmental Resources.

Very truly yours,

T. P. Noonan
General Manager
Nuclear Operations

DNH/ijj

Cert No P 315320176
IE48
1/1

Duquesne Light

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

Telephone (412) 393-6000

October 16, 1991

Department of Environmental Resources
Bureau of Water Quality Management
600 Highland Building
121 South Highland Avenue
Pittsburgh, PA 15206

NPDES Monthly Reports, EPA Permit Number PA0025615 & PA0001589

Gentlemen:

NPDES Monthly Reports for Duquesne Light Company, Beaver Valley Power Station and Shippingport Atomic Power Plant for September 1991 are submitted for your consideration.

Please be advised that required techniques, even if performed properly, do not measure actual conditions with 100 percent accuracy 100 percent of the time, and therefore, some reported values in the attached DMRs may not represent actual conditions with absolute accuracy.

Very truly yours,

T. P. Noonan
General Manager
Nuclear Operations

DNH/ijj

Duquesne Light

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

Telephone (412) 393-6000

October 16, 1991

U. S. Environmental Protection Agency
Region III, Pennsylvania Section (3WM52)
Water Permits Branch
Water Management Division
841 Chestnut Street
Philadelphia, PA 19107

NPDES Monthly Reports, FPA Permit Number PA0025615 & PA0001589

Gentlemen:

This letter forwards copies of our NPDES Monthly Reports as submitted to the Pennsylvania Department of Environmental Resources, Bureau of Water Quality Management.

Very truly yours,

T. P. Noonan
General Manager
Nuclear Operations

DNH/ijj

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615
PERMIT NUMBER

101
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

NOTE: Read instructions before completing this form.

MONITORING PERIOD	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	0.011	0.045	MGD	*	*	*	*	0	Daily	Cont.
	Permit Require.	*	*		*	*	*			DAILY	CONTINUOUS
Suspended Solids	Sample Measure.	*	*	*	*	25.00	73.01	MG/L	0	1/Wk	2HC
	Permit Require.	*	*		*	30	100			1/WEEK	2 HOUR COMPOSITE
Oil and Grease	Sample Measure.	*	*	*	*	2.53	4.27	MG/L	0	1/Wk	G
	Permit Require.	*	*		*	15	20			1/WEEK	GRAB
Hydrazine	Sample Measure.	*	*	*				MG/L			
	Permit Require.	*	*		MONITOR		ONLY			1/WEEK	GRAB
Ammonia	Sample Measure.	*	*	*				MG/L			
	Permit Require.	*	*		MONITOR		ONLY			1/WEEK	GRAB
ph	Sample Measure.	*	*	*	6.50	*	8.63	S.U.			
	Permit Require.	*	*		6.0	*	9.0			1/WEEK	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER (TYPED OR PRINTED)
A. M. Dulick
Chemistry Manager

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 and 33 U.S.C. 1319 (c)(4) which provide that violators may be subject to a fine of not more than $10,000 per violation or by imprisonment for not more than two years or both. For knowing violations, the maximum penalty is $20,000 per violation or by imprisonment for not more than four years or both.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 412, NUMBER 393-5113

DATE: YEAR 91, MONTH 10, DAY 21

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

Form PGN BNUM 002 (Rev 5/88)

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615	201
PERMIT NUMBER	DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

NOTE: Read instructions before completing this form.

MONITORING PERIOD	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	0.001	0.020	MGD	*	*	*	*	0	2/Month	Est.
	Permit Requirs.	*	*		*	*	*			2/MONTH	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*	1.00	1.00	MG/L	0	2/Month	G
	Permit Require.	*	*		*	30	100			2/MONTH	GRAB
Oil and Grease	Sample Measure.	*	*	*	*	2.57	2.57	MG/L	0	2/Month	G
	Permit Require.	*	*		*	15	20			2/MONTH	GRAB
pH	Sample Measure.	*	*	*	7.41	*	7.4.	S.U.	C	2/Month	G
	Permit Require.	*	*		6.0	*	9.0			2/MONTH	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
TYPED OR PRINTED

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 and 33 U.S.C. 1319. Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonments between 6 mo. and 5 yr.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE			DATE		
AREA CODE	NUMBER		YEAR	MONTH	DAY
412	393-5113		91	10	21

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

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615	301
PERMIT NUMBER	DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

NOTE: Read instructions before completing this form.

MONITORING PERIOD	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	0.001	0.001	MGD	*	*	*	*	0	1/Wk	Est
	Permit Require.	*	*		*	*	*			1/WEEK	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*	1.00	1.00	MG/L	0	2/Month	G
	Permit Require.	*	*		*	30	100			2/MONTH	GRAB
Oil and Grease	Sample Measure.	*	*	*	*	2.04	3.09	MG/L	0	2/Month	G
	Permit Require.	*	*		*	15	20			2/MONTH	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
A. M. Dulick Chemistry Manager TYPED OR PRINTED	I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 and 33 U.S.C. 1319. Civil penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment between 6 mo. and 5 yrs.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY
			412	393-5113	91	10	21

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

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615	401
PERMIT NUMBER	DISCHARGE NO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

NOTE: Read instructions before completing this form.

MONITORING PERIOD	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	No Flow		MGD	*	*	*	*	0	1/Wk	Est.
	Permit Require.	*	*		*	*	*			1/WEEK	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*			MG/L			
	Permit Require.	*	*		*	30	100			2/MONTH	GRAB
Oil and Grease	Sample Measure.	*	*	*	*			MG/L			
	Permit Require.	*	*		*	15	20			2/MONTH	GRAB
pH	Sample Measure.	*	*	*		*		S.U.			
	Permit Require.	*	*		6.0	*	9.0			2/MONTH	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
TYPED OR PRINTED

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 and 33 U.S.C. 1319(c)(4). Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment between 2 to 5 yrs.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 412, NUMBER 393-5113

DATE: YEAR 91, MONTH 10, DAY 21

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

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615	501
PERMIT NUMBER	DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYS (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

NOTE: Read instructions before completing this form.

