

Duquesne Light

435 Sixth Avenue
Pittsburgh, Pennsylvania
15219

(412) 456-6000

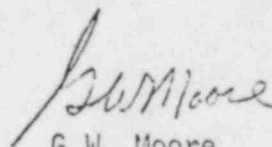
January 26, 1979

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

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

7901300156

Duquesne Light

435 Sixth Avenue
Pittsburgh, Pennsylvania
15219

(412) 456-6000

January 26, 1979

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

NPDES Quarterly Reports

Gentlemen:

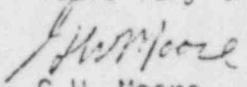
The subject reports for Duquesne Light Company and Allegheny County Steam Heating Company are submitted for your consideration. A list of the permit numbers follows:

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 - Unit. No. 1
PA 0031933 - Brunot Island Power Station

Yearly capacity factors for certain facilities, as required by Special Condition No. 3 are submitted for the year 1978:

PA 0001571 - Elrama Power Station	- 49.66%
PA 0001589 - Shippingport Atomic Power Station	- 82.11%
PA 0001619 - Phillips Power Station	- 34.49%
PA 0001627 - Cheswick Power Station	- 58.52%
PA 0025615 - Beaver Valley Power Station - Unit No. 1	- 34.00%
PA 0031933 - Brunot Island Power Station	- 14.33%

Yours very truly,


G.W. Moore
General Superintendent
Power Stations Department

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 155-N0073

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

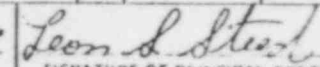
(Final Period)

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

PA ST	0025615 PERMIT NUMBER	001 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD FROM		7/8 YEAR	11 MO	01 DAY	TO 7/8 YEAR
		11 MO	01 DAY	3/1 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	37.44	43.43	44.93	MGD		***	***	***				cont.	recorded	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***				Cont.	recorded	
Temperature	REPORTED	***	***	***			52	60.3	71	°F			cont.	recorded	
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A				Cont.	recorded	
Oil and Grease	REPORTED								<1.0	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								0.16	mg/l	0		See special		
	PERMIT CONDITION	N/A	N/A	N/A			N/A	0.2	0.5				condition #9		
pH	REPORTED	***	***	***			6.87		7.64	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
Moore Gilbert W.	Gen. Supt. Pwr. Sta. Dept.	7/9 01/12/6		
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 "24-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.

REPORTING PERIOD: FROM

7 18 11 0 0 1
YEAR MO DAY

TO

7 18 11 0 3 1
YEAR MO DAY

PARAMETER	PERMIT CONDITION	QUANTITY				UNITS	NO. EX.	CONCENTRATION				UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED	0	0.0207	0.0712		MGD		***	***	***			cont.	calc.
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***			Cont.	calculated
Total Suspended Solids	REPORTED	2.26	6.29	10.32		lbs/day	1						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	2.36	1.72	3.08		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	***	***	***				6.45		8.63	standard	0	5/31	grab
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0	units		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 19	0 11 2 16		
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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4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "1/7" is equivalent to 1 analysis performed every 7 days). If continuous enter "CONT."
5. Specify sample type ("grab" or "—", i.e., composite) as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Retain carbon and retain copy for your records.
8. Fold along dotted lines, step 1 and mail (Original to office specified in permit).

PA ST	0025615 PERMIT NUMBER	103 DIS	4911 SIC	40°27'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		718 YEAR	11 MO	01 DAY	TO
		718 YEAR	11 MO	31 DAY	

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MIN. NUM			AVERAGE	MAXIMUM					
Flow	REPORTED	0	0.0071	0.0399	MGD		***	***	***				11/31	est.
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***				2/30	estimate
Total Suspended Solids	REPORTED						1.72	10.3	18.8	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						1.0	4.8	8.5	mg/l	0		2/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20				2/30	grab
	REPORTED													
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 155-58073

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

(Final Period)

INSTRUCTIONS

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REPORTING PERIOD FROM

718

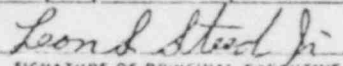
TO

718 110 311

YEAR

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			0.003		MGD		***	***	***				1/31	calc.
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				1/30	calculated
pH	REPORTED	***	***	***				7.63		7.63				1/31	grab
	PERMIT CONDITION	***	***	***				N/A	N/A	N/A				1/30	grab
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Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.	719	01/26			
LAST	FIRST	MI	TITLE	YEAR	MO	DAY		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
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Beaver Valley Unit 1
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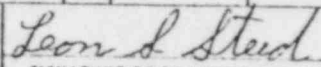
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REPORTING PERIOD: FROM		7 18 YEAR	11 0 MO	01 1 DAY	TO
		7 18 YEAR	11 0 MO	3 11 DAY	

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		***	***	***				1/31	est.
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				1/30	estimate
Total Suspended Solids	REPORTED								3.6	3.6			0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	100	mg/l			1/30	grab
Oil and Grease	REPORTED								<1.0	<1.0	mg/l		0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	15	20	mg/l			1/30	grab
pH	REPORTED	***	***	***				7.57		7.57	standard		0	1/31	grab
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0	units			1/30	grab
	REPORTED														
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LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

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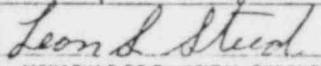
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REPORTING PERIOD FROM

7 18 11 0 0 1
YEAR MO DAY

TO

7 18 11 0 3 11
YEAR MO DAY

PARAMETER		QUANTITY					CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX			
Flow	REPORTED	0.0040	0.0218	0.0407	MGD		***	***	***			4/31	calc.	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	calculated	
pH	REPORTED	***	***	***			7.48		7.48			1/31	grab	
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A			1/30	grab	
	REPORTED													
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Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.			7 19 11 0 2 16 YEAR MO DAY								
LAST	FIRST	MI	TITLE			YEAR MO DAY								

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Form Approved
OASD NO. 158-R0073

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

(Final Period)

INSTRUCTIONS

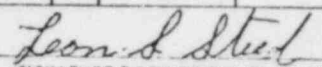
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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
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12-14 PA ST	14-18 0025615 PERMIT NUMBER	117-121 301 DIS	122-126 4911 SIC	127-131 40°37'15" LATITUDE	132-136 80°26'18" LONGITUDE
120-121 718 YEAR		122-123 7 MO	124-125 0011 DAY	126-127 718 YEAR	
128-129 110 MO		130-131 31 DAY			

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	0.0010	0.0088	0.0228		MGD		***	***	***				31/31	measured
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				2/30	measured
Total Suspended Solids	REPORTED	0.13	0.94	1.44		lbs/day	0							2/31	24 hr. comp.
	PERMIT CONDITION	N/A	2.8	14.3				N/A	N/A	N/A				2/30	24-hr. composite
pH	REPORTED	***	***	***				7.53		7.72	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														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.		719 01 216			
LAST	FIRST	MI	TITLE		YEAR MO DAY			

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OSM No. 151-100-73

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. 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
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REPORTING PERIOD FROM

718	10	01
YEAR	MO	DAY

TO

718	11	03
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	0.0022	0.0130	0.0258		MGD		***	***	***				31/31	meas.
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				2/30	measured
pH	REPORTED	***	***	***				6.7		7.7				31/31	grab
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0				2/30	grab
	REPORTED									Highest					
	PERMIT CONDITION								Monthly	Weekly					
	REPORTED								Average	Average					
	PERMIT CONDITION														
Total Suspended Solids	REPORTED								18.7	20.7				31/31	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	45	mg/l	0		2/30	8-hr. composite
BOD-5	REPORTED								4.6	7.3				4/31	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	45	mg/l	0		2/30	8-hr. composite
Fecal Coliform	REPORTED								0	0				4/31	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	200	400	colonies/100 ml	0		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.		719 01 216								Leon L. Steel			
LAST FIRST MI		TITLE		YEAR MO DAY								OFFICER OR AUTHORIZED AGENT			

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 258-0007

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

PA	0025615	303	4911	40°37'15"	80°26'18"
ST	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
REPORTING PERIOD FROM		TO			
7/8	10	011		7/8	11/03/11
YEAR	MO	DAY		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			<0.058		MGD		***	***	***				1/30	est.
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				1/30	estimate
Total Suspended Solids	REPORTED							11.9	18.2	24.4	mg/l	0	2/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	100			1/30	grab	
Oil and Grease	REPORTED							2.0	14.5	27	mg/l	1	2/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A				N/A	15	20			1/30	grab	
pH	REPORTED	***	***	***				7.73		7.73	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.	7/9	01/21/11		
LAST	FIRST	MI	TITLE	YEAR	MO DAY		

