



Duquesne Light

435 Sixth Avenue
Pittsburgh, Pennsylvania
15219

(412) 471-4300

October 27, 1978

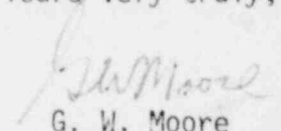
Director of Nuclear Reactor
Regulation
ATTN: Mr. Robert W. Reid, Chief
Chief L W Reactor Branch 1-1
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

BVPS Unit No. 1
Docket No. 50-334
License DPR-66

Dear Mr. Reid:

Enclosed are copies of the E.P.A. Quarterly Report as submitted to the United States Environmental Protection Agency and the Pennsylvania Department of Environmental Resources.

Yours very truly,


G. W. Moore
General Superintendent
Power Stations Department

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Duquesne Light

435 Sixth Avenue
Pittsburgh, Pennsylvania
15219

(412) 471-4300

October 27, 1978

Pennsylvania Department of
Environmental Resources
600 Kossman Building
100 Forbes Avenue
Pittsburgh, PA 15222

NPDES Quarterly Reports

Gentlemen:

This letter forwards copies of our E.P.A. Quarterly Reports as submitted to the United States Environmental Protection Agency, Region III Compliance Office.

Yours very truly,

G. W. Moore
General Superintendent
Power Stations Department



Duquesne Light

435 Sixth Avenue
Pittsburgh, Pennsylvania
15219

(412) 471-4300

October 27, 1978

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

NPDES Quarterly Reports

Gentlemen:

The subject reports for Duquesne Light Company and Allegheny County Steam Heating Company 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 Power Station
PA 0031933 - Brunot Island Power Station

Yours very truly,

G. W. Moore
General Superintendent
Power Stations Department

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

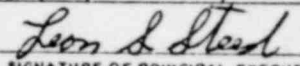
(Final Period)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
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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.

(12-14) PA ST	(15-16) 0025615 PERMIT NUMBER	(17-19) 001 DIS	(20-22) 4911 SIC	(23-25) 40°37'15" LATITUDE	(26-28) 80°26'18" LONGITUDE
(29-31) 718 019 01 YEAR MO DAY		(32-34) TO 78 019 310 YEAR MO 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	27.3	45.9	54.7				***	***	***				cont.	recorded
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				Cont.	recorded
Temperature	REPORTED	***	***	***				71	75.6	79				cont.	recorded
	PERMIT CONDITION	***	***	***				N/A	N/A	N/A				Cont.	recorded
Oil and Grease	REPORTED									<1.0			0	1/30	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	N/A	10				1/30	grab
Free Available Chlorine	REPORTED								<0.01	0.28			0	See special	
	PERMIT CONDITION	N/A	N/A	N/A				N/A	0.2	0.5				condition #9	
pH	REPORTED	***	***	***				7.05		7.63			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	W. Gen. Supt. Pwr. Sta. Dept.		718 110 217			
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-00073

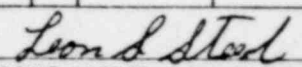
DUQUESNE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

(Final Period)

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7. Remove carbon and retain copy for your records.
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12-9 PA ST	14-101 0025615 PERMIT NUMBER	117-191 101 DIS	1911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		120-211 122-210 124-210 7 8 0 9 11 YEAR MO DAY	TO	126-271 128-291 130-311 7 8 0 9 31 0 YEAR MO DAY	

PARAMETER		(3 card only)					(4 card only)					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		QUANTITY			UNITS	NO EX	CONCENTRATION			UNITS	NO EX		
		130-401 MINIMUM	140-501 AVERAGE	150-601 MAXIMUM					160-601 MINIMUM			170-601 AVERAGE	180-601 MAXIMUM
Flow	REPORTED	0.0041	0.0365	0.1586	MGD		***	***	***			cont.	calculated
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			Cont.	calculated
Total Suspended Solids	REPORTED		2.4	2.8	lbs/day	0						2/30	grab
	PERMIT CONDITION	N/A	3.8	45			N/A	N/A	N/A			2/30	24-hr. composite
Oil and Grease	REPORTED		0.41	0.44	lbs/day	0						2/30	grab
	PERMIT CONDITION	N/A	1.9	9.0			N/A	N/A	N/A			2/30	grab
pH	REPORTED	***	***	***			6.25		8.53	standard	0	5/30	grab
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0	units		2/30	grab
	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 13 1 10 2 17 YEAR MO DAY								
LAST FIRST MI		TITLE			YEAR MO DAY								

