

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

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

(Final Period)

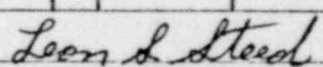
INSTRUCTIONS

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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. 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	14-18 0025615 PERMIT NUMBER	117-121 001 DIS	4911 SIC	126-271 40°37'15" LATITUDE	126-281 80°26'18" LONGITUDE
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120-211 7 YEAR	122-221 9 MO	124-231 1 DAY	TO	126-271 7 YEAR	126-281 9 MO	126-291 31 DAY
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PARAMETER		(3 card only) QUANTITY				NO. EX	(4 card only) CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		120-211 MINIMUM	122-221 AVERAGE	124-231 MAXIMUM	UNITS		126-271 MINIMUM	126-281 AVERAGE	126-291 MAXIMUM	UNITS			
Flow	REPORTED	0.011	9.211	11.70	MGD		***	***	***			Cont.	recorded
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			Cont.	recorded
Temperature	REPORTED	***	***	***			38	47	76			Cont.	recorded
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A			Cont.	recorded
Oil and Grease	REPORTED								5.0		0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	10			1/30	grab
Free Available Chlorine	REPORTED							<0.05	0.10		0	See special	
	PERMIT CONDITION	N/A	N/A	N/A			N/A	0.2	0.5			condition #9	
pH	REPORTED	***	***	***			6.2		8.7		0	Cont.	recorded
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0	standard units		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.		8/10/01	3/0		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

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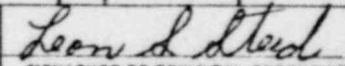
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12-30 PA ST	14-180 0025615 PERMIT NUMBER	157-191 101 DIS	1911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
120-211 122-211 124-211 REPORTING PERIOD: FROM 7/9 11/2 01/1 YEAR MO DAY		TO 7/9 11/2 31/1 YEAR MO DAY			

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	0.0006	0.0180	0.0582				***	***	***				Cont.	Calc.
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				Cont.	calculated
Total Suspended Solids	REPORTED	0.39	16.5	32.6		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	0.17	0.66	1.14		0							2/31	grab	
	PERMIT CONDITION	N/A	1.9	9.0				N/A	N/A	N/A			2/30	grab	
pH	REPORTED	***	***	***				6.66		8.97			4/21	grab	
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0	standard units		2/30	grab	
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
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Moore	Gilbert	W. Gen. Supt. Pwr. Sta. Dept.		8/10	01/13/02		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

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12. PA 0025615
14. 0025615
102
4911
40°37'15" 80°26'18"
7/9 1/2 0/1
7/9 1/2 3/1

REPORTING PERIOD FROM

12. 7/9 1/2 0/1
14. 7/9 1/2 0/1
16. 7/9 1/2 0/1

12. 7/9 1/2 0/1
14. 7/9 1/2 0/1
16. 7/9 1/2 0/1

PARAMETER	REPORTED	QUANTITY			UNITS	EX	CONCENTRATION			UNITS	EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED	N/A	N/A	< 0.001	MGD	***	***	***	***	***	1/31	estimate	
Total Iron	REPORTED	N/A	N/A	N/A		< 0.01	0.06	0.12	mg/l	0	2/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A		N/A	N/A	1		0	2/30	grab	
	REPORTED	N/A	N/A	N/A		< 0.003	< 0.003	< 0.003	mg/l	0	2/31	grab	
Total Copper	REPORTED	N/A	N/A	N/A		N/A	N/A	1		0	2/30	grab	
	PERMIT CONDITION	N/A	N/A	N/A		N/A	N/A	1		0	2/30	grab	
	REPORTED	N/A	N/A	N/A		N/A	N/A	1		0	2/30	grab	

NAME OF PRINCIPAL EXECUTIVE OFFICER: Moore Gilbert
TITLE OF THE OFFICER: Gen. Supt. Pwr. Sta. Dept.
DATE: 8/10/11
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]

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5. Specify sample type ("Grab" or "Composite") as applicable. If frequency was continuous, enter "N/A".
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7. Retain carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PA 103 4911 40°27'15" 80°26'18"

PERMIT NUMBER 0025615

DATE 7/9 11/2 011

TO 7/9 11/2 311

YEAR MO DAY

REPORTING PERIOD FROM

7/9 11/2 011

YEAR MO DAY

157-201

154-001

156-701

PARAMETER	REPORTED	QUANTITY			UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED	0	0.020	0.020	MGD		***	***	***			5/31	estimate
Total Suspended Solids	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			2/30	estimate
	REPORTED											2/31	grab
	PERMIT CONDITION											2/30	grab
Oil and Grease	REPORTED	N/A	N/A	N/A			***	***	***			2/31	estimate
	PERMIT CONDITION											2/30	estimate
	REPORTED											2/31	grab
	PERMIT CONDITION											2/30	grab
	REPORTED											2/31	estimate
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	PERMIT CONDITION				</								

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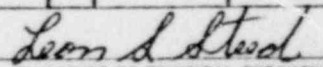
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12-3 PA ST	14-181 0025615 PERMIT NUMBER	20-181 002 DIS	21-181 4911 JIC	22-181 40°37'15" LATITUDE	23-181 80°26'12" LONGITUDE
130-251 132-251 134-251 REPORTING PERIOD FROM 7 9 1 2 0 1 YEAR MO DAY		TO 7 9 1 2 3 1 YEAR MO DAY			

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED			0.0030		MGD		***	***	***			1/31	Calc.
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***			1/30	calculated
pH	REPORTED	***	***	***				7.57		7.57			1/31	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.	8 10 0 1 3 10	YEAR MO DAY			

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12-9 PA ST 14-101 0025615 PERMIT NUMBER 117-101 201 DHS 4911 SIC 120-211 122-211 124-211 719 11 20 11 YEAR MO DAY 126-211 128-211 130-211 719 11 23 11 YEAR MO DAY

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

REPORTING PERIOD: FROM 719 11 20 11 TO 719 11 23 11

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

NO FLOW FROM DISCHARGE 201 DURING DECEMBER, 1979

NAME OF PRINCIPAL EXECUTIVE OFFICER: Moore Gilbert W. TITLE OF THE OFFICER: Gen. Supt. Pwr. Sta. Dept. DATE: 810 011 310

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

Signature of Principal Executive Officer or Authorized Agent: Leon S. Steel

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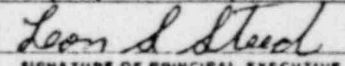
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7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

12-# PA ST	14-101 0025615 PERMIT NUMBER	113-101 003 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		120-211 7 YEAR	122-211 12 MO	124-211 01 DAY	120-271 7 YEAR
		122-271 12 MO	124-271 01 DAY	120-311 31 DAY	

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED	0.0013	0.0271	0.0423		MGD		***	***	***				1/31	Calc.
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				1/30	calculated
pH	REPORTED	***	***	***				7.41		7.41				1/31	grab
	PERMIT CONDITION	***	***	***				N/A	N/A	N/A				1/30	grab
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.			8	0	1		
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)

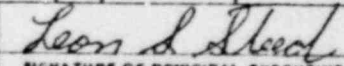
1928 282
8261

INSTRUCTIONS

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

PA ST	0025615 PERMIT NUMBER	301 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		7/9 YEAR	1/2 MO	0/1 DAY	TO
		7/9 YEAR	1/2 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	0.0012	0.0149	0.0248	MGD		***	***	***				31/31	measured	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***				2/30		
Total Suspended Solids	REPORTED	1.73	1.79	1.85	lbs/day	0							2/31	24 hour composite	
	PERMIT CONDITION	N/A	2.8	14.3			N/A	N/A	N/A				2/30		24-hr. composite
pH	REPORTED	***	***	***			7.60		7.71	standard units	0	2/31	grab		
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0			2/30		grab	
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

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.	8/01/30		
LAST FIRST MI	TITLE	YEAR MO DAY		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

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

(Final Period)

INSTRUCTIONS

1. Provide data for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing materials. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are maximum and minimum values during the reporting period.
3. Specify the number of analyses that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns marked "No. Ex." If none, enter "0".
4. Specify frequency of analyses for each parameter as No. analyses/No. days (e.g., "1/7" in equivalent to 1 analysis performed every 7 days). If continuous enter "CONT".
5. Specify sample type ("Grab" or "Composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PA STATE	0025615 PERMIT NUMBER	302 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD FROM		7/9 YEAR	112 MO	9 DAY	TO
		7/9 YEAR	112 MO	31 DAY	

PARAMETER	REPORTED	QUANTITY			UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED 0.0038 PERMIT CONDITION N/A	0.0038	0.0088	0.0198	MGD		***	***	***			17/31	measured
pH	REPORTED *** PERMIT CONDITION ***	***	***	***			6.0	***	7.7		0	31/31	grab
Total Suspended Solids	REPORTED								Highest				
	PERMIT CONDITION								Monthly				
	REPORTED								Average				
	PERMIT CONDITION								Average				
BOD-5	REPORTED							29	31		0	31/31	grab
	PERMIT CONDITION								45			2/30	composite
	REPORTED							19	38		0	4/31	grab
	PERMIT CONDITION								45			2/30	composite
Fecal Coliform	REPORTED								*				
	PERMIT CONDITION								TNTC		2	6/31	grab
	REPORTED							200	400			2/30	grab
	PERMIT CONDITION								100 ml				

* Individual values are 0; 100; TNTC, TNTC, 100, 0

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
Sam A. Stael

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

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	303 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD FROM		7/9/79 YEAR MO DAY	12/31/79 YEAR MO 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					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
Oil and Grease	REPORTED										mg/l			
	PERMIT CONDITION	N/A	N/A	N/A				N/A	15	20				1/30
pH	REPORTED	***	***	***							standard units			
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0				1/30
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

NO SAMPLE OBTAINABLE DURING DECEMBER, 1979
BECAUSE OF EXTENSIVE CHANGE IN PIPING

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.	8/10	01/31/79		

Form Approved
GSA FPMR, 101-11.607

(Final Period)

1928 285

1. Provide date 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 correlating materials. "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 "00."
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "1/7" is equivalent to 3 analyses performed every 7 days). If continuous enter "CONT."
5. Specify sample type ("grab" or "in composite") as applicable. If frequency was continuous, enter "NAI."
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.

EPA Form 3320-1 (10/75)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
GSA FPMR (41 CFR) 101-11.6

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 limit/minimum as appropriate.
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 "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
PERMIT NUMBER

40° 49' 11" DIS SIC
40° 37' 15" 80° 26' 18" LATITUDE LONGITUDE

REPORTING PERIOD FROM 7/19/79 TO 11/23/79
YEAR MONTH DAY

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

NAME OF PRINCIPAL EXECUTIVE OFFICER: Moore Gilbert W. TITLE OF THE OFFICER: Gen. Supt. Pwr. Sta. Dept. DATE: 8/10/01 3/10

LAST FIRST MI

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

Signature of Principal Executive Officer: *Loon & Alford*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT