



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

April 25, 1996
NPD3VPO: 0468

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

9605020237 960331
PDR ADOCK 05000334
R PDR

020177





Duquesne Light Company

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

THOMAS P. NOONAN
Division Vice President
Nuclear Operations

(412) 393-7822
Fax (412) 393-4905

April 26, 1996
NPD3VPO: 0469

United States Environmental Protection Agency
Region III, Pennsylvania (3WM52)
Water Permits Branch
Water Management Division
841 Chestnut Street
Philadelphia, PA 19107

EPA Permit No. PA0025625 Reportable Occurrence

Dear Sir:

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

EPA discharge 102 exceeded the allowable instantaneous maximum of 100 mg/l and the monthly average of 30 mg/l for total suspended solids during March 1996. There were four individual samples of this discharge obtained. The sample obtained on March 22, 1996 contained 119.7 mg/liter. The samples obtained on March 14, 28 and 29 were all less than 4 mg/liter. The solids in this sample appear to have resulted from the high water levels in the Ohio River that existed much of the first quarter of the year.

EPA discharge 203 exceeded the allowable monthly average of total suspended solids. The monthly average resulted from individual measurements of 18.4 mg/l, 58.7 mg/l and 48.5 mg/l. The increase in these measurements is caused by the increased loading of the plant due to the Unit 1 Refueling Outage. Increased removal of sludge has been initiated to correct this problem.

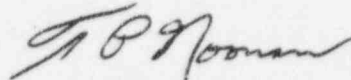
**DELIVERING
QUALITY
ENERGY**

April 26, 1996
NPD3VPO: 0469
Page 2

EPA discharge 111 exceeded the maximum allowable pH on March 1, 1996 when a measurement of 9.18 was obtained. This is an oil water separator in the diesel generator building. The most likely cause of the elevated pH is minimal leakage of cooling water.

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

SLV/trs

cc: D. A. Orndorf
J. K. 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

April 25, 1996
NPD3VPO: 0466

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 March 1996 is submitted for your consideration. An amendment to this Permit was issued on March 26 in response to an appeal filed 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



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

April 25, 1996
NPD3VPO: 0467

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

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.

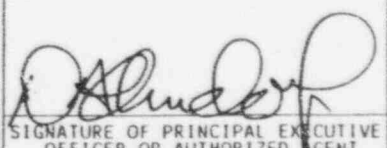
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	3	1	96	3	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	Daily	Cont
	Permit Require.	*	*		*	*	*				
Suspended Solids	Sample Measure.	*	*	*	*	4.28	4.83	MG/L	0	1/7	2HC
	Permit Require.	*	*		*	30	100				
Oil and Grease	Sample Measure.	*	*	*	*	< 5.0	< 5.0	MG/L	0	1/7	Grab
	Permit Require.	*	*		*	15	20				
Hydrazine	Sample Measure.	*	*	*	NA	—————→		MG/L	0	1/7	GRAB
	Permit Require.	*	*		MONITOR	ONLY	1/WEEK				
Ammonia	Sample Measure.	*	*	*	NA	—————→		MG/L	0	1/7	GRAB
	Permit Require.	*	*		MONITOR	ONLY	1/WEEK				
pH	Sample Measure.	*	*	*	6.69	*	6.98	S.U.	0	1/7	Grab
	Permit Require.	*	*		*	6.0	*				
	Sample Measure.	*	*	*	*	*	*	*	0	1/7	GRAB
	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		
		412393-5113	96	04	25	
David Orndorf Chemistry Manager		AREA CODE	NUMBER	YEAR	MONTH	DAY
TYPED OR PRINTED						

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

NA = Not Applicable, Conditions of wet lay up did not exist.

NOTE: YOUR PERMIT WILL EXPIRE ON _____ . PLEASE SUBMIT YOUR RENEWAL APPLICATION BY _____ .

