



**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

June 26, 1996  
NPD3VPO: 0487

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

NPDES Monthly Report, EPA Permit No. PA0025615

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

Dear Sir:

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

Sincerely,

T. P. Noonan  
Division Vice President  
Nuclear Operations

DNH/trs

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

9607030275 960531  
PDR ADOCK 05000334  
R PDR

000085





**Duquesne Light Company**

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

THOMAS P. NOONAN  
Division Vice President  
Nuclear Operations

(412) 393-7622  
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June 28, 1996  
NPD3VPO: 0491

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 a reportable occurrence at Beaver Valley Power Station.

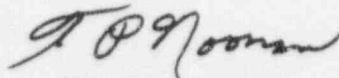
On the May 27, 1996, the fecal coliform bacteria concentration in Discharge Monitoring Point 203 exceeded the allowable limit of 1000 colonies per 100ml. The sample obtained was analyzed using aliquots of 1ml, 5ml and 10ml. All of these resulted in colonies that were "Too Numerous To Count". These results are suspect due to results obtained on the days prior to and subsequent to the twenty-seventh of the month. Samples from the next four days showed no growth for these same aliquots. Samples from the seven days prior to the upset condition were all less than 10 colonies per 100ml. These results indicate that the "TNTC" values obtained on the twenty-seventh of the month probably did not represent the true condition of the system. It was noted that the individual performing this particular analysis was less experienced, therefore additional discussion of the analysis requirements was held and surveillances of this individual were performed. The cause of this upset condition remains unknown, but operation of the plant continues with no further out of specification results on any parameters.

**DELIVERING  
QUALITY  
ENERGY**

June 28, 1996  
NPD3VPO: 0491  
Page 2

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  
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THOMAS P. NOONAN  
Division Vice President  
Nuclear Operations

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

June 26, 1996  
NPD3VPO: 0486

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 May 1996 is submitted for your consideration.

Sincerely,

T. P. Noonan  
Division Vice President  
Nuclear Operations

DNH/trs

Enclosure

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

DELIVERING  
QUALITY  
ENERGY



**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  
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June 26, 1996  
NPD3VPO: 0486

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 May 1996 is submitted for your consideration.

Sincerely,

T. P. Noonan  
Division Vice President  
Nuclear Operations

DNH/trs

Enclosure

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

DELIVERING  
QUALITY  
ENERGY

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Month: MAI  
 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 1  
 NPDES: PA 00-25615  
 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    |
| 8500                    | 2%           | .0000417            | 0.707         |                            |              | .01     |               |
|                         |              |                     |               |                            |              |         |               |
|                         |              |                     |               |                            |              |         |               |
|                         |              |                     |               |                            |              |         |               |
|                         |              |                     |               |                            |              |         |               |
|                         |              |                     |               |                            |              |         |               |
|                         |              |                     |               |                            |              |         |               |
|                         |              |                     |               |                            |              |         |               |
|                         |              |                     |               |                            |              |         |               |
|                         |              |                     | TOTAL = _____ |                            |              |         | TOTAL = _____ |

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

|                    | Site 1  | Site 2 | Site 3 | Site 4 |
|--------------------|---|--------|--------|--------|
| Name:              | <u>Borough of Monaca Sewage Treatment Plant</u> |        |        |        |
| Permit No.:        | <u>PA0000125</u>                                |        |        |        |
| Dry Tons Disposed: | <u>0.709</u>                                    |        |        |        |
| Type: (check one)  |   |        |        |        |
| Landfill           |   |        |        |        |
| Agr. Utilization   |   |        |        |        |
| Other (specify)    |   |        |        |        |
| County:            | <u>Beaver</u>                                   |        |        |        |

*[Signature]*  
 CHEMISTRY MANAGER 6/20/96 (412) 393-5113

Month: MAY  
 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 COMPANY  
 Plant: BEAVER VALLEY POWER STATION UNIT II  
 NPDES: PA 0025615  
 Municipality: SHIPPINGPORT BOROUGHS  
 County: DEAVER

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 |
| 22000                   |   | 2%         | .0000417 = 1.835               |                            |   |            | .01                |
|                         |   |            |                                |                            |   |            |                    |
|                         |   |            |                                |                            |   |            |                    |
|                         |   |            |                                |                            |   |            |                    |
|                         |   |            |                                |                            |   |            |                    |
|                         |   |            |                                |                            |   |            |                    |
|                         |   |            |                                |                            |   |            |                    |
|                         |   |            |                                |                            |   |            |                    |
|                         |   |            |                                |                            |   |            |                    |
|                         |   |            |                                |                            |   |            |                    |
|                         |   |            |                                |                            |   |            |                    |
|                         |   |            |                                |                            |   |            |                    |
| TOTAL = _____           |   |            |                                | TOTAL = _____              |   |            |                    |

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

|                    | Site 1                 | Site 2 | Site 3 | Site 4 |
|--------------------|------------------------|--------|--------|--------|
| Name:              | BOROUGH OF MONACA      |        |        |        |
| Permit No.:        | SEWAGE TREATMENT PLANT |        |        |        |
| Dry Tons Disposed: | PA 0020125             |        |        |        |
| Type: (check one)  | 1.835                  |        |        |        |
| Landfill           |                        |        |        |        |
| Agr. Utilization   |                        |        |        |        |
| Other (specify)    |                        |        |        |        |
| County:            | DEAVER                 |        |        |        |

[Signature] CHEMISTRY MANAGER  
 Signature Title Date 6/20/96 Telephone 412-393-5113