MONITORING PERIOD	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	No Flow		MGD	*	*	*	*	0	1/Week	Est
	Permit Require.	*	*		*	*	*			1/WEEK	ESTIMATE
Total Suspended Solids	Sample Measure.	*	*	*	*			MG/L			
	Permit Require.	*	*		*	30	100			1/WEEK	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
TYPED OR PRINTED

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 and 33 U.S.C. 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE 412 NUMBER 393-5113

DATE YEAR 91 MONTH 10 DAY 21

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

No discharge.

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615
PERMIT NUMBER

001
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

NOTE: Read instructions before completing this form.

MONITORING PERIOD	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	Sample Measure.	41.040	46.800	MGD	*	*	*	*	0	Daily	Cont.
	Permit Require.	*	*		*	*	*			DAILY	CONTINUOUS
Free Available Chlorine	Sample Measure.	*	*	*	*	0.03	0.06	MG/L	0	2/Day	G
	Permit Require.	*	*		*	MAXIMUM 0.2	INSTANT. MAX. 0.5			CONTINUOUS	RECORDED
Hydrazine	Sample Measure.	*	*	*	NOT DETECTABLE	USING	ASTM D-1385	MG/L		1/WEEK	GRAB
	Permit Require.	*	*								
Ammonia	Sample Measure.	*	*	*	MONITOR		ONLY	MG/L		1/WEEK	GRAB
	Permit Require.	*	*								
Beryllium	Sample Measure.	*	*	*	MONITOR		ONLY	MG/L		2/QUARTER	GRAB
	Permit Require.	*	*								
2-Chlorophenol	Sample Measure.	*	*	*	MONITOR		ONLY	MG/L		2/QUARTER	GRAB
	Permit Require.	*	*								
pH	Sample Measure.	*	*	*	7.40	*	8.43	S.U.	0	1/Wk	G
	Permit Require.	*	*		6.0	*	9.0			1/WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
TYPED OR PRINTED

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Penalties: Up to $10,000 and/or maximum imprisonment between 2 and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE 412 NUMBER 393-5113

DATE YEAR 91 MONTH 10 DAY 21

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

Form PGH BWQM 002 (Rev 5/88)

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615
PERMIT NUMBER

102
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

NOTE: Read instructions before completing this form.

MONITORING PERIOD	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	0.001	0.001	MGD	*	*	*	*	0	2/Month	Est.
	Permit Require.	*	*		*	*	*			2/MONTH	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*	1.77	2.54	MG/L	0	2/Month	G
	Permit Require.	*	*		*	30	100			2/MONTH	GRAB
Oil and Grease	Sample Measure.	*	*	*	*	2.26	2.45	MG/L	0	2/Month	G
	Permit Require.	*	*		*	15	20			2/MONTH	GRAB
pH	Sample Measure.	*	*	*	7.03	*	7.25	S.U.	0	2/Month	G
	Permit Require.	*	*		6.0	*	9.0			2/MONTH	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
TYPED OR PRINTED

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. 1001 and 33 U.S.C. 1319 (up to $10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE			DATE		
AREA CODE	NUMBER		YEAR	MONTH	DAY
412	393-5113		91	10	21

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

Form PGH BWQM 002 (Rev 5/88)

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615	002
PERMIT NUMBER	DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

	MONITORING PERIOD						
	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	0.001	0.001	MGD	*	*	*	*	0	1/Wk	Est.
	Permit Require.	*	*		*	*	*			1/WEEK	ESTIMATE
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
A. M. Dulick Chemistry Manager TYPED OR PRINTED	I certify under penalty of law that I have personally examined and am familiar with [illegible]	[signature]	412	393-5113	91	10	21
			AREA CODE	NUMBER	YEAR	MONTH	DAY

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

Form PGR BWQM 002 (Rev 5/88)

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615
PERMIT NUMBER

103
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

NOTE: Read instructions before completing this form.

MONITORING PERIOD	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	Sample Measure.	0.001	0.001	MGD	*	*	*	*	0	2/Month	Est.
	Permit Require.	*	*		*	*	*			2/MONTH	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*	4.05	6.13	MG/L	0	2/Month	24 HC
	Permit Require.	*	*		*	30	100			2/MONTH	24 HOUR COMPOSITE
pH	Sample Measure.	*	*	*	6.79	*	7.21	S.U.	0	2/Month	G
	Permit Require.	*	*		6.0	*	9.0			2/MONTH	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick
Chemistry Department
TYPED OR PRINTED

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Penalties under these statutes may include up to $10,000 and/or maximum imprisonment between 6 and 9 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 412, NUMBER 393-5113

DATE: YEAR 91, MONTH 10, DAY 21

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

Form PGH BWQM 002 (Rev 5/88)

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615 — PERMIT NUMBER

263 — DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

NOTE: Read instructions before completing this form.

MONITORING PERIOD	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	Sample Measure.	0.006	0.013	MGD	*	*	*	*	0	1/Wk	Meas.
	Permit Require.	0.023	*		*	*	*			1/WEEK	MEASURED
CBOD-5 Day	Sample Measure.	*	*	LB/DY	*	6.00	6.90	MG/L	0	2/Month	8HC
	Permit Require.	*	*		*	25	50			2/MONTH	8 HOUR COMPOSITE
Suspended Solids	Sample Measure.	*	*	LB/DY	*	26.40	28.90	MG/L	0	2/Month	8HC
	Permit Require.	*	*		*	30	60			2/MONTH	8 HOUR COMPOSITE
Fecal Coliform Mar 1 to Sep 30 Oct 1 to Apr 30	Sample Measure.	*	*	*	*	197.00	431.00	#/100ML	0	3/Month	G
	Permit Require.	*	*		*	200 2000	1000 *			2/MONTH	GRAB
pH	Sample Measure.	*	*	*	6.58	*	6.81	S.U.	0	2/Month	G
	Permit Require.	*	*		6.0	*	9.0			2/MONTH	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
TYPED OR PRINTED

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Reference 18 U.S.C. 1001 and 33 U.S.C. 1319(c)(4). Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonments between 2 yr. and 5 yr. up to $20,000 and/or maximum imprisonments between 4 yr. and 15 yr.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 412, NUMBER 393-5113