PAGE 1 OF 1

ORIGINAL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMH 803, 158-10073

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

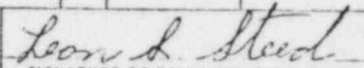
(Final Period)

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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
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
REPORTING PERIOD FROM		7/8 YEAR	11 MO	00 DAY	TO
		7/8 YEAR	11 MO	31 DAY	

PARAMETER		QUANTITY				UNITS	CONCENTRATION				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			***	***	***			
pH	REPORTED	***	***	***							1/30	estimate
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A	standard units	1/30	grab
NO FLOW FROM DISCHARGE 004 DURING OCTOBER, 1978.												
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											
	REPORTED											
	PERMIT CONDITION											

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.			 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.			7/9	11	26						
LAST	FIRST	MI	TITLE			YEAR	MO	DAY						

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
GMI NO. 155-10072

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

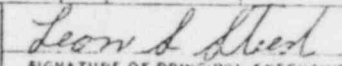
(Final Period)

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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			
718110011 YEAR MO DAY		718110311 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		***	***	***				1/31	est.
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				1/30	estimate
Total Suspended Solids	REPORTED								11.96	11.96				1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	100	mg/l	0		1/30	grab
Oil and Grease	REPORTED								14	14				1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	15	20	mg/l	0		1/30	grab
pH	REPORTED	***	***	***				7.30		7.30				1/31	grab
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0	standard units	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.			719	011	216						
LAST	FIRST	MI	TITLE			YEAR	MO	DAY						

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 155-0007

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


(Final Period)

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PA ST	0025615 PERMIT NUMBER	001 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE		
REPORTING PERIOD: FROM		7/8 YEAR	11/10/11 MO DAY	TO	7/8 YEAR	11/1 MO	310 DAY

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED	15.91	29.50	48.67		MGD		***	***	***				Cont.	recorded
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				Cont.	recorded
Temperature	REPORTED	***	***	***				39	51.7	55				Cont.	recorded
	PERMIT CONDITION	***	***	***				N/A	N/A	N/A	°F			Cont.	recorded
Oil and Grease	REPORTED									<1.0	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	0.05	0.60	mg/l	1	See special		
	PERMIT CONDITION	N/A	N/A	N/A				N/A	0.2	0.5			condition #9		
pH	REPORTED	***	***	***				7.10		7.58	standard	0	Cont.	recorded	
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0	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 LAST FIRST MI	W. Gen. Supt. Pwr. Sta. Dept. TITLE	7/9/01/216 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)

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PA ST	0025615 PERMIT NUMBER	102 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
----------	--------------------------	------------	-------------	-----------------------	------------------------

REPORTING PERIOD FROM

718 YEAR	110 MO	011 DAY
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TO

718 YEAR	110 MO	311 DAY
-------------	-----------	------------

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(3 card only)			MAXIMUM			(4 card only)			MAXIMUM				
		MINIMUM	AVERAGE					MINIMUM	AVERAGE						
Flow	REPORTED				<0.0030	MGD		***	***	***				1/31	est.
	PERMIT CONDITION	N/A	N/A		N/A			***	***	***				N/A	N/A
Total Iron	REPORTED							<0.01	0.05	0.09	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

Moore Gilbert
LAST FIRST MI

W. Gen. Supt. Pwr. Sta. Dept.
TITLE

7191011216
YEAR MO DAY

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OHS NO. 155-10073

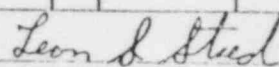
DUQUESNE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

(Final Period)

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8. Fold along dotted lines, staple and mail Original to office specified in permit.

12-10 PA ST	14-181 0025615 PERMIT NUMBER	117-121 701 DIS	117-121 4911 SIC	120-221 40°37'15" LATITUDE	120-221 80°26'18" LONGITUDE
REPORTING PERIOD: FROM		120-231 718 YEAR	122-231 1110 MO	124-231 11 DAY	TO
		126-231 71811 YEAR	128-231 11 MO	130-231 310 DAY	

PARAMETER		QUANTITY					CONCENTRATION					FREQUENCY OF ANALYSIS		SAMPLE TYPE	
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX				
Flow	REPORTED	0	0.023	0.063	MGD		***	***	***				Cont.	Calc.	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***						Cont.
Total Suspended Solids	REPORTED	0.08	0.75	1.41	lbs/day	0							2/30	grab	
	PERMIT CONDITION	N/A	3.8	45			N/A	N/A	N/A						2/30
Oil and Grease	REPORTED	0.05	0.40	0.75	lbs/day	0							2/30	grab	
	PERMIT CONDITION	N/A	1.9	9.0			N/A	N/A	N/A						2/30
pH	REPORTED	***	***	***			7.27		8.55	standard units	0		4/30	grab	
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0						2/30
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.					 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.	719	011	216									
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.

