8104080378

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

Form Approved
OMB No. 158-R0371

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

(Final Period)

ST	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0025615	001	4911	40°37'15"	80°26'18"

REPORTING PERIOD FROM YEAR 81 MO 01 DAY 01 TO YEAR 81 MO 12 DAY 18

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 analyses 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 "N/A".
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.

PARAMETER		QUANTITY MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	UNITS	NO. EX	CONCENTRATION MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED	10.65	12.87	19.77	MGD		***	***	***			cont.	recorded
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			Cont.	recorded
Temperature	REPORTED	***	***	***			39	57	77	°F	0	cont.	recorded
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A			Cont.	recorded
Oil and Grease	REPORTED								1	mg/l	0	1/28	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	10			1/30	grab
Free Available Chlorine	REPORTED						0.00	0.00	0.00	mg/l	0	See special	
	PERMIT CONDITION	N/A	N/A	N/A			N/A	0.2	0.5			condition #9	
pH	REPORTED	***	***	***			6.13		7.55	Standard	0	cont.	recorded
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0	units		Cont.	recorded
	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.	YEAR 81	MO 03	DAY 30
LAST FIRST MI	TITLE			

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. Ited
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA Form 3320-1 (10-72)

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)

STATE	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0025615	101	4911	40°37'15"	80°26'18"

REPORTING PERIOD FROM 81 02 01 TO 81 02 28
(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 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.

PARAMETER		QUANTITY (3 card only) MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	QUANTITY NO. EX	CONCENTRATION (4 card only) MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	CONCENTRATION NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED	0.003	0.011	0.030	MGD		***	***	***			cont.	recorded
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			Cont.	calculated
Total Suspended Solids	REPORTED	0.82	2.14	3.46	lbs/day	0						2/28	grab
	PERMIT CONDITION	N/A	3.8	45			N/A	N/A	N/A			2/30	24-hr. composite
Oil and Grease	REPORTED	0.15	0.24	0.33	lbs/day	0						2/28	grab
	PERMIT CONDITION	N/A	1.9	9.0			N/A	N/A	N/A			2/30	grab
pH	REPORTED	***	***	***			8.00		8.94	standard units	0	3/28	grab
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0			2/30	grab
	REPORTED												
	PERMIT CONDITION												
	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.	81	03	30
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 L Steed
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA Form 3320-1 (10-72)

ORIGINAL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

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

ST	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0025615	102	4911	40°37'15"	80°26'18"

REPORTING PERIOD FROM YEAR 81 MO 02 DAY 01 TO YEAR 81 MO 02 DAY 28

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.

PARAMETER		QUANTITY (if used only) MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	NO. EX.	CONCENTRATION (if used only) MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED				MGD		***	***	***				
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			N/A	N/A
Total Iron	REPORTED						0.94	1.58	2.21	mg/l	1	1/28	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	1			2/30	grab
Total Copper	REPORTED						<0.02	<0.02	<0.02	mg/l	0	1/28	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	1			2/30	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	
Moore Gilbert W.	Gen. Supt. Pwr. Sta. Dept.	YEAR 81 MO 03 DAY 30	
LAST FIRST MI	TITLE		

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 L Stock
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA Form 3320-1 (10-72)

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)

ST	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0025615	103	4911	40°27'15"	80°26'18"

REPORTING PERIOD: FROM 81 02 01 (YEAR MO DAY) TO 81 02 28 (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 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 column 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.

PARAMETER		QUANTITY MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	QUANTITY NO. EX	CONCENTRATION MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	CONCENTRATION NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED	0.020	0.020	0.020	MGD		***	***	***			8/28	estimate
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			2/30	estimate
Total Suspended Solids	REPORTED						0.3	2.3	4.2	mg/l	0	2/28	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	100			2/30	grab
Oil and Grease	REPORTED						2	6	10	mg/l	0	2/28	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20			2/30	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		
Moore Gilbert M.	Gen. Supt. Pwr. Sta. Dept.	81	03	30
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 L Stark
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA Form 3320-1 (10-72)

PAGE 1 OF 1

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)

STATE	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0025615	002	4911	40°37'15"	80°26'18"

REPORTING PERIOD: FROM 81 01 01 TO 81 02 28
(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 blocks 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 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.

PARAMETER		QUANTITY (3 used only) MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	NO. EX	CONCENTRATION (4 used only) MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED			0.09	MGD		***	***	***			1/28	Calc.
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	calculated
pH	REPORTED	***	***	***			7.30		7.30			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	TITLE OF THE OFFICER	DATE		
Moore Gilbert W.	Gen. Supt. Pwr. Sta. Dept.	81	03	30
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 L Steel
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA Form 3320-1 (10-78)

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)

ST	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0025615	201	4911	40°37'15"	80°26'18"

REPORTING PERIOD: FROM 81 01 21 (YEAR MO DAY) TO 81 02 28 (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 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 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.

PARAMETER		QUANTITY (if used only) MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	QUANTITY NO. EX.	CONCENTRATION (if used only) MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	CONCENTRATION NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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	***	***	***						standard units			
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0			1/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED			NO FLOW FROM DISCHARGE 201									
	PERMIT CONDITION			DURING FEBRUARY, 1981									
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE		
Moore (LAST) Gilbert (FIRST) W. (MI)	Gen. Supt. Pwr. Sta. Dept. (TITLE)	81 (YEAR)	03 (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.

Leon L Steck
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA Form 3320-1 (10-72)

ORIGINAL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT

Form Approved
OMB No. 158-R0073

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

(Final Period)

STATE	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0025615	003	4911	40°37'15"	80°26'18"

REPORTING PERIOD FROM 81 01 01 TO 81 02 28
(YEAR MO DAY)

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., "3/7" 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.

PARAMETER		QUANTITY (3 card only) MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	QUANTITY NO. EX.	CONCENTRATION (3 card only) MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	CONCENTRATION NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow [1]	REPORTED	0.13	0.13	0.14	MGD		***	***	***			28/28	Calc.
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	calculated
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												
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	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.	81 03 30
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 L Sted
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA Form 3 [illegible] 10-79

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)

STATE	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0025615	501	4911	40°37'15"	80°26'18"

REPORTING PERIOD: FROM 81 02 01 TO 81 02 28

YEAR	MO	DAY	YEAR	MO	DAY
81	02	01	81	02	28

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 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 "CON'T."
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.

PARAMETER		QUANTITY (3 cards only) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO EX	CONCENTRATION (4 cards only) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED	0.002	0.007	0.012	MGD		***	***	***			2/28	measured
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			2/30	measured
Total Suspended Solids	REPORTED	2.90	4.47	6.03	lbs/day	0						2/28	24 hr. comp.
	PERMIT CONDITION	N/A	2.8	14.3			N/A	N/A	N/A			2/30	24-hr. composite
pH	REPORTED	***	***	***			7.52		7.55	standard	0	2/28	grab
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0	units		2/30	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	
Moore Gilbert W.	Gen. Supt. Pwr. Sta. Dept.	81 03 10	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.
LAST FIRST MI	TITLE	YEAR MO DAY	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Leon L Storl

EPA Form 3320-1 (10-72)

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)

PA (ST) | 0025615 (PERMIT NUMBER) | 302 (DIS) | 4911 (SIC) | 40°37'15" (LATITUDE) | 80°26'18" (LONGITUDE)

REPORTING PERIOD FROM 81 (YEAR) 01 (MO) 01 (DAY) TO 81 (YEAR) 01 (MO) 28 (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 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 limit 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 last page 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.

PARAMETER		QUANTITY (3 card only) MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	QUANTITY NO. EX	CONCENTRATION (4 card only) MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	CONCENTRATION NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED				MGD		***	***	***			8	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			2/30	measured
pH	REPORTED	***	***	***			6.80		8.34	standard	0	28/28	grab
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0	units		2/30	grab
	REPORTED								Highest				
	PERMIT CONDITION							Monthly	Weekly				
	REPORTED							Average	Average				
	PERMIT CONDITION												
Total Suspended Solids	REPORTED							53	72	mg/l	3	28/28	grab
	PERMIT CONDITION	N/A	N/A	A			N/A	30	45			2/30	8-hr. composite
BOD-5	REPORTED							18	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	0	4/28	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	200	400	/100 ml		2/30	grab
	REPORTED												
	PERMIT CONDITION			#Flow Meter Out of Service									

NAME OF PRINCIPAL EXECUTIVE OFFICER: Moore (LAST) Gilbert (FIRST) W. (MI)

TITLE OF THE OFFICER: Gen. Supt. Pwr. Sta. Dept. (TITLE)

DATE: 81 (YEAR) 03 (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: Leon D. Storch

EPA Form 3320-1 (10-73)

PAGE 1 OF 1

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)

STATE	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0025615	303	4911	40°37'15"	80°26'18"

REPORTING PERIOD - FROM: YEAR 81 MO 01 DAY 01 TO: YEAR 81 MO 02 DAY 28

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 occurring. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum limit or minimum as appropriate in permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/30 days (e.g., "1/7" as equivalent to 3 analyses per month every 7 days.) If event took only 1 "CONT."
5. Specify sample type ("grab" or "___-hr. composite") as applicable. If frequency was continuous, enter "CONT".
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.

PARAMETER		QUANTITY (3 card only) MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	QUANTITY NO EX	CONCENTRATION (4 card only) MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	CONCENTRATION NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED			0.115	MGD		***	***	***			1/30	estimate
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	estimate
Total Suspended Solids	REPORTED			19				19	19	mg/l	0	1/28	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	100			1/30	grab
Oil and Grease	REPORTED			13				13	13	mg/l	0	1/28	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20			1/30	grab
pH	REPORTED	***	***	***			7.87		7.87	standard	0	1/28	grab
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0	units		1/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE				
Moore (LAST) Gilbert (FIRST) W. (MI)	Gen. Supt. Pwr. Sta. Dept. (TITLE)	81 (YEAR)	03 (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.	Leon L Steck (SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT)

EPA Form 3320-1 (10-72)

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)

STATE	PERMIT NUMBER	DISCHARGE NUMBER	SIC	LATITUDE	LONGITUDE
PA	0025615	004	4911	40°37'15"	80°26'18"

REPORTING PERIOD FROM 81 02 01 TO 81 02 28
(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" for the units specified for each parameter as appropriate. Do not enter values in blanks containing asterisks. "AVERAGE" is average computed after actual laboratory determinations, if applicable. "MAXIMUM" and "MINIMUM" are extreme values measured during the reporting period.
3. Specify the number of analyses for each parameter which exceed the maximum (and/or minimum as appropriate) permit conditions in the column labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as the number of days (e.g., "1/7" 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 "NA".
6. Appropriate signatures as required on bottom of this form.
7. Remove carbon and return copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

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

NO FLOW FROM DISCHARGE 004
DURING FEBRUARY, 1981

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE		
Moore Gilbert W.	Gen. Supt. Pwr. Sta. Dept.	81	03	30
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 L Stief
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA Form 3320-1 (10-72)

ORIGINAL

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)

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.

ST	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0025615	401	4911	40°37'15"	80°26'18"

REPORTING PERIOD FROM 81 (YEAR) 02 (MO) 01 (DAY) TO 81 (YEAR) 02 (MO) 28 (DAY)

PARAMETER		QUANTITY MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	UNITS	NO EX	CONCENTRATION MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow	REPORTED			0.001	MGD		***	***	***			1/28	estimate
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	estimate
Total Suspended Solids	REPORTED							28	28	mg/l	0	1/28	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	100			1/30	grab
Oil and Grease	REPORTED							14	14	mg/l	0	1/28	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20			1/30	grab
pH	REPORTED	***	***	***			8.48		8.48	standard units	0	1/28	grab
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0			1/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE
Moore (LAST) Gilbert (FIRST) W. (MI)	Gen. Supt. Pwr. Sta. Dept.	81 (YEAR) 03 (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.

Leon S. Sted
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA Form 3320-1 (10-72)

ORIGINAL