DATE: YEAR 91, MONTH 10, DAY 21

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

Form PGH BWQM 002 (Rev 5/88)

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615	303
PERMIT NUMBER	DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

MONITORING PERIOD	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	Sample Measure.	0.019	0.056	MGD	*	*	*	*	0	1/Week	Est.
	Permit Require.	*	*		*	*	*			1/WEEK	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*	7.84	11.15	MG/L	0	1/Week	G
	Permit Require.	*	*		*	30	100			1/WEEK	GRAB
Oil and Grease	Sample Measure.	*	*	*	*	8.02	13.78	MG/L	0	1/Week	G
	Permit Require.	*	*		*	15	20			1/WEEK	GRAB
pH	Sample Measure.	*	*	*	6.64	*	7.19	S.U.	0	1/Week	G
	Permit Require.	*	*		6.0	*	9.0			1/WEEK	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	CERTIFICATION	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE AREA CODE / NUMBER	DATE YEAR	MONTH	DAY
A. M. Dulick Chemistry Manager TYPED OR PRINTED	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 and 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)	[signature]	412 393-5113	91	10	21

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

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615
PERMIT NUMBER

403
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

MONITORING PERIOD						
	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	0.001	0.005	MGD	*	*	*	*	0	1/Week	Est.
	Permit Require.	*	*		*	*	*			1/WEEK	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*	2.36	5.10	MG/L	0	1/Week	G
	Permit Require.	*	*		*	30	100			1/WEEK	GRAB
Oil and Grease	Sample Measure.	*	*	*	*	4.34	6.67	MG/L	0	1/Week	G
	Permit Require.	*	*		*	15	20			1/WEEK	GRAB
Hydrazine	Sample Measure.	*	*	*				MG/L			
	Permit Require.	*	*		NOT DETECTABLE	USING	ASTM D-1385			1/WEEK	GRAB
Ammonia	Sample Measure.	*	*	*				MG/L			
	Permit Require.	*	*		MONITOR		ONLY			1/WEEK	GRAB
pH	Sample Measure.	*	*	*	6.82	*	7.72	S.U.	0	1/Week	G
	Permit Require.	*	*		6.0	*	9.0			1/WEEK	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
TYPED OR PRINTED

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 and 33 U.S.C. § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA 412, NUMBER 393-5113
DATE: YEAR 91, MONTH 10, DAY 21

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

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PERMIT NUMBER	DISCHARGE NO.
PA0025615	003

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

MONITORING PERIOD

	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	0.022	0.056	MGD	*	*	*	*	0	2/Month	Est.
	Permit Require.	*	*		*	*	*			2/MONTH	ESTIMATE
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*		*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	:	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick
Chemistry Manager
TYPED OR PRINTED

[illegible certification statement]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
412	393-5113	91	10	21
AREA CODE	NUMBER	YEAR	MONTH	DAY

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

Form PGH BWQM 002 (Rev 5/88)

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615
PERMIT NUMBER

004
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

NOTE: Read instructions before completing this form.

MONITORING PERIOD	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	DAILY MAXIMUM	INSTANTANEOUS MAXIMUM	UNITS			
Flow	Sample Measure.	No Flow		MGD	*	*	*	*	0	1/Week	Meas.
	Permit Require.	*	*		*	*	*			1/WEEK	MEASURED
Free Available Chlorine	Sample Measure.	*	*	*	*			MG/L			
	Permit Require.	*	*		0	0.2	0.5			CONTINUOUS	RECORDED
pH	Sample Measure.	*	*	*		*		S.U.			
	Permit Require.	*	*		6.0	*	MAXIMUM 9.0			1/WEEK	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 and 33 U.S.C. § 1319(c)(4).

SIGNATURE OF AUTHORIZED AGENT

TELEPHONE			DATE		
AREA CODE	NUMBER		YEAR	MONTH	DAY
412	393-5113		91	10	21

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

No Discharge

NAME	Duquesne Light Company
ADDRESS	One Oxford Centre 301 Grant Street Pittsburgh, Pennsylvania 15279
FACILITY	Beaver Valley Power Station
LOCATION	Shippingport Borough, Beaver County

PA0025615	006
PERMIT NUMBER	DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

	MONITORING PERIOD						
	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

NOTE: head instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	No Flow		MGD	*	*	*	*	0	1/Week	Est.
	Permit Require.	*	*		*	*	*			1/WEEK	ESTIMATE
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
A. M. Dulick Chemistry Manager TYPED OR PRINTED	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	412 AREA CODE	393-5113 NUMBER	91 YEAR	10 MONTH	21 DAY

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

No Discharge

Form PGH BWQM 002 (Rev 5/88)

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615	007
PERMIT NUMBER	DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

NOTE: Read instructions before completing this form.

MONITORING PERIOD	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	DAILY MAXIMUM	INSTANTANEOUS MAXIMUM	UNITS			
Flow	Sample Measure.	No Flow		MGD	*	*	*	*	0	1/Wk	Est.
	Permit Require.	*	*		*	*	*			1/WEEK	ESTIMATE
Free Available Chlorine	Sample Measure.	*	*	*	*			MG/L			
	Permit Require.	*	*		*	0.2	0.5			1/WEEK	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
TYPED OR PRINTED

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319(c)(4). The penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment between 6 mo. and 5 yr.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 412, NUMBER 393-5113

DATE: YEAR 91, MONTH 10, DAY 21

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

No Discharge.

Form PER BWQM 002 (Rev 5/88)

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615	008
PERMIT NUMBER	DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

NOTE: Read instructions before completing this form.