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
96	3	1	96	3	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	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	04	25
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 SEP 25. 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	
96	3	1	96	3	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		*	*	*	*			
	Permit Require.	*	*	MGD	*	*	*		1/WEEK	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*	*	MG/L			
	Permit Require.	*	*	*	*	30	100		2/MONTH	GRAB
Oil and Grease	Sample Measure.	*	*	*	*	*	MG/L			
	Permit Require.	*	*	*	*	15	20		2/MONTH	GRAB
	Sample Measure.	*	*	*	*	*	*		*	*
	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

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
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


DATE
 96 + 25
 AREA CODE NUMBER YEAR MONTH DAY

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

No Discharge

BWQM 002 (Rev 5/88)

APR - 1

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

401
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
96	3	1	TO	96	3	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.	*	*	*	*	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								412 393-5113		96	04	25
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

Form PGH BWM 002 (Rev 5/88)

PAGE 1 OF 1

712 - 1

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

501
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	3	1	96	3	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		*	*	*	*			
	Permit Require.	*	*	MGD	*	*	*		1/WEEK	ESTIMATE
Total Suspended Solids	Sample Measure.	*	*	*						
	Permit Require.	*	*	*		30	100	MG/L	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
 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		
NUMBER	YEAR	MONTH	DAY
412 393-5113	96	04	25

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
96	3	1	TO	96	3	31

DISCHARGE MONITORING REPORT (DMR)

Amendment No. 1

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.	30.99	51.21	MGD	*	*	*	*	0	Daily	Cont	
	Permit Require.	*	*		*	*	*		DAILY	CONTINUOUS		
Free Available Chlorine	Sample Measure.	*	*	*	*	0.008	0.008	MG/L	0	Cont	rec	
	Permit Require.	*	*		*	AVERAGE CONC 0.2	MAXIMUM CONC 0.5		CONTINUOUS	RECORDED		
Total Residual Chlorine	Sample Measure.	*	*	*	*	0.06	0.06	MG/L	0	1/7	Grab	
	Permit Require.	*	*		*	0.5	INSTANT. MAX. 1.25		1/WEEK	GRAB		
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		
	Sample Measure.	*	*	*	*	*	*	*	*	*	*	
	Permit Require.	*	*		*	*	*		*	*	*	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Sample Measure.	*	*	*	*	*	*	*	*	*	*	
	Permit Require.	*	*		*	*	*		*	*	*	
David Orndorf Chemistry Manager	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		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							412	393-5113	96	04	25
								AREA CODE	NUMBER	YEAR	MONTH	DAY

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

NA - Not Applicable, no clauicide application for this month

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

PA0025615
 PERMIT NUMBER

001
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	3	1	96	3	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.	*	*	*	7.69	*	7.98	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 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. 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				
		412 393-5113	96	04	25	AREA CODE	NUMBER	YEAR

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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					
Year	Month	Day	Year	Month	Day
96	3	1	96	3	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.	*	*		*	*	*					2/MONTH
Suspended Solids	Sample Measure.	*	*	*	*	30.9	119.7	MG/L	2	4/31	GRAB	
	Permit Require.	*	*		*	30	100					2/MONTH
Oil and Grease	Sample Measure.	*	*	*	*	45.0	45.0	MG/L	0	2/31	GRAB	
	Permit Require.	*	*		*	1	20					2/MONTH
pH	Sample Measure.	*	*	*	7.23	*	7.53	S.U.	0	3/31	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		96	04	25
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)

see attached reportable occurrence letter.

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

002
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	3	1	96	3	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.	*	*		*	*	*				
	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 412393-5113
 AREA CODE NUMBER YEAR MONTH DAY
 96 04 25

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

NOTE: YOUR PERMIT WILL EXPIRE ON 06/30/97. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY 04/30/97.

