



Duquesne Light Company

Beaver Valley Power Station
P.O. Box 4
Shippingport, PA 15077-0004

THOMAS P. NOONAN
Division Vice President
Nuclear Operations

(412) 393-7622
Fax (412) 393-4905

November 22, 1995
NPD3VPO: 0411

Document Control Desk
U.S. Nuclear Regulatory Commission
Washington, DC 20555

NPDES Monthly Report, EPA Permit No. PA0025615

SUBJECT: Beaver Valley Power Station, Unit No. 1 and No. 2
BV-1 Docket No. 50-334, License No. DPR-66
BV-2 Docket No. 50-412, License No. NPF-73

Dear Sir:

Enclosed is a copy of the NPDES Monthly Report as submitted to the Pennsylvania Department of Environmental Protection.

Sincerely,

T. P. Noonan
Division Vice President
Nuclear Operations

DNH/trs

cc: D. A. Orndorf
J. A. Cool
R. K. Brosi
Central File

9512050204 951031
PDR ADDCK 05000334
R PDR

CURT# 2330532826





Duquesne Light Company

Beaver Valley Power Station
P.O. Box 4
Shippingport, PA 15077-0004

THOMAS P. NOONAN
Division Vice President
Nuclear Operations

(412) 393-7622
Fax (412) 393-4905

November 22, 1995
NPD3VPO: 0412

United States Environmental Protection Agency
Region III, Pennsylvania (3WM53)
Water Permits Branch
Water Management Division
841 Chestnut Street
Philadelphia, PA 19107

EPA Permit No. PA0025625 Reportable Occurrences

Dear Sir:

As required by the EPA Permit No. PA0025625, the following information is provided in regard to a reportable occurrence at Beaver Valley Power Station.

EPA discharge 012, blowdown from the Emergency Response Facility Heating Ventilation and Air Conditioning (HVAC) cooling system, exceeded the instantaneous maximum and daily maximum specifications of 0.5 ppm and 0.2 ppm free available chlorine (FAC) on October 20 and October 24 when the FAC of the discharge was 1.06 ppm and 1.24 ppm respectively. The samples collected in October for FAC were in response to requirements and limitations placed on discharge 012 with the new EPA NPDES permit effective September 30, 1995.

The make up water to the HVAC system is domestic water provided to the station by the Midland (Municipal) Water Authority who chlorinate the water to approximately 1.3 ppm FAC. Duquesne Light Company adds no additional chlorine to this system.

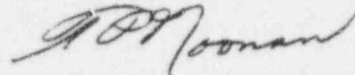
**DELIVERING
QUALITY
ENERGY**

November 22, 1995
NPD3VPO: 0412
Page 2

Duquesne Light has appealed the new NPDES permit and is currently negotiating with the PA DEP to stay the new chlorine limits.

If you have any questions concerning this report, please do not hesitate to contact David A. Orndorf.

Sincerely,

A handwritten signature in dark ink, appearing to read "T. P. Noonan". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

T. P. Noonan
Division Vice President
Nuclear Operations

DNH/trs

Attachment

cc: D. A. Orndorf

J. A. Cool

R. K. Brosi

Central File - Keywords: NPDES Reportable Occurrence



Duquesne Light Company

Beaver Valley Power Station
P.O. Box 4
Shippingport, PA 15077-0004

THOMAS P. NOONAN
Division Vice President
Nuclear Operations

(412) 393-7622
Fax (412) 393-4905

November 22, 1995
NPD3VPO: 0409

United States Environmental Protection Agency
Region III, Pennsylvania (3WM53)
Water Permits Branch
Water Management Division
841 Chestnut Street
Philadelphia, PA 19107

NPDES Monthly Report, EPA Permit No. PA0025615

Dear Sir:

This letter forwards a copy of our NPDES Monthly Report as submitted to the Pennsylvania Department of Environmental Resources, Bureau of Water Quality Management

Sincerely,

T. P. Noonan
Division Vice President
Nuclear Operations

DNH/trs

Attachment

cc: D. A. Orndorf
J. A. Cool
R. K. Brosi
Central File

**DELIVERING
QUALITY
ENERGY**



Duquesne Light Company

Beaver Valley Power Station
P.O. Box 4
Shippingport, PA 15077-0004

THOMAS P. NOONAN
Division Vice President
Nuclear Operations

(412) 393-7622
Fax (412) 393-4905

November 22, 1995
NPD3VPO: 0410

Attention: "DMR Clerk"
Department of Environmental Protection
Bureau of Water Quality Management
400 Waterfront Drive
Pittsburgh, PA 15222

NPDES Monthly Report, EPA Permit Number PA0025615

Gentlemen:

NPDES Monthly Report for Duquesne Light Company, Beaver Valley Power Station for October 1995 is submitted for your consideration.

Please be advised that required techniques, even if performed properly, do not measure actual conditions with 100 percent accuracy 100 percent of the time, and therefore, some reported values in the attached DMRs may not represent actual conditions with absolute accuracy.

Sincerely,

T. P. Noonan
Division Vice President
Nuclear Operations

DNH/trs

Enclosure

cc: D. A. Orndorf
J. A. Cool
R. K. Brosi
Central File



NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

101
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD								
Year	Month	Day		Year	Month	Day		
FROM 95	10	01		TO 95	10	31		

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	SAMPLE MEASURE	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measure. 6.88 0.003 0.008 11/22/95 MGD				*	*	*	*	0	DAILY	CONT.	
	Permit Require.	*	*		*	*	*	*		DAILY	CONTINUOUS	
Suspended Solids	Sample Measure.	*	*	*	*	7.0	11.0	MG/L	0	1/7	2HC	
	Permit Require.	*	*	*	*	30	100	MG/L		1/WEEK	2 HOUR COMPOSITE	
Oil and Grease	Sample Measure.	*	*	*	*	<5	<5	MG/L	0	1/7	G	
	Permit Require.	*	*	*	*	15	20	MG/L		1/WEEK	GRAB	
Hydrazine	Sample Measure.	*	*	*	N/A			MG/L				
	Permit Require.	*	*	*	MONITOR		ONLY	MG/L		1/WEEK	GRAB	
Ammonia	Sample Measure.	*	*	*	N/A			MG/L				
	Permit Require.	*	*	*	MONITOR		ONLY	MG/L		1/WEEK	GRAB	
pH	Sample Measure.	*	*	*	6.88	*	7.58	S.U.	0	1/7	G	
	Permit Require.	*	*	*	6.0	*	9.0	S.U.		1/WEEK	GRAB	
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*	*	*	*	*	*		*	*	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)							TELEPHONE		DATE		
David Orndorf Chemistry Manager								412393-5113		95	11	22
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MONTH	DAY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>DeVincenzo for DAO</i>												

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

N/A = not applicable, conditions of wet layup did not exist.

NAME Duquesne Light Company
 ADDRESS One Oxford Center
 301 Grant Street
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

201
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day FROM 95 10 01 TO 95 10 31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	NO FLOW			*	*	*	*			
	Permit Require.	*	*	MGD	*	*	*	*		2/MONTH	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*			MG/L			
	Permit Require.	*	*	*	*	30	100	MG/L		2/MONTH	GRAB
Oil and Grease	Sample Measure.	*	*	*	*			MG/L			
	Permit Require.	*	*	*	*	15	20	MG/L		2/MONTH	GRAB
pH	Sample Measure.	*	*	*		*		S.U.			
	Permit Require.	*	*	*	6.0	*	9.0	S.U.		2/MONTH	GRAB
	Sample Measure.	*	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*	*	*	*	*	*	*	*	*
	Sample Measure.	*	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*	*	*	*	*	*	*	*	*
	Sample Measure.	*	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*	*	*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. S 1001 & 33 U.S.C. S 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.	TELEPHONE		DATE		
David Orndorf Chemistry Manager		412393-5113		95	11	22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

301
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD								
Year	Month	Day		Year	Month	Day		
95	10	01	FROM	95	10	31	TO	

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measure.	NO FLOW		MGD	*	*	*	*		
	Permit Require.	*	*		*	*	*			1/WEEK
Suspended Solids	Sample Measure.	*	*	*	*			MG/L		
	Permit Require.	*	*		*	30	100			2/MONTH
Oil and Grease	Sample Measure.	*	*	*	*			MG/L		
	Permit Require.	*	*		*	15	20			2/MONTH
	Sample Measure.	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*		*	*	*		*	*
	Sample Measure.	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*		*	*	*		*	*
	Sample Measure.	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*		*	*	*		*	*
	Sample Measure.	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*		*	*	*		*	*
	Sample Measure.	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*		*	*	*		*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. S 1001 & 33 U.S.C. S 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)	TELEPHONE		DATE			
David Orndorf Chemistry Manager		412 393-5113		95	11	22	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MONTH