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-NC773

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

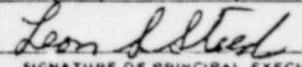
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12-20 PA ST	14-181 0025615 PERMIT NUMBER	117-197 102 DHS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		TO			
7 8 0 1 9 0 1 YEAR MO DAY		7 8 0 9 3 10 YEAR MO DAY			

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED					MGD		***	***	***					
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***			N/A	N/A	
Total Iron	REPORTED							0.15	0.23	0.31	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							0.01	0.06	0.11	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	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 LAST FIRST MI	W. Gen. Supt. Pwr. Sta. Dept. TITLE	7 8 1 1 0 2 1 7 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)

INSTRUCTIONS

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12-10 PA ST	14-101 0025615 PERMIT NUMBER	117-101 103 DIS	4911 SIC	120-271 40°27'15" LATITUDE	120-261 80°26'18" LONGITUDE
REPORTING PERIOD: FROM		120-271 7 18 YEAR	120-281 0 19 MO	120-291 3 10 DAY	TO

PARAMETER		(3 card only) QUANTITY				UNITS	NO. EX	(4 card only) CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED		0.0073	0.0599	MGD		***	***	***			11/30	estimate	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			2/30	estimate	
Total Suspended Solids	REPORTED						4	4.5	5.0	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						1.1	7.6	14.0	mg/l	0	2/30	grab	
	PERMIT CONDITION	N/A	N/A	N/A		N/A	15	20				2/30	grab	
	REPORTED													
	PERMIT CONDITION													
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	PERMIT CONDITION													

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Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.			7 18	1 10	2 17		
LAST	FIRST	MI	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)

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12-20 PA ST	14-16 0025615 PERMIT NUMBER	117-121 002 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
120-211 122-220 124-230 REPORTING PERIOD: FROM 7 18 01 9 01		TO 7 8 01 9 31 0			
YEAR MO DAY		YEAR MO DAY			

PARAMETER		(3 card only)				NO. EX	(4 card only)				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	REPORTED		0.003		MGD		***	***	***			1/30	calc.
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	calculated
pH	REPORTED	***	***	***			7.50		7.50			1/30	grab
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A			1/30	grab
	REPORTED												
	PERMIT CONDITION												
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Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.	7 18	11 0	2 17				
LAST	FIRST	MI	TITLE	YEAR	MO	DAY				

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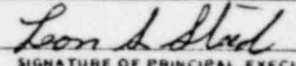
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12-9 PA ST	14-18 0025615 PERMIT NUMBER	157-161 201 DIS	4911 SIC	120-221 40°37'15" LATITUDE	120-221 80°26'18" LONGITUDE
REPORTING PERIOD FROM		120-231 7 8 YEAR	122-231 0 9 MO	124-231 1 1 DAY	TO
		120-231 7 8 YEAR	122-231 0 9 MO	124-231 1 1 DAY	

PARAMETER		(3 card only)					(4 card only)					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		QUANTITY				UNITS	CONCENTRATION							
		MINIMUM	AVERAGE	MAXIMUM	NO. EX		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX			
Flow	REPORTED			<0.001		MGD							1/30	estimate
	PERMIT CONDITION	N/A	N/A	N/A									1/30	estimate
Total Suspended Solids	REPORTED							8.0	8.0		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							3.0	3.0		mg/l	0	1/30	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20				1/30	grab
pH	REPORTED	***	***	***			7.35		7.35		standard	0	1/30	grab
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0		units		1/30	grab
	REPORTED													
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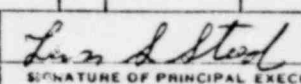
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120-211 REPORTING PERIOD: FROM 7 18 YEAR			122-231 0 19 MO	124-251 0 1 DAY	TO 126-271 7 18 YEAR
			128-291 09 MO	130-311 3 10 DAY	

PARAMETER		(3 card only)					(4 card only)					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		QUANTITY				UNITS	CONCENTRATION						
		MINIMUM	AVERAGE	MAXIMUM	NO. EX		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX		
Flow	REPORTED	0.0129	0.0197	0.0262		MGD	***	***	***			30/30	calc.
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	calculated
pH	REPORTED	***	***	***			7.76		7.76			1/30	grab
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A			1/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
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LAST	FIRST	MI	TITLE	YEAR	MO	DAY				

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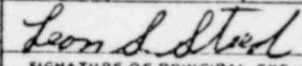
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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
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7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

12-38 PA ST	14-181 0025615 PERMIT NUMBER	117-191 301 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		120-211 7 18 YEAR	122-231 0 9 MO	124-251 0 1 DAY	TO
		126-271 7 18 YEAR	128-291 0 9 MO	130-311 3 10 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	0.0039	0.0080	0.0143	MGD		***	***	***				30/30	measured	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***						
Total Suspended Solids	REPORTED		0.82	1.18	lbs/day								2/30	measured	
	PERMIT CONDITION	N/A	2.8	14.3			N/A	N/A	N/A						
pH	REPORTED	***	***	***			7.40		7.55	standard units	0	2/30	grab		
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0						
	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 18	1 10	2 17						
LAST	FIRST	MI	TITLE			YEAR	MO	DAY						

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

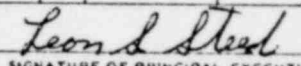
(Final Period)

INSTRUCTIONS

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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.
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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		7/80 YEAR	9/01 MO	01 DAY	TO 7/80 YEAR
		80 YEAR	09 MO	01 DAY	80 YEAR

PARAMETER		(3 card only)					(4 card only)					(6 card only)		FREQUENCY OF ANALYSIS	SAMPLE TYPE
		QUANTITY			UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX				
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM						
Flow	REPORTED	0.0066	0.0117	0.0198	MGD		***	***	***				30/30	measured	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***				2/30		measured
pH	REPORTED	***	***	***			6.6		8.4	standard units	0	30/30	grab		
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0		2/30	grab			
	REPORTED								Highest						
	PERMIT CONDITION						Monthly	Weekly							
	REPORTED								Average						
	PERMIT CONDITION														
Total Suspended Solids	REPORTED							21.7	25.0	mg/l	0	30/30	grab 8-hr. composite		
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	45		2/30				
BOD-5	REPORTED							10	20	mg/l	0	4/30	grab 8-hr. composite		
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	45		2/30				
Fecal Coliform	REPORTED							0.0	0.0	colonies/100 ml	0	4/30	grab		
	PERMIT CONDITION	N/A	N/A	N/A			N/A	200	400		2/30	grab			
	REPORTED														
	PERMIT CONDITION														

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Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.	7/80	10/27					
LAST	FIRST	MI	TITLE	YEAR	MO	DAY				

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-00073

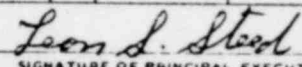
DUQUESNE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

(Final Period)

INSTRUCTIONS

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PA ST	0025615 PERMIT NUMBER	303 DIS	4911 SEC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD FROM		7 8 0 9 0 1 YEAR MO DAY	TO	7 8 09 3 10 YEAR MO DAY	

PARAMETER		(3 card only) QUANTITY					NO. EX	(4 card only) CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM (138-45)	AVERAGE (146-53)	MAXIMUM (154-61)	UNITS	MINIMUM (140-51)		AVERAGE (148-59)	MAXIMUM (156-67)	UNITS					
Flow	REPORTED			<0.058	MGD		***	***	***				1/30	estimate	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***				1/30	estimate	
Total Suspended Solids	REPORTED							3.8	3.8		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							1.6	1.6		mg/l	0	1/30	grab	
	PERMIT CONDITION	N/A	N/A	N/A		N/A	15	20				1/30	grab		
pH	REPORTED	***	***	***			7.59		7.59	standard units	0	1/30	grab		
	PERMIT CONDITION	***	***	***		6.0	N/A	9.0							
	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 8 1 10 2 17											
LAST	FIRST	MI	TITLE	YEAR	MO	DAY									

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
GMEI NO. 155-100073

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

(Final Period)

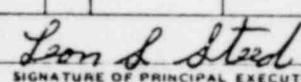
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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
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8. Fold along dotted lines, staple and mail Original to office specified in permit.

PA ST	0025615 PERMIT NUMBER	004 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD FROM		7 8 0 9 0 1 YEAR MO DAY	TO	7 8 0 18 3 0 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	CONCENTRATION				UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	NO. EX		MINIMUM	AVERAGE	MAXIMUM	NO. EX			
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 SEPTEMBER, 1978

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 8 1 10 2 7 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

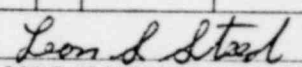
(Final Period)

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PA ST	0025615 PERMIT NUMBER	401 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD FROM		TO			
7 8 0 9 0 1 1 YEAR MO DAY		7 8 0 9 3 1 0 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			<0.001	MGD		***	***	***			1/30	estimate	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	estimate	
Total Suspended Solids	REPORTED						1.2	1.2		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						8.0	8.0		mg/l	0	1/30	grab	
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20			1/30	grab	
pH	REPORTED	***	***	***			7.54	7.54		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													
	REPORTED													
	PERMIT CONDITION													

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Moore	Gilbert	W. Gen. Supt. Pwr. Sta. Dept.	7 8 1 1 0 2 1 7 YEAR MO DAY				

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-00073

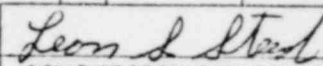
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12-31 PA ST	14-161 0025615 PERMIT NUMBER	117-191 001 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		120-211 78 YEAR	122-231 017 MO	124-251 011 DAY	TO
		126-271 718 YEAR	128-291 07 MO	130-311 31 DAY	

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	46.88	51.97	59.17	NGD		***	***	***			cont.	recorded
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			Cont.	recorded
Temperature	REPORTED	***	***	***			66.4	81.0	94.2	°F		cont.	recorded
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A			Cont.	recorded
Oil and Grease	REPORTED								2.17	mg/l	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	10			1/30	grab
Free Available Chlorine	REPORTED							<0.01	0.15	mg/l	0	See specis	
	PERMIT CONDITION	N/A	N/A	N/A			N/A	0.2	0.5			condition #9	
pH	REPORTED	***	***	***			6.66		7.70	standard units	0	4/31	grab
	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	W.	Gen. Supt. Pwr. Sta. Dept.	718	110	217							
LAST	FIRST	MI	TITLE	YEAR	MO	DAY							

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)

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7. Remove carbon and retain copy for your records.
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PA ST	0025615 PERMIT NUMBER	101 DIS	1911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		78 YEAR	017 MO	011 DAY	TO
		718 YEAR	017 MO	31 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	0.0000	0.0160	0.0598	MGD		***	***	***			cont.	Calc.
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			Cont.	calculated
Total Suspended Solids	REPORTED		0.72	1.28	lbs/day	0						2/31	grab
	PERMIT CONDITION	N/A	3.8	45			N/A	N/A	N/A			2/30	24-hr. composite
Oil and Grease	REPORTED		0.36	0.62	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	***	***	***			6.14		8.43	standard units	0	4/31	grab
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0			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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
Moore Gilbert	W. Gen. Supt. Pwr. Sta. Dept.	718 110 217				
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

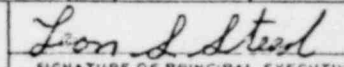
(Final Period)

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12-20 PA ST	14-181 0025615 PERMIT NUMBER	112-120 102 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		120-210 7 18 YEAR	122-220 0 7 MO	124-230 0 7 DAY	TO
		126-270 7 18 YEAR	128-280 0 7 MO	130-290 3 11 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							***	***	***					
	PERMIT CONDITION	N/A	N/A	N/A		MGD		***	***	***				N/A	N/A
Total Iron	REPORTED							0.28	0.30	0.31	mg/l	0	2/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A				N/A	N/A	1			2/30	grab	
Total Copper	REPORTED							<0.03	<0.03	<0.03	mg/l	0	2/31	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			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 18	11 0 217					
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 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.

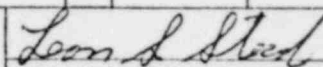
12-# PA	14-16 0025615	117-120 103	117-120 4911	120-271 40°27'15"	120-271 80°26'18"
ST	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE

120-271 718	122-273 017	124-275 07	TO	120-271 718	122-273 07	124-275 311
YEAR	MO	DAY		YEAR	MO	DAY

REPORTING PERIOD: FROM

TO

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	0.000	0.0064	0.0200	MGD		***	***	***			2/30	estimate
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***				
Total Suspended Solids	REPORTED						3	7	10.5	mg/l	0	2/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	100				
Oil and Grease	REPORTED						2.0	8.0	14	mg/l	0	2/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20				
	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.	718	110	217				
LAST	FIRST	MI	TITLE	YEAR	MO	DAY				

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 155-R0073

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

(Final Period)

INSTRUCTIONS

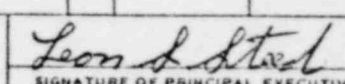
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5. Specify sample type ("grab" or "hi. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

12-30 PA ST	14-101 0025615 PERMIT NUMBER	117-191 002 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
120-211 122-211 124-211 718 017 01 YEAR MO DAY		126-271 128-271 130-271 718 017 311 YEAR MO DAY			

REPORTING PERIOD: FROM

TO

PARAMETER		(3 card only) QUANTITY 126-451 140-451 164-451				UNITS	NO. EX	(4 card only) CONCENTRATION 140-451 164-451				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED			0.003		MGD		***	***	***				1/31	calculated
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				1/30	calculated
pH	REPORTED	***	***	***				6.85		6.85				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.	718	10	27	YEAR	MO		

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

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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.

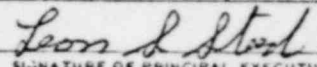
PA ST	0025615 PERMIT NUMBER	201 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
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REPORTING PERIOD: FROM

78	07	01
YEAR	MO	DAY

TO

718	07	31
YEAR	MO	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			<0.001	MGD		***	***	***				1/31	Estimated	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***				1/30	estimate	
Total Suspended Solids	REPORTED							7.50	7.50	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							5.6	5.6	mg/l	0	1/31	grab		
	PERMIT CONDITION	N/A	N/A	N/A		N/A	15	20				1/30	grab		
pH	REPORTED	***	***	***			6.99		6.99	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														
	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.	718	10									217	
LAST	FIRST	MI	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)

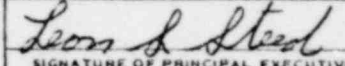
INSTRUCTIONS

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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.

12-31 PA ST	14-101 0025615 PERMIT NUMBER	137-191 003 DIS	4911 SIC	40°37'15" 80°26'18" LATITUDE LONGITUDE
120-211 122-231 124-251 7 8 07 0 1 YEAR MO DAY		126-271 128-291 130-311 7 8 0 7 3 1 1 YEAR MO DAY		

REPORTING PERIOD: FROM TO

PARAMETER		(3 card only) QUANTITY				UNITS	NO. EX	(4 card only) CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED	0.0140	0.0202	0.0308	MGD		***	***	***				1/31	calculated	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***				1/30	calculated	
pH	REPORTED	***	***	***			7.74		7.74				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														
	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 8 1 1 0 2 1 7						
LAST	FIRST	MI	TITLE	YEAR	MO	DAY				

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
EPA NO. 330-10073

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

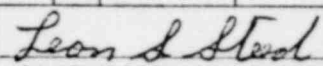
(Final Period)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
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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		7 18 YEAR	0 17 MO	0 1 DAY	TO
		7 18 YEAR	0 7 MO	3 1 DAY	

PARAMETER		QUANTITY					NO. EX	CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS			MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	REPORTED	0.0063	0.0124	0.0230	MGD		***	***	***					31/31	measured
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***					2/30	measured
Total Suspended Solids	REPORTED		1.43	3.69	lbs/day	0							2/31	24 hr composite	
	PERMIT CONDITION	N/A	2.8	14.3			N/A	N/A	N/A				2/30	24-hr. composite	
pH	REPORTED	***	***	***			6.70		6.77	standard	0	2/31	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 18 11 217 YEAR MO DAY		

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

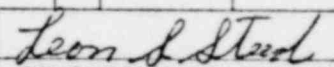
(Final Period)

INSTRUCTIONS

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5. Specify sample type ("grab" or "hi. conc.-site") 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 8 0 7 01 YEAR MO DAY	TO	7 8 0 7 31 YEAR MO DAY	

PARAMETER		(3 card only)				UNITS	NO. EX	(4 card only)				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED	0.0046	0.0078	0.0158			***	***	***			31/31	measured	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			2/30		
pH	REPORTED	***	***	***			6.7		7.7		0	31/31	grab	
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0			2/30		
	REPORTED								Highest					
	PERMIT CONDITION							Monthly	Weekly					
	REPORTED							Average	Average					
	PERMIT CONDITION													
Total Suspended Solids	REPORTED							13	43		0	31/31	grab 8-hr.	
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	45			2/30		
BOD-5	REPORTED							14	21		0	4/31	grab 8-hr.	
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	45			2/30		
Fecal Coliform	REPORTED							0.00	0.00		0	4/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A			N/A	200	400			2/30		
	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 5 1 0 27			
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMR No. 158-00073

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

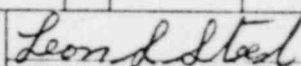
(Final Period)

INSTRUCTIONS

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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.
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PA ST	0025615 PERMIT NUMBER	303 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		7 8 0 7 01 YEAR MO DAY	TO	7 8 0 7 31 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED			<0.058		MGD	***	***	***					
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***				1/30	estimate
Total Suspended Solids	REPORTED							26	26	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							18.0	18.0	mg/l	1		1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20				1/30	grab
pH	REPORTED	***	***	***			7.43		7.43	standard units	0		1/31	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	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 8 1 10 27 YEAR MO DAY		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Pa. revised
03/77 1-9-100073

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

(Final Period)

INSTRUCTIONS

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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".
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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
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REPORTING PERIOD FROM

7	8	0	7	0	1
YEAR	MO	DAY			

TO

7	8	0	7	3	1
YEAR	MO	DAY			

PARAMETER		QUANTITY				CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		(3 card only)				(4 card only)						
		(135-45)	(140-50)	(150-60)	UNITS	(42-60)	(135-45)	(140-50)	(150-60)	UNITS	(42-60)	
		MINIMUM	AVERAGE	MAXIMUM		NO. EX	MINIMUM	AVERAGE	MAXIMUM		NO. EX	
Flow	REPORTED			<0.001	MGD		***	***	***			1/31 Estimate
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30 estimate
pH	REPORTED	***	***	***			7.49		7.49	standard units		1/31 grab
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A			1/30 grab
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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.	7/8	11/02/77		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMR NO. 158-10073

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

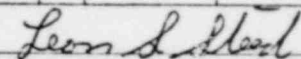
(Final Period)

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.
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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. I move 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	401 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD FROM		7 8 07 01 YEAR MO DAY	TO 7 8 07 31 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	
Total Suspended Solids	REPORTED							17	17		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							4.4	4.4		mg/l	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20			1/30	grab	
pH	REPORTED	***	***	***			7.24		7.24		standard units	0	1/31	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			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 8	10	21		
LAST	FIRST	MI	TITLE			YEAR	MO	DAY		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-N0073

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

(Final Period)

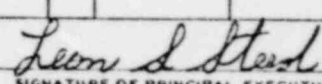
INSTRUCTIONS

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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.

12-20 PA ST	14-180 0025615 PERMIT NUMBER	117-121 001 DIS	4911 SIC	126-271 40°37'15" LATITUDE	130-311 30°26'1E LONGITUDE
120-211 122-231 124-251 7 18 018 011 YEAR MO DAY		TO		126-271 128-291 130-311 7 18 08 3 11 YEAR MO DAY	

REPORTING PERIOD: FROM

TO

PARAMETER		(3 card only) QUANTITY					NO. EX	(4 card only) CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM (130-45)	AVERAGE (140-50)	MAXIMUM (150-55)	UNITS	MINIMUM (160-60)		AVERAGE (170-65)	MAXIMUM (180-70)	UNITS					
Flow	REPORTED	23.7	50.3	67.7	MGD		***	***	***				cont.	recorded	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***				Cont.	recorded	
Temperature	REPORTED	***	***	***			77.89	80.35	83.15	°F			cont.	recorded	
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A				Cont.	recorded	
Oil and Grease	REPORTED								8.0	mg/l	0	1/31	grab		
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	10			1/30	grab		
Free Available Chlorine	REPORTED							<0.01	0.16	mg/l	0	See special			
	PERMIT CONDITION	N/A	N/A	N/A			N/A	0.2	0.5			condition #9			
pH	REPORTED	***	***	***			5.73		10.07	standard units	2	6/31	grab		
	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	W.	Gen. Supt. Pwr. Sta. Dept.	7 18 11 0 2 17											
LAST	FIRST	MI	TITLE	YEAR	MO	DAY									

NATIONAL POLLUTANT CHARGE 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

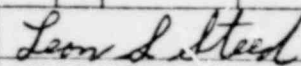
(Final Period)

INSTRUCTIONS

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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		718 YEAR	08 MO	011 DAY	TO
		718 YEAR	018 MO	311 DAY	

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED	0.0000	0.0174	0.0581		MGD		***	***	***				cont.	calc.
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				Cont.	calculated
Total Suspended Solids	REPORTED		0.91	0.95		lbs/day	0							2/31	grab
	PERMIT CONDITION	N/A	3.8	45				N/A	N/A	N/A				2/30	24-hr. composite
Oil and Grease	REPORTED		0.27	0.38		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	***	***	***				6.76		8.65		0		5/31	grab
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0	standard units			2/30	grab
	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.	718 11 027		
LAST FIRST MI	TITLE	YEAR MO DAY		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-N0073

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

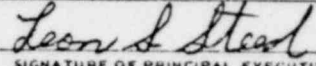
(Final Period)

INSTRUCTIONS

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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	102 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		7 18 01 YEAR MO DAY	TO		7 18 03 1 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					MGD		***	***	***					
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***			N/A	N/A	
Total Iron	REPORTED							<0.01	0.36	0.72	mg/l		0	2/31	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	2/31	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		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 18 11 02 17			
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

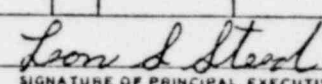
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6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

12-30 PA ST	14-16 0025615 PERMIT NUMBER	117-121 103 DIS	4911 SIC	40°27'15" LATITUDE	80°26'18" LONGITUDE
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REPORTING PERIOD: FROM 7 18 0 13 0 1 TO 7 18 08 3 11

YEAR MO DAY YEAR MO 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	0.0000	0.0077	0.0200			***	***	***				12/31	estimate	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***				2/30	estimate	
Total Suspended Solids	REPORTED						0.1	9.5	19	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						13.6	14.6	15.6	mg/l	0	2/31	grab		
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20			2/30	grab		
	REPORTED														
	PERMIT CONDITION														
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	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

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Moore	Gilbert	Gen. Supt. Pwr. Sta. Dept.	7 18 11 0 2 17				
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 155-R0073

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

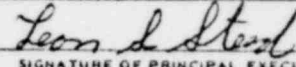
(Final Period)

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7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

(2-28) PA ST	(4-16) 0025615 PERMIT NUMBER	(117-191) 002 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		(120-211) 78 YEAR	(122-231) 08 MO	(124-251) 01 DAY	TO
		(126-271) 718 YEAR	(128-291) 08 MO	(130-311) 31 DAY	

PARAMETER		(3 card only) QUANTITY				UNITS	NO. EX	(4 card only) CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM (126-471)	AVERAGE (146-531)	MAXIMUM (164-611)				MINIMUM (136-451)	AVERAGE (146-531)	MAXIMUM (164-611)				
Flow	REPORTED			<0.0030	MGD		***	***	***			1/31	calc.	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	calculated	
pH	REPORTED	***	***	***			7.55		7.55			1/31	grab	
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A			1/30	grab	
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
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	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.	217 110 217		
LAST FIRST MI	TITLE	YEAR MO DAY		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 150-00073

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

(Final Period)

INSTRUCTIONS

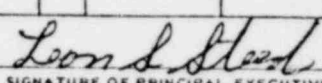
1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this 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
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REPORTING PERIOD: FROM

7 YEAR	8 MO	0 DAY	TO	7 YEAR	8 MO	31 DAY
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PARAMETER		(3 card only)				UNITS	(4 card only)				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		QUANTITY			CONCENTRATION								
		MINIMUM	AVERAGE	MAXIMUM									
Flow	REPORTED			<0.001	MGD	***	***	***			1/31	estimate	
	PERMIT CONDITION	N/A	N/A	N/A		***	***	***					
Total Suspended Solids	REPORTED						6.0	6.0	mg/l	0	1/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A		N/A	30	100					
Oil and Grease	REPORTED						5.6	5.6	mg/l	0	1/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A		N/A	15	20					
pH	REPORTED	***	***	***		7.55		7.55	standard units	0	1/31	grab	
	PERMIT CONDITION	***	***	***		6.0	N/A	9.0					
	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	8	1	10	2						
LAST	FIRST	MI	TITLE			YEAR	MO	DAY						

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-00073

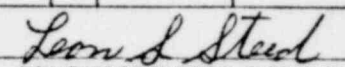
DUQUESNE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

(Final Period)

INSTRUCTIONS

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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.

12-20 PA ST	14-101 0025615 PERMIT NUMBER	117-101 003 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
120-211 122-231 124-251 REPORTING PERIOD: FROM 7 18 08 011		TO 7 18 018 311		126-271 128-291 130-311 YEAR MO DAY	

PARAMETER		(3 card only) QUANTITY				UNITS	NO. EX	(4 card only) CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED	0.0101	0.0379	0.0461	MGD		***	***	***			1/31	calc.	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	calculated	
pH	REPORTED	***	***	***			7.76		7.76			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													
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	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 18 11 0 217										
LAST	FIRST	MI	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)

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	301 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		78 YE	08 MO	01 DAY	TO
		78 YEAR	08 MO	31 DAY	

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	0.0008	0.0118	0.0409	MGD		***	***	***			31/31	measured
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***				
Total Suspended Solids	REPORTED		0.41	0.53	lbs/day	0						2/30	measured
	PERMIT CONDITION	N/A	2.8	14.3			N/A	N/A	N/A				
pH	REPORTED	***	***	***			7.45		7.77	standard units	0	2/31	grab
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0				
	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.	78	10	27				
LAST	FIRST	MI	TITLE	YEAR	MO	DAY				

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 155-1507-1

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".
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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	302 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		7 8 0 8 01 YEAR MO DAY	TO		7 8 0 8 31 YEAR MO DAY

PARAMETER		(3 card only)				UNITS	NO EX	(4 card only)				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED	0.0023	0.0106	0.0261	MGD		***	***	***			31/31	measured	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			2/30		
pH	REPORTED	***	***	***			6.3		7.6	standard units	0	31/31	grab	
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0			2/30		grab
	REPORTED								Highest					
	PERMIT CONDITION								Monthly			Weekly		
	REPORTED								Average					
	PERMIT CONDITION								Average			Average		
Total Suspended Solids	REPORTED							15	22	mg/l	0	31/31	grab 8-hr. composite	
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	45			2/30		
BOD-5	REPORTED							10	29	mg/l	0	5/31	grab 8-hr. composite	
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	45			2/30		
Fecal Coliform	REPORTED							17	83	colonies 100 ml	0	5/31	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 8 11 02 17						Leon L. Stael				
LAST FIRST MI		TITLE		YEAR MO DAY						OFFICER OR AUTHORIZED AGENT				

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

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6. Appropriate signature is required on bottom of this form.
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PA ST	0025615 PERMIT NUMBER	303 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		7 8 0 8 01 YEAR MO DAY	TO 7 8 0 8 31 YEAR MO DAY		

PARAMETER		(3 card only)					NO. EX	(4 card only)					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS			MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	REPORTED			<0.058	MGD		***	***	***				1/30	estimate	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***				1/30	estimate	
Total Suspended Solids	REPORTED							4.6	4.6	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							14	14	mg/l	0	1/31	grab		
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20			1/30	grab		
pH	REPORTED	***	***	***			7.72		7.72	standard units	0	1/31	grab		
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0			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.	7 8 11 0 27		
LAST FIRST MI	TITLE	YEAR MO DAY		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
GMI NO. 155-10073

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

(Final Period)

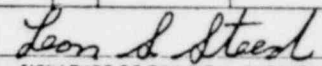
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PA ST	0025615 PERMIT NUMBER	004 DIS	4911 SIC	40° 37' 15" LATITUDE	80° 26' 18" LONGITUDE
REPORTING PERIOD FROM		TO			
7 18 0 80 1 YEAR MO DAY		7 18 0 83 1 YEAR MO DAY			

PARAMETER		(3 card only) QUANTITY				UNITS	(4 card only) CONCENTRATION				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												

NO FLOW FROM DISCHARGE 004 DURING AUGUST, 1978

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 18 10 2 17						
LAST	FIRST	MI	TITLE	YEAR	MO	DAY				

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB No. 1545-0047

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

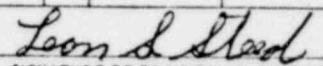
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PA ST	0025615 PERMIT NUMBER	401 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD FROM		TO			
7 18 08 01 YEAR MO DAY		7 18 08 31 YEAR MO DAY			

PARAMETER		(3 card only) QUANTITY				UNITS	NO. EX	(4 card only) CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM (125-45)	AVERAGE (145-53)	MAXIMUM (154-61)	MINIMUM (162-63)			AVERAGE (145-53)	MAXIMUM (154-61)					
Flow	REPORTED			<0.001	MGD		***	***	***					
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***					
Total Suspended Solids	REPORTED							4.5	4.5		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		0	1/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A		N/A	15	20				1/30	grab	
pH	REPORTED	***	***	***		7.52		7.52		0	1/31	grab		
	PERMIT CONDITION	***	***	***		6.0	N/A	9.0	standard units			1/30	grab	
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
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	REPORTED													
	PERMIT CONDITION													

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Moore	Gilbert	W. Gen. Supt. Pwr. Sta. Dept.	7 18 11 02 17				
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