MONITORING PERIOD	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	0.001	0.001	MGD	*	*	*	*	0	1/Week	Est.
	Permit Require.	*	*		*	*	*			1/WEEK	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*	4.69	6.27	MG/L	0	2/Month	G
	Permit Require.	*	*		*	30	100			2/MONTH	GRAB
Oil and Grease	Sample Measure.	*	*	*	* 3.99	5.00	5.00	MG/L	0	2/Month	G
	Permit Require.	*	*		AVG. MONTHLY 15	DAILY MAX. 20	INSTANT. MAX. 30			2/MONTH	GRAB
pH	Sample Measure.	*	*	*	7.87	*	7.88	S.U.	0	2/Month	G
	Permit Require.	*	*		6.0	*	9.0			2/MONTH	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
A. M. Dulick Chemistry Manager TYPED OR PRINTED	I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 and 33 U.S.C. 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonments between 6 mo. and 5 yr.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 412	NUMBER 393-5113	YEAR 91	MONTH 10	DAY 21

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

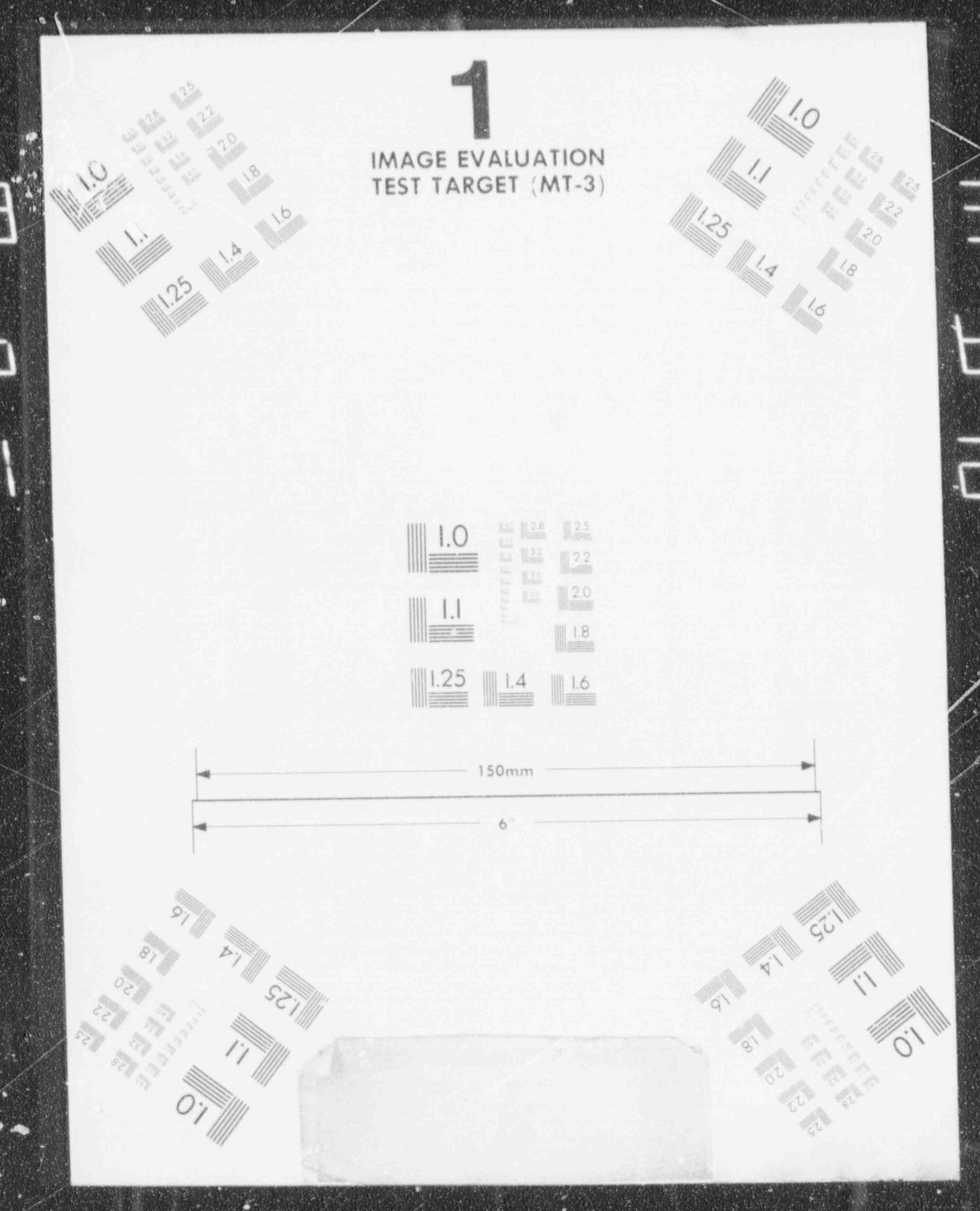
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IMAGE EVALUATION
TEST TARGET (MT-3)
1.0
1.1
1.25
1.4
1.6
1.8
2.0
2.2
2.5
2.8
3.2
3.6
4.0
150mm
6"

