



Duquesne Light

435 Sixth Avenue
Pittsburgh, Pennsylvania
15219

(412) 456-6000

November 29, 1979

Chief of Operations
Bureau of Water Quality Management
600 Kossman Building
100 Forbes Avenue
Pittsburgh, PA 15222

NPDES Monthly Reports

Gentlemen:

The subject reports for Duquesne Light Company and Allegheny County Steam Heating Company, for November, 1979, are submitted for your consideration. A list of the permit numbers follows:

PA 0000493	Allegheny County Steam Heating Company
PA 0001571	Elrama Power Station
PA 0001589	Shippingport Atomic Power Station
PA 0001601	Reed Power Station
PA 0001619	Phillips Power Station
PA 0001627	Cheswick Power Station
PA 0025615	Beaver Valley Atomic Power Station
PA 0031933	Brunot Island Power Station

Very truly yours,

G. W. Moore
General Superintendent
Power Stations Department

1474 340

7912040 443

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 150-R0073

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

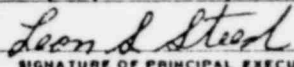
(Final Period)

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" or "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. Retain 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	001 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		7 9 YEAR	1 10 MO	0 1 DAY	TO
		7 19 YEAR	1 10 MO	3 1 DAY	

PARAMETER		(3 card only)				UNITS	NO. EX.	(4 card only)				UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED	22.73	31.58	45.28		NGD		***	***	***				cont.	recorded
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				Cont.	recorded
Temperature	REPORTED	***	***	***				46	66	84				cont.	recorded
	PERMIT CONDITION	***	***	***				N/A	N/A	N/A				Cont.	recorded
Oil and Grease	REPORTED									8.0		0	1/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A				N/A	N/A	10			1/30	grab	
Free Available Chlorine	REPORTED							0.00	0.01	0.02		0		See special	
	PERMIT CONDITION	N/A	N/A	N/A				N/A	0.2	0.5				condition #9	
pH	REPORTED	***	***	***				7.3		8.4		0		cont.	recorded
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0				Cont.	recorded
	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	N.	Gen. Supt. Pwr. Sta. Dept.			7 19	1 10	2 18						
LAST	FIRST	MI	TITLE			YEAR MO DAY								

POOR ORIGINAL

1474 541

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)

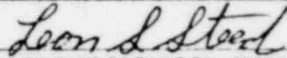
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6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

12-10 PA ST	14-101 0025615 PERMIT NUMBER	117-101 701 DIS	117-101 4911 SIC	120-271 40°37'15" LATITUDE	120-281 80°26'18" LONGITUDE
REPORTING PERIOD: FROM		120-271 719 YEAR	120-281 110 MO	120-291 01 DAY	TO
		120-271 719 YEAR	120-281 10 MO	120-291 31 DAY	

PARAMETER		QUANTITY					CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX		
Flow	REPORTED	0	0.0141	0.0583	MGD		***	***	***			cont.	calc.
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			Cont.	calculated
Total Suspended Solids	REPORTED	4.50	4.50	4.50	lbs/day	1						1/30	grab*
	PERMIT CONDITION	N/A	3.8	45			N/A	N/A	N/A			2/30	24-hr. composite
Oil and Grease	REPORTED	0.46	0.55	0.63	lbs/day	0						2/31	grab
	PERMIT CONDITION	N/A	1.9	9.0			N/A	N/A	N/A			2/30	grab
pH	REPORTED	***	***	***			6.73		8.44		0	4/31	grab
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0	standard units		2/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

*AUTOMATIC SAMPLER OUT OF SERVICE

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Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.	719	110		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

POOR ORIGINAL

1474 342

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

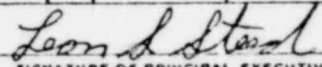
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12-10 PA ST	14-101 0025615 PERMIT NUMBER	117-101 102 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		130-211 719 YEAR	132-211 110 MO	134-211 01 DAY	TO
		136-271 79 YEAR	138-281 110 MO	140-311 31 DAY	

