

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., "1/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Retain a carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

REPORTING PERIOD: FROM

TO

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM						
Flow	REPORTED	9.57	24.15	29.92	MGD		***	***	***				Cont.	Recorded	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***				Cont.	recorded	
Temperature	REPORTED	***	***	***			56	80	96	°F			Cont.	Recorded	
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A				Cont.	recorded	
Oil and Grease	REPORTED								1	mg/l	0		1/30	grab	
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	10				1/30	grab	
Free Available Chlorine	REPORTED						0.00	0.04	0.17	mg/l	0		See special	condition #9	
	PERMIT CONDITION	N/A	N/A	N/A			N/A	0.2	0.5						
pH	REPORTED	***	***	***			6.68		7.75	standard units	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
LAST	FIRST	MI	TITLE	YEAR	MO		
Feitknecht, C.			Gen. Supt. Fossil Pwr. Gen.	8/1	08	31	Leon S. Sted

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

Form Approved  
GMS NO. 158-R0072

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

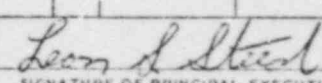
(Final Period)

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

12-14 PA ST	14-162 0025615 PERMIT NUMBER	157-161 101 DIS	1911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
120-210 122-210 124-210 REPORTING PERIOD: FROM 8 1 0 1 7 0 1 YEAR MO DAY		TO 8 1 0 7 3 1 1 YEAR MO DAY			

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION				UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED	0	0.044	0.016	MGD		***	***	***			Cont.	Calculated	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			Cont.	calculated	
Total Suspended Solids	REPORTED	0.09	0.80	1.51	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	0.11	0.31	0.52	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	***	***	***			6.33		7.83	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													

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Feitknecht, C.	Gen. Supt. Fossil Pwr. Gen.	8 1 0 1 8 3 1 1	YEAR MO DAY				

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

Form Approved  
OMB NO. 158-0007

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

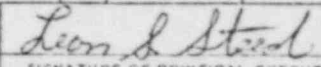
(Final Period)

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6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
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12-# PA ST	14-16 0025615 PERMIT NUMBER	117-181 102 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD FROM		120-211 8 1 0 7 0 1 YEAR MO DAY	TO		120-211 122-120 124-251 8 1 0 7 3 1 YEAR MO DAY

PARAMETER		(3 card only) QUANTITY				UNITS	NO. EX	(4 card only) CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM (130-131)	AVERAGE (140-141)	MAXIMUM (150-151)	MINIMUM (160-161)			AVERAGE (170-171)	MAXIMUM (180-181)					
Flow	REPORTED				MGD		***	***	***					
	PERMIT CONDITION	N/A	N/A	N/A		***	***	***		N/A	N/A			
Total Iron	REPORTED					<0.01	0.08	0.15	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					0.03	0.03	0.03	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													
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	PERMIT CONDITION													

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Feitknecht, C.	Gen. Supt. Fossil Pwr. Gen.	8/10/83	31				
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

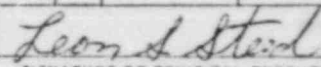
(Final Period)

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4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 anal./wk 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	14-16 0025615 PERMIT NUMBER	17-19 103 DIS	21-23 4911 SIC	25-27 40°27'15" LATITUDE	29-31 80°26'18" LONGITUDE
REPORTING PERIOD: FROM		8   1   0   7   Q   1 YEAR MO DAY	TO	8   1   0   7   3   1 YEAR MO DAY	

PARAMETER		QUANTITY (3 card only)				UNITS	NO. EX	CONCENTRATION (4 card only)			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM (30-40)	AVERAGE (40-50)	MAXIMUM (50-60)	MINIMUM (60-70)			AVERAGE (70-80)	MAXIMUM (80-90)					
Flow	REPORTED	0.020	0.020	0.020	MGD		***	***	***			31/31	Estimate	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			2/30	estimate	
Total Suspended Solids	REPORTED						0.70	0.71	0.72	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						2	4	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													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

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Feitknecht, C.	Gen. Supt. Fossil Pwr. Gen.	8   1   0   8   3   1 YEAR MO DAY		



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

Form Approved  
OMB NO. 152-R0073

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

(Final Period)

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

PA ST	0025615 PERMIT NUMBER	002 DIS	4911 SIC	40°37'14" LATITUDE	80°26'18" LONGITUDE
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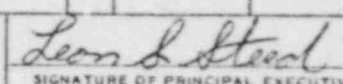
REPORTING PERIOD FROM

8/1	0/7	0/1
YEAR	MO	DAY

TO

8/1	0/7	3/1
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			0.09		MCD		***	***	***				1/31	calculated
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				1/30	calculated
pH	REPORTED	***	***	***				7.32		7.32				1/31	grab
	PERMIT CONDITION	***	***	***				N/A	N/A	N/A				1/30	grab
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
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	REPORTED														
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	REPORTED														
	PERMIT CONDITION														

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Feitknecht, C.	Gen. Supt. Fossil Pwr. Gen.	8/1	0/8	3/1			
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

Form Approved  
OMB NO. 158-NR073

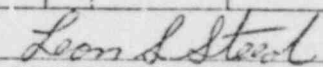
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Beaver Valley Unit 1  
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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail original to office specified in permit.

(12-13) PA ST	(14-16) 0025615 PERMIT NUMBER	(17-19) 201 DIS	(20-22) 4911 SIC	(23-25) 40°37'15" LATITUDE	(26-28) 80°26'18" LONGITUDE
REPORTING PERIOD: FROM		(29-31) 8 1 0 7 0 1 YEAR MO DAY	TO	(32-34) 8 1 0 7 3 1 YEAR MO DAY	

PARAMETER		(3 card only) QUANTITY				UNITS	NO. EX	(4 card only) CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(35-40) MINIMUM	(41-45) AVERAGE	(46-51) MAXIMUM	(52-53) UNITS			(54-59) MINIMUM	(60-65) AVERAGE	(66-71) MAXIMUM	(72-73) UNITS			
Flow	REPORTED			0.000	MGD		***	***	***			1/31	estimate	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30		
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		
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		
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		
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
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	PERMIT CONDITION													
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Feitknecht, C.		Gen. Supt. Fossil Pwr. Gen.				8 1 0 8 3 1 YEAR MO DAY						 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

Form Approved  
OMB NO. 152-N0073

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Beaver Valley Unit 1  
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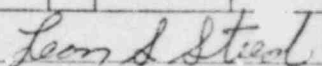
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6. An operator's signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
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14-28 PA ST	14-181 0025675 PERMIT NUMBER	117-181 003 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		TO			
120-211 122-231 124-251 8 1 0 7 0 1 YEAR MO DAY		126-271 128-291 130-311 8 1 0 7 3 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		0.17			MGD		***	***	***				1/31	calculated
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				1/30	calculated
pH	REPORTED	***	***	***				7.28		7.28			0	1/31	grab
	PERMIT CONDITION	***	***	***				N/A	N/A	N/A				1/30	grab
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
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Feitknecht, C.	Gen. Supt. Fossil Pwr. Gen.	8 1 0 8 3 1					
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

Form Approved  
OMB NO. 158-R0174

JUQUESNE 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 "24-hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required at 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-B PA ST	14-161 0025615 PERMIT NUMBER	117-101 301 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		120-211 122-231 124-251 8 1 0 7 0 1 YEAR MO DAY	TO	126-271 128-291 130-311 8 1 0 7 3 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	0	0.007	0.007		MGD		***	***	***				1/31	measured
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				2/30	measured
Total Suspended Solids	REPORTED	1.51	3.52	102		lbs/day	1	-						3/31	grab
	PERMIT CONDITION	N/A	2.8	14.3				N/A	N/A	N/A				2/30	24-hr. composite
pH	REPORTED	***	***	***				6.65		8.08				2/30	grab
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0	standard units			2/30	grab
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Feitknecht, C.	Gen. Supt. Fossil Pwr. Gen.	8/10/83		
LAST FIRST MI	TITLE	YEAR MO DAY		



NATIONAL POLLUTANT DISCHARGE MONITORING 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

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 a full 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 "8-hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PA  
ST

0025615

PERMIT NUMBER

302

DIC

4911

SIC

40°37'15"