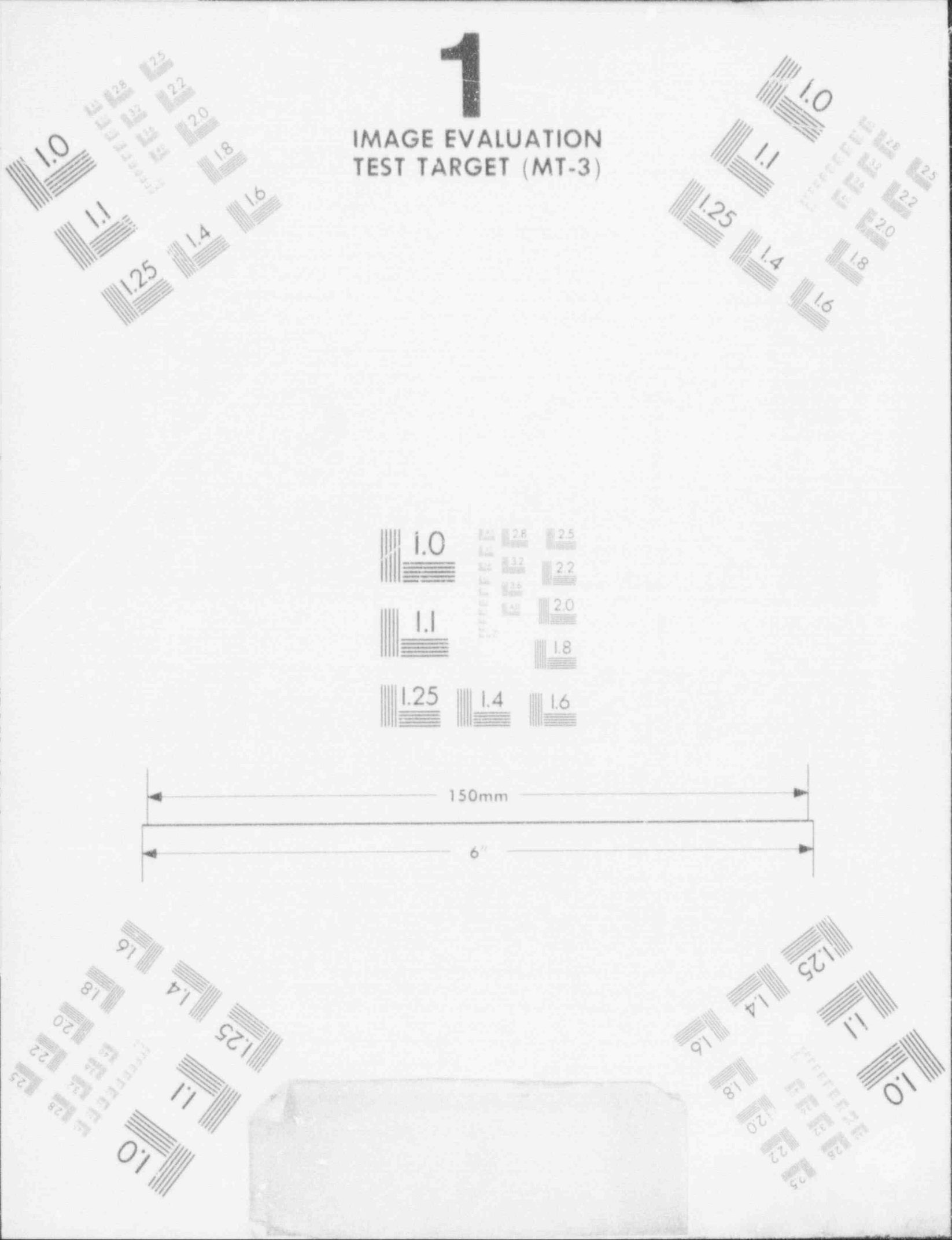
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IMAGE EVALUATION
TEST TARGET (MT-3)
1.0
1.1
1.25
1.4
1.6
1.8
2.0
2.2
2.5
2.8
3.2
3.6
4.0
150mm
6"

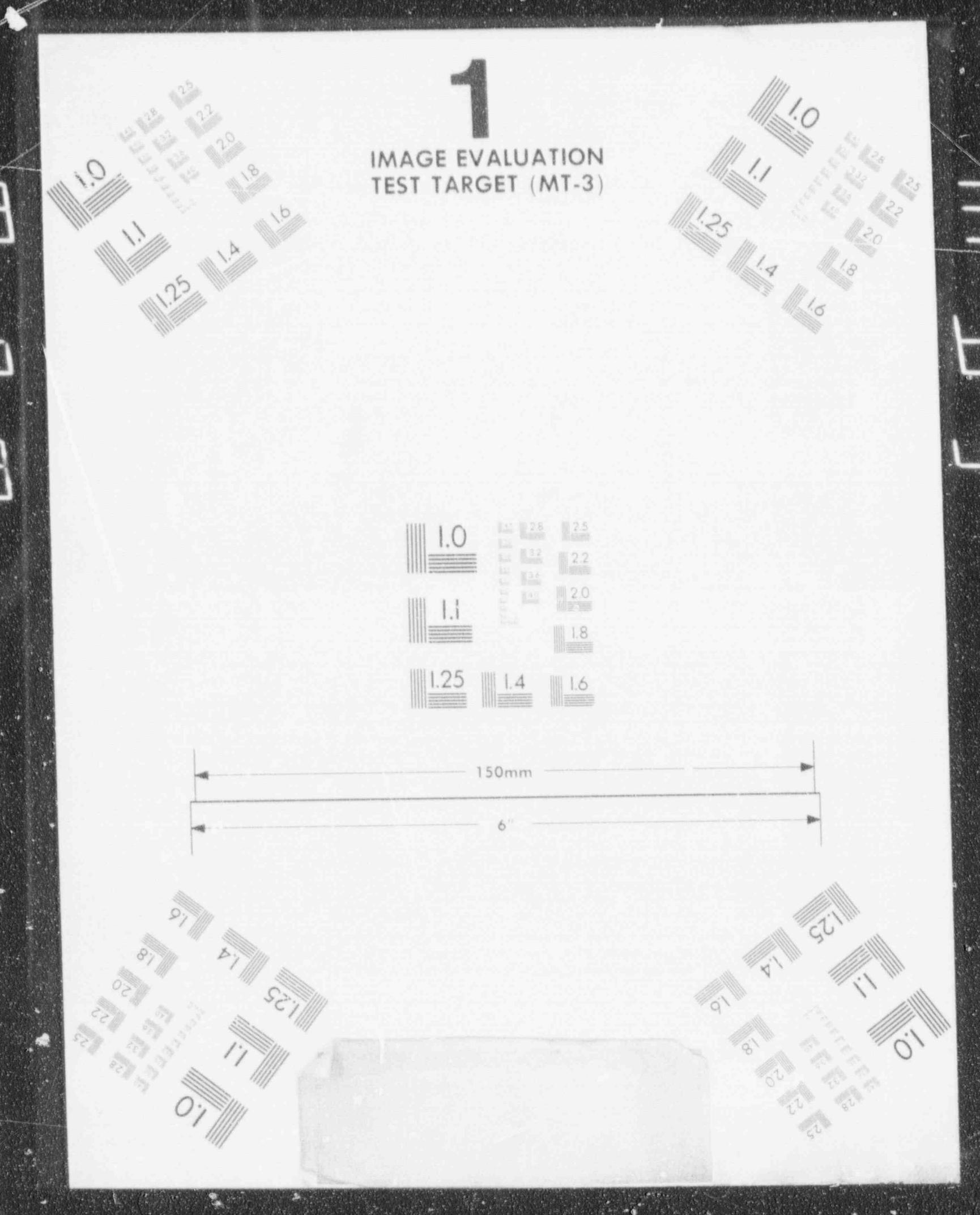
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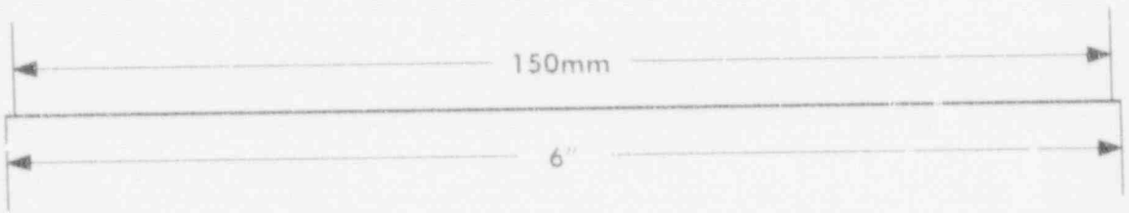
IMAGE EVALUATION
TEST TARGET (MT-3)
1.0
1.1
1.25
1.4
1.6
1.8
2.0
2.2
2.5
2.8
3.2
3.6
150mm
6"

1

IMAGE EVALUATION
TEST TARGET (MT-3)



NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615	110
PERMIT NUMBER	DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

MONITORING PERIOD

	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION						
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	Sample Measure.	No Flow		MGD	*	*	*	*	0	1/Week	Est
	Permit Require.	*	*		*	*	*			1/WEEK	ESTIMATE
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	○	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	.		*	*	.			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: A. M. Dulick, Chemistry Manager (TYPED OR PRINTED)

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 and 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [signature]

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MONTH	DAY
412	393-5113	91	10	21

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

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615	010
PERMIT NUMBER	DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

NOTE: Read instructions before completing this form.

MONITORING PERIOD	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	DAILY MAXIMUM	INSTANTANEOUS MAXIMUM	UNITS			
Flow	Sample Measure.	5.000	5.000	MGD	*	*	*	*	0	1/Wk	Meas.
	Permit Require.	*	*		*	*	*			1/WEEK	MEASURED
Free Available Chlorine	Sample Measure.	*	*	*	*	0.02	0.02	MG/L	0	1/Wk	G
	Permit Require.	*	*		*	0.2	0.5			1/WEEK	GRAB/ CHLORO.
pH	Sample Measure.	*	*	*	7.35	*	7.89	S.U.	0	1/Wk	G
	Permit Require.	*	*		6.0	*	MAXIMUM 9.0			1/WEEK	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
TYPED OR PRINTED

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 and 33 U.S.C. 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment between 6 mo. and 5 yrs.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 412, NUMBER 393-5113

DATE: YEAR 91, MONTH 10, DAY 21

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

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615	011
PERMIT NUMBER	DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

	MONITORING PERIOD						
	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	31

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	Sample Measure.	0.002	0.002	MGD	*	*	*	*	0	1/Wk	Est
	Permit Require.	*	*		*	*	*			1/WEEK	ESTIMATE
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
A. M. Dulick Chemistry Manager TYPED OR PRINTED	I certify under penalty of law [illegible]	[signature] SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	412 AREA CODE	393-5113 NUMBER	91 YEAR	10 MONTH	21 DAY

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

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025515
PERMIT NUMBER

111
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

NOTE: Read instructions before completing this form.

MONITORING PERIOD	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	0.001	0.001	MGD	*	*	*	*	0	1/Wk	Est.
	Permit Require.	*	*		*	*	*			1/WEEK	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*	5.55	6.96	MG/L	0	1/Wk	G
	Permit Require.	*	*		*	30	100			1/WEEK	GRAB
Oil and Grease	Sample Measure.	*	*	*	3.47	5.88	5.88	MG/L	0	1/Wk	G
	Permit Require.	*	*		AVERAGE 15	MAXIMUM 20	INSTANT. MAX. 30			1/WEEK	GRAB
2-Chlorophenol	Sample Measure.	*	*	*				MG/L			
	Permit Require.	*	*		MONITOR		ONLY			2/QUARTER	GRAB
Pentachlorophenol	Sample Measure.	*	*	*				MG/L			
	Permit Require.	*	*		MONITOR		ONLY			2/QUARTER	GRAB
pH	Sample Measure.	*	*	*	7.30	*	8.33	S.U.	0	1/Wk	G
	Permit Require.	*	*		6.0	*	9.0			1/WEEK	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
TYPED OR PRINTED

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Penalties include fines of up to $10,000 and/or maximum imprisonment between 6 mo. and 5 yrs.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE 412 NUMBER 393-5113

DATE YEAR 91 MONTH 10 DAY 21

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

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615	211
PERMIT NUMBER	DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

NOTE: Read instructions before completing this form.

MONITORING PERIOD	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	0.001	0.001	MGD	*	*	*	*	0	1/Wk	Est.
	Permit Require.	*	*		*	*	*			1/WEEK	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*	1.00	1.00	MG/L	0	1/Wk	G
	Permit Require.	*	*		*	30	100			1/WEEK	GRAB
Oil and Grease	Sample Measure.	*	*	*	2.81	5.00	5.00	MG/L	0	1/Wk	G
	Permit Require.	*	*		AVERAGE 15	MAXIMUM 20	INSTANT. MAX. 30			1/WEEK	GRAB
2-Chlorophenol	Sample Measure.	*	*	*				MG/L			
	Permit Require.	*	*		MONITOR		ONLY			2/QUARTER	GRAB
Pentachlorophenol	Sample Measure.	*	*	*				MG/L			
	Permit Require.	*	*		MONITOR		ONLY			2/QUARTER	GRAB
pH	Sample Measure.	*	*	*	6.10	*	7.41	S.U.	0	1/Wk	G
	Permit Require.	*	*		6.0	*	9.0			1/WEEK	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
TYPED OR PRINTED

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 and 33 U.S.C. 1319(c)(4). Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonments between 2 to 5 yrs.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 412, NUMBER 393-5113

DATE: YEAR 91, MONTH 10, DAY 21

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

NAME Duquesne Light Company
ADDRESS One Oxford Cent.e
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615
PERMIT NUMBER

012
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

	MONITORING PERIOD						
	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	03

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	0.001	0.001	MGD	*	*	*	*	0	1/Month	Est.
	Permit Require.	*	*		*	*	*			1/MONTH	ESTIMATE
pH	Sample Measure.	*	*	*	8.11	*	8.11	S.U.	0	1/Month	G
	Permit Require.	*	*		6.0	*	9.0			1/MONTH	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	c			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Certification	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
A. M. Dulick Chemistry Manager TYPED OR PRINTED	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 and 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)	[signature]	412 393-3113 AREA CODE / NUMBER	91 10 21 YEAR MONTH DAY

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

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615
PERMIT NUMBER

113
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

NOTE: Read instructions before completing this form.

