

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

Form Approved  
OMB NO. 158-N0073

DUPUISHE LIGHT COMPANY  
Beaver Valley Unit 1  
P. O. Box 4  
Shippingport, PA 15077

(Final Period)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days). If continuous enter "CONT".
5. Specify sample type ("grab" or "—" for composite) as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

POOR ORIGINAL

90002213

8001080

665

PA 57	0025615 PERMIT NUMBER	001 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD FROM		7   9   11 YEAR MO DAY	0   1 DAY	TO	
		7   9   11 YEAR MO DAY	3   0 DAY		

PARAMETER	REPORTED	QUANTITY				UNITS	NO. EX.	CONCENTRATION				UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED	12.92	25.70	29.44		MGD		***	***	***				cont.	recorded
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***					
Temperature	REPORTED	***	***	***				39	60	81	°F			cont.	recorded
	PERMIT CONDITION	***	***	***				N/A	N/A	N/A					
Oil and Grease	REPORTED									5.0	mg/l	0		1/30	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	N/A	10					
Free Available Chlorine	REPORTED							0	<0.01	0.07	mg/l	0		See special condition #9	
	PERMIT CONDITION	N/A	N/A	N/A				N/A	0.2	0.5					
pH	REPORTED	***	***	***				7.2		8.0	standard units	0		cont.	recorded
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0					
REPORTED															
PERMIT CONDITION															
REPORTED															
PERMIT CONDITION															

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	<i>Leon S. Stueck</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Moore Gilbert LAST FIRST MI	W. Gen. Supt. Pwr. Sta. Dept. TITLE	7   9   11   218 YEAR MO DAY		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

Form Approved  
OMB NO. 158-00073

DUQUESNE LIGHT COMPANY  
Beaver Valley Unit 1  
P. O. Box 4  
Shippingport, PA 15077

(Final Period)

INSTRUCTIONS

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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
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PA ST	0025615 PERMIT NUMBER	901 DIS	9111 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		7 19 YEAR	1 11 MO	0 1 DAY	TO
		7 19 YEAR	1 11 MO	13 10 DAY	

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION				UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED	0	0.02	0.03		MGD		***	***	***				cont.	calc.
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				Cont.	calculated
Total Suspended Solids	REPORTED	3.2	3.6	4.1		lbs/day	0							2/30	grab
	PERMIT CONDITION	N/A	3.8	45				N/A	N/A	N/A				2/30	24-hr. composite
Oil and Grease	REPORTED	0.82	0.89	0.95		lbs/day	0							2/30	grab
	PERMIT CONDITION	N/A	1.9	9.0				N/A	N/A	N/A				2/30	grab
pH	REPORTED	***	***	***				6.90		8.60				5/30	grab
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0	standard units	0		2/30	grab
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE
Moore Gilbert W.	Gen. Supt. Pwr. Sta. Dept.	7/19/11/2/18
LAST FIRST MI	TITLE	YEAR MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

*Leon D. Stued*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

POOR ORIGINAL

90002214

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

Form Approved  
OMB NO. 158-00073

DUQUESNE LIGHT COMPANY  
Beaver Valley Unit 1  
P. O. Box 4  
Shippingport, PA 15077

(Final Period)

INSTRUCTIONS

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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
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STATE PA	PERMIT NUMBER 0025615	DISTRICT 102	SIC 4911	LATITUDE 40° 37' 15"	LONGITUDE 80° 26' 18"			
REPORTING PERIOD FROM		YEAR 7 9	MO 1 1	DAY 1 0 1 1	TO	YEAR 7 9	MO 1 1	DAY 3 1 0

PARAMETER	REPORTED	QUANTITY				NO. EX.	CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	REPORTED				MGD		***	***	***				
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			N/A	N/A
Total Iron	REPORTED								< 0.003	mg/l	0	1/30	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	1			2/30	grab
Total Copper	REPORTED								0.025	mg/l	0	1/30	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	1			2/30	grab

NAME OF PRINCIPAL EXECUTIVE OFFICER Moore Gilbert	TITLE OF THE OFFICER W. Gen. Supt. Pwr. Sta. Dept.	DATE 7 9 / 1 1 / 3 1 8	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	<i>Leon S. Steel</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
LAST FIRST MI	TITLE	YEAR MO DAY		

POOR ORIGINAL

90002215

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

Form Approved  
OMB NO. 158-P0073

DUQUESNE LIGHT COMPANY  
Beaver Valley Unit 1  
P. O. Box 4  
Shippingport, PA 15077

(Final Period)

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PA 0025615 103 4911 40°27'15" 80°26'18"  
 PERMIT NUMBER DHS SIC LATITUDE LONGITUDE  
 REPORTING PERIOD FROM 7/9 1/1 0/1 TO 7/9 1/1 3/0  
 YEAR MO DAY YEAR MO DAY

PARAMETER	REPORTED	QUANTITY				UNITS	NO. EX.	CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED	0	0.020	0.020		MGD		***	***	***			3/30	estimate
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***			2/30	estimate
Total Suspended Solids	REPORTED							< 1	< 1	< 1	mg/l	0	2/30	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	100			2/30	grab
Oil and Grease	REPORTED							< 1	< 1	< 1	mg/l	0	2/30	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	15	20			2/30	grab

NAME OF PRINCIPAL EXECUTIVE OFFICER: Moore Gilbert M. TITLE OF THE OFFICER: Gen. Supt. Pwr. Sta. Dept. DATE: 7/9/12  
 I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Leon D. Steel

POOR ORIGINAL

90002216

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

Form Approved  
CMB NO. 158-R0073

DUQUESNE LIGHT COMPANY  
Beaver Valley Unit 1  
P. O. Box 4  
Shippingport, PA 15077

(Final Period)

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12 P PA 0025615 PERMIT NUMBER

117 002 DIS 4911 SIC

40° 37' 15" LATITUDE 80° 26' 18" LONGITUDE

120 211 122 211 124 211 REPORTING PERIOD FROM 71 9 11 1 01 YEAR MO DAY TO 71 9 11 1 21 YEAR MO DAY

PARAMETER	REPORTED	QUANTITY				UNITS	NO. EX.	CONCENTRATION			UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED			<0.001		MGD		***	***	***		1/30	calc.	
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***		1/30	calculated	
pH	REPORTED	***	***	***				7.32		7.32		1/30	grab	
	PERMIT CONDITION	***	***	***				N/A	N/A	N/A		1/30	grab	
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.			719/11/21/81								
LAST	FIRST	MI	TITLE			YEAR MO DAY								

*Leon S. Steed*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

POOR ORIGINAL

90002217

POOR ORIGINAL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

Form Approved  
OMB NO. 158-R0073

DUQUESNE LIGHT COMPANY  
Beaver Valley Unit 1  
P. O. Box 4  
Shippingport, PA 15077

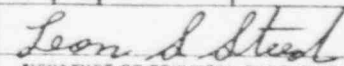
(Final Period)

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PA ST	0025615 PERMIT NUMBER	201 DIS	4911 MC	40°37'15" LATITUDE	80°26'18" LONGITUDE	
REPORTING PERIOD FROM		7/9 YEAR	11/01 MO DAY	TO	7/9 YEAR	11/30 MO DAY

PARAMETER	REPORTED	QUANTITY				NO. EX.	CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	REPORTED			0.003	MGD							1/30	estimate
	PERMIT CONDITION	N/A	N/A	N/A									1/30
Total Suspended Solids	REPORTED					2	36	89	mg/l	1	3/30	grab	
	PERMIT CONDITION	N/A	N/A	N/A		N/A	30	100				1/30	grab
Oil and Grease	REPORTED						7	7	mg/l	0	1/30	grab	
	PERMIT CONDITION	N/A	N/A	N/A		N/A	15	20				1/30	grab
pH	REPORTED	***	***	***		7.38		7.33	standard units	0	1/30	grab	
	PERMIT CONDITION	***	***	***		6.0	N/A	9.0				1/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

Moore LAST	Gilbert FIRST	W. MI	Gen. Supt. Pwr. Sta. Dept. TITLE	7/9 YEAR	11 MO	30 DAY	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
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90002218

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

Form Approved  
OMB NO. 156-0073

DUQUESNE LIGHT COMPANY  
Beaver Valley Unit 1  
P. O. Box 4  
Shippingport, PA 15077

(Final Period)

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POOR ORIGINAL

14-181 PA 0025615 PERMIT NUMBER	117-181 003 DIS	4911 SIC	40° 37' 15" LATITUDE	80° 26' 18" LONGITUDE
130-211 122-23 124-23 REPORTING PERIOD FROM 7 19 1 1 01 YEAR MO DAY		TO 7 19 1 1 31 0 YEAR MO DAY		

PARAMETER	REPORTED	QUANTITY				NO. EX.	CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	REPORTED	0.003	0.009	0.022	MGD		***	***	***			30/30	calc.
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	calculated
pH	REPORTED	***	***	***			7.81		7.81			1/30	grab
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A			1/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER Moore Gilbert W.	TITLE OF THE OFFICER Gen. Supt. Pwr. Sta. Dept.	DATE 7 19 1 1 21 8 YEAR MO DAY
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I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

*Leon J. Steel*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

90002219

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

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OMB NO. 158-0073

DUQUESNE LIGHT COMPANY  
Beaver Valley Unit 1  
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Shippingport, PA 15077

(Final Period)

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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
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POOR ORIGINAL

PA 0025615  
PERMIT NUMBER

301 4911  
DHS SIC

40° 37' 15" 80° 26' 18"  
LATITUDE LONGITUDE

REPORTING PERIOD FROM 7/9 11 011 TO 7/9 11 310  
YEAR MO DAY YEAR MO DAY

PARAMETER	REPORTED PERMIT CONDITION	QUANTITY				UNITS	NO. EX.	CONCENTRATION				UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED	0	0.003	0.006		MGD		***	***	***				2/30	measured
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				2/30	measured
Total Suspended Solids	REPORTED	0.22	0.225	0.23		lbs/day	0							2/30	24 hr. composite
	PERMIT CONDITION	N/A	2.8	14.3				N/A	N/A	N/A				2/30	24-hr. composite
pH	REPORTED	***	***	***				7.78		7.83	standard	0		2/30	grab
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0	units			2/30	grab
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER: Moore Gilbert W.  
TITLE OF THE OFFICER: Gen. Supt. Pwr. Sta. Dept.  
DATE: 7/9/11 12:28  
LAST FIRST MI YEAR MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

*Leon A. Steed*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

90002220



BUQUESME LIGHT COMPANY  
Beaver Valley Unit 1  
P. O. Box 4  
Shippingport, PA 15077

(Final Period)

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3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the volumes labeled "No. Ex." If none, enter "0".
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PA 0025615  
 302 4911  
 719 111011  
 40° 37' 15" 80° 26' 18"  
 719 111310  
 REPORTING PERIOD FROM TO  
 YEAR MO DAY YEAR MO DAY

PARAMETER	QUANTITY (if solid only)			CONCENTRATION (if liquid only)			FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MINIMUM	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM		
Flow	0.001	0.006	0.019	***	***	***	30/30	measured
pH	N/A	N/A	N/A	***	***	***	2/30	measured
Total Suspended Solids	N/A	N/A	N/A	6.7	N/A	8.9	30/30	grab
BOD-5	N/A	N/A	N/A	6.0	N/A	9.0	2/30	grab
Fecal Coliform	N/A	N/A	N/A	***	Monthly Average	Highest Weekly	0	88 grab composite
	N/A	N/A	N/A	***	Average	Average	0	88 grab composite
	N/A	N/A	N/A	0	*	TNTC	4	grab
	N/A	N/A	N/A	N/A	200	400	2/30	grab
INDIVIDUAL VALUES ARE 20, 0, TNTC, 38, TNTC, TNTC, 17, TNTC, 6.								
NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER			DATE			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
Moore	Gen. Supt. Pwr. Sta. Dept.			7/9/11			Leon J. Steel	

POOR ORIGINAL

90002221

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

Form Approved  
OMB NO. 152-0073

DUQUESNE LIGHT COMPANY  
Beaver Valley Unit 1  
P. O. Box 4  
Shippingport, PA 15077

(Final Period)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT".
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PA	0025615	303	4911	40° 37' 15"	80° 26' 18"			
ST	PERMIT NUMBER	DPS	SIC	LATITUDE	LONGITUDE			
REPORTING PERIOD FROM		7   9	1   1	0   1	TO	7   9	1   1	30
		YEAR	MO	DAY		YEAR	MO	DAY

PARAMETER	REPORTED	QUANTITY				UNITS	NO. EX.	CONCENTRATION				UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM						
Flow	REPORTED					MGD		***	***	***						
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				1/30	estimate	
Total Suspended Solids	REPORTED										mg/l					
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	100				1/30	grab	
Oil and Grease	REPORTED										mg/l					
	PERMIT CONDITION	N/A	N/A	N/A				N/A	15	20				1/30	grab	
pH	REPORTED	***	***	***												
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0	standard units			1/30	grab	
	REPORTED															
	PERMIT CONDITION															
	REPORTED															
	PERMIT CONDITION															
	REPORTED															
	PERMIT CONDITION															
NO SAMPLE OBTAINABLE DURING NOVEMBER, 1979 BECAUSE OF EXTENSIVE CHANGE IN PIPING																
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER				DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				
Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.			7   9	1   2	2   8					<i>Leon J. Steel</i>			
LAST	FIRST	MI	TITLE			YEAR	MO	DAY								

POOR ORIGINAL

90002222

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

Form Approved  
GMH NO. 158-10073

DUQUESNE LIGHT COMPANY  
Beaver Valley Unit 1  
P. O. Box 4  
Shippingport, PA 15077

(Final Period)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD"
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days). If continuous enter "CONT".
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PA 0025615  
PERMIT NUMBER

004 4911  
DIS SIC

40° 37' 15" 80° 26' 18"  
LATITUDE LONGITUDE

REPORTING PERIOD FROM 7/9/11 0/1/11  
YEAR MO DAY

TO 7/9/11 30/1/11  
YEAR MO DAY

PARAMETER	REPORTED	QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED			< 0.001		MGD		***	***	***				1/30	estimate
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				1/30	estimate
pH	REPORTED	***	***	***				7.61		7.61				1/30	grab
	PERMIT CONDITION	***	***	***				N/A	N/A	N/A	standard units			1/30	grab
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER  
Moore Gilbert W.

TITLE OF THE OFFICER  
Gen. Supt. Pwr. Sta. Dept.  
DATE  
7/9/11 2/21/11  
YEAR MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Signature of Principal Executive Officer  
Leon A. Sterol  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

POOR ORIGINAL

90002223

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

Form Approved  
OMB NO. 1545-0047

DUQUESNE LIGHT COMPANY  
Beaver Valley Unit 1  
P. O. Box 4  
Shippingport, PA 15077

(Final Period)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT".
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PA 0025615 PERMIT NUMBER

401 DIS 4911 SIC

40°37'15" LATITUDE 80°26'18" LONGITUDE

REPORTING PERIOD FROM 7/9 YEAR 11/10 MO 11 DAY TO 7/9 YEAR 11/13 MO 10 DAY

POOR ORIGINAL

90002224

PARAMETER	REPORTED	QUANTITY				UNITS	CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	REPORTED			< 0.001	MGD	***	***	***			1/30	estimate	
	PERMIT CONDITION	N/A	N/A	N/A		***	***	***			1/30	estimate	
Total Suspended Solids	REPORTED						9.67	9.67	mg/l	0	1/30	grab	
	PERMIT CONDITION	N/A	N/A	N/A		N/A	30	100			1/30	grab	
Oil and Grease	REPORTED						6	6	mg/l	0	1/30	grab	
	PERMIT CONDITION	N/A	N/A	N/A		N/A	15	20			1/30	grab	
pH	REPORTED	***	***	***		7.92		7.92	standard	0	1/30	grab	
	PERMIT CONDITION	***	***	***		6.0	N/A	9.0	units		1/30	grab	

NAME OF PRINCIPAL EXECUTIVE OFFICER: Moore Gilbert W. TITLE OF THE OFFICER: Gen. Supt. Pwr. Sta. Dept. DATE: 7/9/11 12/21/8

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Signature: Leon S. Steed  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT