

DISCHARGE MONITORING REPORT

8104030378

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

(Final Period)

PA 57 0025615 PLANT NUMBER 118 183

001	4911	012	011
205	SIC	MO	DAY

40°37'15"	30°26'18"
LATITUDE	LONGITUDE

120-281	120-282	120-283	120-284
81	012	218	
YEAR	MO	DAY	

81	02	01
YEAR	MO	DAY

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 either "AVERAGE" or "MINIMUM" in average computed over a stated time, or boxes containing "MINIMUM" or "AVERAGE" in extreme values observed during the reporting period.
 3. Specify the number of analyzed samples that exceed the maximum (enter maximum as appropriate) per cent condition in the columns labelled "No. Ex." If none, enter "0."
 4. Specify frequency of analysis for each parameter as follows: analyze No. days (e.g., "1/7") is equivalent to 1 analysis performed every 7 days. If continuous enter "CONT."
 5. Specify sample type (e.g., "b", "br", composite) as applicable. If frequency was continuous, enter "NA."
 6. Appropriate literature is required on bottom of this form.
 7. Remove carbon and retain copy for your records.
- Fill along dotted lines, staple and mail. Original office specified in permit.

EXPORTING PERIOD. FROM

[illegible]

(Final Period)

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

PA 0025615

100	100
100	100

40° 37' 15"	20° 26' 18"
LATITUDE	LONGITUDE

8	1	0	2	28
YEAR	MO	DAY		

811	012	011
PLAN	MO	DAY

INSTRUCTIONS

1. Provide dates. Ex. period covered by this report in space marked "REPORTING PERIOD."
 2. Enter reported aluminum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter on appropriate. Do not enter values in brackets, abbreviations, or "AVERAGE" in average calculated over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during time reporting period.
 3. Specify the number of analyzed samples that exceed the maximum *found* for aluminum as appropriate for point conditions in the column labeled "No. Exceed." If none, enter "0."
 4. Specify frequency of analysis for each parameter on the analysis/no. days (e.g., "3/2") in appropriate for 3 samples per month every 7 days. If continuous enter "CONT."
 5. Specify sample type ("grab" or "composite") as applicable. If frequency was continuous, enter "NA."
 6. Appropriate signature is required on bottom of this form.
 7. Remove carbon and return copy for your record.
- Fill along dotted lines. Staple and seal bottom to office specified in permit.

REPORTING PERIOD FROM

PARAMETER	QUANTITY (6 and only)				CONCENTRATION (2 and only)				FREQ. OF ANALYSIS	SAMPLE TYPE
	MIN.	AVERAGE	MAXIMUM	UNITS	MIN.	AVERAGE	MAXIMUM	UNITS		
Flow	REPORTED	0.003	0.011	0.030	MGD	***	***	***	cont.	recorded
Total Suspended Solids	PLANT CONDITION	N/A	N/A	N/A		***	***	***	Cont.	calculated
	REPORTED	0.82	2.14	3.46	lbs/day	N/A	N/A	N/A	2/28	grab
Oil and Grease	PLANT CONDITION	N/A	3.8	45					2/30	24-hr. composite
	REPORTED	0.15	0.24	0.23	lbs/day	N/A	N/A	N/A	2/28	grab
pH	PLANT CONDITION	N/A	1.9	9.0					2/30	grab
	REPORTED	***	***	***		8.00	8.94	standard	3/28	grab
	PLANT CONDITION	***	***	***		6.0	9.0	units	2/30	grab
	REPORTED									
	PLANT CONDITION									
	REPORTED									
	PLANT CONDITION									
	REPORTED									
	PLANT CONDITION									
	REPORTED									
	PLANT CONDITION									
	REPORTED									
	PLANT CONDITION									
	REPORTED									
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.										
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
Moore Gilbert		Gen. Supt. Pwr. Sta. Dept.			8/10/33		Leon S. Steel			
LAST	FIRST	FULL	YEAR	MO	DAY					

ERA Form 2722-1 (10-72)

(Final Period)

RESTRICTIONS

1. Possible dates for period covered by this report as given under "REPORTING PERIOD."
2. Enter reported average and maximum values under "QUANTITY" and "CONCENTRATION" respectively, and enter the date given under "DATE." Enter "N/A" for values not known, containing no data.
3. Enter "N/A" if no data available. Enter "N/A" if data not available for the operation. "MAXIMUM" and "MINIMUM" are average values obtained during the reporting period.
4. Specify the number of study and sample that tested the substance, *if not minimum as appropriate*, possibly condition in the column labeled "No. EA." If none, enter "N/A."
5. Specify frequency of analysis for each parameter as H, daily; or W, weekly; or M, monthly; or Y, yearly; or I, yearly with frequency of *every 7 days*; H, continuous; or "CONT." if continuous.
6. Specify sample type ("Solid" or "Comp./H₂O") as applicable. If frequency was continuous, enter "NA."
7. Appropriate sampling is required on basis of this form.
8. Enter "N/A" if no data available for your results.
9. Enter "N/A" if no data available for your results.

[illegible]

PARAMETER	QUANTITY				UNITS	CONCENTRATION				UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MINIMUM	AVERAGE	MAXIMUM	NO. OF SAMPLES		MINIMUM	AVERAGE	MAXIMUM	NO. OF SAMPLES			
Flow	REPORTED				MGD	***	***	***		N/A	N/A	
	PERMIT CONSTRUCTION											
	REPORTED											
Total Iron	REPORTED	N/A	N/A	N/A		0.94	1.58	2.21	mg/l	1	grab	
	PERMIT CONSTRUCTION					N/A	N/A	1		2/30	grab	
	REPORTED					<0.02	<0.02	<0.02	mg/l	0	grab	
Total Copper	REPORTED	N/A	N/A	N/A		N/A	N/A	1		2/30	grab	
	PERMIT CONSTRUCTION											
	REPORTED											
	REPORTED											
	PERMIT CONSTRUCTION											
	REPORTED											
	REPORTED											
	PERMIT CONSTRUCTION											
	REPORTED											
	REPORTED											
	PERMIT CONSTRUCTION											
	REPORTED											
NAME OF PRINCIPAL EXECUTIVE OFFICER					TITLE OF THE OFFICER		DATE		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER			
Moore Gilbert					Gen. Supt. Pwr. Sta. Dept.		8/10/31		Leon d. Stet			
LAST FIRST MI					YEAR MO DAY				OFFICER OR AUTHORIZED AGENT			
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.												

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 space marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUALITY" and "CONCENTRATION" in the table provided for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is occurring. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exist in the maximum (and/or minimum as appropriate) permit conditions in the column headed "No. Analyzed". If more, enter "N/A".
4. Specify frequency of analysis for each parameter as No. analyses per day (e.g., "3/7" is equivalent to 3 analyses performed every 7 days). If continuous enter "CONT".
5. Specify sample type ("Grab" or "Composite") as applicable. If frequency was continuous, enter "N/A".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Field along dotted lines, staple and mail Original to office specified in permit.

100-100 EPA	100-100 0025615 PLANT NUMBER	100-100 103 EPA	100-100 4911 SIC	100-100 40°27'15" N 80°26'18" W LATITUDE LONGITUDE
100-100 8/11/01	100-100 8/11/01	100-100 8/11/01	100-100 8/11/01	100-100 8/11/01
100-100 8/11/01	100-100 8/11/01	100-100 8/11/01	100-100 8/11/01	100-100 8/11/01

PARAMETER	QUANTITY			CONCENTRATION			UNITS	NO. ANALYZED	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MINIMUM	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM				
Flow	0.020	0.020	0.020	N/A	N/A	N/A	MGD		8/28	estimate
Total Suspended Solids	N/A	N/A	N/A	N/A	N/A	N/A		0	2/30	estimate
Oil and Grease	N/A	N/A	N/A	N/A	N/A	N/A		0	2/30	grab
	N/A	N/A	N/A	N/A	N/A	N/A		0	2/30	grab
	N/A	N/A	N/A	N/A	N/A	N/A		0	2/30	grab

NAME OF PRINCIPAL EXECUTIVE OFFICER: Moore Gilbert

TITLE: N.

DATE: 8/11/01

DATE: 8/11/01

DATE: 8/11/01

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: [Signature]

OFFICIAL OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DISCHARGE MONITORING REPORT

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 space marked "REPORTING PERIOD."
 2. Enter reported minimum, average and maximum values under the "MINIMUM," "AVERAGE," and "MAXIMUM" in the units specified for each parameter on appropriate form *10-70*, or values to be a combination of units. "AVERAGE" is average computed over actual time duration as appearing "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
 3. Specify the number of analyzed samples that were in the maximum (and/or minimum as appropriate) permit conditions in the volume labeled "No. Ex." (None, enter "0").
 4. Specify frequency of analysis for each parameter on form *ANALYSIS* (e.g., "1/yr.") as appropriate for *3 analyses per month every 3 days*). If continuous enter "CONT."
 5. Specify sample type ("lab." or "non-lab. composite") as applicable. If frequency was continuous, enter "RA."
 6. Appropriate signature is required on bottom of this form.
 7. Remove carbon and return copy for your records.
- Fold along dotted line. Stable and acid forms.

0025615	PERMANENT NUMBER	002 445	4911 SIC	40°37'15"N LATITUDE	80°26'18"W LONGITUDE
REPORTING PERIOD FROM	811 YEAR	012 MO	011 DAY	TO	811 YEAR
					012 MO
					218 DAY

[illegible]

Form Approved
OMB NO. 158-0007

(Final Period)

PA	0025615	201	4911	40°37'15"	80°26'18"	
58	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE	
REPORTING PERIOD: FROM		TO				
811	012	d1		811	012	
YEAR	MO	DAY		YEAR	MO	
						DAY

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 occurring. "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 in 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.

EPA Form 3320-1 (10-72)

ChinMag

FIGURE 1. 1984-85

(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. "AVAILABLE" 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." Above, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "2/2" is equivalent to 2 analyses performed every 2 days). If continuous enter "CONT".
5. Specify sample type ("grab" or "24-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	003 SAS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
	REPORTING PERIOD FROM	811 YEAR	012 MO	011 DAY	TO 811 YEAR
					002 MO
					218 DAY

PARAMETER		QUANTITY					CONCENTRATION					FREQ. OF ANALYSIS	SAMPLE TYPE
		(3 card only)			UNITS	ISO. EX	(3 card only)			UNITS			
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED	0.13	0.13	0.14	MGD	***	***	***	28/28	Calc.			
	PERMIT CONDITION	N/A	N/A	N/A		***	***	***	1/30	calculate			
pH	REPORTED	***	***	***		8.20		8.20	1/28	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												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER

Moore Gilbert W.

LAST FIRST MI

TITLE OF THE OFFICER

Gen. Supt. Pwr. Sta. Dept.

TITLE

DATE

8/10/33

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 S. Steel

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

(Final Period)

INSTRUCTIONS

1. Insert data for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter expected minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in lower case letters. "AVERAGE" is average computed over actual time change in 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 the analysis period, days. (e.g., "1/7" is equivalent to analysis performed every 7 days.) If continuous enter "Cty T".
5. Specify sample type ("grab" or "composite") as applicable. If frequency was continuous, enter "HA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Field along with this, attached mail Order form.

0025615	18.36.	117-101	4911	40° 37' 15" N	80° 26' 18" W
PATRICK HURCH		LOS	LIC	LATITUDE	
		120-211	122-22	124-23	126-24
REPORTING PERIOD: FROM		811	012	012	218
		YEAR	MO	DAY	DAY

[illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
GSA NO. 1-3-550073

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

(Final Period)

INSTRUCTIONS

1. Provide data 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., "3/1" is equivalent to 3 analyses performed every 1 day). 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
ST

0025615

PERMIT NUMBER

302

DIC

4911

SIC

40°37'15"

LATITUDE

80°26'18"

LONGITUDE

REPORTING PERIOD FROM

8 11 0 12 0 1
YEAR MO DAY

TO

8 11 0 12 28
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					MGD		***	***	***						
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***						
pH	REPORTED	***	***	***				6.80		8.34				2/30	measured	
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0	standard units			28/28	grab	
	REPORTED									Highest						
	PERMIT CONDITION								Monthly	Weekly						
	REPORTED								Average	Average						
	PERMIT CONDITION															
Total Suspended Solids	REPORTED								53	72	mg/l	3		23/28	grab	
	PERMIT CONDITION	N/A	N/A	A				N/A	30	45				2/30	8-hr. composite	
BOD-5	REPORTED								15	66	mg/l	1		4/28	grab	
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	45				2/30	8-hr. composite	
Fecal Coliform	REPORTED								16	53	colonies 100 ml	0		4/28	grab	
	PERMIT CONDITION	N/A	N/A	N/A				N/A	200	400				2/30	grab	
	REPORTED															
	PERMIT CONDITION															

*Flow Inter Out of Service

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER		DATE	
Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.	8 11 0 12 31	31	
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 S. Storch
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(Final Period)

INSTRUCTIONS

1. Provide details for period covered by this report in spaces marked "REPERTITION PERIOD".
2. Enter specific 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 worded AVERAGES or MINIMUMS or maximums computed over annual time intervals in boxes containing MINIMUMS or maximum values observed during this reporting period.
3. Specify the number of analytical samples that took place, the minimum level of detection as reported, and the number of samples that failed to be detected.
4. Specify frequency of analysis for each parameter at the sampling site (e.g., "1.7" as equivalent to 1 sample per week every 7 days) or "2" if analysis took place at least once every 2 days.
5. Specify sample type (e.g., "2" or "3" for composite), as applicable. If frequency was continuous, enter "1".
6. Appropriate notation is required on bottom of this form.
To move from an initial sample for first record.