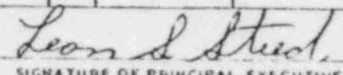
REPORTING PERIOD FROM

7/8/11 0/1
YEAR MO DAY

TO

7/8/11 3/0
YEAR MO DAY

PARAMETER		(3 card only)					(4 card only)					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		QUANTITY			UNITS	NO. EX	CONCENTRATION			UNITS			
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED				MGD		***	***	***				
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			N/A	N/A
Total Iron	REPORTED						0.03	0.05	0.08	mg/l	0	2/30	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	1			2/30	grab
Total Copper	REPORTED						<0.003	<0.003	<0.003	mg/l	0	2/30	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	1			2/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Moore Gilbert W.	Gen. Supt. Pwr. Sta. Dept.	7/9/11 2/6		
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

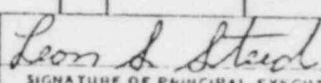
(Final Period)

INSTRUCTIONS

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

PA ST	0025615 PERMIT NUMBER	103 DIS	4911 SIC	40°27'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		7/8/11 YEAR MO DAY	TO	7/8/11 YEAR MO DAY	3/0 YEAR MO DAY

PARAMETER		(3 card only)				UNITS	NO. EX	(4 card only)				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		QUANTITY			CONCENTRATION										
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM						
Flow	REPORTED	0	0.003	0.020	MGD		***	***	***				4/30	estimate	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***				2/30	estimate	
Total Suspended Solids	REPORTED						1.0	6.5	12	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						<1.0	1.4	1.7	mg/l	0	2/30	grab		
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20			2/30	grab		
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	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	Gen. Supt. Pwr. Sta. Dept. TITLE	7/9/11 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)

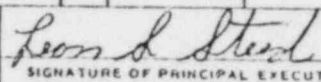
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12-9 PA ST	14-181 0025615 PERMIT NUMBER	117-191 002 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
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120-211 122-218 124-281 REPORTING PERIOD FROM			126-271 128-291 130-311 TO		
718 YEAR	11 MO	11 DAY	78 YEAR	11 MO	310 DAY

PARAMETER		QUANTITY					CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX		
Flow	REPORTED			0.003	MGD		***	***	***			1/30	calc.
	PERMIT CONDITION	N/A	N/A	N/A		***	***	***			1/30	calculated	
pH	REPORTED	***	***	***		7.10		7.10				1/30	grab
	PERMIT CONDITION	***	***	***		N/A	N/A	N/A				1/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

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Moore LAST	Gilbert FIRST	W. MI	Gen. Supt. Pwr. Sta. Dept. TITLE	719 YEAR	011 MO		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-NR073

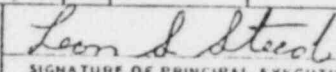
DUQUESNE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

(Final Period)

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

PA ST	0025615 PERMIT NUMBER	201 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD FROM		78 YEAR	11 MO	01 DAY	TO 78 YEAR
		11 MO	30 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			<0.001	MGD									
	PERMIT CONDITION	N/A	N/A	N/A										
Total Suspended Solids	REPORTED													
	PERMIT CONDITION	N/A	N/A	N/A				2.7	2.7					
Oil and Grease	REPORTED													
	PERMIT CONDITION	N/A	N/A	N/A				30	100					
pH	REPORTED													
	PERMIT CONDITION	N/A	N/A	N/A				9.1	9.1					
	REPORTED	***	***	***										
	PERMIT CONDITION	***	***	***				15	20					
	REPORTED													
	PERMIT CONDITION							7.54	7.54					
	REPORTED													
	PERMIT CONDITION							6.0	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.	719	01								216	
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)

INSTRUCTIONS

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PA ST	0025615 PERMIT NUMBER	003 GIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		7 18 YEAR	1 11 MO	0 11 DAY	TO
		7 18 YEAR	1 11 MO	13 10 DAY	