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

401
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
95	10	01	TO	95	10	31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	NO FLOW		MGD	*	*	*	*			
	Permit Require.	*	*		*	*	*		*	1/WEEK	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*			MG/L			
	Permit Require.	*	*		*	30	100		2/MONTH	GRAB	
Oil and Grease	Sample Measure.	*	*	*	*			MG/L			
	Permit Require.	*	*		*	15	20		2/MONTH	GRAB	
pH	Sample Measure.	*	*	*		*		S.U.			
	Permit Require.	*	*		6.0	*	*		2/MONTH	GRAB	
	Sample Measure.	*	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*		*	*	*		*	*	*
	Sample Measure.	*	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*		*	*	*		*	*	*
	Sample Measure.	*	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*		*	*	*		*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)	TELEPHONE		DATE		
David Orndorf Chemistry Manager		412 393-5113		95	11	22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615
PERMIT NUMBER

501
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD
FROM Year Month Day 95 10 01 TO Year Month Day 95 10 31

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
Flow	Sample Measure.	NO FLOW	MGD	*	*	*	*		1/WEEK	ESTIMATE		
	Permit Require.	*		*	*	*					*	
Total Suspended Solids	Sample Measure.	*	*	*			MG/L		1/WEEK	GRAB		
	Permit Require.	*		*	30	100					*	
	Sample Measure.	*	*	*	*	*	*		*	*		
	Permit Require.	*		*	*	*					*	
	Sample Measure.	*	*	*	*	*	*		*	*		
	Permit Require.	*		*	*	*					*	
	Sample Measure.	*	*	*	*	*	*		*	*		
	Permit Require.	*		*	*	*					*	
	Sample Measure.	*	*	*	*	*	*		*	*		
	Permit Require.	*		*	*	*					*	
	Sample Measure.	*	*	*	*	*	*		*	*		
	Permit Require.	*		*	*	*					*	
	Sample Measure.	*	*	*	*	*	*		*	*		
	Permit Require.	*		*	*	*					*	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. S 1001 & 33 U.S.C. S 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.							TELEPHONE		DATE		
David Orndorf Chemistry Manager								412 393-5113		95	11	22
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615
PERMIT NUMBER

001
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD
FROM Year Month Day TO Year Month Day
95 10 01 TO 95 10 31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
Flow	Sample Measure.	34.059	45.864	MGD	*	*	*	*	0	DAILY	CONT.		
	Permit Require.	*	*		*	*	*		*		DAILY	CONTINUOUS	
Free Available Chlorine	Sample Measure.	*	*	*	*	0.07	0.12	MG/L	0	2/DAY	GRAB		
	Permit Require.	*	*		*	MAXIMUM 0.2	INSTANT. MAX. 0.5			CONTINUOUS	RECORDED		
Total Residual Chlorine	Sample Measure.	*	*	*	*	0.08	0.24	MG/L	0	2/DAY	GRAB		
	Permit Require.	*	*		*	0.5	INSTANT. MAX. 1.25			1/WEEK	GRAB		
Clamtrol (CT-1)	Sample Measure.	*	*	*	*	<0.3 (NOT DETECTABLE)	<0.3 (NOT DETECTABLE)	MG/L	0	WHEN DISCHARGING	24 HR COMP.		
	Permit Require.	*	*		*	NOT DETECTABLE			WHEN DISCHARGING	24 HOUR COMPOSITE			
Betz DT-1	Sample Measure.	*	*	*	*	*	20.0	MG/L	0	WHEN DISCHARGING	24 HR COMP.		
	Permit Require.	*	*		*	35.0			WHEN DISCHARGING	24 HOUR COMPOSITE			
Hydrazine	Sample Measure.	N/A		LB/DY	*			MG/L					
	Permit Require.	NOT DETECTABLE			*	USING ASTM D-1385			1/WEEK	GRAB			
Ammonia	Sample Measure.	*	*	*	*	N/A		MG/L					
	Permit Require.	*	*		*	MONITOR ONLY			1/WEEK	GRAB			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.							TELEPHONE		DATE			
David Orndorf Chemistry Manager								412 393-5113		95	11	22	
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

N/A = Not detectable, no periods of wet layup existed.