MONITORING PERIOD	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	0.033	0.050	MGD	*	*	*	*	0	1/Week	Meas.
	Permit Require.	0.043	*		*	*	*			1/WEEK	MEASURED
CBOD-5 Day	Sample Measure.	*	*	LB/DY	*	2.50	2.50	MG/L	0	2/Month	8HC
	Permit Require.	*	*		*	25	50			2/MONTH	8 HOUR COMPOSITE
Suspended Solids	Sample Measure.	*	*	LB/DY	*	24.18	27.60	MG/L	0	2/Month	8HC
	Permit Require.	*	*		*	30	60			2/MONTH	8 HOUR COMPOSITE
Fecal Coliform May 1 to Oct 31 Nov 1 to Apr 30	Sample Measure.	*	*	*	*	20.00	40.00	#/100ML	0	2/Month	G
	Permit Require.	*	*		*	200 2000	400 *			2/MONTH	GRAB
pH	Sample Measure.	*	*	*	6.12	*	6.66	S.U.	0	2/Month	G
	Permit Require.	*	*		6.0	*	9.0			2/MONTH	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
TYPED OR PRINTED

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. §1001 and 33 U.S.C. §1319 (penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 412, NUMBER 393-5113

DATE: YEAR 91, MONTH 10, DAY 21

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

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615	213
PERMIT NUMBER	DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

NOTE: Read instructions before completing this form.

MONITORING PERIOD	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	0.001	0.001	MGD	*	*	*	*	0	1/Wk	Est.
	Permit Require.	*	*		*	*	*			1/WEEK	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*	9.21	12.54	MG/L	0	2/Month	G
	Permit Require.	*	*		*	30	100			2/MONTH	GRAB
Oil and Grease	Sample Measure.	*	*	*	*	6.98	8.96	MG/L	0	2/Month	G
	Permit Require.	*	*		*	15	20			2/MONTH	GRAB
pH	Sample Measure.	*	*	*	7.80	*	8.51	S.U.	0	2/Month	G
	Permit Require.	*	*		6.0	*	9.0			2/MONTH	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
TYPED OR PRINTED

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 and 33 U.S.C. 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment between 2 to 5 yr.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 412, NUMBER 393-5113

DATE: YEAR 91, MONTH 10, DAY 21

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

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615
PERMIT NUMBER

313
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

NOTE: Read instructions before completing this form.

MONITORING PERIOD	Year	Month	Day		Year	Month	Day
FROM				TO			

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	001	001	MGD	*	*	*	*	0	1/Wk	Est
	Permit Require.	*	*		*	*	*			1/WEEK	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*	2.09	2.48	MG/L	0	1/Wk	G
	Permit Require.	*	*		*	30	100			1/WEEK	GRAB
Oil and Grease	Sample Measure.	*	*	*	*	3.39	5.00	MG/L	0	1/Wk	G
	Permit Require.	*	*		*	15	20			1/WEEK	GRAB
pH	Sample Measure.	*	*	*	6.32	*	8.10	S.U.	0	1/Wk	G
	Permit Require.	*	*		6.0	*	9.0			1/WEEK	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
TYPED OR PRINTED

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Penalties for violations of permit conditions are described in 18 Pa. C.S. § 4903 and 33 U.S.C. § 1319(c)(2)(A) and (B) provide for a maximum penalty of $10,000 per day of violation and imprisonment between 6 mo. and 5 yrs. up to $10,000 and/or maximum imprisonment between 2 yrs. and 5 yrs.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 412, NUMBER 393-5113

DATE: YEAR 91, MONTH 10, DAY 21

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

Form PGH BWQM 002 (Rev 5/88)

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615	413
PERMIT NUMBER	DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

NOTE: Read instructions before completing this form.

MONITORING PERIOD	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	No Flow		MGD	*	*	*	*	0	1/Wk	Est.
	Permit Require.	*	*		*	*	*			1/WEEK	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*			MG/L			
	Permit Require.	*	*		*	30	100			1/WEEK	GRAB
Oil and Grease	Sample Measure.	*	*	*	*			MG/L			
	Permit Require.	*	*		*	15	20			1/WEEK	GRAB
pH	Sample Measure.	*	*	*		*		S.U.			
	Permit Require.	*	*		6.0	*	9.0			1/WEEK	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
TYPED OR PRINTED

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 and 33 U.S.C. 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonments between 1 to 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MONTH	DAY
412	393-5113	91	10	21

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

No Discharge

NAME	Duquesne Light Company
ADDRESS	One Oxford Centre
	301 Grant Street
	Pittsburgh, Pennsylvania 15279
FACILITY	Beaver Valley Power Station
LOCATION	Shippingport Borough, Beaver County

PA0025615	013
PERMIT NUMBER	DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AMENDMENT NO. 1

	MONITORING PERIOD						
	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	0.035	0.052	MGD	*	*	*	*	0	1/Wk	Est.
	Permit Require.	*	*		*	*	*			1/WEEK	ESTIMATE
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
A. M. Dulick Chemistry Manager TYPED OR PRINTED	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 and 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)	[signature] SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	412 AREA CODE	393-5113 NUMBER	91 YEAR	10 MONTH	21 DAY

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

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Month: September
Year: 1991

Instructions:

1. Complete monthly and submit with each DMR. Attach additional sheets and comments as needed for completeness and clarity.
2. Sludge production information will be used to evaluate plant performance. Report only sludge which has been removed from digesters and other solids which have been permanently removed from the treatment process. Do not include sludge from other plants which is processed at your facility.
3. In the disposal site section, report all sludge leaving your facility for disposal. If another plant processes and disposes of your sludge, just provide the name of that plant. If you dispose of sludge from other plants, include their tonnage in the disposal site section and provide their names and individual dry tonnage on the back of this form.
4. If no sludge was removed, note on form.

Permittee: Duquesne Light Company
Plant: Beaver Valley Power Station Unit 1
NPDES: PA 0025615
Municipality: Shippingport PA
County: Beaver

For sludge that is incinerated:
Pre-incineration weight = _____ dry tons
Post-incineration weight = _____ dry tons

SLUDGE PRODUCTION INFORMATION (prior to incineration)

HAULED AS LIQUID SLUDGE

(Gallons)	X	(% Solids)	X	(Conversion Factor)	=	Dry Tons
				.0000417		
				TOTAL	=	0

HAULED AS DEWATERED SLUDGE

(Tons of Dewatered Sludge)	X	(% Solids)	X	(.01)	=	Dry Tons
				.01		
				TOTAL	=	

DISPOSAL SITE INFORMATION: List all sites, even if not used this month

	Site 1	Site 2	Site 3	Site 4
Name:	Boro of Monaca Sewage Treatment Plant			
Permit No.:	PA 0020125			
Dry Tons Disposed:				
Type: (check one) Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver			

Signature — Title: CHEMISTRY MANAGER — Date: OCT 21 1991 — Telephone: (412) 393-5113

(SSR-1 3/21/91)

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Month: September
Year: 1991

Instructions:

1. Complete monthly and submit with each DMR. Attach additional sheets and comments as needed for completeness and clarity.
2. Sludge production information will be used to evaluate plant performance. Report only sludge which has been removed from digesters and other solids which have been permanently removed from the treatment process. Do not include sludge from other plants which is processed at your facility.
3. In the disposal site section, report all sludge leaving your facility for disposal. If another plant processes and disposes of your sludge, just provide the name of that plant. If you dispose of sludge from other plants, include their tonnage in the disposal site section and provide their names and individual dry tonnage on the back of this form.
4. If no sludge was removed, note on form.

Permittee: Duquesne Light Company
Plant: Beaver Valley Power Station Unit II
NPDES: PA 0025615
Municipality: Shippingport PA
County: Beaver

For sludge that is incinerated:
Pre-incineration weight = _____ dry tons
Post-incineration weight = _____ dry tons

SLUDGE PRODUCTION INFORMATION (prior to incineration)

HAULED AS LIQUID SLUDGE						HAULED AS DEWATERED SLUDGE				
(Gallons)	X	(% Solids)	X	(Conversion Factor)	= Dry Tons	(Tons of Dewatered Sludge)	X (% Solids)	X (.01)	= Dry Tons	
8000		0.02 (2%)		.0000417	0.007			.01		
				TOTAL	= 0.007			TOTAL	= _____	

DISPOSAL SITE INFORMATION: List all sites, even if not used this month

	Site 1	Site 2	Site 3	Site 4
Name:	Boro of Monaca Sewage Treatment Plant			
Permit No.:	PA 0020125			
Dry Tons Disposed:				
Type: (check one) Landfill				
Agr. Utilization				
*Other (specify)				
County:	Beaver			

Signature — Title: CHEMISTRY MANAGER — Date: OCT 31 1991 — Telephone: (412) 393-5113

(SSR-1 3/21/91)

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, PA 15279
FACILITY Shippingport Atomic Power Station
LOCATION Shippingport Borough, Beaver County

PERMIT NUMBER	DISCHARGE NO.
PA0001589	30?

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

MONITORING PERIOD

	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	Sample Measure.	No Discharge		MGD	*	*	*	*			
	Permit Require.	*	*		*	*	*			2/MO	EST
Suspended Solids	Sample Measure.	*	*	*	*			MG/L			
	Permit Require.	*	*		*	30	100			2/MO	GRAB
Oil & Grease	Sample Measure.	*	*	*	*			MG/L			
	Permit Require.	*	*		*	15	20			2/MO	GRAB
pH	Sample Measure.	*	*	*		*		S.U.			
	Permit Require.	*	*		6.0	*	9.0			2/MO	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE AREA CODE	NUMBER	DATE YEAR	MONTH	DAY
A. M. Dulick Chemistry Manager TYPED OR PRINTED	[illegible]	[signature]	412	393-5113	91	10	21

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

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, PA 15279
FACILITY Shippingport Atomic Power Station
LOCATION Shippingport Borough, Beaver County

PA0001589 — PERMIT NUMBER
101 — DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
NPDES

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	No Discharge		MGD	*	*	*	*			
	Permit Require.	*	*		*	*	*			2/MO	EST
Suspended Solids	Sample Measure.	*	*	*	*			MG/L			
	Permit Require.	*	*		*	30	100			2/MO	GRAB
Oil & Grease	Sample Measure.	*	*	*	*			MG/L			
	Permit Require.	*	*		*	15	20			2 MO	GRAB
	Sample Measure.	*	*	*		*		S.U.			
	Permit Require.	*	*		6.0	*	9.0			2/MO	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
TYPED OR PRINTED

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 412 NUMBER 393-5113

DATE: YEAR 91 MONTH 10 DAY 21

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

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, PA 15279
FACILITY Shippingport Atomic Power Station
LOCATION Shippingport Borough, Beaver County

PA0001589	001
PERMIT NUMBER	DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

	MONITORING PERIOD						
	Year	Month	Day		Year	Month	Day
FROM	91	09	01	TO	91	09	30

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING: AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION: MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	Sample Measure.	No Discharge		MGD	*	*	*	*			
	Permit Require.	*	*		*	*	*			CONT	EST
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
A. M. Dulick Chemistry Manager TYPED OR PRINTED	I certify under penalty of law that I have personally examined ... [illegible]		412	393-5113	91	10	21
			AREA CODE	NUMBER	YEAR	MONTH	DAY

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