PARAMETER		QUANTITY					NO. EX	CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(3 each only)			UNITS	(4 each only)			UNITS						
		MINIMUM	AVERAGE	MAXIMUM		MINIMUM		AVERAGE		MAXIMUM					
Flow	REPORTED	0.009	0.016	0.023	MGD		***	***	***				30/30	calc.	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***				1/30	calculated	
pH	REPORTED	***	***	***			7.67		7.67				1/30	grab	
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A				1/30	grab	
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Moore Gilbert W.	Gen. Supt. Pwr. Sta. Dept.	7 19 81 2 16		
LAST FIRST MI	TITLE	YEAR MO DAY		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 156-H0073

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

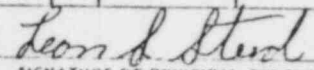
(Final Period)

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PA ST	0025615 PERMIT NUMBER	301 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		71811 YEAR MO DAY	011 DAY	TO	718113 YEAR MO DAY

PARAMETER		(3 card only)					(4 card only)					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.		
Flow	REPORTED	0.002	0.005	0.009	MGD		***	***	***			2/30	meas.
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			2/30	measured
Total Suspended Solids	REPORTED	0.14	0.23	0.31	lbs/day	0						2/30	24 hr comp.
	PERMIT CONDITION	N/A	2.8	14.3			N/A	N/A	N/A			2/30	24-hr. composite
pH	REPORTED	***	***	***			7.10		7.68	standard	0	2/30	grab
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0	units		2/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.	719	011 216		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 150-0007-1

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

(Final Period)

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PA 0025615 PERMIT NUMBER

302 DIS 4911 SIC

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

REPORTING PERIOD FROM 7/8/11 TO 7/13/11

7/8/11 YEAR MO DAY 7/13/11 YEAR MO DAY

PARAMETER		QUANTITY				NO. EX	CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	REPORTED	0.0040	0.0113	0.0192	MGD		***	***	***			30/30	measured
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***				
pH	REPORTED	***	***	***			6.6		8.1	standard units	0	2/30	measured
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0			2/30	grab
	REPORTED								Highest			2/30	grab
	PERMIT CONDITION							Monthly	Weekly				
	REPORTED							Average	Average				
	PERMIT CONDITION												
Total Suspended Solids	REPORTED							17	22	mg/l	0	30/30	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	45			2/30	composite
BOD-5	REPORTED							16	44	mg/l	0	4/30	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	45			2/30	composite
Fecal Coliform	REPORTED							110	290	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												

NAME OF PRINCIPAL EXECUTIVE OFFICER: Moore Gilbert W. TITLE: Gen. Supt. Pwr. Sta. Dept. DATE: 7/9/11

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: [Signature]

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

(Final Period)

INSTRUCTIONS

PA 0025615 PERMIT NUMBER

303 4911 DIS SIC

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

REPORTING PERIOD FROM 7 18 11 01 TO 7 8 11 30 YEAR MO DAY

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PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED			<0.053		MGD		***	***	***				1/30	estimate
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				1/30	estimate
Total Suspended Solids	REPORTED								<1.0	<1.0	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								11	11	mg/l	0		1/30	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	15	20				1/30	grab
pH	REPORTED	***	***	***				7.58		7.58	standard	0		1/30	grab
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0	units			1/30	grab
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER

Moore Gilbert W.

LAST FIRST MI

TITLE OF THE OFFICER

Gen. Supt. Pwr. Sta. Dept.

TITLE

DATE

7 19 0 1 2 16

YEAR MO DAY

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

Signature of Principal Executive Officer or Authorized Agent

Leon L. Steel

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

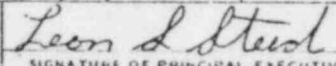
(Final Period)

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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".
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	004 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD FROM		7 18 YEAR	1 1 MO	Q1 DAY	TO
		7 18 YEAR	1 1 MO	3 0 DAY	

PARAMETER	REPORTED	QUANTITY (3 card only)				UNITS	NO. EX	CONCENTRATION (4 card only)				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
pH	REPORTED	***	***	***				6.86		6.86			1/30	grab
	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													

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.			 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.			7 19	0 1	2 16						
LAST	FIRST	MI	TITLE			YEAR	MO	DAY						

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 1505-0047

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

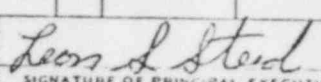
(Final Period)

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	401 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD FROM		TO			
7 8 1 1 0 1 YEAR MO DAY		7 8 1 1 3 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							11.3	11.3		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							4.2	4.2		mg/l	0	1/30	grab	
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20				1/30	grab	
pH	REPORTED	***	***	***			7.36		7.36	standard units	0	1/30	grab		
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0				1/30	grab	
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-F-1073

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

(Final Period)

INSTRUCTIONS

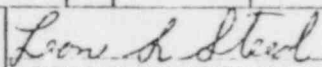
1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
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3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "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 return copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

12-10 PA ST	14-101 0025615 PERMIT NUMBER	117-101 001 DIS	4911 SIC	10°37'15" LATITUDE	30°26'18" LONGITUDE
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REPORTING PERIOD: FROM

120-211 7 YEAR	122-211 8 MO	124-211 0 DAY	TO	120-211 7 YEAR	122-211 8 MO	124-211 3 DAY
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PARAMETER		(3 card only) QUANTITY				UNITS	(4 card only) CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		140-511			144-511		140-511			144-511			
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED	33.76	40.41	44.93	MGD	***	***	***				Cont.	recorded
	PERMIT CONDITION	N/A	N/A	N/A		***	***	***					
Temperature	REPORTED	***	***	***		37	51.4	85	°F			cont.	recorded
	PERMIT CONDITION	***	***	***		N/A	N/A	N/A					
Oil and Grease	REPORTED							<1.0	mg/l	0		1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A		N/A	N/A	10					
Free Available Chlorine	REPORTED					0.00	<0.05	0.35	mg/l	0		See special condition #9	
	PERMIT CONDITION	N/A	N/A	N/A		N/A	0.2	0.5					
pH	REPORTED	***	***	***		7.20		7.70	standard units	0		4/31	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.	7/19/01	216			
LAST	FIRST	MI	TITLE	YEAR	MO		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 155-N6073

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

(Final Period)

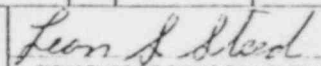
INSTRUCTIONS

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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.

REPORTING PERIOD FROM

12-10 PA ST	14-101 0025615 PERMIT NUMBER	122-121 101 DIS	1911 SIC	120-211 40°37'15" LATITUDE	120-211 80°26'18" LONGITUDE
120-211 718 YEAR	122-211 112 MO	124-211 91 DAY	TO	120-211 718 YEAR	120-211 112 MO
				120-211 311 DAY	

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED	0.0026	0.0530	0.0220		MGD		***	***	***				Cont.	Calc.
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				Cont.	calculated
Total Suspended Solids	REPORTED	0.19	0.74	1.29		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	0.18	1.01	1.83		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	***	***	***				6.30		8.95		0		6/31	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														

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.			 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.	719	011	216								
LAST	FIRST	MI	TITLE	YEAR	MO	DAY								

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

(Final Period)

INSTRUCTIONS

1. Provide dates for period covered by this report in space marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUALITATIVELY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values to boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("Grab" or "Composite") as applicable. If frequency was continuous, enter "RA".
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 PLANT NUMBER	
102	DIS
4911	SIC
REPORTING PERIOD FROM	
7 18	YEAR MO DAY
TO	
7 18	YEAR MO DAY
40° 37' 15"	LATITUDE
80° 26' 18"	LONGITUDE
126-215	122-230
126-215	122-230
126-215	122-230

PARAMETER	QUANTITY (1000 only) 1000				CONCENTRATION (1000 only) 1000				HO EX	UNITS	HO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM							
Flow	REPORTED													
	PERMIT CORRECTION													
Total Iron	REPORTED	N/A	N/A	N/A	MGD	***	***	***				N/A	N/A	
	PERMIT CORRECTION													
Total Copper	REPORTED	N/A	N/A	N/A		N/A	N/A	0.026	mg/l	0		1/31	grab	
	PERMIT CORRECTION													
	REPORTED	N/A	N/A	N/A		N/A	N/A	<0.003	mg/l	0		1/31	grab	
	PERMIT CORRECTION													
	REPORTED													
	PERMIT CORRECTION													
	REPORTED													
	PERMIT CORRECTION													
	REPORTED													
	PERMIT CORRECTION													
	REPORTED													
	PERMIT CORRECTION													
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.								
Moore	Gilbert	Gen. Supt. Pwr. Sta. Dept.	7/19/01	216	YEAR	MO	DAY	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						
LAST	FIRST	FILE						Leon A. Stuch						

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 156-0007

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

(Final Period)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter 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	103 LHS	4911 SIC	40°27'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD FROM		7/8 YEAR	1/2 MO	0/1 DAY	TO 7/8 YEAR
				1/23 MO	11 DAY

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED	0	0.0013	0.0200		MGD		***	***	***				2/31	estimate
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				2/30	estimate
Total Suspended Solids	REPORTED							2.1	5.8	9.4	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							4.0	4.8	5.5	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														

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE		
Moore	Gilbert	M.	Gen. Supt. Pwr. Sta. Dept.			7/9	11	216
LAST	FIRST	MI	TITLE			YEAR	MO	DAY

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

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

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

(Final Period)

Shippingport, PA 15077

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD."
 2. Enter reported minimum, average and maximum values under "QUALITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values to boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
 3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
 4. Specify frequency of analysis for each parameter as the analyzer/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 "integrated") 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.
- Fill along dotted lines. Staple and mail Original office specified in permit.

PA ST	0025615 PERMIT NUMBER	1-8 180	002 DHS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE		
REPORTING PERIOD: FROM		718 YEAR	11 MO	2011 DAY	TO	718 YEAR	11 MO	311 DAY
		1-25 235	122 226	124 261	128 271	128 291	130 311	

PARAMETER	(P and only) IN 20			(Ave. G.D.) QUANTITY 18-6-11			(P and only) NO. EX.			(CONCENTRATION 18-6-11)			UNITS	MO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MINIMUM	AVERAGE	MAXIMUM	UNIT	MINIMUM	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM						
Flow	REPORTED	0	0.0030	0.0924	MGD										4/31	calc.
pH	PENALT CONDITION	N/A	N/A	N/A											1/30	calculated
	REPORTED	***	***	***											1/31	grab
	PENALT CONDITION	***	***	***											1/30	grab
	REPORTED															
	PENALT CONDITION															
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 155-0007

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

(Final Period)

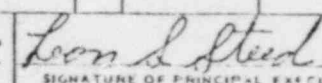
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4. Specify frequency of analysis for each parameter as No. analyses/no. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "composite") as applicable. If frequency was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

PA ST	0025615 PERMIT NUMBER	201 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
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REPORTING PERIOD: FROM	7/8/12 YEAR	12 MO	01 DAY	TO	7/8/12 YEAR	12 MO	31 DAY
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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			***	***	***			1/31	est.
	PERMIT CONDITION	N/A	N/A	N/A	MGD		***	***	***			1/30	estimate
Total Suspended Solids	REPORTED							5.9	5.9	mg/l	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	100			1/30	grab
Oil and Grease	REPORTED							<1.0	<1.0	mg/l	0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20			1/30	grab
pH	REPORTED	***	***	***			7.19		7.19	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Moore Gilbert W.	Gen. Supt. Pwr. Sta. Dept.	7/9/12 216		

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

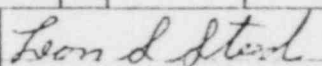
(Final Period)

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. day (e.g., "1/7" is equivalent to 1 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	0005615 PERMIT NUMBER	003 BUS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD FROM		7 18 YEAR	1 12 MO	0 1 DAY	TO
		7 18 YEAR	1 12 MO	0 1 DAY	

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED	0.0060	0.0171	0.0310				***	***	***				31/31	calc.
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				1/30	calculated
pH	REPORTED	***	***	***				6.80		6.80				1/31	grab
	PERMIT CONDITION	***	***	***				N/A	N/A	N/A				1/30	grab
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Moore Gilbert W.	Gen. Supt. Pwr. Sta. Dept.	7 19 0 1 2 16 YEAR MO DAY		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
EPA Form 400-1-80-0073

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

(Final Period)

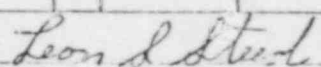
INSTRUCTIONS

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

PA ST	0025615 PERMIT NUMBER	001 DIS	4911 MC	40°37'15" LATITUDE	80°26'18" LONGITUDE
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REPORTING PERIOD FROM			TO		
7	8	1	1	2	0
YEAR	MO	DAY	YEAR	MO	DAY