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

PA025615  
 PERMIT NUMBER

101  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

| MONITORING PERIOD |       |     |      |       |     |
|-------------------|-------|-----|------|-------|-----|
| Year              | Month | Day | Year | Month | Day |
| 96                | 5     | 1   | 96   | 5     | 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.  | *       | *     |                          | *            | *       | *     |              | DAILY                 | CONTINUOUS       |       |     |
| Suspended Solids                       | Sample Measure.  | *       | *     | *                        | *            | *       | MG/L  |              |                       |                  |       |     |
|  | Permit Require.  | *       | *     |                          | *            | 30      | 100   |              | 1/WEEK                | 2 HOUR COMPOSITE |       |     |
| Oil and Grease                         | Sample Measure.  | *       | *     | *                        | *            | *       | MG/L  |              |                       |                  |       |     |
|  | Permit Require.  | *       | *     |                          | *            | 15      | 20    |              | 1/WEEK                | GRAB             |       |     |
| Hydrazine                              | Sample Measure.  | *       | *     | *                        | MONITOR ONLY |         | MG/L  |              | 1/WEEK                | GRAB             |       |     |
|  | Permit Require.  | *       | *     |                          | MONITOR ONLY |         |       |              | 1/WEEK                | GRAB             |       |     |
| Ammonia                                | Sample Measure.  | *       | *     | *                        | MONITOR ONLY |         | MG/L  |              | 1/WEEK                | GRAB             |       |     |
|  | Permit Require.  | *       | *     |                          | MONITOR ONLY |         |       |              | 1/WEEK                | GRAB             |       |     |
| pH                                     | Sample Measure.  | *       | *     | *                        | 6.0          | 9.0     | S.U.  |              | 1/WEEK                | GRAB             |       |     |
|  | Permit Require.  | *       | *     |                          | *            | *       |       |              | *                     | *                |       |     |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | Sample Measure.  | *       | *     | *                        | *            | *       | *     |              | *                     | *                |       |     |
|  | Permit Require.  | *       | *     |                          | *            | *       |       |              | *                     | *                |       |     |
| David Orndorf<br>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. 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             |       |     |
| TYPED OR PRINTED                       |  |         |       |                          |              |         |       | 412 393-5113 | 96                    | 06               | 26    |     |
|  | 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 Flow - No Discharge



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)

DISCHARGE MONITORING REPORT (DMR)

| MONITORING PERIOD |       |     |    |      |       |     |
|-------------------|-------|-----|----|------|-------|-----|
| Year              | Month | Day |    | Year | Month | Day |
| 96                | 5     | 1   | TO | 96   | 5     | 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 | 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<br>Chemistry Manager     |  |         |       |         |                          |         |       | 412 393-5113 |        | 96                    | 06          | 26  |
| 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 Flow - No Discharge

Form PGH BWOM 002 (Rev 5/88)

PAGE 1 OF 1

NOTE: YOUR PERMIT WILL EXPIRE ON

SEP 23

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                | 5     | 1   | FROM | 96   | 5     | 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.     | No Flow |       | *                        | *       | *       | *     |        |                       |             |
|                  | Permit Require.     | *       | *     | MGD                      | *       | *       | *     |        | 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        |
|                  | 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   |      |       |     |
|  |   | 412 393-5113   | 96        | 06     | 26   |       |     |
| David Orndorf<br>Chemistry Manager     |    | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | MONTH | DAY |
| TYPED OR PRINTED                       |   |  |           |        |      |       |     |

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

No Flow - 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

401  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

DISCHARGE MONITORING REPORT (DMR)

| MONITORING PERIOD |       |     |      |       |     |
|-------------------|-------|-----|------|-------|-----|
| Year              | Month | Day | Year | Month | Day |
| 96                | 5     | 1   | 96   | 5     | 31  |

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.   | 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. 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<br>Chemistry Manager     |   |         |         |       |                          |         |         | 412393-5113 |         | 96                    | 06          | 26  |
| 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)

No Flow - No Discharge

Form PGH BQOM 002 (Rev 5/88)

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  
 FROM 96 5 1 TO 96 5 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    |
| Total Suspended Solids | Sample Measure.     | *       | *     | *                        | *       | *       | MG/L  | *      |                       |             |
|                        | Permit Require.     | *       | *     |                          | *       | 30      | 100   |        | 1/WEEK                | GRAB        |
|                        | Sample Measure.     | *       | *     | *                        | *       | *       | *     | *      | *                     | *           |
|                        | Permit Require.     | *       | *     |                          | *       | *       | *     |        | *                     | *           |
|                        | Sample Measure.     | *       | *     | *                        | *       | *       | *     | *      | *                     | *           |
|                        | Permit Require.     | *       | *     |                          | *       | *       | *     |        | *                     | *           |
|                        | Sample Measure.     | *       | *     | *                        | *       | *       | *     | *      | *                     | *           |
|                        | Permit Require.     | *       | *     |                          | *       | *       | *     |        | *                     | *           |
|                        | Sample Measure.     | *       | *     | *                        | *       | *       | *     | *      | *                     | *           |
|                        | Permit Require.     | *       | *     |                          | *       | *       | *     |        | *                     | *           |

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

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

TELEPHONE 412 393-5113  
 DATE 96 06 26  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT *David Orndorf*  
 AREA CODE NUMBER YEAR MONTH DAY

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

No Flow - No Discharge

Form PGH BWQM 002 (Rev 5/88)

PAGE 1 OF 1

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

001  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

| MONITORING PERIOD |       |     |      |       |     |
|-------------------|-------|-----|------|-------|-----|
| Year              | Month | Day | Year | Month | Day |
| 96                | 5     | 1   | 96   | 5     | 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.     | 36.7    | <sup>sf</sup> 36.75490 | MGD                      | *                   | *                     | *     | *      | 0                     | Daily             | Cont       |
|                         | Permit Require.     | *       | *                      |                          | *                   | *                     | *     |        |                       | DAILY             | CONTINUOUS |
| Free Available Chlorine | Sample Measure.     | *       | *                      | *                        | 0.0                 | 0.0                   | MG/L  | 0      | Cont                  | Rec               |            |
|                         | Permit Require.     | *       | *                      |                          | AVERAGE CONC<br>0.2 | MAXIMUM CONC<br>0.5   |       |        | CONTINUOUS            | RECORDED          |            |
| Total Residual Chlorine | Sample Measure.     | *       | *                      | *                        | 0.04                | 0.08                  | MG/L  | 0      | 1/7                   | Grab              |            |
|                         | Permit Require.     | *       | *                      |                          | 0.5                 | INSTANT, MAX.<br>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.     | *       | *                      |                          | *                   | *                     | *     | *      | *                     | *                 |            |
|                         | 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 412 393-5113  
 DATE 96 06 26  
 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 clamicide application for this month

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

PA0025615  
 PERMIT NUMBER

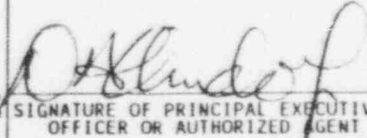
001  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

DISCHARGE MONITORING REPORT (DMR)

| MONITORING PERIOD |       |     |    |      |       |     |
|-------------------|-------|-----|----|------|-------|-----|
| Year              | Month | Day | TO | Year | Month | Day |
| 96                | 5     | 1   |    | 96   | 5     | 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 | MINIMUM | AVERAGE                  | MAXIMUM | UNITS |              |        |                       |             |     |
| pH                                     | Sample Measure.  | *       | *     | *       | 7.73                     | *       | 8.18  | S.U.         | 0      | 1/7                   | GRAB        |     |
|  | Permit Require.  | *       | *     | *       | 6.0                      | *       | 9.0   |              |        | 1/WEEK                | GRAB        |     |
|  | Sample Measure.  | *       | *     | *       | *                        | *       | *     | *            | *      | *                     | *           |     |
|  | Permit Require.  | *       | *     | *       | *                        | *       | *     | *            | *      | *                     | *           |     |
|  | Sample Measure.  | *       | *     | *       | *                        | *       | *     | *            | *      | *                     | *           |     |
|  | Permit Require.  | *       | *     | *       | *                        | *       | *     | *            | *      | *                     | *           |     |
|  | Sample Measure.  | *       | *     | *       | *                        | *       | *     | *            | *      | *                     | *           |     |
|  | Permit Require.  | *       | *     | *       | *                        | *       | *     | *            | *      | *                     | *           |     |
|  | Sample Measure.  | *       | *     | *       | *                        | *       | *     | *            | *      | *                     | *           |     |
|  | Permit Require.  | *       | *     | *       | *                        | *       | *     | *            | *      | *                     | *           |     |
|  | Sample Measure.  | *       | *     | *       | *                        | *       | *     | *            | *      | *                     | *           |     |
|  | Permit Require.  | *       | *     | *       | *                        | *       | *     | *            | *      | *                     | *           |     |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 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                  |             |     |
|  |  |         |       |         |                          |         |       | 412 393-5113 | 96     | 06                    | 26          |     |
| David Orndorf<br>Chemistry Manager     |   |         |       |         |                          |         |       | AREA CODE    | NUMBER | YEAR                  | MONTH       | DAY |
| TYPED OR PRINTED                       |  |         |       |         |                          |         |       |              |        |                       |             |     |

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                | 5     | 1   | 96   | 5     | 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.  | *       | *     | *                        | *       | < 4.0   | < 4.0 | 0            | 2/31                  | Grab        |       |     |
|  | Permit Require.  | *       | *     |                          | *       | 30      | 100   |              |                       |             | MG/L  |     |
| Oil and Grease                         | Sample Measure.  | *       | *     | *                        | *       | < 5.0   | < 5.0 | 0            | 2/31                  | Grab        |       |     |
|  | Permit Require.  | *       | *     |                          | *       | 15      | 20    |              |                       |             | MG/L  |     |
| pH                                     | Sample Measure.  | *       | *     | *                        | 7.38    | *       | 7.60  | 0            | 2/31                  | Grab        |       |     |
|  | Permit Require.  | *       | *     |                          | *       | 6.0     | 9.0   |              |                       |             | S.U.  |     |
|  | 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<br>Chemistry Manager     |  |         |       |                          |         |         |       | 412 393-5113 |                       | 96          | 06    | 26  |
| 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

002  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

| MONITORING PERIOD |       |     |      |       |     |
|-------------------|-------|-----|------|-------|-----|
| Year              | Month | Day | Year | Month | Day |
| 96                | 5     | 1   | 96   | 5     | 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 |          | DATE |       |     |
| 412       | 393-5113 | 96   | 06    | 26  |
| 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 |
| 96                | 5     | 1   | TO | 96   | 5     | 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      | 2/31                  | Est         |
|                  | Permit Require.     | *       | *     |         | *                        | *       | *     |      |        |                       |             |
| Suspended Solids | Sample Measure.     | *       | *     | *       | *                        | 10.2    | 14.0  | MG/L | 0      | 2/31                  | 24 HC       |
|                  | Permit Require.     | *       | *     |         | *                        | 30      | 100   |      |        |                       |             |
| pH               | Sample Measure.     | *       | *     | *       | 7.1                      | *       | 7.4   | S.U. | 0      | 2/31                  | GRAB        |
|                  | Permit Require.     | *       | *     |         | 6.0                      | *       | 9.0   |      |        |                       |             |
|                  | Sample Measure.     | *       | *     | *       | *                        | *       | *     | *    |        |                       | *           |
|                  | Permit Require.     | *       | *     |         | *                        | *       | *     |      |        |                       |             |
|                  | Sample Measure.     | *       | *     | *       | *                        | *       | *     | *    |        |                       | *           |
|                  | Permit Require.     | *       | *     |         | *                        | *       | *     |      |        |                       |             |
|                  | Sample Measure.     | *       | *     | *       | *                        | *       | *     | *    |        |                       | *           |
|                  | Permit Require.     | *       | *     |         | *                        | *       | *     |      |        |                       |             |
|                  | Sample Measure.     | *       | *     | *       | *                        | *       | *     | *    |        |                       | *           |
|                  | Permit Require.     | *       | *     |         | *                        | *       | *     |      |        |                       |             |

|  |  |                                    |              |      |       |     |
|--|--|------------------------------------|--------------|------|-------|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr. | TELEPHONE                          |              | DATE |       |     |
|  |  | David Orndorf<br>Chemistry Manager | 412 393-5113 | 96   | 06    | 26  |
| 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

203  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

| MONITORING PERIOD |       |     |    |      |       |     |
|-------------------|-------|-----|----|------|-------|-----|
| Year              | Month | Day |    | Year | Month | Day |
| 96                | 5     | 1   | TO | 96   | 5     | 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.     | 0.0014  | 0.0036 | MGD     | *                        | *   | *         | *       | 0       | 1/7                   | MEAS        |
|   | Permit Require.     | 0.023   | *      |         | *                        | *   | *         |         | 1/WEEK  | MEASURED              |             |
| CBOD-5 Day  | Sample Measure.     | *       | *      | *       | *                        | 6.2                                       | 6.9       | MG/L    | 0       | 2/31                  | 8 HC        |
|   | Permit Require.     | *       | *      |         | *                        | 25  | 50        |         | 2/MONTH | 8 HOUR COMPOSITE      |             |
| Suspended Solids  | Sample Measure.     | *       | *      | *       | *                        | 22.6                                      | 23.2      | MG/L    | 0       | 2/31                  | 8 HC        |
|   | Permit Require.     | *       | *      |         | *                        | 30  | 60        |         | 2/MONTH | 8 HOUR COMPOSITE      |             |
| Total Residual Chlorine<br>Permit issuance date to 9/30/98<br>10/1/98 thru expiration | Sample Measure.     | *       | *      | *       | *                        | 0.38                                      | 0.51      | MG/L    | 0       | 2/31                  | GRAB        |
|   | Permit Require.     | *       | *      |         | *                        | MONITOR 1.4<br>AND REPORT INSTANT MAX-3.3 |           |         | 2/MONTH | GRAB                  |             |
| Fecal Coliform<br>May 1 to Sep 30<br>Oct 1 to Apr 30                                  | Sample Measure.     | *       | *      | *       | *                        | 117                                       | TNTC      | #/100ML | 10      | 15/31                 | GRAB        |
|   | Permit Require.     | *       | *      |         | *                        | 200<br>2000                               | 1000<br>* |         | 2/MONTH | GRAB                  |             |
| pH  | Sample Measure.     | *       | *      | *       | 6.2                      | *   | 6.6       | 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 & 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<br>Chemistry Manager | 412393-5113 | 96   | 06    | 26  |
| 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 occurrence letter

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                | 5     | 1   | 96   | 5     | 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.  | *       | *     |                          | *       | *       | *     |              | 1/WEEK                | ESTIMATE    |       |     |
| Suspended Solids                       | Sample Measure.  | *       | *     | *                        | 9.0     | 12.8    | MG/L  | 0            | 1/7                   | GRAB        |       |     |
|  | Permit Require.  | *       | *     |                          | 30      | 100     |       |              | 1/WEEK                | GRAB        |       |     |
| Oil and Grease                         | Sample Measure.  | *       | *     | *                        | < 5.0   | < 5.0   | MG/L  | 0            | 1/7                   | GRAB        |       |     |
|  | Permit Require.  | *       | *     |                          | 15      | 20      |       |              | 1/WEEK                | GRAB        |       |     |
| pH                                     | Sample Measure.  | *       | *     | *                        | 6.8     | 7.2     | 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.  | *       | *     |                          | *       | *       | *     |              | *                     | *           |       |     |
| 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<br>Chemistry Manager     |  |         |       |                          |         |         |       | 412 393-5113 |                       | 96          | 06    | 26  |
| 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                | 5     | 1   | 96   | 5     | 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.   | *       | *     |                          | *              | *                  | *                  |              |                       |             |       |     |
| Suspended Solids                       | Sample Measure.   | *       | *     | *                        | *              | 9.1                | 9.1                | 0            | 1/7                   | GRAB        |       |     |
|  | Permit Require.   | *       | *     |                          | *              | 30                 | 100                |              |                       |             | MG/L  |     |
| Oil and Grease                         | Sample Measure.   | *       | *     | *                        | *              | < 5                | < 5                | 0            | 1/7                   | GRAB        |       |     |
|  | Permit Require.   | *       | *     |                          | *              | 15                 | 20                 |              |                       |             | MG/L  |     |
| Hydrazine                              | Sample Measure.   | *       | *     | *                        | NA             |                    |                    |              | 1/7                   | GRAB        |       |     |
|  | Permit Require.   | *       | *     |                          | NOT DETECTABLE | USING              | ASTM D-1385        |              |                       |             | MG/L  |     |
| Ammonia                                | Sample Measure.   | *       | *     | *                        | *              | NA                 |                    |              | 1/7                   | GRAB        |       |     |
|  | Permit Require.   | *       | *     |                          | *              | MONITOR AND REPORT |                    | MG/L         |                       |             |       |     |
| Total Residual Chlorine                | Sample Measure.   | *       | *     | *                        | 0.0            | *                  | 0.0                | 0            | 1/7                   | GRAB        |       |     |
|  | Permit Require.   | *       | *     |                          | 0.5            | *                  | INSTANT. MAX. 1.25 |              |                       |             | MG/L  |     |
| Clamrol (CT-1)                         | Sample Measure.   | *       | *     | *                        | *              | NA                 |                    |              | 1/7                   | GRAB        |       |     |
|  | Permit Require.   | *       | *     |                          | *              | NOT DETECTABLE     |                    | MG/L         |                       |             |       |     |
| 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<br>Chemistry Manager     |   |         |       |                          |                |                    |                    | 412 393-5113 |                       | 96          | 06    | 26  |
| 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 clamicide treatment, was made.

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                | 5     | 1   | 96   | 5     | 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         |        |                       | GRAB        |     |
|  | Permit Require.  | *       | *     | *       | *                        | *       | 35.0  |              |        |                       |             |     |
| pH                                     | Sample Measure.  | *       | *     | *       | 8.0                      | *       | 8.0   | S.U.         | 0      | 1/7                   | GRAB        |     |
|  | Permit Require.  | *       | *     | *       | 6.0                      | *       | 9.0   |              |        |                       |             |     |
|  | 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<br>Chemistry Manager     |  |         |       |         |                          |         |       | 412 393-5113 |        | 96                    | 06          | 26  |
| 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 cyanide treatment was made

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                | 5     | 1   | 96   | 5     | 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.     | 0.002   | 0.002 | MGD                      | *              | *                     | *     | *      | 0                     | 1/7                | MEAS               |
|                         | Permit Require.     | *       | *     |                          | *              | *                     | *     |        | 1/WEEK                | MEASURED           |                    |
| Free Available Chlorine | Sample Measure.     | *       | *     | *                        | *              | 0.0                   | 0.0   | MG/L   | 0                     | 1/7                | GRAB               |
|                         | Permit Require.     | *       | *     |                          | AVERAGE CONC   | MAXIMUM CONC          | 0.2   |        | 0.5                   | 1/WEEK             | GRAB WHILE CHLORO. |
| Total Residual Chlorine | Sample Measure.     | *       | *     | *                        | 0.0            | *                     | 0.0   | MG/L   | 0                     | 1/7                | GRAB               |
|                         | Permit Require.     | *       | *     |                          | 0.5            | *                     | 1.25  |        | 1/WEEK                | GRAB WHILE CHLORO. |                    |
| Clamtrol 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.     | *       | *     | *                        | 7.1            | 7.8                   | *     | 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<br>Chemistry Manager     |  | 412 393-5113 | 96     | 06   | 26    |     |
| 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 clamicide addit

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                | 5     | 1   | 96   | 5     | 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.  | 0.017   | 0.056 | MGD                      | *       | *       | *     | *            | 0                     | 2/mo<br>EST |         |          |
|  | Permit Require.  | *       | *     |                          | *       | *       | *     |              |                       |             | 2/MONTH | ESTIMATE |
|  | Sample Measure.  | *       | *     | *                        | *       | *       | *     | *            | *                     | *           |         |          |
|  | Permit Require.  | *       | *     |                          | *       | *       | *     |              |                       |             | *       |          |
|  | Sample Measure.  | *       | *     | *                        | *       | *       | *     | *            | *                     | *           |         |          |
|  | Permit Require.  | *       | *     |                          | *       | *       | *     |              |                       |             | *       |          |
|  | Sample Measure.  | *       | *     | *                        | *       | *       | *     | *            | *                     | *           |         |          |
|  | Permit Require.  | *       | *     |                          | *       | *       | *     |              |                       |             | *       |          |
|  | Sample Measure.  | *       | *     | *                        | *       | *       | *     | *            | *                     | *           |         |          |
|  | Permit Require.  | *       | *     |                          | *       | *       | *     |              |                       |             | *       |          |
|  | Sample Measure.  | *       | *     | *                        | *       | *       | *     | *            | *                     | *           |         |          |
|  | Permit Require.  | *       | *     |                          | *       | *       | *     |              |                       |             | *       |          |
|  | Sample Measure.  | *       | *     | *                        | *       | *       | *     | *            | *                     | *           |         |          |
|  | Permit Require.  | *       | *     |                          | *       | *       | *     |              |                       |             | *       |          |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | 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<br>Chemistry Manager     |  |         |       |                          |         |         |       | 412 393-5113 |                       | 96          | 06      | 26       |
| 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 |
| 96                | 5     | 1   | TO | 96   | 5     | 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                      | *             | *                     | *                | *      |                       |             |
|                         | Permit Require.     | *       | *     |                          | *             | *                     | *                |        | 1/WEEK                | MEASURED    |
| Free Available Chlorine | Sample Measure.     | *       | *     | *                        | *             |                       |                  | MG/L   |                       |             |
|                         | Permit Require.     | *       | *     |                          | *             | AVERAGE CONC 0.2      | MAXIMUM CONC 0.5 |        | 1/WEEK                | GRAB        |
| Total Residual Chlorine | Sample Measure.     | *       | *     | *                        |               |                       |                  | MG/L   |                       |             |
|                         | Permit Require.     | *       | *     |                          | 0.5           | *                     | 1.25             |        | 1/WEEK                | GRAB        |
| pH                      | Sample Measure.     | *       | *     | *                        |               |                       |                  | S.U.   |                       |             |
|                         | Permit Require.     | *       | *     |                          | MINIMUM 6.0   | 9.0                   | *                |        | 1/WEEK                | 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. § 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 06 26  
 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

PA0925615  
 PERMIT NUMBER

006  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

| MONITORING PERIOD |       |     |      |       |     |
|-------------------|-------|-----|------|-------|-----|
| Year              | Month | Day | Year | Month | Day |
| 96                | 5     | 1   | 96   | 5     | 31  |

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

| PARAMETER | QUANTITY OR LOADING |         |       | QUALITY OR CONCENTRATION |         |         |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |     |
|-----------|---------------------|---------|-------|--------------------------|---------|---------|-------|--------|-----------------------|-------------|-----|
|           | AVERAGE             | MAXIMUM | UNITS | MINIMUM                  | AVERAGE | MAXIMUM | UNITS |        |                       |             |     |
| Flow      | Sample Measure.     | 0.002   | 0.016 | MGD                      | *       | *       | *     | *      | 0                     | 1/7         | Est |
|           | Permit Require.     | *       | *     |                          | *       | *       | *     |        |                       |             |     |
|           | 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. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 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 06 26  
 AREA CODE NUMBER YEAR MONTH DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference to 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