PARAMETER		(3 card only)				UNITS	NO. EX	(4 card only)				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		QUANTITY			CONCENTRATION										
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM						
Flow	REPORTED				MGD		***	***	***				N/A	N/A	
	PERMIT CONDITION	N/A	N/A	N/A		***	***	***							
Total Iron	REPORTED						N/A	N/A	1	mg/l			2/30	grab	
	PERMIT CONDITION	N/A	N/A	N/A		N/A	N/A	1							
Total Copper	REPORTED						N/A	N/A	1	mg/l			2/30	grab	
	PERMIT CONDITION	N/A	N/A	N/A		N/A	N/A	1							
	REPORTED						NO FLOW FROM DISCHARGE 102 DURING OCTOBER, 1979								
	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.	719/110/318	YEAR	MO		

474 543

POOR ORIGINAL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-0007

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

(Final Period)

INSTRUCTIONS

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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	103 DIS	4911 SIC	40°27'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		7 19 YEAR	1 10 MO	0 1 DAY	TO 7 19 YEAR
		7 19 YEAR	1 10 MO	3 1 DAY	

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED	0	0.0019	0.0200		MGD		***	***	***				3/31	estimate
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				2/30	estimate
Total Suspended Solids	REPORTED							0.38	0.69	1.00	mg/l	0		2/31	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	100				2/30	grab
Oil and Grease	REPORTED							6	11.5	17	mg/l	0		2/31	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	15	20				2/30	grab
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
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	PERMIT CONDITION														

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Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.	7 19	1 10		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

POOR ORIGINAL

1474 547

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

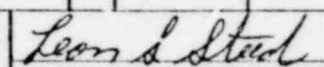
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PA ST	0025615 PERMIT NUMBER	002 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD FROM		7 19 YEAR	11 0 MO	01 1 DAY	TO 7 19 YEAR
				11 0 MO	31 DAY

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION				UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED			0.0030		MGD		***	***	***				1/31	calc.
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				1/30	calculated
pH	REPORTED	***	***	***				7.19		7.19				1/31	grab
	PERMIT CONDITION	***	***	***				N/A	N/A	N/A				1/30	grab
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
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	PERMIT CONDITION														

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Moore Gilbert W.	Gen. Supt. Pwr. Sta. Dept.	7 19 / 11 0 / 21 8		
LAST FIRST MI	TITLE	YEAR MO DAY		

POOR ORIGINAL

1474 345

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

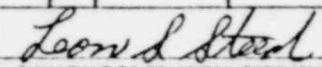
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12-20 PA ST	1-6-180 0025615 PERMIT NUMBER	117-181 201 DIS	4911 SIC	126-271 40°37'15" LATITUDE	126-291 80°26'18" LONGITUDE
REPORTING PERIOD FROM		120-211 719 YEAR	122-231 110 MO	124-251 011 DAY	TO
		126-271 719 YEAR	128-291 110 MO	130-311 311 DAY	

PARAMETER		(3 card only)					(4 card only)					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		QUANTITY			UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX		
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED			<0.001	MGD		***	***	***			1/31	estimate
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	estimate
Total Suspended Solids	REPORTED							2.33	2.33	mg,	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A		N/A	30	100			1/30	grab	
Oil and Grease	REPORTED							<1.00	<1.00	mg/l	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A		N/A	15	20			1/30	grab	
pH	REPORTED	***	***	***			7.88		7.88	standard units	0	1/31	grab
	PERMIT CONDITION	***	***	***		6.0	N/A	9.0			1/30	grab	
	REPORTED												
	PERMIT CONDITION												
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	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

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Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.	719	110	218		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY		

1474 46

POOR ORIGINAL

Form Approved
OMB NO. 158-00073

(Final Period)

INSTRUCTIONS

PA ST	0025615 PERMIT NUMBER	003 DIS	4911 SIC	40°37'15" 80°26'18" LATITUDE LONGITUDE
REPORTING PERIOD: FROM				TO
7 19 YEAR MO DAY				7 19 3 11 YEAR MO DAY

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
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PARAMETER		QUANTITY					CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(3 card only)			UNITS	NO. EX	(4 card only)			UNITS	NO. EX		
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED	0.0047	0.0096	0.0119	MGD		***	***	***			31/31	calc.
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	calculated
pH	REPORTED	***	***	***		7.44		7.44				1/31	grab
	PERMIT CONDITION	***	***	***		N/A	N/A	N/A				1/30	grab
	REPORTED												
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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)

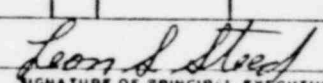
INSTRUCTIONS

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 ST	0025615 PERMIT NUMBER	301 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD FROM		719 YEAR	110 MO	011 DAY	TO
		719 YEAR	110 MO	311 DAY	