PARAMETER	REPORTED PERMIT CONDITION	QUANTITY			UNITS	NO EX	CONCENTRATION			UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED	0.0020	0.0053	0.0085	MGD		***	***	***			31/31	measured
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			2/30	measured
Total Suspended Solids	REPORTED	0.91	1.33	1.76	lbs/day	0						2/31	24 hr. comp.
	PERMIT CONDITION	N/A	2.8	14.3			N/A	N/A	N/A			2/30	24-hr. composite
pH	REPORTED	***	***	***			7.05		7.30	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												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Moore Gilbert W.	Gen. Supt. Pwr. Sta. Dept.	7/19/21/216		
LAST FIRST MI	TITLE	YEAR MO DAY		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
GSA GEN. REG. NO. 272-000-100-1

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

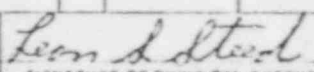
(Final Period)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing water. "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., "1/1" is equivalent to 1 analysis performed every 1 day). If continuous enter "CONT."
5. Specify sample type ("Grab" or "Composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PA ST	0025615 PERMIT NUMBER	302 DPS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD FROM		7 8 1 1 2 0 1 1 YEAR MO DAY	TO	7 8 1 1 2 3 1 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	0.0017	0.0118	0.0265		MGD		***	***	***				31/31	measured
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				2/30	measured
pH	REPORTED	***	***	***				6.00		7.60	standard	0	31/31	grab	
	PERMIT CONDITION	***	***	***				6.0	N/A	8.0	units		2/30	grab	
	REPORTED									Highest					
	PERMIT CONDITION								Monthly	Weekly					
	REPORTED								Average	Average					
	PERMIT CONDITION														
Total Suspended Solids	REPORTED								57	187	mg/l	2	31/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	45			2/30	composite	
BOD-5	REPORTED								27	42	mg/l	0	4/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	45			2/30	composite	
Fecal Coliform	REPORTED								338	520	colonies	2	5/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A				N/A	200	400	100 ml		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 each information is true, complete, and accurate.			 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.			7 19 0 1 1 2 1 6								
LAST	FIRST	MI	TITLE			YEAR MO DAY								

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
EPA 3320-1 (10-72)

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

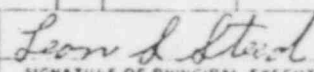
(Final Period)

INSTRUCTIONS

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

PA ST	0025615 PERMIT NUMBER	303 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		7 8 YEAR	1 2 MO	0 1 DAY	TO
		7 8 YEAR	1 2 MO	3 1 DAY	

PARAMETER		QUANTITY (2 card only)				UNITS	NO. EX	CONCENTRATION (4 card only)				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED			<0.058		MGD		***	***	***				1/30	estimate
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				1/30	estimate
Total Suspended Solids	REPORTED								4.0	4.0			0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	100				1/30	grab
Oil and Grease	REPORTED								12	12			0	1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	15	20				1/30	grab
pH	REPORTED	***	***	***				7.43		7.43			0	1/31	grab
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0	standard 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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Moore Gilbert W.	Gen. Supt. Pwr. Sta. Dept.	7 19 0 11 2 16 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

(Final Period)

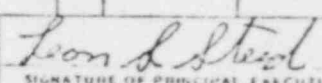
INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing water, i.e., "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 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. I.e., "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	004 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
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REPORTING PERIOD FROM			TO		
7 YEAR	18 MO	1 DAY	7 YEAR	18 MO	1 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		***	***	***				1/31	estimate
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				1/30	estimate
pH	REPORTED	***	***	***				7.90		7.90				1/31	grab
	PERMIT CONDITION	***	***	***				N/A	N/A	N/A	standard units			1/30	grab
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.	7/9	01/21/6		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB No. 1901-0073

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 required 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 test discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analyses for each parameter as No. analyses/No. days. (e.g., "ET" 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

DPS

4911

SIC

40°37'15"

LATITUDE

80°26'18"

LONGITUDE

REPORTING PERIOD FROM

7/8 1/2 01
YEAR MO DAY

TO

7/8 1/2 31
YEAR MO DAY

PARAMETER	REPORTED	QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED			<0.001		MGD		***	***	***				1/31	estimate
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				1/30	estimate
Total Suspended Solids	REPORTED								9.66	9.66	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								6.0	6.0	mg/l	0		1/31	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	15	20				1/30	grab
pH	REPORTED	***	***	***				7.56		7.56	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		
Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.	7/9	10/1	216		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY		

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

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