



Duquesne Light

435 Sixth Avenue
Pittsburgh, Pennsylvania
15219

(412) 456-6000

June 28, 1979

Director of Nuclear Reactor Regulation
Attn: Mr. Robert W. Reid, Chief
Operating Reactor Branch No. 4
United States Nuclear Regulatory Commission
Washington, D.C. 20555

Subject: B.V.P.S. No. 1
Docket No. 50-334
License DPR-66

Dear Mr. Reid:

Enclosed is a copy of the subject report as submitted to the
Pennsylvania Department of Environmental Resources.


Very truly yours,

G. W. Moore
General Superintendent
Power Stations Department

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322 158

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S 111



Duquesne Light

435 Sixth Avenue
Pittsburgh, Pennsylvania
15219

(412) 456-6000

June 28, 1979

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

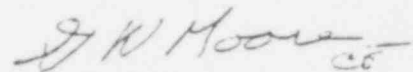
NPDES Monthly Reports

Gentlemen:

The subject reports for Duquesne Light Company and Allegheny County Steam Heating Company for May, 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

DISCHARGE MONITORING REPORT

POOR ORIGINAL

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

(Final Period)

INSTRUCTIONS

1. Provide data for period covered by data report in space 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 gave the maximum (enter "Q") and minimum (enter "Q") percent conditions in the columns labeled "No. Ex." If none, enter "Q".
 4. Specify frequency of analysis for each parameter in No. analyses/No. days (e.g., "1/7") as appropriate in 3 analyses performed every 7 days.) If continuous enter "CONT."
 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.
- Fold along dotted lines, detach and mail Original. Office use, filled in, as noted.

[illegible]

PARAMETER	QUANTITY (12-20)				CONCENTRATION (12-20)				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		
Flow	11.81	31.88	34.85	MGD	***	***	***		Cont.	Calc.
Temperature	N/A	N/A	N/A		***	***	***		Cont.	recorded
Oil and Grease	***	***	***		N/A	N/A	N/A	OF	*	
Free Available Chlorine	N/A	N/A	N/A		N/A	N/A	3.1	mg/l	Cont.	recorded
pH	N/A	N/A	N/A		0.00	<0.01	0.04	mg/l	1/31	grab
	***	***	***		N/A	0.2	0.5		1/30	grab
	***	***	***		5.8	8.7	9.0	standard units	See special condition #9	
	***	***	***		6.0	N/A			Cont.	recorded
		*Recorder	0.0.S.						Cont.	recorded

NAME OF PRINCIPAL EXECUTIVE OFFICER

Moore Gilbert

TITLE OF THE OFFICER

Gen. Supt. Pwr. Sta. Dept.

DATE

7/9/06

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER

Leon J. Steel

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.

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)

POOR ORIGINAL
INSTRUCTIONS

- Provide data 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 computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are maximum values observed during the reporting period.
- Specify the number of analyses and samples that exceed the maximum level or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
- Specify frequency of analysis for each parameter as No. analyses/no. days (e.g., "1/3" is equivalent to 3 analyses per calendar week; "2/3" is continuous). If frequency was continuous, specify "NA".
- Specify sample type (e.g., "grab" or "composite") as applicable. If frequency was continuous, specify "NA".
- Appropriate signature is required on bottom of this form.
- Remove carbon and retain copy for your records.
- Fill along dotted lines, simple and neat. Original to office specified in permit.

14-20 PA ST	15-18 0025615 PERMIT NUMBER	16-17 4911 31C	18-21 40°37'15" N 80°26'18" W LATITUDE LONGITUDE
22-23 719 YEAR	24-25 01 MO	26-27 5 DAY	28-29 31 DAY

PARAMETER	QUANTITY				CONCENTRATION				UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MINIMUM	AVERAGE	MAXIMUM	NO. EX.	MINIMUM	AVERAGE	MAXIMUM	NO. EX.				
Flow	0.0022	0.0190	0.0862	0	***	***	***			Cont.	Calc.	
Total Suspended Solids	0.75	1.15	1.55	0	N/A	N/A	N/A			2/31	grab	
Oil and Grease	1.19	1.40	1.60	0	N/A	N/A	N/A			2/30	24-hr. composite	
pH	N/A	1.9	9.0		N/A	N/A	N/A			2/30	grab	
	***	***	***		6.30	7.23	7.23			5/31	grab	
	***	***	***		6.0	9.0	9.0			2/30	grab	
NAME OF PRINCIPAL EXECUTIVE OFFICER	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.											
Moore Gilbert	W. Gen. Supt. Pwr. Sta. Dept.											
DATE	7/9/01											
TIME	12:15											
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER	Leon S. Steel											
OFFICE OR AUTHORIZED AGENT												

322 161

(Final Period)

0025615

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

719	015	011	YEAR	MO	DAY
719	015	311	YEAR	MO	DAY

DISCHARGE ELIMINATION SYSTEM
MONITORING REPORT

POOR ORIGINAL

INSTRUCTIONS

INSTRUCTIONS

1. Provide dates for period covered by data report in square 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 "NAVAL". "AVERAGE" is average computed over actual time elapsing in operating "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) percent conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter on the analysis/no. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days). If continuous enter "CONT".
5. Specify sample type ("Sub." or "Air" or "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. Field using dotted lines, single and multi Original, where specified is printed.

DOI: 10.1002/for

PARAMETER	QUANTITY				UNIT	CONCENTRATION				UNIT	NO. OF ANALYSIS	SAMPLE TYPE
	MINIMUM	AVERAGE	MAXIMUM	REPORTED		MINIMUM	AVERAGE	MAXIMUM	REPORTED			
Flow	REPORTED		<0.001		MGD						1/31	Calc.
	PERMITS CONSTRUCTION	N/A	N/A								N/A	N/A
Total Iron	REPORTED						0.028	0.030		mg/l	2/31	grab
	PERMITS CONSTRUCTION	N/A	N/A				N/A	1			2/30	grab
Total Copper	REPORTED						<0.003	<0.003		mg/l	2/31	grab
	PERMITS CONSTRUCTION	N/A	N/A				N/A	1			2/30	grab
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 Moore Gilbert										SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER <i>Ken d. Sted</i>		
TITLE Gen. Supt. Pwr. Sta. Dept.										OFFICER ON AUTHORIZED AGENT		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-K0073

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

(Final Period)

POOR ORIGINAL

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 the 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 "by 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).

12-# PA ST	14-101 0025615 PERMIT NUMBER	117-101 103 DIS	4911 SIC	40°27'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		100-216 7/9 YEAR	100-216 05 MO	100-216 01 DAY	TO
		100-216 7/9 YEAR	100-216 05 MO	100-216 31 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	0.0032	0.0399	MGD		***	***	***			5/31	Est.
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***				
Total Suspended Solids	REPORTED						0.5	1.5	2.4	mg/l	0	2/30	estimate
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	100			3/31	grab
Oil and Grease	REPORTED						3.2	6.9	13	mg/l	0	2/30	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20			3/31	grab
	REPORTED											2/30	grab
	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	Gen. Supt. Pwr. Sta. Dept.		7/9	01		
LAST	FIRST		TITLE	YEAR	MO	DAY	

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)

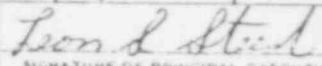
POOR ORIGINAL

INSTRUCTIONS

1. Discharge data is to be reported 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 "in 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 in office specified in permit.

12-2 PA ST	14-181 0025615 PERMIT NUMBER	157-161 002 DIS	171-181 4911 SIC	191-211 40°37'15" LATITUDE	211-231 80°26'18" LONGITUDE
140-211 142-231 144-251 REPORTING PERIOD FROM 7/9 0/5 0/1		TO 7/9 0/5 3/1		120-211 122-231 124-251 YEAR MO DAY	

PARAMETER		(3 used only)				UNITS	NO. EX.	(4 used only)				UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		QUANTITY			CONCENTRATION			CONCENTRATION							
		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	***	***	***			8.18		8.18				1/31	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.	7/9	0/6	2/8		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY		

322 164

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)

POOR ORIGINAL

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/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	201 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM 7/9/01 TO 5/01/01		TO 7/9/01 TO 5/31/01			
YEAR MONTH DAY		YEAR MONTH DAY			

PARAMETER	REPORTED	QUANTITY			UNITS	NO. EX.	CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED			<0.0001	MGD		***	***	***			1/31	Est.
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	estimate
Total Suspended Solids	REPORTED							4.1	4.1	mg/l	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	100			1/30	grab
Oil and Grease	REPORTED						<1	10	20	mg/l	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20			1/30	grab
pH	REPORTED	***	***	***			8.00		8.00	standard	0	1/31	grab
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0	units		1/30	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.			7/9/2016		
LAST	FIRST	MI	TITLE			YEAR MONTH 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 J. Stool
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

322 135

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
EPA NO. 333-00073

POOR ORIGINAL

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 water-soluble "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.

12 P PA ST	13 PER 0025615 PERMIT NUMBER	112 DIS 003	113 SIC 4911	140 LAT 40°37'15"	141 LONG 80°26'18"
REPORTING PERIOD FROM		120 21 719	121 22 015	122 23 011	TO
		YEAR	MO	DAY	
		120 21 719	121 22 015	122 23 311	
		YEAR	MO	DAY	

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED	0.0053	0.0107	0.0189		MGD		***	***	***			31/31	Calc.	
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***			1/30	calculated	
pH	REPORTED	***	***	***				7.37		7.37			0	1/31	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		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	016		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

322 166

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-00072

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

(Final Period)

POOR ORIGINAL

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.

PA ST	0025615 PERMIT NUMBER	301 LHS	4911 DIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		7/19 YEAR	015 MO	011 DAY	TO 7/19 YEAR
		015 MO	011 DAY	015 MO	011 DAY

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM						
Flow	REPORTED	0	0.0016	0.0032		MGD		***	***	***			31/31	Measured	
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***			2/30	measured	
Total Suspended Solids	REPORTED	0.19	0.30	0.40		lbs/day	0						2/31	24 hour composite	
	PERMIT CONDITION	N/A	2.8	14.3				N/A	N/A	N/A			2/30	24-hr. composite	
pH	REPORTED	***	***	***				6.95		7.46	standard	0	2/31	grab	
	PERMIT CONDITION	***	***	***				0	N/A	9.0	units		2/30	grab	
	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

7/19/16

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 or Authorized Agent

Leon L. Storch

DUQUESNE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15677

(Final Period)

POOR ORIGINAL

INSTRUCTIONS

1. Provide data for period covered by this report in space provided. "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. "ATTEMPT" is entered in space provided when actual time during discharge is reported. "MAXIMUM" and "MINIMUM" are entered when values are not known during the reporting period.
3. Specify the number of analyzed samples then entered the maximum and/or minimum as appropriate. Do not enter values in the columns labeled "No. EA." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. days per week. "1/7" is equivalent to 1 analysis 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 signature is required on bottom of this form.
7. Remove carbon and return only to your records.
8. Field along dotted lines, sample and mail (designated in permit).

PARAMETER	0025615	PERMIT NUMBER
REPORTING PERIOD FROM	7/19/01	TO 7/25/01
	YEAR MONTH DAY	YEAR MONTH DAY
	7 19 01	7 25 01
	LONGITUDE	49 11 15
	LATITUDE	80 25 18

PARAMETER	QUANTITY			CONCENTRATION			NO. EA.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MINIMUM	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM			
Flow	0.0037	0.0088	0.0157	***	***	***	0	10/31	Measured
pH	N/A	N/A	N/A	6.40	N/A	9.40	0	2/30	grab
Total Suspended Solids	N/A	N/A	N/A	6.0	N/A	9.0	0	31/31	grab
BOD-5	N/A	N/A	N/A	***	Monthly Average	Highest Weekly Average	0	2/30	grab
Fecal Coliform	N/A	N/A	N/A	***	138	351	3	31/31	grab
	N/A	N/A	N/A	N/A	30	45	0	2/30	composite
	N/A	N/A	N/A	N/A	17	35	0	5/31	grab
	N/A	N/A	N/A	N/A	30	45	0	2/30	composite
	N/A	N/A	N/A	N/A	59	163	0	5/31	grab
	N/A	N/A	N/A	N/A	200	400	0	2/30	grab
	N/A	N/A	N/A	N/A	100 ml	100 ml	0	2/30	grab

Gen. Supt. Pwr. Sta. Dept.

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Gen. Supt. Pwr. Sta. Dept.

Gen. Supt. Pwr. Sta. Dept.

Form Approved
OMB NO. 158-10072

(Final Period)

POOR ORIGINAL

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reporting 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 "AVERAGE" (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 in bottom of this form.
7. Remove carbon - "C" return copy for your records.
8. Fold along dashed line, staple and mail Original to office specified in permit.

PA	0025615	303	4911	40°37'15"	80°26'18"
ST	PERMIT NUMBER	DIG	SIC	LATITUDE	LONGITUDE
REPORTING PERIOD FROM		719	Q5	011	TO
		YEAR	MO	DAY	
		719	Q5	011	
		YEAR	MO	DAY	

PARAMETER		QUANTITY					CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(3 card only)			UNITS	(4 card only)		(4 card only)			UNITS		
		MINIMUM	AVERAGE	MAXIMUM		NO. EX	MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED			<0.058	MGD		***	***	***			1/30	Estimate
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	estimate
Total Suspended Solids	REPORTED						1.3	1.3		mg/l	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A		N/A	30	100				1/30	grab
Oil and Grease	REPORTED						5.0	5.0		mg/l	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A		N/A	15	20				1/30	grab
pH	FIELD	***	***	***		6.77		6.77		standard	0	1/31	grab
	LAB	***	***	***		6.0	N/A	9.0		units		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

7/9/06

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

Len S. Sted

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 155-00073

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

(Final Period)

POOR ORIGINAL

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 "for composite") as applicable. If frequent, 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
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REPORTING PERIOD FROM			TO		
719 YEAR	05 MO	01 DAY	719 YEAR	05 MO	31 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	
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															
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	716	218										
LAST	FIRST	MI	TITLE	YEAR	MO	DAY										

322 170

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

(Final Period)

POOR GENERAL INSTRUCTIONS

PA	0025615	401	4911	40° 37' 15" N	80° 26' 18" W
PLANT NUMBER		GPS	SIC	LATITUDE	
REPORTING PERIOD FROM					
7/9	015	01	7/9	0531	
YEAR	MO	DAY	YEAR	MO	DAY

- [illegible]

6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.

[illegible]