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
96	3	1	FROM	96	3	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	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measure.	0.002	0.002	MGD	*	*	*	*	0	2/31	Est
	Permit Require.	*	*		*	*	*		2/MONTH	ESTIMATE	
Suspended Solids	Sample Measure.	*	*	*	*	10.1	12.0	MG/L	0	2/31	24 HC
	Permit Require.	*	*		*	30	100		2/MONTH	24 HOUR COMPOSITE	
pH	Sample Measure.	*	*	*	7.15	*	7.37	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.	*	*		*	*	*		*	*	*
	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	04	25
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

203
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	3	1	96	3	31

DISCHARGE MONITORING REPORT (DMR)

Amendment No. 1

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	Meas	
	Permit Require.	0.023	*		*	*	*		1/WEEK	MEASURED		
CBOD-5 Day	Sample Measure.	*	*	*	*	15.8	22.0	MG/L	0	2/31	8 HC	
	Permit Require.	*	*		*	25	50		2/MONTH	8 HOUR COMPOSITE		
Suspended Solids	Sample Measure.	*	*	*	*	41.9	58.7	MG/L	1	2/31	8 HC	
	Permit Require.	*	*		*	30	60		2/MONTH	8 HOUR COMPOSITE		
Total Residual Chlorine Permit issuance date to 9/30/98 10/1/98 thru expiration	Sample Measure.	*	*	*	*	0.36	0.95	MG/L	0	2/31	GRAB	
	Permit Require.	*	*		*	MONITOR 1.4	AND REPORT INSTANT MAX-3.3		2/MONTH	GRAB		
Fecal Coliform May 1 to Sep 30 Oct 1 to Apr 30	Sample Measure.	*	*	*	*	NA	TNTC	#/100ML	1	2/31	GRAB	
	Permit Require.	*	*		*	200	1000		2/MONTH	GRAB		
pH	Sample Measure.	*	*	*	6.18	*	8.66	S.U.	0	2/31	GRAB	
	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 and 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	04	25
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)

fecal coliform results based on 2 samples during this period. 2/20/96 TNTC, 3/30/96 - 0
 Unable to calculate average.

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
96	3	1	96	3	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	1/7	EST		
	Permit Require.	*	*		*	*	*				ESTIMATE	
Suspended Solids	Sample Measure.	*	*	*	*	12.46	21.96	0	1/7	GRAB		
	Permit Require.	*	*		*	30	100				MG/L	GRAB
Oil and Grease	Sample Measure.	*	*	*	*	7.95	9.4	0	1/7	GRAB		
	Permit Require.	*	*		*	15	20				MG/L	GRAB
pH	Sample Measure.	*	*	*	6.89	*	7.28	0	1/7	GRAB		
	Permit Require.	*	*		6.0	*	9.0				S.U.	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								412 393-5113		96	04	25
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
96	3	1	96	3	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	0.005	MGD	*	*	*	0	1/7	Est		
	Permit Require.	*	*		*	*	*				1/WEEK	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*	9.02	20.5	MG/L	0	1/7	GRAB	
	Permit Require.	*	*		*	30	100					1/WEEK
Oil and Grease	Sample Measure.	*	*	*	*	<5.0	<5.0	MG/L	0	1/7	GRAB	
	Permit Require.	*	*		*	15	20					1/WEEK
Hydrazine	Sample Measure.	*	*	*	NA			MG/L		→		
	Permit Require.	*	*		NOT DETECTABLE	USING	ASTM D-1385				1/WEEK	GRAB
Ammonia	Sample Measure.	*	*	*	*	NA			MG/L		→	
	Permit Require.	*	*		*	MONITOR AND REPORT		1/WEEK				GRAB
Total Residual Chlorine	Sample Measure.	*	*	*	0.02	*	0.02	MG/L	0	1/7	GRAB	
	Permit Require.	*	*		0.5	*	INSTANT. MAX. 1.25					1/WEEK
Clamrol (CT-1)	Sample Measure.	*	*	*	*	NA			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. 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	04	25
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MONTH	DAY

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

NA = Not Applicable, conditions of wet lay up did not exist

Form PGH BWQM 002 (Rev 5/88)

PAGE 1 OF 2

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
96	3	1	96	3	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.	*	*	*	*	NA	MG/L			
	Permit Require.	*	*	*	*	35.0			WHEN DISCHARGING	GRAB
pH	Sample Measure.	*	*	*	7.58	8.84	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.	*	*	*	*	*	*		*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 David Orndorf
 Chemistry Manager
 TYPED OR PRINTED

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David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412393-5113
 DATE 96 04 25
 AREA CODE NUMBER YEAR MONTH DAY

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

NA = Not Applicable, conditions of wet lay up did not exist.

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

003
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	3	1	96	3	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.	0.016	0.056	MGD	*	*	*	*	0	2/31	Est
	Permit Require.	*	*		*	*	*				
	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
 David Orndorf
 Chemistry Manager
 TYPED OR PRINTED

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David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 412 393-5113
 NUMBER
 DATE
 96 04 25
 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
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PA0025615
 PERMIT NUMBER

004
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	3	1	96	3	31

DISCHARGE MONITORING REPORT (DMR)

Amendment No. 1

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.	*	*	*	AVERAGE CONC 0.2	MAXIMUM CONC 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	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	04	25
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

Form PGH BWQM 002 (Rev 5/86)

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
96	3	1	96	3	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	*	*	*	6	1/7	EST	
	Permit Require.	*	*		*	*	*				1/WEEK
	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. § 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	04	25
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)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	3	1	96	3	31

DISCHARGE MONITORING REPORT (DMR)

Amendment No. 1

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.	*	*	*	AVERAGE CONC 0.2	MAXIMUM CONC 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	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. § 1011 & 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	04	25
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

Form PGH BWQM 002 (Rev 5/85)

PAGE 1 OF 1

NOTE: YOUR PERMIT WILL EXPIRE ON SEPTEMBER 29, 2000 . PLEASE SUBMIT YOUR RENEWAL APPLICATION BY APRIL 1, 2000 .

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
96	3	1	TO	96	3	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	1/7	EST	
	Permit Require.	*	*		*	*	*		*	1/WEEK	ESTIMATE	
Suspended Solids	Sample Measure.	*	*	*	*	11.43	12.46	MG/L	0	2/31	GRAB	
	Permit Require.	*	*		*	30	100		2/MONTH	GRAB		
Oil and Grease	Sample Measure.	*	*	*	45.0	5.4	5.8	MG/L	0	2/31	GRAB	
	Permit Require.	*	*		AVG. MONTHLY 15	DAILY MAX. 20	INSTANT. MAX. 30		2/MONTH	GRAB		
pH	Sample Measure.	*	*	*	7.26	*	7.31	S.U.	0	2/31	GRAB	
	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. § 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	04	25
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

110
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	3	1	96	3	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		*	*	*	*					
	Permit Require.	*	*	MGD	*	*	*	*	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. 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	04	25
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

010
 DISCHARGE NO.

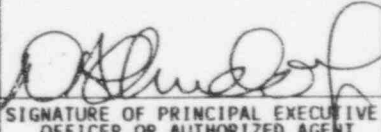
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	3	1	96	3	31

DISCHARGE MONITORING REPORT (DMR)

Amendment No. 1

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.	2.00	2.00	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.	*	*		AVERAGE CONC	MAXIMUM CONC	1/WEEK		GRAB WHILE CHLORO.		
Total Residual Chlorine	Sample Measure.	*	*	*	0.007	*	0.02	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.	*	*	*	7.23	7.59	*	S.U.	0	1/7	GRAB
	Permit Require.	*	*		MINIMUM	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							412 393-5113		96	04	25
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MONTH	DAY

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

NA - Not Applicable, No clamsicide application.

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
96	3	1	96	3	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
	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								412393-5113		96	04	25
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

111
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 NPDES)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
96	3	1	TO	96	3	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.	*	*	*	*	24.0	24.0	0	1/7	GRAB		
	Permit Require.	*	*		*	30	100				MG/L	1/WEEK
Oil and Grease	Sample Measure.	*	*	*	250	5.1	5.7	0	1/7	GRAB		
	Permit Require.	*	*		AVERAGE 15	MAXIMUM 20	INSTANT. MAX. 30				MG/L	1/WEEK
pH	Sample Measure.	*	*	*	8.61	*	9.18	1	1/7	GRAB		
	Permit Require.	*	*		6.0	*	9.0				S.U.	1/WEEK
	Sample Measure.	*	*	*	*	*	*		2/QUARTER	GRAB		
	Permit Require.	*	*		*	*	*					
	Sample Measure.	*	*	*	*	*	*		1/WEEK	GRAB		
	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	04	25
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)

see attached reportable assurance letter

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

211
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day FROM 96 3 1 TO 96 3 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.	*	*	*	*	4.24	5.2	MG/L	0	1/7	GRAB
	Permit Require.	*	*		*	30	100		1/WEEK	GRAB	
Oil and Grease	Sample Measure.	*	*	*	45.0	45.0	45.0	MG/L	0	1/7	GRAB
	Permit Require.	*	*		AVERAGE 15	MAXIMUM 20	INSTANT. MAX. 30		1/WEEK	GRAB	
pH	Sample Measure.	*	*	*	6.84	*	8.61	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

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 412 393-5113
 DATE 96 04 25
 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

012
 DISCHARGE NO.

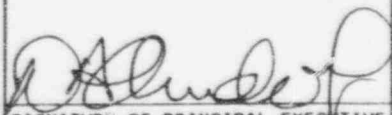
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	3	1	96	3	31

DISCHARGE MONITORING REPORT (DMR)

Amendment No. 1

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.	0.001	0.001	MGD	*	*	*	*	0	1/31	EST	
	Permit Require.	*	*		*	*	*		1/MONTH	ESTIMATE		
pH	Sample Measure.	*	*	*	8.18	8.18	*	S.U.	0	1/31	GRAB	
	Permit Require.	*	*		MINIMUM 6.0	9.0	*		1/MONTH	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 fines up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)							TELEPHONE		DATE		
								AREA CODE	NUMBER	YEAR	MONTH	DAY
David Grndorf Chemistry Manager								412	393-5113	96	04	25
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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

013
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	3	1	96	3	31

DISCHARGE MONITORING REPORT (DMR)

Amendment No. 1

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.	0.013	0.013	MGD	*	*	*	*	0	1/7	EST
	Permit Require.	*	*		*	*	*			1/WEEK	ESTIMATE
Total Residual Chlorine	Sample Measure.	*	*	*		186	3.7	MG/L	0	2/31	Calc
	Permit Require.	*	*		*	MONITOR	AND REPORT			2/MONTH	CALCULATED
Antimony	Sample Measure.	*	*	*		20.5	<0.5	MG/L	0	2/quarter	GRAB
	Permit Require.	*	*		*	MONITOR	AND REPORT			2/QUARTER	GRAB
Cyanide, Free	Sample Measure.	*	*	*		<0.02	<0.02	MG/L	0	2/quarter	GRAB
	Permit Require.	*	*		*	MONITOR	AND REPORT			2/QUARTER	GRAB
Cyanide, Total	Sample Measure.	*	*	*		<0.02	<0.02	MG/L	0	2/quarter	GRAB
	Permit Require.	*	*		*	MONITOR	AND REPORT			2/QUARTER	GRAB
pH	Sample Measure.	*	*	*	6.36	*	7.31	S.U.	0	1/7	GRAB
	Permit Require.	*	*		6.0	*	9.0			1/WEEK	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. § 319. (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 04 25

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

113
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	3	1	96	3	31

DISCHARGE MONITORING REPORT (DMR)

Amendment No. 1

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	meas		
	Permit Require.	0.043	*		*	*	*				1/WEEK	MEASURED
CBOD-5 Day	Sample Measure.	*	*	*	*	8	13	0	2/31	8 HC		
	Permit Require.	*	*		*	25	50				2/MONTH	8 HOUR COMPOSITE
Suspended Solids	Sample Measure.	*	*	*	*	17.47	18.95	0	2/31	8 HC		
	Permit Require.	*	*		*	30	60				2/MONTH	8 HOUR COMPOSITE
Total Residual Chlorine Permit issuance thru 9/30/98 10/1/98 thru expiration	Sample Measure.	*	*	*	*	3.7	6.25	0	2/31	GRAB		
	Permit Require.	*	*		*	MONITOR AND REPORT 1.4 INSTANT MAX 3.3					2/MONTH	GRAB
Fecal Coliform May 1 to Oct 31 Nov 1 to Apr 30	Sample Measure.	*	*	*	*	0.0	0.0	0	2/31	GRAB		
	Permit Require.	*	*		*	200 2000	1000 *				#/100ML	2/MONTH
pH	Sample Measure.	*	*	*	6.36	*	6.96	0	2/31	GRAB		
	Permit Require.	*	*		*	6.0	*				9.0	S.U.
	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	04	25
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

213
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD						
Year	Month	Day	TO	Year	Month	Day
96	3	1		96	3	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	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	04	25
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
96	3	1	96	3	31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

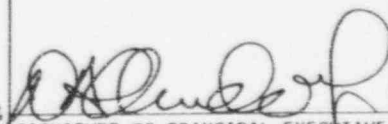
PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NG. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measure.	0.002	0.002	MGD	*	*	*	*	0	1/7	EST
	Permit Require.	*	*		*	*	*				
Suspended Solids	Sample Measure.	*	*	*	*	4.0	4.0	MG/L	0	1/7	Grab
	Permit Require.	*	*		*	30	100				
Oil and Grease	Sample Measure.	*	*	*	*	5.2	5.7	MG/L	0	1/7	GRAB
	Permit Require.	*	*		*	15	20				
pH	Sample Measure.	*	*	*	6.69	*	7.31	S.U.	0	1/7	GRAB
	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.)



SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

DATE

96 04 25

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

413
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	3	1	96	3	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.	*	*	*	*			MG/L			
	Permit Require.	*	*		*	30	100		1/WEEK	GRAB	
Oil and Grease	Sample Measure.	*	*	*	*			MG/L			
	Permit Require.	*	*		*	15	20		1/WEEK	GRAB	
pH	Sample Measure.	*	*	*	*			S.U.			
	Permit Require.	*	*		6.0	*	9.0		1/WEEK	GRAB	
	Sample Measure.	*	*	*	*	*	*	*	*	*	
	Permit Require.	*	*		*	*	*		*	*	
	Sample Measure.	*	*	*	*	*	*	*	*	*	
	Permit Require.	*	*		*	*	*		*	*	
	Sample Measure.	*	*	*	*	*	*	*	*	*	
	Permit Require.	*	*		*	*	*		*	*	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 1519. (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	04	25
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

Form PGH BQGM 002 (Rev 5/88)

PAGE 1 OF 1

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

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Month: MARCH
Year: 1976Instructions:

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)	X (Conversion Factor)	= Dry Tons	(Tons of Dewatered Sludge)	X	(% Solids)	X (.01) = Dry Tons
<u>16000</u>		<u>2%</u>	<u>.0000417</u>					<u>.01</u>
TOTAL = <u>1.334</u>					TOTAL = _____			

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

	Site 1	Site 2	Site 3	Site 4
Name:	<u>Boro of Monaca Sewage Treatment Plant</u>			
Permit No.:	<u>PA0020125</u>			
Dry Tons Disposed:	<u>1.334</u>			
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	<u>Beaver</u>			

CHEMISTRY MANAGER

4/24/76(412) 393-5113

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Month: MARCH
Year: 1996

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)	=	(Tons of Dewatered Sludge)	X (%)	(% Solids)	X (.01)	=	Dry Tons	
<u>7500</u>	<u>X</u>	<u>2%</u>	<u>.0000417</u>	=				<u>.01</u>	=		
TOTAL				=	<u>0.626</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>PA00025615</u>			
Dry Tons Disposed:	<u>2.626</u>			
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	<u>Beaver</u>			

APL/SLR (412) 393-5113