



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

January 23, 1996
NPD3VPO: 0428

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/bjm

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

010018

9602010109 951231
PDR ADOCK 05000334
R PDR

IF 25
11





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

January 23, 1996
NPD3VPO: 0426

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

January 23, 1996
NPD3VPO: 0427

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 December 1995 is submitted for your consideration. An agreement has been reached between counsel for Duquesne Light and counsel for the Department of Environmental Protection to stay the limitations for TRC and FAC on outfalls 113, 203, 013, and 012 for the pendency of the NPDES permit appeal filed in regard to the Beaver Valley Power Station by Duquesne Light.

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/bjm

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
95	12	01	95	12	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	0.004	MGD	*	*	*	*	0	1/D	CONT	
	Permit Require.	*	*		*	*	*			DAILY	CONTINUOUS	
Suspended Solids	Sample Measure.	*	*	*	*	16.3	35.7	MG/L	0	1/7	2 HC	
	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.	*	*	*	NA			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.	*	*	*	6.92	*	7.54	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								412393-5113		96	01	23
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MONTH	DAY

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

NA = not applicable, conditions of wet layups 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
FROM 95	12	01	TO	95	12	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	*	*	*	*			
	Permit Require.	*	*		*	*	*	*		2/MONTH	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
 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. 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 412393-5113
 DATE 96 01 23
 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

301
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day TO Year Month Day
 95 12 01 TO 95 12 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.	*	*		*	*	*			
	Sample Measure.	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*		*	*	*			
	Sample Measure.	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*		*	*	*			
	Sample Measure.	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*		*	*	*			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 David Orndorf
 Chemistry Manger
 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. 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 412393-5113
 DATE 96 01 23
 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	12	01	TO	95	12	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.	*	*	6.0	*	*	S.U.	2/MONTH	GRAB			
	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		96	01	2
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

501
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD						
Year	Month	Day	TO	Year	Month	Day
95	12	01		95	12	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.	NO FLOW		MGD	*	*	*	*			
	Permit Require.	*	*		*	*	*				1/WEEK
Total Suspended Solids	Sample Measure.	*	*	*	*	30	100	MG/L		1/WEEK	GRAB
	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		412393-5113		96	01	23
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)

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	12	01	95	12	31

DISCHARGE MONITORING REPORT (DMR)

FROM

TO

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.	33.228	38.376	MGD	*	*	*	*	0	DAILY	CONTINUOUS	
	Permit Require.	*	*		*	*	*		0	DAILY	CONTINUOUS	
Free Available Chlorine	Sample Measure.	*	*	*	*	0.09	0.12	MG/L	0	2/DAY	G	
	Permit Require.	*	*		*	MAXIMUM 0.2	INSTANT. MAX. 0.5		CONTINUOUS	RECORDED		
Total Residual Chlorine	Sample Measure.	*	*	*	*	0.15	0.18	MG/L	0	2/DAY	G	
	Permit Require.	*	*		*	0.5	INSTANT. MAX. 1.25		1/WEEK	GRAB		
Clamtrol (CT-1)	Sample Measure.	*	*	*	*	N/A		MG/L				
	Permit Require.	*	*		*	NOT DETECTABLE			WHEN DISCHARGING	24 HOUR COMPOSITE		
Betz DT-1	Sample Measure.	*	*	*	*		N/A	MG/L				
	Permit Require.	*	*		*		35.0		WHEN DISCHARGING	24 HOUR COMPOSITE		
Hydrazine	Sample Measure.	*	*	LB/DY	*	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 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								412393-5113		96	01	23
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)

N/A - Not applicable, Not discharging and no conditions of wet lay-up.

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

001
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	12	01	95	12	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.	*	*	*	7.75	*	8.00	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.	*	*	*	*	*	*	*	*	*	*	
	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		96	01
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)

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

102
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 FROM Year 95 Month 12 Day 01 TO Year 95 Month 12 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.	0.001	0.001	MGD	*	*	*	*	0	2/31	EST
	Permit Require.	*	*		*	*	*				
Suspended Solids	Sample Measure.	*	*	*	*	19.4	34.8	MG/L	0	2/31	G
	Permit Require.	*	*		*	30	100				
Oil and Grease	Sample Measure.	*	*	*	*	<5	<5	MG/L	0	2/31	G
	Permit Require.	*	*		*	15	20				
pH	Sample Measure.	*	*	*	7.49	*	7.50	S.U.	0	2/31	G
	Permit Require.	*	*		*	6.0	*				
	Sample Measure.	*	*	*	*	*	*	*			*
	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.)