PARAMETER		QUANTITY					CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.		
Flow	REPORTED	0.0013	0.0027	0.0096	MGD		***	***	***			31/31	calc.*
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***				
Total Suspended Solids	REPORTED	0.27	0.46	0.64	lbs/day	0						2/31	grab*
	PERMIT CONDITION	N/A	2.8	14.3			N/A	N/A	N/A				
pH	REPORTED	***	***	***			7.44		7.78	standard units	0	2/31	grab
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0				
	REPORTED												
	PERMIT CONDITION												
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	PERMIT CONDITION												

*AUTOMATIC SAMPLER OUT OF SERVICE

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.	719/110/318		
LAST	FIRST	MI	TITLE	YEAR MO DAY		

1474 48

POOR ORIGINAL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB 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 ST	0025615 PERMIT NUMBER	302 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		7/9 YEAR	11/0 MO	0/1 DAY	TO
		7/9 YEAR	11/0 MO	3/1 DAY	

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED	0.0013	0.0068	0.0098	MGD		***	***	***				9/31	measured	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***				2/30	measured	
pH	REPORTED	***	***	***			6.5		8.7	standard units			31/31	grab	
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0				2/30	grab	
	REPORTED								Highest						
	PERMIT CONDITION								Monthly		Weekly				
	REPORTED								Average		Average				
	PERMIT CONDITION														
Total Suspended Solids	REPORTED							21	25	mg/l			31/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	45				2/30	composite	
BOD-5	REPORTED							18	25	mg/l			4/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	45				2/30	composite	
Fecal Coliform	REPORTED							64	170	colonies/100 ml			4/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A			N/A	200	400				2/30	grab	
	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.	7/9	11/0	2/8				
LAST	FIRST	MI	TITLE	YEAR	MO	DAY				

1474 549

POOR ORIGINAL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
EPA Form No. 330-1-10072

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

(Final Period)

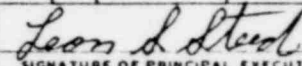
INSTRUCTIONS

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4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "1/7" 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 ST	0025615 PERMIT NUMBER	303 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD FROM		7 19 YEAR	1 10 MO	0 1 DAY	TO
		7 19 YEAR	1 10 MO	3 1 DAY	

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION				UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED							***	***	***					
	PERMIT CONDITION	N/A	N/A	N/A		MGD		***	***	***				1/30	estimate
Total Suspended Solids	REPORTED														
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	100	mg/l			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														
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	PERMIT CONDITION														

NO SAMPLE OBTAINABLE DURING OCTOBER, 1979
BECAUSE OF EXTENSIVE CHANGES 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 19 10 218 YEAR MO DAY		

1474 350

POOR ORIGINAL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
EPA 3320-1 (10-72)

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


(Final Period)

INSTRUCTIONS

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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 ST	0025615 PERMIT NUMBER	004 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD FROM 7 9 11 0 0 1 YEAR MO DAY		TO 7 9 10 3 1 1 YEAR MO DAY			

PARAMETER		QUANTITY				UNITS	CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED			<0.001		MGD	***	***	***			1/31	estimate
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	estimate
pH	REPORTED	***	***	***			7.51		7.51			1/31	grab
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A		standard units	1/30	grab
	REPORTED												
	PERMIT CONDITION												
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Moore Gilbert W.	Gen. Supt. Pwr. Sta. Dept.	7 19 10 2 18 YEAR MO DAY		

1474 551

POOR ORIGINAL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMR NO. 154-00073

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


(Final Period)

INSTRUCTIONS

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PA ST	0025615 PERMIT NUMBER	401 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		719 YEAR	110 MO	011 DAY	TO
		719 YEAR	110 MO	311 DAY	

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED			< 0.001		MGD		***	***	***			1/31	estimate
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***			1/30	estimate
Total Suspended Solids	REPORTED								14.5	14.5		0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	100			1/30	grab
Oil and Grease	REPORTED							1.0	3.5	6.0		0	2/31	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	15	20			1/30	grab
pH	REPORTED	***	***	***				7.43		7.43		0	1/31	grab
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0	standard units		1/30	grab
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

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Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.	719	110	218								
LAST	FIRST	MI	TITLE	YEAR	MO	DAY								

POOR ORIGINAL

1474 552