007  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

| MONITORING PERIOD |       |     |    |      |       |     |
|-------------------|-------|-----|----|------|-------|-----|
| Year              | Month | Day |    | Year | Month | Day |
| 96                | 5     | 1   | TO | 96   | 5     | 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                      | *              | *                     | *                   | *      |                       |             |
|                         | Permit Require.     | *       | *     |                          | *              | *                     | *                   |        | 1/WEEK                | ESTIMATE    |
| Free Available Chlorine | Sample Measure.     | *       | *     | *                        | *              |                       |                     | MG/L   |                       |             |
|                         | Permit Require.     | *       | *     |                          | *              | AVERAGE CONC<br>0.2   | MAXIMUM CONC<br>0.5 |        | 1/WEEK                | GRAB        |
| Total Residual Chlorine | Sample Measure.     | *       | *     | *                        |                |                       |                     | MG/L   |                       |             |
|                         | Permit Require.     | *       | *     |                          | 0.5            | *                     | 1.25                |        | 1/WEEK                | GRAB        |
| pH                      | Sample Measure.     | *       | *     | *                        |                |                       |                     | S.U.   |                       |             |
|                         | Permit Require.     | *       | *     |                          | MINIMUM<br>6.0 | 9.0                   | *                   |        | 1/WEEK                | 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. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)

TELEPHONE 412 393-5113  
 DATE 96 06 26  
 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

008  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

| MONITORING PERIOD |       |     |    |      |       |     |
|-------------------|-------|-----|----|------|-------|-----|
| Year              | Month | Day |    | Year | Month | Day |
| 96                | 5     | 1   | TO | 96   | 5     | 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.   | *       | *     | *                        | *               | 5.8           | 7.4              | 0            | 2/31                  | Grab        |        |          |
|  | Permit Require.   | *       | *     |                          | *               | 30            | 100              |              |                       |             | MG/L   | 2/MONTH  |
| Oil and Grease                         | Sample Measure.   | *       | *     | *                        | < 5             | < 5           | < 5              | 0            | 2/31                  | Grab        |        |          |
|  | Permit Require.   | *       | *     |                          | AVG. MONTHLY 15 | DAILY MAX. 20 | INSTANT. MAX. 30 |              |                       |             | MG/L   | 2/MONTH  |
| pH                                     | Sample Measure.   | *       | *     | *                        | 7.7             | *             | 7.8              | 0            | 2/31                  | Grab        |        |          |
|  | Permit Require.   | *       | *     |                          | 6.0             | *             | 9.0              |              |                       |             | S.U.   | 2/MONTH  |
|  | Sample Measure.   | *       | *     | *                        | *               | *             | *                |              | *                     | *           |        |          |
|  | Permit Require.   | *       | *     |                          | *               | *             | *                |              |                       |             | *      | *        |
|  | Sample Measure.   | *       | *     | *                        | *               | *             | *                |              | *                     | *           |        |          |
|  | Permit Require.   | *       | *     |                          | *               | *             | *                |              |                       |             | *      | *        |
|  | Sample Measure.   | *       | *     | *                        | *               | *             | *                |              | *                     | *           |        |          |
|  | Permit Require.   | *       | *     |                          | *               | *             | *                |              |                       |             | *      | *        |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. S 1001 & 33 U.S.C. S 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.) |         |       |                          |                 |               |                  | TELEPHONE    |                       | DATE        |        |          |
| David Orndorf<br>Chemistry Manager     |   |         |       |                          |                 |               |                  | 412 393-5113 |                       | 96          | 06     | 26       |
| TYPED OR PRINTED                       | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  |         |       |                          |                 |               |                  | AREA CODE    | NUMBER                | YEAR        | MONTH  | DAY      |

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

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

PA0025615  
 PERMIT NUMBER

110  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD  
 Year Month Day Year Month Day  
 FROM 96 5 1 TO 96 5 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.   | *       | *     | *       | *                        | *       | *     | *            |        | *                     | *           |     |
| 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<br>Chemistry Manager     |   |         |       |         |                          |         |       | 412 393-5113 |        | 96                    | 06          | 26  |
| 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 8WOM 002 (Rev 5/89)

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

011  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

| MONITORING PERIOD |       |     |    |      |       |     |
|-------------------|-------|-----|----|------|-------|-----|
| Year              | Month | Day |    | Year | Month | Day |
| 96                | 5     | 1   | TO | 96   | 5     | 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.     | *  | *     | *         | *                        | *       | *     | *   | *            | *                     | *           |        |          |
| 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<br>Chemistry Manager     |                     |  |       |           |                          |         |       |     | 412 393-5113 |                       | 96          | 06     | 26       |
| 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                | 5     | 1   | FROM | 96   | 5     | 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.     | *       | *     |         | *                        | *          | *                |      |        |                       |             |
| Suspended Solids | Sample Measure.     | *       | *     | *       | *                        | < 40       | < 40             | MG/L | 0      | 1/7                   | Grab        |
|                  | Permit Require.     | *       | *     |         | *                        | 30         | 100              |      |        |                       |             |
| Oil and Grease   | Sample Measure.     | *       | *     | *       | 5.3                      | 6.4        | 6.4              | MG/L | 0      | 1/7                   | GRAB        |
|                  | Permit Require.     | *       | *     |         | AVERAGE 15               | MAXIMUM 20 | INSTANT. MAX. 30 |      |        |                       |             |
| pH               | Sample Measure.     | *       | *     | *       | 6.8                      | *          | 8.8              | S.U. | 0      | 1/7                   | GRAB        |
|                  | Permit Require.     | *       | *     |         | 6.0                      | *          | 9.0              |      |        |                       |             |
|                  | Sample Measure.     | *       | *     | *       | *                        | *          | *                | *    |        | 2/QUARTER             | GRAB        |
|                  | Permit Require.     | *       | *     |         | *                        | *          | *                |      |        |                       |             |
|                  | Sample Measure.     | *       | *     | *       | *                        | *          | *                | *    |        | *                     | *           |
|                  | Permit Require.     | *       | *     |         | *                        | *          | *                |      |        |                       |             |