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412393-5113
 DATE 96 01 23
 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

002
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
95	12	01	TO	95	12	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.	*	*		*	*	*	*		1/WEEK	ESTIMATE	
	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		96	01	23
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)

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

103
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	12	01	95	12	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.	0.0002 7.45 MGD	0.0003	MGD	*	*	*	*	0	2/31	EST	
	Permit Require.	* 1/22/96	*		*	*	*					2/MONTH
Suspended Solids	Sample Measure.	*	*	*	*	20.6	31.5	MG/L	0	2/31	24 HC	
	Permit Require.	*	*		*	30	100					2/MONTH
pH	Sample Measure.	*	*	*	7.45	*	7.53	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.	*	*		*	*	*					*
	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		96	01	23
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	12	01	TO	95	12	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	0.004	MGD	*	*	*	*	0	1/7	MEAS.
	Permit Require.	0.023	*		*	*	*	*		1/WEEK	MEASURED
CBOD-5 Day	Sample Measure.	*	*	LB/DY	*	2.1	3.2	MG/L	0	2/31	8HC
	Permit Require.	*	*		*	25	50			2/MONTH	8 HOUR COMPOSITE
Suspended Solids	Sample Measure.	*	*	LB/DY	*	29.1	32.5	MG/L	0	3/31	8HC
	Permit Require.	*	*		*	30	60			2/MONTH	8 HOUR COMPOSITE
Total Residual Chlorine Permit issuance thru September 30, 1997	Sample Measure.	*	*	*	*	0.50	1.73	MG/L	0	2/31	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.	*	*	*	*	1505	3000	#/100ML	0	2/31	G
	Permit Require.	*	*		*	200 2000	1000			2/MONTH	GRAB
pH	Sample Measure.	*	*	*	6.55	*	6.88	S.U.	0	2/31	G
	Permit Require.	*	*		6.0	*	9.0			2/MONTH	GRAB
	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.)

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
412393-5113		96	01	23
AREA CODE	NUMBER	YEAR	MONTH	DAY

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

303
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	12	01	95	12	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.	0.019	0.056	MGD	*	*	*	*	0	1/7	EST	
	Permit Require.	*	*		*	*	*		*	1/WEEK	ESTIMATE	
Suspended Solids	Sample Measure.	*	*	*	*	4.2	4.8	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.	*	*	*	6.68	*	6.78	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. 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		96	01	23
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

403
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD						
Year	Month	Day	Year	Month	Day	
95	12	01	95	12	31	

DISCHARGE MONITORING REPORT (DMR)

FROM

TO

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	0.0005	MGD	*	*	*	*	0	1/7	EST	
	Permit Require.	*	*		*	*	*		*		1/WEEK	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*	6.9	7.3	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.	*	*	*	NA			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.	*	*	*	0.04	0.04	0.07	MG/L	0	1/7	G	
	Permit Require.	*	*		*	0.5	*		INSTANT. MAX. 1.25	*	1/WEEK	GRAB
Clamrol (CT-1)	Sample Measure.	*	*	*	*	N/A		MG/L				
	Permit Require.	*	*		*	*	NOT DETECTABLE			*	WHEN DISCHARGING	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		96	01	23
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)

NA. Not applicable, not discharging, not in wet layup.

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	12	01	TO	95	12	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.	*	*	*	*	N/A				
	Permit Require.	*	*	*	*	35.0	MG/L		WHEN DISCHARGING	GRAB
pH	Sample Measure.	*	*	*	7.63	8.00	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.	*	*	*	*	*	*	*	*	*
	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	96	01	23	
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)

NA = Not applicable, Not discharging.