LATITUDE

80°26'18"

LONGITUDE

REPORTING PERIOD: FROM

8 1 0 7 3 1

YEAR MO DAY

TO

8 1 0 7 3 1

YEAR MO DAY

PARAMETER		QUANTITY				UNITS	CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED	0	0.008	0.019	MGD	***	***	***			31/31	measured	
	PERMIT CONDITION	N/A	N/A	N/A		***	***	***					
pH	REPORTED	***	***	***		6.70		8.00	standard units	0	31/31	grab	
	PERMIT CONDITION	***	***	***		6.0	N/A	9.0					
	REPORTED							Highest					
	PERMIT CONDITION					Monthly	Weekly						
	REPORTED							Average					
	PERMIT CONDITION					Average	Average						
Total Suspended Solids	REPORTED						33	39	mg/l	0	31/31	grab 8-hr.	
	PERMIT CONDITION	N/A	N/A	N/A		N/A	30	45					
BOD-5	REPORTED						12	30	mg/l	0	4/31	grab 8-hr.	
	PERMIT CONDITION	N/A	N/A	N/A		N/A	30	45					
Fecal Coliform	REPORTED						123	280	colonies/100 ml	0	4/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A		N/A	200	400					
	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.			
Feitknecht, C.		Gen. Supt. Fossil Pwr. Ger.				8/10/83							
LAST FIRST MI		TITLE				YEAR MO DAY				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

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 "by comparison") 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.

REPORTING PERIOD: FROM

8 1 0 7 0 1  
YEAR MO DAY

TO

8 1 0 7 3 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		0.153		MGD		***	***	***			1/31	estimate	
	PERMIT CONDITION	N/A	N/A	N/A		***	***	***			1/30	estimate		
Total Suspended Solids	REPORTED							2.8	2.8	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	***	***	***			8.11		8.11	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													

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.	<i>Leon J. Steel</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Feitknecht, C.	Gen. Supt. Fossil Pwr. Gen.	8 1 0 8 3 1 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

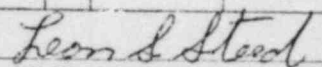
(Final Period)

INSTRUCTIONS

2-7 PA ST	14-16 0025615 PERMIT NUMBER	117-121 004 DIS	122-126 4911 SIC	127-131 40°37'15" N LATITUDE	132-136 80°26'18" W LONGITUDE
REPORTING PERIOD: FROM		120-121 81	122-123 07	124-125 01	TO
		126-127 YEAR	128-129 MO	130-131 DAY	126-127 81
		128-129 YEAR	130-131 MO	132-133 DAY	128-129 10
		134-135 YEAR	136-137 MO	138-139 DAY	134-135 07
		140-141 YEAR	142-143 MO	144-145 DAY	140-141 31

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

PARAMETER	REPORTED	QUANTITY			UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED			< 0.001	MGD		***	***	***			1/31	estimate
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	estimate
pH	REPORTED	***	***	***			7.70		7.70	standard	0	1/31	grab
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A	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
Feltknecht, C.	Gen. Supt. Fossil Pwr Gen.	81 08 31		
LAST FIRST MI	TITLE	YEAR MO DAY		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

Form Approved  
OMB NO. 156-0002

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, "0".
4. Specify frequency of analysis for each parameter as No. analyses per day (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

401  
DIS

4911  
SIC

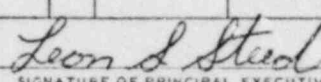
40°37'15" 80°26'18"  
LATITUDE LONGITUDE

REPORTING PERIOD: FROM

8 1 0 7 0 1  
YEAR MO DAY

TO

8 1 0 7 3 1  
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	estimate	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***				1/30	estimate	
Total Suspended Solids	REPORTED							18	18	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							2	2	mg/l	0	1/31	grab		
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20			1/30	grab		
pH	REPORTED	***	***	***			7.40		7.40	standard	0	1/31	grab		
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0	units		1/30	grab		
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER				DATE		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			
Feitknecht C.		Gen. Supt. Fossil Pwr Gen.				8/10/83									
LAST	FIRST	MIDDLE	TITLE			YEAR		MO		DAY					