PA	0025615	PERMIT NUMBER	303	4911	40° 37' 15" N	90° 26' 18" W
REPORTING PERIOD FROM	8/1	Q. 2011	8/1	Q. 218	125-271 128-270 130-268	
	YEAR	MO	DAY	YEAR	MO	DAY

PARAMETER	QUANTITY (1.0 card only)				CONCENTRATION (1.0 card only)				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MINIMUM 15% 45°	AVERAGE 15% 45°	MAXIMUM 15% 45°	UNITS	MINIMUM 15% 45°	AVERAGE 15% 45°	MAXIMUM 15% 45°	UNITS		
Flow	REPORTED									
Total Suspended Solids	PERMIT COLLECTION	N/A	0.115	MGD	***	***	***		1/30	estimate
	REPORTED								1/30	estimate
Oil and Grease	PERMIT COLLECTION	N/A	N/A		N/A	19	19	mg/l	1/28	grab
	REPORTED								1/30	grab
pH	PERMIT COLLECTION	N/A	N/A		N/A	13	13	mg/l	1/28	grab
	REPORTED								1/30	grab
	PERMIT COLLECTION	***	***		7.87	7.87	7.87	standard	1/28	grab
	REPORTED				6.0	N/A	9.0	units	1/30	grab
	PERMIT COLLECTION									
	REPORTED									
	PERMIT COLLECTION									
	REPORTED									
	PERMIT COLLECTION									
	REPORTED									
	PERMIT COLLECTION									
	REPORTED									
NAME OF PRINCIPAL EXECUTIVE OFFICER				DATE				SIGNATURE OF PRINCIPAL EXECUTIVE		
Moore Gilbert				8/10/31				Leon L. Steid		
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.										

QUADRENE LIGHT COMPANY
Deeaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

(Final Period)

Shippingport, PA 15077

DISCHARGE MONITORING REPORT

ABSTRACT

1. Possible markers for period covered by data reported in column headed "Frequency" are 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836,

0025615	00-4	4911	40° 37' 15" N	80° 26' 18" W
REPORTING PLACE: 8400N	8 11 012 013	8 11 012 013	LATITUDE LONGITUDE	
	YEAR MONTH DAY	YEAR MONTH DAY		

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 1545-0073DUQUESNE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

(Final Period)

INSTRUCTIONS

- Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
- 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 calculated over entire time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
- Specify the number of analytical samples that exceed the maximum level of maximum as appropriate period conditions in the columns labeled "EX". If none, enter "0".
- Specify frequency of analysis for each parameter in the "ANALYSIS" column. If "1/7" is equivalent to 3 analyses performed every 7 days. If continuous enter "CONT".
- Specify sample type ("grab" or "composite") as applicable. If frequency was continuous, enter "NA".
- Appropriate signature is required on bottom of this form.
- Remove carbon and retain copy for your records.
- Fold along dotted lines, staple and mail Original to office specified in permit.

PA
ST

0025615

PERMIT NUMBER

401

DIS

4911

SEC

40°37'15"

LATITUDE

80°26'18"

LONGITUDE

REPORTING PERIOD FROM

8/1/02

YEAR MO DAY

TO

8/1/02

YEAR MO DAY

PARAMETER		QUANTITY				UNITS	CONCENTRATION				EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED			0.001		MGD	***	***	***			1/28	estimate
Total Suspended Solids	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	estimate
	REPORTED												
Oil and Grease	PERMIT CONDITION	N/A	N/A	N/A			N/A	28	28	mg/l	0	1/28	grab
	REPORTED							30	100			1/30	grab
pH	PERMIT CONDITION	N/A	N/A	N/A				14	14	mg/l	0	1/28	grab
	REPORTED	***	***	***			N/A	15	20			1/30	grab
	PERMIT CONDITION	***	***	***			8.48		8.48	standard	0	1/28	grab
	REPORTED						6.0	N/A	9.0	units		1/30	grab
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
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.		8/1/03						Leon L. Steed			
LAST FIRST MI		TITLE		YEAR MO DAY						OFFICIAL OR AUTHORIZED AGENT			