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 Shipingport Borough, Beaver County

PA002561J
 PERMIT NUMBER

003
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	12	01	95	12	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.	0.024	0.067	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.	*	*	*	*	*	*	*	*	*	*	
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		96	01	23
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)

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

004
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
95	12	01	TO	95	12	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.	*	*		*	*	*			

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	96	01	23	
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

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

006
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	12	01	95	12	31

DISCHARGE MONITORING REPORT (DMR)

FROM

TO

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.	*	*		*	*	*				
	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. 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		96	01	23	
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)

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

007
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD						
FROM			TO			
Year	Month	Day	Year	Month	Day	
95	12	01	95	12	31	

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	ESTIMATE
	Permit Require.	*	*		*	*	*			
Free Available Chlorine	Sample Measure.	*	*	*	*			MG/L	1/WEEK	GRAB
	Permit Require.	*	*		*	0.2	0.5			
Total Residual Chlorine	Sample Measure.	*	*	*	*			MG/L	1/WEEK	GRAB
	Permit Require.	*	*		*	0.5	*			
pH	Sample Measure.	*	*	*	*			S.U.	1/WEEK	GRAB
	Permit Require.	*	*		*	MINIMUM 6.0	9.0			
	Sample Measure.	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*		*	*	*			
	Sample Measure.	*	*	*	*	*	*	*	*	*
	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.

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412393-5113
 DATE 96 01 23
 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

008
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
95	12	01	FROM	95	12	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	ESTIMATE	
Suspended Solids	Sample Measure.	*	*	*	*	7.2	10.3	MG/L	0	2/31	G	
	Permit Require.	*	*		*	30	100			2/MONTH	GRAB	
Oil and Grease	Sample Measure.	*	*	*	5.8	6.6-5.8	6.6	MG/L	0	2/31	G	
	Permit Require.	*	*		AVG. MONTHLY 15	DAILY MAX. 20	INSTANT. MAX. 30			2/MONTH	GRAB	
pH	Sample Measure.	*	*	*	7.60	*	7.60	S.U.	0	2/31	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	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		96	01	23
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)

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

110
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	12	01	95	12	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	*	*	*	*				
	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	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		96	01	23
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	12	01	95	12	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	MEASURED	
Free Available Chlorine	Sample Measure.	*	*	*	*	0.00	0.00	MG/L	0	1/7	GRAB
	Permit Require.	*	*		*	0.2	0.5		1/WEEK	GRAB WHILE CHLORO.	
Total Residual Chlorine	Sample Measure.	*	*	*	0.00	*	0.00	MG/L	0	1/7	GRAB
	Permit Require.	*	*		0.5	*	1.25		1/WEEK	GRAB WHILE CHLORO.	
Clamrol CT-1	Sample Measure.	*	*	*	NA	*	*	MG/L			>
	Permit Require.	*	*		NOT DETECTABLE	*	*		WHEN DISCHARGING	24 HOUR COMPOSITE	
Betz DT-1	Sample Measure.	*	*	*	NA	*	*	MG/L			>
	Permit Require.	*	*		*	35.0	*		WHEN DISCHARGING	24 HOUR COMPOSITE	
pH	Sample Measure.	*	*	*	7.46	7.60	*	S.U.	0	1/7	GRAB
	Permit Require.	*	*		MINIMUM 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. 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		96	01	23
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)

NA = Not Applicable, No discharging

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	12	01	95	12	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.	0.004	0.004	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.	*	*	*	*	*	*	*	*	*	*	
	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		96	01	23
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	12	01	95	12	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	FST
	Permit Require.	*	*		*	*	*	*		1/WEEK	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	<4	<4	MG/L	0	1/7	GRAB	
	Permit Require.	*	*		*	30	100			1/WEEK	GRAB
Oil and Grease	Sample Measure.	*	*	*	<5	<5	MG/L	0	1/7	GRAB	
	Permit Require.	*	*		AVERAGE 15	MAXIMUM 20	INSTANT. MAX. 30			1/WEEK	GRAB
pH	Sample Measure.	*	*	*	6.98	*	S.U.	0	1/7	GRAB	
	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
 David Orndorf
 Chemistry Manager
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE		DATE		
412393-5113	96	01	23	
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

211
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM-
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	12	01	95	12	31

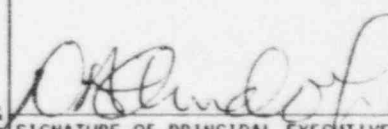
DISCHARGE MONITORING REPORT (DMR)

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.	*	*	*	*	4.0	4.2	MG/L	0	1/7	G
	Permit Require.	*	*		*	30	100		1/WEEK	GRAB	
Oil and Grease	Sample Measure.	*	*	*	<5	<5	<5	MG/L	0	1/7	G
	Permit Require.	*	*		AVERAGE 15	MAXIMUM 20	INSTANT. MAX. 30		1/WEEK	GRAB	
pH	Sample Measure.	*	*	*	6.83	*	8.69	S.U.	0	1/7	G
	Permit Require.	*	*		6.0	*	9.0		1/WEEK	GRAB	
	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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

 TELEPHONE 412393-5113
 DATE 96 01 23
 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	12	01	TO	95	12	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	EST	
	Permit Require.	*	*		*	*	*					1/MONTH
Free Available Chlorine	Sample Measure.	*	*	*	*	0.01	0.01	MG/L	0	2/31	G	
	Permit Require.	*	*		*	0.2	0.5					2/MONTH
pH	Sample Measure.	*	*	*	8.18	8.18	*	S.U.	0	1/31	G	
	Permit Require.	*	*		MINIMUM 6.0	9.0	*					1/MONTH
	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								412393-5113		96	01	23
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)

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

113
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	12	01	95	12	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.	0.008	0.008	MGD	*	*	*	*	0	1/7	MEAS	
	Permit Require.	0.043	*		*	*	*			1/WEEK	MEASURED	
CBOD-5 Day	Sample Measure.	*	*	*	*	8.5	8.5	MG/L	0	1/31	8HC	
	Permit Require.	*	*		*	25	50			2/MONTH	8 HOUR COMPOSITE	
Suspended Solids	Sample Measure.	*	*	*	*	6.1	10.9	MG/L	0	2/31	8HC	
	Permit Require.	*	*		*	30	60			2/MONTH	8 HOUR COMPOSITE	
Total Residual Chlorine Permit issuance thru September 30, 1997	Sample Measure.	*	*	*	*	1.48	7.85	MG/L	0	6/31	G	
	Permit Require.	*	*		*	1.2	INSTANT. MAX. 3.0			2/MONTH	GRAB	
Fecal Coliform May 1 to Oct 31 Nov 1 to Apr 30	Sample Measure.	*	*	*	*	1667	10000	#/100ML	0	6/31	G	
	Permit Require.	*	*		*	200 2000	1000 *			2/MONTH	GRAB	
pH	Sample Measure.	*	*	*	6.80	*	7.57	S.U.	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		96	01	23
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)
 The second CBOD₅ sample obtained was accidentally destroyed and results were not generated. The average and maximum concentrations are based on the one set of sample results obtained.

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

213
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day FROM 95 12 01 TO 95 12 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	*	*	*	*			
	Permit Require.	*	*		*	*	*		1/WEEK	ESTIMATE	
Suspended Solids	Sample Measure.	*	*	*	*						
	Permit Require.	*	*		*	30	100	MG/L	2/MONTH	GRAB	
Oil and Grease	Sample Measure.	*	*	*	*						
	Permit Require.	*	*		*	15	20	MG/L	2/MONTH	GRAB	
pH	Sample Measure.	*	*	*	*						
	Permit Require.	*	*		6.0	*	9.0	S.U.	2/MONTH	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. 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		96	01	23
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

313
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM*
 (NPDES)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
95	12	01	TO	95	12	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	0.003	MGD	*	*	*	*	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	MG/L	0	1/7	G
	Permit Require.	*	*		*	15	20				
pH	Sample Measure.	*	*	*	7.00	*	7.16	S.U.	0	1/7	G
	Permit Require.	*	*		*	6.0	9.0				
	Sample Measure.	*	*	*	*	*	*	*			*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*			*
	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. 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.)

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE		
412 393-5113	96	01	23
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	12	01	95	12	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	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		96	01	23
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)

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

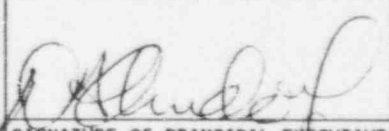
013
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	12	01	95	12	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.	0.010	0.010	MGD	*	*	*	*	0	1/7	EST		
	Permit Require.	*	*		*	*	*			1/WEEK	ESTIMATE		
Temperature	Sample Measure.	*	*	*	*	*	90	DEG F	0	1/7	I-S		
	Permit Require.	*	*		*	*	INSTANT. MAX. 110			1/WEEK	I-S		
Total Residual Chlorine	Sample Measure.	*	*	*	*	0.75	3.93	MG/L	0	1/7	G		
	Permit Require.	*	*		*	0.5	INSTANT. MAX. 1.25			1/WEEK	GRAB		
Antimony	Sample Measure.	*	*	*	*	<0.5	<0.5	MG/L	0	2/WT	G		
	Permit Require.	*	*		*	MONITOR AND REPORT				1/WEEK	24 HOUR COMPOSITE		
Cyanide, Free	Sample Measure.	*	*	*	*	0.039	0.041	MG/L	0	2/WT	G		
	Permit Require.	*	*		*	MONITOR AND REPORT				1/WEEK	24 HOUR COMPOSITE		
Cyanide, Total	Sample Measure.	*	*	*	*	0.262	0.430	MG/L	0	2/WT	G		
	Permit Require.	*	*		*	MONITOR AND REPORT				1/WEEK	24 HOUR COMPOSITE		
pH	Sample Measure.	*	*	*	6.80	*	7.52	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 STADOFF CHEMISTRY MANAGER	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							412	353	5113	96	01	23
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MONTH	DAY	

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

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Month: DECEMBER
Year: 1995

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 Co.
 Plant: Beaver Valley Power Station Unit I
 NPDES: PA 00025615
 Municipality: Shippingport Borough
 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)	(Conversion Factor) X = Dry Tons	(Tons of Dewatered Sludge)	X (%)	(% Solids)	X (.01) = Dry Tons
7000		2%	.0000417				.01
TOTAL = 0.584				TOTAL = _____			

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

	Site 1	Site 2	Site 3	Site 4
Name:	Beaver Valley Sewage Treatment Plant			
Permit No.:	PA00025615			
Dry Tons Disposed:	0.584			
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver			

L. A. P. ... ENVIRONMENTAL MANAGER ... (412) 343-5113

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Month: DECEMBER
Year: 1995

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 Co.
Plant: Beaver Valley Power Station Unit II
NPDES: PA 0025615
Municipality: Shippingport Borough
County: Beaver

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

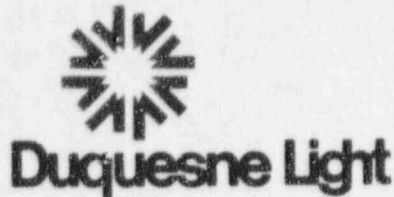
SLUDGE PRODUCTION INFORMATION (prior to incineration)

HAULED AS LIQUID SLUDGE				HAULED AS DEWATERED SLUDGE			
(Gallons)	X	(% Solids)	(Conversion Factor) = Dry Tons	(Tons of Dewatered Sludge)	X	(% Solids)	X (.01) = Dry Tons
		<u>2%</u>	<u>.0000417</u>				<u>.01</u>
			TOTAL = <u>1001</u>				TOTAL = _____

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

	Site 1	Site 2	Site 3	Site 4
Name:	<u>Beaver Valley Sewage Treatment Plant</u>			
Permit No.:	<u>PA0025615</u>			
Dry Tons Disposed:	<u>1,001</u>			
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	<u>Beaver</u>			

[Signature] CHEMISTRY MANAGER 1/2-1/11 (412) 393-5113



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

Telephone (412) 393-6000

January 24, 1996
ND3CDM:0142

Pennsylvania Department of Environmental Protection
Attention: Mr. Ronald A. Schwartz
Chief of Permits
Water Quality Management
400 Waterfront Drive
Pittsburgh, PA 15222-4745

Dear Mr. Schwartz:

Corbicula Control/Betz CT-1 Usage Report - Fourth Quarter 1995

On October 3, 1995, Beaver Valley Power Station personnel performed a clamicide application to the Unit 2 river water system. Also, on October 17, 1995, a clamicide application was performed on the Unit 1 river water systems. The data reporting forms for these applications are included for your review.

The following conclusions were determined for these applications:

- Unit 2 (October 3, 1995)
 1. This sub-system dosing was completed in nine (9) hours.
 2. A total of 921 pounds of Bentonite clay (DT-G) was utilized during the application for detoxification of the clamicide. An additional 2254.4 pounds of clay was used to complete the cooling tower detoxification after the in-plant systems were detoxified. The average clay concentration during the application was estimated to be 20.0 ppm.
 3. A total of 1526.3 pounds of the clamicide Clam-Trol (CT-1) was utilized during the application. Frequent sampling of the affected outfalls revealed no detectable concentration of CT-1 at any time.
 4. No toxicity or impairment to the receiving stream's aquatic life was evidenced due to this application.