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

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

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

TELEPHONE 412 393-5113  
 DATE 96 06 26  
 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

211  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

| MONITORING PERIOD |       |     |    |      |       |     |
|-------------------|-------|-----|----|------|-------|-----|
| Year              | Month | Day | TO | Year | Month | Day |
| 96                | 5     | 1   |    | 96   | 5     | 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 |
| Suspended Solids                       | Sample Measure.  | *       | *       | *     | *                        | 44.0       | 44.0             | MG/L         | 0      | 1/7                   | GRAB        |        |
|  | Permit Require.  | *       | *       |       | *                        | 30         | 100              |              |        |                       |             | 1/WEEK |
| 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 |
| pH                                     | Sample Measure.  | *       | *       | *     | 6.2                      | *          | 7.2              | S.U.         | 0      | 1/7                   | GRAB        |        |
|  | Permit Require.  | *       | *       |       | 6.0                      | *          | 9.0              |              |        |                       |             | 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<br>Chemistry Manager     |  |         |         |       |                          |            |                  | 412 393-5113 |        | 96                    | 06          | 26     |
| 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

012  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

| MONITORING PERIOD |       |     |      |       |     |
|-------------------|-------|-----|------|-------|-----|
| Year              | Month | Day | Year | Month | Day |
| 96                | 5     | 1   | 96   | 5     | 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.     | *       | *     |                          | *             | *                     | *     |        |                       |             |      |
| pH        | Sample Measure.     | *       | *     | *                        | 7.9           | 7.9                   | *     | S.U.   | 0                     | 1/31        | GRAB |
|           | Permit Require.     | *       | *     |                          | MINIMUM 6.0   | 9.0                   | *     |        |                       |             |      |
|           | Sample Measure.     | *       | *     | *                        | *             | *                     | *     | *      |                       |             | *    |
|           | Permit Require.     | *       | *     |                          | *             | *                     | *     |        |                       |             |      |
|           | Sample Measure.     | *       | *     | *                        | *             | *                     | *     | *      |                       |             | *    |
|           | Permit Require.     | *       | *     |                          | *             | *                     | *     |        |                       |             |      |
|           | Sample Measure.     | *       | *     | *                        | *             | *                     | *     | *      |                       |             | *    |
|           | Permit Require.     | *       | *     |                          | *             | *                     | *     |        |                       |             |      |
|           | Sample Measure.     | *       | *     | *                        | *             | *                     | *     | *      |                       |             | *    |
|           | Permit Require.     | *       | *     |                          | *             | *                     | *     |        |                       |             |      |
|           | 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<br>Chemistry Manager     |   | 412       | 393-5113 | 96   | 06    | 26  |
| 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

113  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

| MONITORING PERIOD |       |     |    |      |       |     |
|-------------------|-------|-----|----|------|-------|-----|
| Year              | Month | Day |    | Year | Month | Day |
| 96                | 5     | 1   | TO | 96   | 5     | 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                   | Meas        |         |                  |
|  | Permit Require.   | 0.043   | *     |                          | *           | *                          | *       |              |                       |             | 1/WEEK  | MEASURED         |
| CBOD-5 Day   | Sample Measure.   | *       | *     | *                        | 5.4         | 6.9                        | MG/L    | 0            | 2/31                  | 8 HC        |         |                  |
|  | Permit Require.   | *       | *     |                          | 25          | 50                         |         |              |                       |             | 2/MONTH | 8 HOUR COMPOSITE |
| Suspended Solids   | Sample Measure.   | *       | *     | *                        | 16.8        | 21                         | MG/L    | 0            | 2/31                  | 8 HC        |         |                  |
|  | Permit Require.   | *       | *     |                          | 30          | 60                         |         |              |                       |             | 2/MONTH | 8 HOUR COMPOSITE |
| Total Residual Chlorine<br>Permit issuance thru 9/30/98<br>10/1/98 thru expiration | Sample Measure.   | *       | *     | *                        | 0.36        | 0.36                       | MG/L    | 0            | 1/31                  | GRAB        |         |                  |
|  | Permit Require.   | *       | *     |                          | MONITOR 1.4 | AND REPORT INSTANT MAX-3.3 |         |              |                       |             | 2/MONTH | GRAB             |
| Fecal Coliform<br>May 1 to Oct 31<br>Nov 1 to Apr 30                               | Sample Measure.   | *       | *     | *                        | 120         | 360                        | #/100ML | 0            | 2/31                  | GRAB        |         |                  |
|  | Permit Require.   | *       | *     |                          | 200         | 1000                       |         |              |                       |             | 2/MONTH | GRAB             |
| pH   | Sample Measure.   | *       | *     | *                        | 6.2         | 6.6                        | 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 & 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<br>Chemistry Manager   |   |         |       |                          |             |                            |         | 412 393-5113 |                       | 96          | 06      | 26               |
| 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)

Total Residual Chlorine results based on 1 sample during the period

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

PA0025615  
 PERMIT NUMBER

213  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD  
 FROM Year 96 Month 5 Day 1 TO Year 96 Month 5 Day 31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

| PARAMETER                              | QUANTITY OR LOADING   |         |       | QUALITY OR CONCENTRATION |         |         |              | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |     |
|--|---|---------|-------|--------------------------|---------|---------|--------------|--------|-----------------------|-------------|-----|
|  | AVERAGE   | MAXIMUM | UNITS | MINIMUM                  | AVERAGE | MAXIMUM | UNITS        |        |                       |             |     |
| Flow                                   | Sample Measure.   | No Flow |       | MGD                      | *       | *       | *            | *      |                       |             |     |
|  | 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.   | *       | *     |                          | *       | 5       | 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. § 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<br>Chemistry Manager     |   |         |       |                          |         |         | 412-393-5113 |        | 96                    | 06          | 26  |
| 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 8/88)

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

313  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

| MONITORING PERIOD |       |     |      |       |     |
|-------------------|-------|-----|------|-------|-----|
| Year              | Month | Day | Year | Month | Day |
| 96                | 5     | 1   | 96   | 5     | 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.  | *       | *     |                          | *       | *       | *     |              |                       |             |       |      |
| Suspended Solids                       | Sample Measure.  | *       | *     | *                        | *       | 240     | 240   | 0            | 1/7                   | GRAB        |       |      |
|  | Permit Require.  | *       | *     |                          | *       | 30      | 100   |              |                       |             | MG/L  |      |
| Oil and Grease                         | Sample Measure.  | *       | *     | *                        | *       | 25      | 25    | 0            | 1/7                   | GRAB        |       |      |
|  | Permit Require.  | *       | *     |                          | *       | 15      | 20    |              |                       |             | MG/L  |      |
| pH                                     | Sample Measure.  | *       | *     | *                        | 6.8     | *       | 7.2   | 0            | 1/7                   | GRAB        |       |      |
|  | Permit Require.  | *       | *     |                          | *       | 6.0     | *     |              |                       |             | 9.0   | S.U. |
|  | Sample Measure.  | *       | *     | *                        | *       | *       | *     | 0            | 1/7                   | GRAB        |       |      |
|  | Permit Require.  | *       | *     |                          | *       | *       | *     |              |                       |             | *     |      |
|  | Sample Measure.  | *       | *     | *                        | *       | *       | *     | 0            | 1/7                   | GRAB        |       |      |
|  | Permit Require.  | *       | *     |                          | *       | *       | *     |              |                       |             | *     |      |
|  | 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. 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<br>Chemistry Manager     |  |         |       |                          |         |         |       | 412 393-5113 |                       | 96          | 06    | 26   |
| 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

413  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

DISCHARGE MONITORING REPORT (DMR)

| MONITORING PERIOD |       |     |    |      |       |     |
|-------------------|-------|-----|----|------|-------|-----|
| Year              | Month | Day |    | Year | Month | Day |
| 96                | 5     | 1   | TO | 96   | 5     | 31  |

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.     | No Flow | MGD   | *                        | *       | *       | *     | 1/WEEK | ESTIMATE              |             |
|                  | Permit Require.     | *       |       | *                        | *       | *       |       |        |                       | *           |
| Suspended Solids | Sample Measure.     | *       | *     | *                        | 30      | 100     | MG/L  | 1/WEEK | GRAB                  |             |
|                  | Permit Require.     | *       | *     | *                        |         |         |       |        |                       |             |
| Oil and Grease   | Sample Measure.     | *       | *     | *                        | 15      | 20      | MG/L  | 1/WEEK | GRAB                  |             |
|                  | Permit Require.     | *       | *     | *                        |         |         |       |        |                       |             |
| pH               | Sample Measure.     | *       | *     | *                        | 6.0     | 9.0     | S.U.  | 1/WEEK | GRAB                  |             |
|                  | Permit Require.     | *       | *     | *                        |         |         |       |        |                       |             |
|                  | Sample Measure.     | *       | *     | *                        | *       | *       | *     | *      | *                     |             |
|                  | Permit Require.     | *       | *     | *                        | *       | *       |       |        |                       |             |
|                  | Sample Measure.     | *       | *     | *                        | *       | *       | *     | *      | *                     |             |
|                  | Permit Require.     | *       | *     | *                        | *       | *       |       |        |                       |             |
|                  | Sample Measure.     | *       | *     | *                        | *       | *       | *     | *      | *                     |             |
|                  | Permit Require.     | *       | *     | *                        | *       | *       |       |        |                       |             |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf  
 Chemistry Manager

TYPED OR PRINTED

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

DATE

96 06 26

AREA CODE

NUMBER

YEAR

MONTH

DAY

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

No Discharge

Form PGH BWQM 002 (Rev 5/88)

PAGE 1 OF 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

013  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

| MONITORING PERIOD |       |     |    |      |       |     |
|-------------------|-------|-----|----|------|-------|-----|
| Year              | Month | Day |    | Year | Month | Day |
| 96                | 5     | 1   | TO | 96   | 5     | 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.   | 0.007   | 0.013 | MGD                      | *       | *                  | *                  | *           | 0                     | 1/7         | EST   |     |
|  | Permit Require.   | *       | *     |                          | *       | *                  | *                  |             | 1/WEEK                | ESTIMATE    |       |     |
| Total Residual Chlorine                | Sample Measure.   | *       | *     | *                        | *       | 0.14               | 0.29               | MG/L        | 0                     | 2/31        | Cal   |     |
|  | Permit Require.   | *       | *     |                          | *       | MONITOR AND REPORT | MONITOR AND REPORT |             | 2/MONTH               | CALCULATED  |       |     |
| Antimony                               | Sample Measure.   | *       | *     | *                        | *       | NA                 | —                  | MG/L        |                       |             | >     |     |
|  | Permit Require.   | *       | *     |                          | *       | MONITOR AND REPORT | MONITOR AND REPORT |             | 2/QUARTER             | GRAB        |       |     |
| Cyanide, Free                          | Sample Measure.   | *       | *     | *                        | *       | NA                 | —                  | MG/L        |                       |             | >     |     |
|  | Permit Require.   | *       | *     |                          | *       | MONITOR AND REPORT | MONITOR AND REPORT |             | 2/QUARTER             | GRAB        |       |     |
| Cyanide, Total                         | Sample Measure.   | *       | *     | *                        | *       | NA                 | —                  | MG/L        |                       |             | >     |     |
|  | Permit Require.   | *       | *     |                          | *       | MONITOR AND REPORT | MONITOR AND REPORT |             | 2/QUARTER             | GRAB        |       |     |
| pH                                     | Sample Measure.   | *       | *     | *                        | 6.2     | *                  | 7.2                | S.U.        | 0                     | 1/7         | GRAB  |     |
|  | 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<br>Chemistry Manager     |   |         |       |                          |         |                    |                    | 412393-5113 |                       | 96          | 06    | 26  |
| 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)