



**Duquesne Light Company**

Beaver Valley Power Station  
P.O. Box 4  
Shippingport, PA 15077-0004

THOMAS P. NOONAN  
Division Vice President  
Nuclear Operations

(412) 393-7622  
Fax (412) 393-4905

November 22, 1995  
NPD3VPO: 0411

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

NPDES Monthly Report, EPA Permit No. PA0025615

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 Protection.

Sincerely,

T. P. Noonan  
Division Vice President  
Nuclear Operations

DNH/trs

cc: D. A. Orndorf  
J. A. Cool  
R. K. Brosi  
Central File

*JE2511*



9512050204 951031  
PDR ADDCK 05000334  
R PDR

*CURT# 2 330 532 826*



**Duquesne Light Company**

Beaver Valley Power Station  
P.O. Box 4  
Shippingport, PA 15077-0004

THOMAS P. NOONAN  
Division Vice President  
Nuclear Operations

(412) 393-7622  
Fax (412) 393-4905

November 22, 1995  
NPD3VPO: 0412

United States Environmental Protection Agency  
Region III, Pennsylvania (3WM53)  
Water Permits Branch  
Water Management Division  
841 Chestnut Street  
Philadelphia, PA 19107

EPA Permit No. PA0025625 Reportable Occurrences

Dear Sir:

As required by the EPA Permit No. PA0025625, the following information is provided in regard to a reportable occurrence at Beaver Valley Power Station.

EPA discharge 012, blowdown from the Emergency Response Facility Heating Ventilation and Air Conditioning (HVAC) cooling system, exceeded the instantaneous maximum and daily maximum specifications of 0.5 ppm and 0.2 ppm free available chlorine (FAC) on October 20 and October 24 when the FAC of the discharge was 1.06 ppm and 1.24 ppm respectively. The samples collected in October for FAC were in response to requirements and limitations placed on discharge 012 with the new EPA NPDES permit effective September 30, 1995.

The make up water to the HVAC system is domestic water provided to the station by the Midland (Municipal) Water Authority who chlorinate the water to approximately 1.3 ppm FAC. Duquesne Light Company adds no additional chlorine to this system.

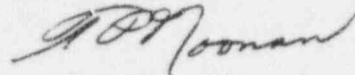
**DELIVERING  
QUALITY  
ENERGY**

November 22, 1995  
NPD3VPO: 0412  
Page 2

Duquesne Light has appealed the new NPDES permit and is currently negotiating with the PA DEP to stay the new chlorine limits.

If you have any questions concerning this report, please do not hesitate to contact David A. Orndorf.

Sincerely,



T. P. Noonan  
Division Vice President  
Nuclear Operations

DNH/trs

Attachment

cc: D. A. Orndorf

J. A. Cool

R. K. Brosi

Central File - Keywords: NPDES Reportable Occurrence



**Duquesne Light Company**

Beaver Valley Power Station  
P.O. Box 4  
Shippingport, PA 15077-0004

THOMAS P. NOONAN  
Division Vice President  
Nuclear Operations

(412) 393-7622  
Fax (412) 393-4905

November 22, 1995  
NPD3VPO: 0409

United States Environmental Protection Agency  
Region III, Pennsylvania (3WM53)  
Water Permits Branch  
Water Management Division  
841 Chestnut Street  
Philadelphia, PA 19107

NPDES Monthly Report, EPA Permit No. PA0025615

Dear Sir:

This letter forwards a copy of our NPDES Monthly Report as submitted to the Pennsylvania Department of Environmental Resources, Bureau of Water Quality Management

Sincerely,

T. P. Noonan  
Division Vice President  
Nuclear Operations

DNH/trs

Attachment

cc: D. A. Orndorf  
J. A. Cool  
R. K. Brosi  
Central File

**DELIVERING  
QUALITY  
ENERGY**



**Duquesne Light Company**

Beaver Valley Power Station  
P.O. Box 4  
Shippingport, PA 15077-0004

THOMAS P. NOONAN  
Division Vice President  
Nuclear Operations

(412) 393-7622  
Fax (412) 393-4905

November 22, 1995  
NPD3VPO: 0410

Attention: "DMR Clerk"  
Department of Environmental Protection  
Bureau of Water Quality Management  
400 Waterfront Drive  
Pittsburgh, PA 15222

NPDES Monthly Report, EPA Permit Number PA0025615

Gentlemen:

NPDES Monthly Report for Duquesne Light Company, Beaver Valley Power Station for October 1995 is 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.

Sincerely,

T. P. Noonan  
Division Vice President  
Nuclear Operations

DNH/trs

Enclosure

cc: D. A. Orndorf  
J. A. Cool  
R. K. Brosi  
Central File

**DELIVERING  
QUALITY  
ENERGY**

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)

MONITORING PERIOD							
Year	Month	Day		Year	Month	Day	
FROM	45	10	01	TO	95	10	31

DISCHARGE MONITORING REPORT (DMR)

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.	0.003 <del>6.88</del>	0.008 <del>7.58</del>	11/22/95 MGD	*	*	*	*	0	DAILY	CONT.
	Permit Require.	*	*		*	*	*	*		DAILY	CONTINUOUS
Suspended Solids	Sample Measure.	*	*	*	*	7.0	11.0	MG/L	0	1/7	2HC
	Permit Require.	*	*	*	*	30	100			1/WEEK	2 HOUR COMPOSITE
Oil and Grease	Sample Measure.	*	*	*	*	<5	<5	MG/L	0	1/7	G
	Permit Require.	*	*	*	*	15	20			1/WEEK	GRAB
Hydrazine	Sample Measure.	*	*	*	N/A			MG/L			
	Permit Require.	*	*	*	MONITOR		ONLY			1/WEEK	GRAB
Ammonia	Sample Measure.	*	*	*	N/A			MG/L			
	Permit Require.	*	*	*	MONITOR		ONLY			1/WEEK	GRAB
pH	Sample Measure.	*	*	*	6.88	*	7.58	S.U.	0	1/7	G
	Permit Require.	*	*	*	6.0	*	9.0			1/WEEK	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*	*	*	*	*	*		*	*
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.							TELEPHONE	DATE		
David Orndorf Chemistry Manager	<i>DeVicinia for DAO</i>							412393-5113	95	11	22
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

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

*N/A = not applicable, conditions of wet layup did not exist.*

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

PA0025615  
 PERMIT NUMBER

201  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
95	10	01	TO	95	10	31

DISCHARGE MONITORING REPORT (DMR)

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.	<i>NO FLOW</i>		MGD	*	*	*	*	2/MONTH	ESTIMATE		
	Permit Require.	*	*		*	*	*					
Suspended Solids	Sample Measure.	*	*	*	*			MG/L	2/MONTH	GRAB		
	Permit Require.	*	*		*	30	100					
Oil and Grease	Sample Measure.	*	*	*	*			MG/L	2/MONTH	GRAB		
	Permit Require.	*	*		*	15	20					
pH	Sample Measure.	*	*	*	*			S.U.	2/MONTH	GRAB		
	Permit Require.	*	*		*	6.0	9.0					
	Sample Measure.	*	*	*	*	*	*	*	*	*		
	Permit Require.	*	*		*	*	*				*	
	Sample Measure.	*	*	*	*	*	*	*	*	*		
	Permit Require.	*	*		*	*	*				*	
	Sample Measure.	*	*	*	*	*	*	*	*	*		
	Permit Require.	*	*		*	*	*				*	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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. S 1001 & 33 U.S.C. S 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.							TELEPHONE		DATE		
David Orndorf Chemistry Manager								412393-5113		95	11	22
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MONTH	DAY
	<i>S. Vicinie for DAO</i>											

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

*NO DISCHARGE*

NOTE: YOUR PERMIT WILL EXPIRE ON \_\_\_\_\_ PLEASE SUBMIT YOUR RENEWAL APPLICATION BY APR - 1

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

301  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	10	01	95	10	31

DISCHARGE MONITORING REPORT (DMR)

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 FLOW	MGD	*	*	*	*		1/WEEK	ESTIMATE		
	Permit Require.	*		*	*	*					*	
Suspended Solids	Sample Measure.	*	*	*	*	*	MG/L		2/MONTH	GRAB		
	Permit Require.	*	*	*	30	100						
Oil and Grease	Sample Measure.	*	*	*	*	*	MG/L		2/MONTH	GRAB		
	Permit Require.	*	*	*	15	20						
	Sample Measure.	*	*	*	*	*	*		*	*		
	Permit Require.	*	*	*	*	*						
	Sample Measure.	*	*	*	*	*	*		*	*		
	Permit Require.	*	*	*	*	*						
	Sample Measure.	*	*	*	*	*	*		*	*		
	Permit Require.	*	*	*	*	*						
	Sample Measure.	*	*	*	*	*	*		*	*		
	Permit Require.	*	*	*	*	*						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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. S 1001 & 33 U.S.C. S 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)							TELEPHONE		DATE		
David Orndorf Chemistry Manager								412 393-5113		95	11	22
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MONTH	DAY

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

401  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
95	10	01	TO	95	10	31

DISCHARGE MONITORING REPORT (DMR)

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 FLOW		MGD	*	*	*	*	1/WEEK	ESTIMATE		
	Permit Require.	*	*		*	*	*					
Suspended Solids	Sample Measure.	*	*	*	*		MG/L		2/MONTH	GRAB		
	Permit Require.	*	*		*	30					100	
Oil and Grease	Sample Measure.	*	*	*	*		MG/L		2/MONTH	GRAB		
	Permit Require.	*	*		*	15					20	
pH	Sample Measure.	*	*	*			S.U.		2/MONTH	GRAB		
	Permit Require.	*	*		*	6.0					*	*
	Sample Measure.	*	*	*	*	*	*		*	*		
	Permit Require.	*	*		*	*					*	
	Sample Measure.	*	*	*	*	*	*		*	*		
	Permit Require.	*	*		*	*					*	
	Sample Measure.	*	*	*	*	*	*		*	*		
	Permit Require.	*	*		*	*					*	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)							TELEPHONE		DATE		
David Orndorf Chemistry Manager								412 393-5113		95	11	22
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MONTH	DAY

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)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	10	01	95	10	31

DISCHARGE MONITORING REPORT (DMR)

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.	34.059	45.864	MGD	*	*	*	*	0	DAILY	CONT.	
	Permit Require.	*	*		*	*	*		0	DAILY	CONTINUOUS	
Free Available Chlorine	Sample Measure.	*	*	*	*	0.07	0.12	MG/L	0	2/DAY	GRAB	
	Permit Require.	*	*		*	MAXIMUM 0.2	INSTANT. MAX. 0.5		0	CONTINUOUS	RECORDED	
Total Residual Chlorine	Sample Measure.	*	*	*	*	0.08	0.24	MG/L	0	2/DAY	GRAB	
	Permit Require.	*	*		*	0.5	INSTANT. MAX. 1.25		0	1/WEEK	GRAB	
Clamrol (CT-1)	Sample Measure.	*	*	*	*	<0.3	<0.3	MG/L	0	WHEN DISCHARGING	24 HR COMP.	
	Permit Require.	*	*		*	NOT DETECTABLE	NOT DETECTABLE		0	WHEN DISCHARGING	24 HOUR COMPOSITE	
Betz DT-1	Sample Measure.	*	*	*	*	*	20.0	MG/L	0	WHEN DISCHARGING	24 HR COMP.	
	Permit Require.	*	*		*	*	35.0		0	WHEN DISCHARGING	24 HOUR COMPOSITE	
Hydrazine	Sample Measure.	N/A		LB/DY	*			MG/L			→	
	Permit Require.	NOT DETECTABLE			*		USING ASTM D-1385			1/WEEK	GRAB	
Ammonia	Sample Measure.	*	*	*	*	N/A		MG/L			→	
	Permit Require.	*	*		*		MONITOR ONLY			1/WEEK	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.							TELEPHONE		DATE		
David Orndorf Chemistry Manager								412 393-5113		95	11	22
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

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

N/A = Not detectable, no periods of wet layup existed.

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)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
95	10	01	TO	95	10	31

DISCHARGE MONITORING REPORT (DMR)

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					
pH	Sample Measure.	*	*	*	8.37	*	8.46	S.U.	0	1/7	GRAB	
	Permit Require.	*	*	*	6.0	*	9.0			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	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 fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 y.)							TELEPHONE		DATE		
								412 393-5113		95	11	22
David Orndorf Chemistry Manager	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MONTH	DAY
TYPED OR PRINTED												

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

102  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	10	01	95	10	31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	SAMPLE MEASURE.	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measure.	0.001	0.001	MGD	*	*	*	*	0	2/31	EST	
	Permit Require.	*	*		*	*	*					2/MONTH
Suspended Solids	Sample Measure.	*	*	*	*	4.3	4.6	MG/L	0	2/31	G	
	Permit Require.	*	*		*	30	100					2/MONTH
Oil and Grease	Sample Measure.	*	*	*	*	<5	<5	MG/L	0	2/31	G	
	Permit Require.	*	*		*	15	20					2/MONTH
pH	Sample Measure.	*	*	*	7.69	*	7.82	S.U.	0	2/31	G	
	Permit Require.	*	*		*	6.0	9.0					2/MONTH
	Sample Measure.	*	*	*	*	*	*	*			*	
	Permit Require.	*	*		*	*	*					*
	Sample Measure.	*	*	*	*	*	*	*			*	
	Permit Require.	*	*		*	*	*					*
	Sample Measure.	*	*	*	*	*	*	*			*	
	Permit Require.	*	*		*	*	*					*
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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. S 1001 & 33 U.S.C. S 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.							TELEPHONE		DATE		
David Orndorf Chemistry Manager								412 393-5113		95	11	22
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

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

002  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD  
 Year Month Day FROM 95 10 01 TO 95 10 31

DISCHARGE MONITORING REPORT (DMR)

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.	0.006	0.046	MGD	*	*	*	*	0	1/7	EST
	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	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 fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)	TELEPHONE	DATE			
David Orndorf Chemistry Manager		412 393-5113	95	11	22	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	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

203  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	10	10	95	10	31
FROM				TO	
11/22/95		11/22/95			

DISCHARGE MONITORING REPORT (DMR)

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.	0.002	0.004	MGD	*	*	*	0	1/7	MEAS		
	Permit Require.	0.023	*		*	*	*		1/WEEK	MEASURED		
CBOD-5 Day	Sample Measure.	*	*	LB/DY	*	7.9	10	0	2/31	8HC		
	Permit Require.	*	*		*	25	50		2/MONTH	8 HOUR COMPOSITE		
Suspended Solids	Sample Measure.	*	*	LB/DY	*	29.85	37.80	0	2/31	8HC		
	Permit Require.	*	*		*	30	60		2/MONTH	8 HOUR COMPOSITE		
Total Residual Chlorine Permit issuance thru September 30, 1997	Sample Measure.	*	*	*	*	0.86	2.35	0	3/31	G		
	Permit Require.	*	*		*	1.2	INSTANT. MAX. 3.0		2/MONTH	GRAB		
Fecal Coliform May 1 to Sep 30 Oct 1 to Apr 30	Sample Measure.	*	*	*	*	5	10	0	2/31	G		
	Permit Require.	*	*		*	200 2000	1000 *		2/MONTH	GRAB		
pH	Sample Measure.	*	*	*	6.83	*	7.58	0	2/31	G		
	Permit Require.	*	*		6.0	*	9.0		2/MONTH	GRAB		
	Sample Measure.	*	*	*	*	*	*		*	*		
	Permit Require.	*	*		*	*	*		*	*		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)							TELEPHONE		DATE		
David Orndorf Chemistry Manager								412 393-5113		95	11	22
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH

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

303  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	10	01	95	10	31

DISCHARGE MONITORING REPORT (DMR)

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.	0.019	0.056	MGD	*	*	*	*	0	1/WK	EST	
	Permit Require.	*	*		*	*	*	*		1/WEEK	ESTIMATE	
Suspended Solids	Sample Measure.	*	*	*	*	10.1	15.4	MG/L	0	1/7	G	
	Permit Require.	*	*		*	30	100			1/WEEK	GRAB	
Oil and Grease	Sample Measure.	*	*	*	*	<5	<5	MG/L	0	1/7	G	
	Permit Require.	*	*		*	15	20			1/WEEK	GRAB	
pH	Sample Measure.	*	*	*	6.98	*	8.14	S.U.	0	1/7	G	
	Permit Require.	*	*		6.0	*	9.0			1/WEEK	GRAB	
	Sample Measure.	*	*	*	*	*	*	*	*	*	*	
	Permit Require.	*	*		*	*	*	*	*	*	*	
	Sample Measure.	*	*	*	*	*	*	*	*	*	*	
	Permit Require.	*	*		*	*	*	*	*	*	*	
	Sample Measure.	*	*	*	*	*	*	*	*	*	*	
	Permit Require.	*	*		*	*	*	*	*	*	*	
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David Orndorf Chemistry Manager								412 393-5113		95	11	22
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MONTH	DAY
	<i>David Orndorf for DAD</i>											

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

NOTE: YOUR PERMIT WILL EXPIRE ON \_\_\_\_\_ PLEASE SUBMIT YOUR RENEWAL APPLICATION BY \_\_\_\_\_

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)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
95	10	01	FROM	95	10	31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	SAMPLE MEASURE	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measure.	0005 7.3754	0.010 0.010	MGD	*	*	*	*	0	1/7	EST	
	Permit Require.	* 11/23/95	*		*	*	*		*		1/WEEK	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*	<4	<4	MG/L	0	1/7	G	
	Permit Require.	*	*		*	30	100		*		1/WEEK	GRAB
Oil and Grease	Sample Measure.	*	*	*	*	<5	<5	MG/L	0	1/7	G	
	Permit Require.	*	*		*	15	20		*		1/WEEK	GRAB
Hydrazine	Sample Measure.	*	*	*	N/A			MG/L				
	Permit Require.	*	*		NOT DETECTABLE	USING	ASTM D-1385		*		1/WEEK	GRAB
Ammonia	Sample Measure.	*	*	*	*	N/A		MG/L				
	Permit Require.	*	*		*		MONITOR AND REPORT		*		1/WEEK	GRAB
Total Residual Chlorine	Sample Measure.	*	*	*	0.05	*	0.12	MG/L	0	1/7	G	
	Permit Require.	*	*		*	0.5	*		INSTANT. MAX. 1.25	*		1/WEEK
Cianol (CT-1)	Sample Measure.	*	*	*	*	<0.3	<0.3	MG/L	0	WHEN DISCHARGING	G	
	Permit Require.	*	*		*	*	NOT DETECTABLE		NOT DETECTABLE	*		WHEN DISCHARGING
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.							TELEPHONE		DATE		
David Orndorf Chemistry Manager								412 393-5113		95	11	22
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

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

NAME Duquesne Light Company  
 ADDRESS One Oxford Centre  
 301 Grant Street  
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PA0025615  
 PERMIT NUMBER

403  
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	10	01	95	10	31

DISCHARGE MONITORING REPORT (DMR)

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					
Betz DT-1	Sample Measure.	*	*	*	*	*	*	0	WHEN DISCHARGING	G		
	Permit Require.	*	*	*	*	20	MG/L					
pH	Sample Measure.	*	*	*	7.27	*	8.88	0	1/7	G		
	Permit Require.	*	*	*	6.0	*	9.0				S.U.	
	Sample Measure.	*	*	*	*	*	*			*		
	Permit Require.	*	*	*	*	*	*					
	Sample Measure.	*	*	*	*	*	*			*		
	Permit Require.	*	*	*	*	*	*					
	Sample Measure.	*	*	*	*	*	*			*		
	Permit Require.	*	*	*	*	*	*					
	Sample Measure.	*	*	*	*	*	*			*		
	Permit Require.	*	*	*	*	*	*					
	Sample Measure.	*	*	*	*	*	*			*		
	Permit Require.	*	*	*	*	*	*					
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	10	01	95	10	31

DISCHARGE MONITORING REPORT (DMR)

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.	0.026	0.071	MGD	*	*	*	*	0	2/31 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.	*	*		*	*	*					
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David Orndorf Chemistry Manager								412 393-5113		95	11	22
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MONTH	DAY

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

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 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	10	01	95	10	31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	AVERAGE	MAXIMUM	UNITS	AVERAGE MONTHLY	MAXIMUM DAILY	INSTANTANEOUS MAXIMUM	UNITS					
Flow	Sample Measure.	NO FLOW		MGD	*	*	*	*	1/WEEK	MEASURED		
	Permit Require.	*	*		*	*	*					
Free Available Chlorine	Sample Measure.	*	*	*	*	0.2	0.5	MG/L	CONTINUOUS	RECORDED		
	Permit Require.	*	*		*	*	*					
Total Residual Chlorine	Sample Measure.	*	*	*	*	*	1.25	MG/L	1/WEEK	GRAB		
	Permit Require.	*	*		*	*	*					
pH	Sample Measure.	*	*	*	MINIMUM 6.0	9.0	*	S.U.	1/WEEK	GRAB		
	Permit Require.	*	*		*	*	*					
	Sample Measure.	*	*	*	*	*	*	*	*	*		
	Permit Require.	*	*		*	*	*					
	Sample Measure.	*	*	*	*	*	*	*	*	*		
	Permit Require.	*	*		*	*	*					
	Sample Measure.	*	*	*	*	*	*	*	*	*		
	Permit Require.	*	*		*	*	*					
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David Orndorf Chemistry Manager								412 393-5113		95	11	22
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NAME Duquesne Light Company  
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	10	01	95	10	31

DISCHARGE MONITORING REPORT (DMR)

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.	0.002	0.016	MGD	*	*	*	0	1/7	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.	*	*	*	*	*	*	*	*	*		
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								12 393-5113		95	11	22
David Orndorf Chemistry Manager	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MONTH	DAY
TYPED OR PRINTED												

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

NAME Duquesne Light Company  
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	10	01	95	10	31

NOTE: Read instructions before completing this form

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	SAMPLE MEASURE	AVERAGE	MAXIMUM	UNITS	AVERAGE MONTHLY	MAXIMUM DAILY	INSTANTANEOUS MAXIMUM	UNITS			
Flow	Sample Measure.	NO FLOW		MGD	*	*	*	*			
	Permit Require.	*	*		*	*	*				1/WEEK
Free Available Chlorine	Sample Measure.	*	*	*	*	0.2	0.5	MG/L		1/WEEK	GRAB
	Permit Require.	*	*		*	*					
Total Residual Chlorine	Sample Measure.	*	*	*	0.5	*	1.25	MG/L		1/WEEK	GRAB
	Permit Require.	*	*		*	*					
pH	Sample Measure.	*	*	*	MINIMUM 6.0	9.0	*	S.U.		1/WEEK	GRAB
	Permit Require.	*	*								
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf  
 Chemistry Manager

TYPED OR PRINTED

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*David Orndorf for SAO*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

DATE

95 11 22

AREA CODE NUMBER YEAR MONTH DAY

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

NO DISCHARGE

NAME Duquesne Light Company  
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
95	10	01	TO	95	10	31

DISCHARGE MONITORING REPORT (DMR)

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	1/7	EST	
	Permit Require.	*	*		*	*	*					1/WEEK
Suspended Solids	Sample Measure.	*	*	*	*	10.0	14.3	MG/L	0	2/31	G	
	Permit Require.	*	*		*	30	100					2/MONTH
Oil and Grease	Sample Measure.	*	*	*	< 5	< 5	< 5	MG/L	0	2/31	G	
	Permit Require.	*	*		AVG. MONTHLY 15	DAILY MAX. 20	INSTANT. MAX. 30					2/MONTH
pH	Sample Measure.	*	*	*	7.91	*	7.92	S.U.	0	2/31	G	
	Permit Require.	*	*		6.0	*	9.0					2/MONTH
	Sample Measure.	*	*	*	*	*	*	*			*	
	Permit Require.	*	*		*	*	*					*
	Sample Measure.	*	*	*	*	*	*	*			*	
	Permit Require.	*	*		*	*	*					*
	Sample Measure.	*	*	*	*	*	*	*			*	
	Permit Require.	*	*		*	*	*					*
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.							TELEPHONE		DATE		
David Orndorf Chemistry Manager								412 393-5113		95	11	22
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	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

110  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	10	01	95	10	31

DISCHARGE MONITORING REPORT (DMR)

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 FLOW		MGD	*	*	*	*	1/WEEK	ESTIMATE
	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		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. 5 1001 & 33 U.S.C. 5 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.				TELEPHONE		DATE		
David Orndorf Chemistry Manager						412 393-5113		95	11	22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MONTH	DAY

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

010  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD						
Year	Month	Day	Year	Month	Day	
95	10	01	TO	95	10	31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	AVERAGE MONTHLY	DAILY MAXIMUM	INSTANTANEOUS MAXIMUM	UNITS				
Flow	Sample Measure.	2.880	2.880	MGD	*	*	*	0	1/7	MEAS.	
	Permit Require.	*	*		*	*	*				1/WEEK
Free Available Chlorine	Sample Measure.	*	*	*	*	0.04	0.04	0	1/7	G	
	Permit Require.	*	*		*	0.2	0.5				MG/L
Total Residual Chlorine	Sample Measure.	*	*	*	0.10	*	0.24	0	1/7	G	
	Permit Require.	*	*		0.5	*	1.25				MG/L
Clamtrol CT-1	Sample Measure.	*	*	*	<0.3 (NOT DETECTABLE)	<0.3	*	0	WHEN DISCHARGING	24 HR COMP.	
	Permit Require.	*	*		NOT DETECTABLE	*	*				WHEN DISCHARGING
Betz DT-1	Sample Measure.	*	*	*	*	20	*	0	WHEN DISCHARGE	24 HR COMP.	
	Permit Require.	*	*		*	35.0	*				WHEN DISCHARGING
pH	Sample Measure.	*	*	*	7.57	7.71	*	0	1/7	G	
	Permit Require.	*	*		MINIMUM 6.0	9.0	*				1/WEEK
	Sample Measure.	*	*	*	*	*	*	*	*	*	
	Permit Require.	*	*		*	*	*				*
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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. S 1001 & 33 U.S.C. S 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)						TELEPHONE		DATE		
David Orndorf Chemistry Manager							412393-5113		95	11	22
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	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

011  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
95	10	01	FROM	95	10	31

DISCHARGE MONITORING REPORT (DMR)

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.	0.002	0.002	MGD	*	*	*	0	1/7	EST
	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		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 fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.				TELEPHONE		DATE		
David Orndorf Chemistry Manager						412 393-5113		95	11	22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	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

111  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
95	10	01	TO	95	10	31

DISCHARGE MONITORING REPORT (DMR)

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.	6.85	6.98	MGD	*	*	*	*	0	1/7	EST	
	Permit Require.	*	*		*	*	*		*		1/WEEK	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*	<4	<4	MG/L	0	1/7	G	
	Permit Require.	*	*		*	30	100		*		1/WEEK	GRAB
Oil and Grease	Sample Measure.	*	*	*	<5	<5	<5	MG/L	0	1	G	
	Permit Require.	*	*		AVERAGE 15	MAXIMUM 20	INSTANT. MAX. 30		*		1/WEEK	GRAB
pH	Sample Measure.	*	*	*	6.85	*	6.98	S.U.	0	1/7	G	
	Permit Require.	*	*		6.0	*	9.0		*		1/WEEK	GRAB
	Sample Measure.	*	*	*	*	*	*	*				
	Permit Require.	*	*		*	*	*		*		2/QUARTER	GRAB
	Sample Measure.	*	*	*	*	*	*	*				
	Permit Require.	*	*		*	*	*		*		1/WEEK	GRAB
	Sample Measure.	*	*	*	*	*	*	*				
	Permit Require.	*	*		*	*	*		*		*	*
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)							TELEPHONE		DATE		
David Orndorf Chemistry Manager								412393-5113		95	11	22
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

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

211  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	10	01	95	10	31

DISCHARGE MONITORING REPORT (DMR)

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	MG	*	*	*	*	0	1/7	EST
	Permit Require.	*	*		*	*	*				
Suspended Solids	Sample Measure.	*	*	*	*	<4	<4	MG/L	0	1/7	G
	Permit Require.	*	*		*	30	100				
Oil and Grease	Sample Measure.	*	*	*	<5	<5	<5	MG/L	0	1/7	G
	Permit Require.	*	*		AVERAGE 15	MAXIMUM 20	INSTANT. MAX. 30				
pH	Sample Measure.	*	*	*	6.57	*	7.42	S.U.	0	1/7	G
	Permit Require.	*	*		6.0	*	9.0				
	Sample Measure.	*	*	*	*	*	*	*		2/QUARTER	GRAB
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		1/WEEK	GRAB
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 David Orndorf  
 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 fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)

TELEPHONE 412-393-5113  
 DATE 95 11 22  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 AREA CODE NUMBER 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

012  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	10	01	95	10	31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	SAMPLE MEASURE.	AVERAGE	MAXIMUM	UNITS	AVERAGE MONTHLY	DAILY MAXIMUM	INSTANTANEOUS MAXIMUM				UNITS
Flow	Sample Measure.	0.001	0.001	MGD	*	*	*	*	0	1/31 ESTIMATE	
	Permit Require.	*	*		*	*	*				
Free Available Chlorine	Sample Measure.	*	*	*	*	1.24	1.24	MG/L	2 2/31 GRAB	G GRAB	
	Permit Require.	*	*		*	0.2	0.5				
pH	Sample Measure.	*	*	*	8.09	8.09	*	S.U.	0	1/31 GRAB	
	Permit Require.	*	*		MINIMUM 6.0	9.0	*				
	Sample Measure.	*	*	*	*	*	*	*		*	
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	
	Permit Require.	*	*		*	*	*				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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 fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.					TELEPHONE		DATE		
David Orndorf Chemistry Manager							412393-5113		95	11	22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MONTH	DAY

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

Please reference the enclosed reportable occurrence letter concerning the Free Available Chlorine.



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

213  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

MONITORING PERIOD  
 FROM Year 95 Month 10 Day 01 TO Year 95 Month 10 Day 31

DISCHARGE MONITORING REPORT (DMR)

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 FLOW		MGD	*	*	*	*	1/WEEK	ESTIMATE		
	Permit Require.	*	*		*	*	*					
Suspended Solids	Sample Measure.	*	*	*	*	30	100	MG/L	2/MONTH	GRAB		
	Permit Require.	*	*		*	*	*					
Oil and Grease	Sample Measure.	*	*	*	*	15	20	MG/L	2/MONTH	GRAB		
	Permit Require.	*	*		*	*	*					
pH	Sample Measure.	*	*	*	*	*	*	S.U.	2/MONTH	GRAB		
	Permit Require.	*	*		6.0	*	9.0					
	Sample Measure.	*	*	*	*	*	*	*	*	*		
	Permit Require.	*	*		*	*	*					
	Sample Measure.	*	*	*	*	*	*	*	*	*		
	Permit Require.	*	*		*	*	*					
	Sample Measure.	*	*	*	*	*	*	*	*	*		
	Permit Require.	*	*		*	*	*					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.							TELEPHONE		DATE		
David Orndorf Chemistry Manager								412 393-5113		95	11	22
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MONTH	DAY

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

NO DISCHARGE



NAME Duquesne Light Company  
 ADDRESS One Oxford Centre  
 301 Grant Street  
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 FACILITY Beaver Valley Power Station  
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PA0025615  
 PERMIT NUMBER

313  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	10	01	95	10	31

DISCHARGE MONITORING REPORT (DMR)

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.	0.002	0.002	MGD	*	*	*	*	0	1/7	EST	
	Permit Require.	*	*		*	*	*		1/WEEK	ESTIMATE		
Suspended Solids	Sample Measure.	*	*	*	*	<4	<4	MG/L	0	1/7	G	
	Permit Require.	*	*		*	30	100		1/WEEK	GRAB		
Oil and Grease	Sample Measure.	*	*	*	*	<5	<5	MG/L	0	1/7	G	
	Permit Require.	*	*		*	15	20		1/WEEK	GRAB		
pH	Sample Measure.	*	*	*	6.93	*	7.15	S.U.	0	1/7	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	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 fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.							TELEPHONE		DATE		
David Orndorf Chemistry Manager								412352-5113		95	11	22
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	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

413  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
95	10	01	TO	95	10	31

DISCHARGE MONITORING REPORT (DMR)

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 FLOW		MGD	*	*	*	*	1/WEEK	ESTIMATE
	Permit Require.	*	*		*	*	*			
Suspended Solids	Sample Measure.	*	*	*	*	30	100	MG/L	1/WEEK	GRAB
	Permit Require.	*	*		*	*	*			
Oil and Grease	Sample Measure.	*	*	*	*	15	20	MG/L	1/WEEK	GRAB
	Permit Require.	*	*		*	*	*			
pH	Sample Measure.	*	*	*	6.0	*	9.0	S.U.	1/WEEK	GRAB
	Permit Require.	*	*		*	*	*			
	Sample Measure.	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*		*	*	*			
	Sample Measure.	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*		*	*	*			
	Sample Measure.	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*		*	*	*			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf  
 Chemistry Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

*David Orndorf for DAO*

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MONTH	DAY
412	393-5113	95	11	22

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

NO DISCHARGE

NAME Duquesne Light Company  
 ADDRESS One Oxford Centre  
 301 Grant Street  
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PA0025615  
 PERMIT NUMBER

013  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
95	10	01	FROM	95	10	31
			TO			

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	SAMPLE MEASURE.	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS	
Flow	Sample Measure.	0.010 <del>0.008</del>	0.010 <del>0.008</del>	MGD 11/22/95	*	*	*	*	0	1/7	EST	
	Permit Require.	*	*		*	*	*		1/WEEK	ESTIMATE		
Temperature	Sample Measure.	*	*	*	*	*	81.6	DEG F	0	1/7	I-S	
	Permit Require.	*	*		*	*	INSTANT. MAX. 110		1/WEEK	I-S		
Total Residual Chlorine	Sample Measure.	*	*	*	*	0.5	0.90	MG/L	0	1/7	G	
	Permit Require.	*	*		*	0.5	INSTANT. MAX. 1.25		1/WEEK	GRAB		
Antimony	Sample Measure.	*	*	*	*	MONITOR AND REPORT		MG/L		1/WEEK	24 HOUR COMPOSITE	
	Permit Require.	*	*									
Cyanide, Free	Sample Measure.	*	*	*	*	MONITOR AND REPORT		MG/L		1/WEEK	24 HOUR COMPOSITE	
	Permit Require.	*	*									
Cyanide, Total	Sample Measure.	*	*	*	*	MONITOR AND REPORT		MG/L		1/WEEK	24 HOUR COMPOSITE	
	Permit Require.	*	*									
pH	Sample Measure.	*	*	*	6.09	*	7.15	S.U.	0	1/7	G	
	Permit Require.	*	*		6.0	*	9.0		1/WEEK	GRAB		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.							TELEPHONE		DATE		
David Orndorf Chemistry Manager								412393-5113		95	11	22
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MONTH	DAY

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