



Duquesne Light

435 Sixth Avenue
Pittsburgh, Pennsylvania
15219

(412) 456-6000

July 31, 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: BVPS 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

A007

481 329

15

7908060213



435 Sixth Avenue
Pittsburgh, Pennsylvania
15219

(412) 456-6000

July 30, 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 June 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

481 350



Duquesne Light

435 Sixth Avenue
Pittsburgh, Pennsylvania
15219

(412) 456-6000

July 31, 1979

Environmental Protection Agency
Region III, Curtis Building
Permit Programs Monitoring Unit
3EN43-MI
Permit Application Section
Sixth and Walnut Streets
Philadelphia, PA 19106

NPDES Quarterly Reports

Gentlemen:

This letter forwards copies of our NPDES Quarterly Reports as submitted to the Pennsylvania Department of Environmental Resources, Bureau of Water Quality Management.

Very truly yours,

G. W. Moore
General Superintendent
Power Stations Department

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
EPA Form 150-107-1

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

(Final Period)

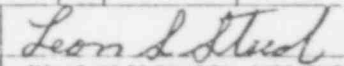
INSTRUCTIONS

1. Provide dates for period covered by this report in space marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "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 "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	001 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		7/9 YEAR	06 MO	01 DAY	TO
		7/9 YEAR	06 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	34.85	34.85	34.85		MGD								Cont.	recorded
	PERMIT CONDITION	N/A	N/A	N/A											Cont.
Temperature	REPORTED	***	***	***											
	PERMIT CONDITION	***	***	***											
Oil and Grease	REPORTED									4.1	mg/l	0	1/30	grab	
	PERMIT CONDITION	N/A	N/A	N/A						10			1/30	grab	
Free Available Chlorine	REPORTED									0	mg/l	0	See special		
	PERMIT CONDITION	N/A	N/A	N/A						0.2			condition #9		
pH	REPORTED	***	***	***						5.5		1	cont.	recorded	
	PERMIT CONDITION	***	***	***						6.0	standard units		Cont.	recorded	
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

POOR ORIGINAL

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	07/31		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 156-00073

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	101 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		7 19 YEAR	0 16 MO	0 1 DAY	TO 7 19 YEAR
					0 6 MO
					30 DAY

PARAMETER	REPORTED PERMIT CONDITION	QUANTITY			UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED	0	0.0155	0.0548	MGD		***	***	***			cont.	calc.
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			Cont.	calculated
Total Suspended Solids	REPORTED	0.02	0.90	2.63	lbs/day	0						3/30	grab
	PERMIT CONDITION	N/A	3.8	45			N/A	N/A	N/A			2/30	24-hr. composite
Oil and Grease	REPORTED	0.37	2.87	4.34	lbs/day	0						3/30	grab
	PERMIT CONDITION	N/A	1.9	9.0			N/A	N/A	N/A			2/30	grab
pH	REPORTED	***	***	***			6.90		8.05	standard	0	4/30	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												

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	0 17 31		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
EPA NO. 330-110-023

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 "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 "1 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	102 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
----------	--------------------------	------------	-------------	-----------------------	------------------------

REPORTING PERIOD FROM	79 YEAR	016 MO	011 DAY	TO	79 YEAR	016 MO	30 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				***	***	***				N/A	N/A	
Total Iron	REPORTED							<0.001	0.45	0.89	mg/l	0	2/30	grab		
	PERMIT CONDITION	N/A	N/A	N/A				N/A	N/A	1			2/30	grab		
Total Copper	REPORTED							<0.003	<0.003	<0.003	mg/l	0	2/30	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															

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE	
Moore	Gilbert	W. Gen. Supt. Pwr. Sta. Dept.		79	01
LAST	FIRST	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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
EPA 3320-110-72

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

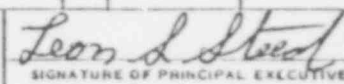
(Final Period)

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 "lt. 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 51	0025615 PERMIT NUMBER	103 DIS	4911 SIC	40°27'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		7/9 YEAR	9/6 MO	9/1 DAY	TO 7/9 YEAR
		0/6 MO	30 DAY		

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION				UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
LOW	REPORTED	0	0.0027	0.0200		MGD		***	***	***				4/30	estimate
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				2/30	estimate
Suspended Solids	REPORTED							<1.0	<1.0	<1.0	mg/l	0		2/30	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	100				2/30	grab
Oil and Grease	REPORTED							4.2	5.3	6.2	mg/l	0		2/30	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														

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	H.	Gen. Supt. Pwr. Sta. Dept.	7/9	0/17/31		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-00073

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

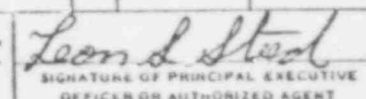
(Final Period)

INSTRUCTIONS

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 "NA".
6. Appropriate signature is required on bottom of this form.
7. Preserve 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	002 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		7/9 YEAR	0/6 MO	0/1 DAY	TO
		7/9 YEAR	0/6 MO	0/1 DAY	

PARAMETER	REPORTED	QUANTITY			UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTED			0.003	MGD		***	***	***			1/30	calc.
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	calculated
pH	REPORTED	***	***	***			7.34		7.34			1/30	grab
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A			1/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.			 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.	7/9	0/7	3/1								
LAST	FIRST	MI	TITLE	YEAR	MO	DAY								

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 155-0007

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

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

REPORTING PERIOD FROM	7/9	0/6	01	TO	7/9	0/6	310
	YEAR	MO	DAY		YEAR	MO	DAY

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION				UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(2 used only)			(4 used only)										
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED			<0.001		MGD		***	***	***				1/30	estimate
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				1/30	estimate
Total Suspended Solids	REPORTED								3.2	3.2		0	1/30	grab	
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	100	mg/l		1/30	grab	
Oil and Grease	REPORTED								<1.0	<1.0	mg/l	0	1/30	grab	
	PERMIT CONDITION	N/A	N/A	N/A				N/A	15	20			1/30	grab	
pH	REPORTED	***	***	***				7.51		7.51	standard	0	1/30	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	07/31
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 L. Steel
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
EPA 330-1 (10-72)

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

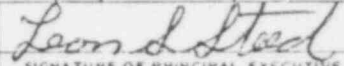
(Final Period)

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 "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	003 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		7/9 YEAR	0/6 MO	0/1 DAY	TO
		7/9 YEAR	0/6 MO	3/0 DAY	

PARAMETER		QUANTITY				U	NO EX	CONCENTRATION			UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(2 card only)			(4 card only)									
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
FLOW	REPORTED	0.0037	0.0099	0.0157	MGD		***	***	***			31/31	calc.	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	calculated	
	REPORTED	***	***	***			7.51		7.51			1/30	grab	
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A			1/30	grab	
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	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	0/7	31/				
LAST	FIRST	MI	TITLE	YEAR	MO	DAY				

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-0003

DUQUESNE 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 computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
- Specify the number of analyzed samples that exceeded the maximum (and/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., "3/7" is equivalent to 3 analyses performed every 7 days). If continuous enter "CONT".
- Specify sample type ("grab" or "— for 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	0025615	301	4911	40°37'15"	80°26'18"
ST	PERMIT NUMBER	DNS	SIC	LATITUDE	LONGITUDE

120-231	122-231	124-231	126-231	128-231	130-231	
7	9	0	6	0	1	
YEAR	MO	DAY	TO	YEAR	MO	DAY
7	9	0	6	0	1	0

REPORTING PERIOD: 7/9/06 TO 6/01/07

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION				UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE							
		120-231			122-231			124-231			126-231					128-231						
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM	MINIMUM	AVERAGE					MAXIMUM	MINIMUM	AVERAGE	MAXIMUM			
Flow	REPORTED	0.0010	0.0022	0.0087		MGD		***	***	***				30/30	measured							
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				2/30	measured							
Total Suspended Solids	REPORTED	0.11	0.14	0.16		lbs/day	0							2/30	24 hr. composite							
	PERMIT CONDITION	N/A	2.8	14.3				N/A	N/A	N/A				2/30	24-hr. composite							
pH	REPORTED	***	***	***				7.37		7.83	standard	0		2/30	grab							
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0	units			2/30	grab							
	REPORTED																					
	PERMIT CONDITION																					
	REPORTED																					
	PERMIT CONDITION																					
	REPORTED																					
	PERMIT CONDITION																					
	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.														
Moore Gilbert W.		Gen. Supt. Pwr. Sta. Dept.				7/9/07 3/1																
LAST FIRST MI		TITLE				YEAR MO DAY		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT														

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB No. 158-10607-1

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 excited 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., "1/7" is equivalent to 1 analysis 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

DIC

4911

SIC

40°37'15"

LATITUDE

80°25'18"

LONGITUDE

7 9

YEAR

0 6

MO

0 1

DAY

TO

7 9

YEAR

0 6

MO


30

DAY

REPORTING PERIOD FROM

PARAMETER		QUANTITY				UNITS	CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(3 cert only)			UNITS		(4 cert only)			UNITS			
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED	0.00188	0.00769	0.0138	MGD	***	***	***					
	PERMIT CONDITION	N/A	N/A	N/A		***	***	***					
pH	REPORTED	***	***	***		6.2		9.0	standard units	0	2/30	measured	
	PERMIT CONDITION	***	***	***		6.0	N/A	9.0					
	REPORTED							Highest					
	PERMIT CONDITION					Monthly	Weekly						
	REPORTED							Average					
	PERMIT CONDITION												
Total Suspended Solids	REPORTED						17.8	22.9	mg/l		2/30	8-hr. composite	
	PERMIT CONDITION	N/A	N/A	N/A		N/A	30	45					
BOD-5	REPORTED						23	34	mg/l	0	4/30	grab	
	PERMIT CONDITION	N/A	N/A	N/A		N/A	30	45					
Fecal Coliform	REPORTED						*	TNTC	colonies	2	5/30	grab	
	PERMIT CONDITION	N/A	N/A	N/A		N/A	200	400					
	REPORTED												
PERMIT CONDITION													

* Individual Values are 55, 120, 5, TNTC, TNTC

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 7	3 1								
LAST	FIRST	MI	TITLE	YEAR	MO	DAY								

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
GSA GEN. REG. NO. 27

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 watermarks. "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/N. days (e.g., "1/7" is equivalent to 1 analysis performed every 7 days). If continuous enter "CONT".
5. Specify sample type ("grab" or "1 hr. composite") as applicable. If frequency is 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

303 4911 DIS SIC

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

REPORTING PERIOD FROM 7/9 0/60/1 TO 7/9 0/6/30
YEAR MO DAY YEAR MO DAY

PARAMETER	REPORTED	QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED			<0.058		MGD		***	***	***				1/30	estimate
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				1/30	estimate
Total Suspended Solids	REPORTED								6.0	6.0	mg/l	0		1/30	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	100				1/30	grab
Oil and Grease	REPORTED								<1.0	<1.0	mg/l	0		1/30	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	15	20				1/30	grab
pH	REPORTED	***	***	***				6.41		6.41	standard units	0		1/30	grab
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0				1/30	grab
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER: Moore Gilbert W. TITLE OF THE OFFICER: Gen. Supt. Pwr. Sta. Dept. DATE: 7/9 0/7/31
LAST FIRST MI YEAR MO DAY

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

Signature: Leon L. Stetson
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
EPA Form 3320-1 (10-72)

DUQUESNE 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 computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
- 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".
- Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "1/7" is equivalent to 1 analysis performed every 7 days.) If continuous enter "CONT."
- Specify sample type ("grab" or "in 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	0025615	004	4911	40°37'15"	80°26'18"
ST	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE

REPORTING PERIOD FROM			TO		
7	9	0	7	9	0
YEAR	MO	DAY	YEAR	MO	DAY

PARAMETER		QUANTITY				UNITS	CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	NO. EX.		MINIMUM	AVERAGE	MAXIMUM	UNITS		
Flow	REPORTED			0		MGD	***	***	***		1/30	estimate
	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.		7 9 0 7 3 1			
LAST	FIRST	MI	TITLE		YEAR MO DAY			

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB No. 1545-0047

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

(Final Period)

INSTRUCTIONS

1. Provide dates for period covered by this report in boxes 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 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 "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.

PA	0025615	401	4911	41°37'15"	80°26'18"
STATE	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE

REPORTING PERIOD FROM	7/9	01	6	01	TO	7	19	01	6	30
	YEAR	MO	DAY	HR		YEAR	MO	DAY	HR	

PARAMETER	REPORTED	QUANTITY				UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
Flow	REPORTED					MGD		***	***	***				
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***			1/30	estimate
Total Suspended Solids	REPORTED										mg/l			
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	100			1/30	grab
Oil and Grease	REPORTED										mg/l			
	PERMIT CONDITION	N/A	N/A	N/A				N/A	15	20			1/30	grab
pH	REPORTED	***	***	***							standard units			
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0			1/30	grab
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
NO FLOW FROM DISCHARGE 401 DURING JUNE 1979														

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

NAME OF PRINCIPAL EXECUTIVE OFFICER
Moore Gilbert

TITLE OF THE OFFICER
n. Supt. Pwr. Sta. Dept.

DATE
79 07 31
YEAR MO DAY