The Nuclear Professionals

January 24, 1996

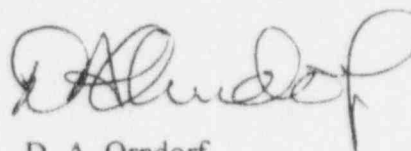
ND3CDM:0142

Page 2

- Unit 1 (October 17, 1995)
 1. This sub-system dosing was completed in nine (9) hours.
 2. A total of 1000 pounds of clay (DT-G) was utilized during the application for detoxification of the clamicide. An additional 2576 pounds of clay was added to the circulating water system to complete the detoxification after the in-plant systems were detoxified. The clay concentration during the application was estimated to be 20 ppm.
 3. A total of 466 pounds of CT-1 was utilized during the application. Frequent sampling of the affected outfalls revealed no detectable concentration of CT-1 at any time.
 4. No toxicity or impairment to the receiving stream's aquatic life was evidenced due to this application.

Based upon the successful results achieved with this application, it is expected that it will not be necessary to treat either Unit's system until the Spring of this year. However, the recent Zebra mussel sightings in the Ohio River Valley may necessitate more aggressive actions should Zebra's produce problems in our plant systems.

Very truly yours,



D. A. Orndorf
Chemistry Manager

DNL/clp

cc: Kareen Milcic (PA DER)
J. A. Cool
S. L. Vicinie
S. K. Rodgers
Central File (Key): Corbicula Control

DATA REPORTING FORM - CHEMICAL ADDITIVES

Company Name: Duquesne Light Company

Permit No. PA 0025613

Outfall No. 001 & 003, Unit 1

Month/Year OCTOBER 1995

Day	Discharge rate (MGD)	Allowable usage rate (lbs/day)	Actual usage rate (lbs/day)	Effluent concentration (mg/L)*	Additive name
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17	43.056		466	< 0.3 ppm*	Clam-trol CT-1
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

* Composite sample was < 0.3 ppm which is the detection limit.

Note: The discharge rate is to be measured at the final outfall.
 *If chemical analysis of the outfall is performed, report results in this column.
 This form may be adapted for the recording and reporting of the small dosages of Clam-trol at the Beaver Valley Power Station.

DATA REPORTING FORM - CHEMICAL ADDITIVES

Company Name: Duquesne Light Company

Permit No. PA 0025613

Outfall No. 001 & 003, Unit 1

Month/Year OCTOBER 1995

Day	Discharge rate (MGD)	Allowable usage rate (Lbs/day)	Actual usage rate (Lbs/day)	Effluent concentration (mg/L)*	Additive name
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17	43.056		3576	20 ppm est.	Bentonite clay DT-6/DT-5
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Note: The discharge rate is to be measured at the final outlet.

*If chemical analysis of the outlet is performed, report results in this column.

This form may be adapted for the recording and reporting of the small dosages of Clam-tral at the Beaver Valley Power Station.

DATA REPORTING FORM - CHEMICAL ADDITIVES

Company Name: Duquesne Light Company

Permit No. PA 0025613

Outfall No. 001 & 010, Unit 2

Month/Year OCTOBER 1995

Day	Discharge rate (GPD)	Allowable usage rate (lbs/day)	Actual usage rate (lbs/day)	Effluent concentration (mg/L)*	Additive name
1					
2					
3	37.44		1526.3	< 0.3 ppm*	Clam-trol CT-1
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

* Composite sample used < 0.3 ppm which is the detection limit.

Note: The discharge rate is to be measured at the final outfall.

*If chemical analysis of the outfall is performed, report results in this column.

This form may be adapted for the recording and reporting of the small dosages of Clam-trol at the Beaver Valley Power Station.

DATA REPORTING FORM - CHEMICAL ADDITIVES

Company Name: Duquesne Light Company

Permit No. PA 0025615

Outfall No. 001 & 010, Unit 2

Month/Year OCTOBER 1995

Day	Discharge rate (MGD)	Allowable usage rate (lbs/day)	Actual usage rate (lbs/day)	Effluent concentration (ug/L)*	Additive name
1					
2					
3	37.44		3175	20ppm est.	Bentonite Clay DT-6/DT-5
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Note: The discharge rate is to be measured at the final outfall.

*If chemical analysis of the outfall is performed, report results in this column.

This form may be adapted for the recording and reporting of the small dosages of Clam-tral at the Beaver Valley Power Station.