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

001
 DISCHARGE NO.

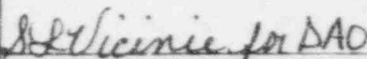
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day FROM 95 10 01 TO 95 10 31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
pH	Sample Measure.	*	*	*	8.37	*	8.46	S.U.	0	1/7	GRAB
	Permit Require.	*	*		6.0	*	9.0				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 y.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
David Orndorf Chemistry Manager			412 393-5113	95	11	22
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MONTH

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

102
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 FROM Year Month Day TO Year Month Day
 95 10 01 TO 95 10 31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	0.001	0.001	MGD	*	*	*	*	0	2/31	EST
	Permit Require.	*	*		*	*	*				
Suspended Solids	Sample Measure.	*	*	*	*	4.3	4.6	MG/L	0	2/31	G
	Permit Require.	*	*		*	30	100				
Oil and Grease	Sample Measure.	*	*	*	*	<5	<5	MG/L	0	2/31	G
	Permit Require.	*	*		*	15	20				
pH	Sample Measure.	*	*	*	7.69	*	7.82	S.U.	0	2/31	G
	Permit Require.	*	*		6.0	*	9.0				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

TYPED OR PRINTED

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

S. L. Vicini for DAO

TELEPHONE

412 393-5113

NUMBER

DATE

95 11 22

YEAR MONTH DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

002
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day FROM 95 10 01 TO 95 10 31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measure.	0.006	0.046	MGD	*	*	*	*	0	1/7	EST	
	Permit Require.	*	*		*	*	*					*
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*					*
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*					*
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*					*
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*					*
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*					*
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*					*
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*					*
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)							TELEPHONE		DATE		
David Orndorf Chemistry Manager								412 393-5113		95	11	22
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

103
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day FROM 95 10 01 TO 95 10 31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	SAMPLE MEASURE.	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	0.001	0.001	MGD	*	*	*	*	0	2/31	EST
	Permit Require.	*	*		*	*	*				
Suspended Solids	Sample Measure.	*	*	*	*	<4	<4	MG/L	0	2/31	24 HR COMP
	Permit Require.	*	*		*	30	100				
pH	Sample Measure.	*	*	*	7.86	*	7.87	S.U.	0	2/31	G
	Permit Require.	*	*		6.0	*	9.0				
	Sample Measure.	*	*	*	*	*	*	*			*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*			*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*			*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*			*
	Permit Require.	*	*		*	*	*				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
David Orndorf Chemistry Manager			412 393-5113	95	11	22	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

203
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	10	95	95	10	31
FROM 10/22/95			TO 11/22/95		

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE								
	SAMPLE MEASURE.	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS											
Flow	0.002	0.004	MGD	*	*	*	*	0	1/7	MEAS									
	Permit Require.	0.023	*		*	*	*		1/WEEK	MEASURED									
CBOD-5 Day	Sample Measure.	*	*	LB/DY	*	7.9	10	0	2/31	8HC									
	Permit Require.	*	*		*	25	50		2/MONTH	8 HOUR COMPOSITE									
Suspended Solids	Sample Measure.	*	*	LB/DY	*	29.85	37.80	0	2/31	8HC									
	Permit Require.	*	*		*	30	60		2/MONTH	8 HOUR COMPOSITE									
Total Residual Chlorine	Sample Measure.	*	*	*	*	0.86	2.35	0	3/31	G									
Permit issuance thru September 30, 1997	Permit Require.	*	*		*	1.2	INSTANT. MAX. 3.0		2/MONTH	GRAB									
Fecal Coliform	Sample Measure.	*	*	*	*	5	10	0	2/31	G									
May 1 to Sep 30 Oct 1 to Apr 30	Permit Require.	*	*		*	200 2000	1000 *		2/MONTH	GRAB									
pH	Sample Measure.	*	*	*	6.83	*	7.58	0	2/31	G									
	Permit Require.	*	*		6.0	*	9.0		2/MONTH	GRAB									
	Sample Measure.	*	*	*	*	*	*		*	*									
	Permit Require.	*	*		*	*	*		*	*									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)							TELEPHONE		DATE									
David Orndorf Chemistry Manager																			
TYPED OR PRINTED																			
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)								412 393-5113	95	11	22								
								AREA CODE	NUMBER	YEAR	MONTH	DAY							

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

303
 DISCHARGE NO.

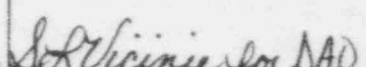
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day FROM 95 10 01 TO 95 10 31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	0.019	0.056	MGD	*	*	*	*	0	1/WK	EST
	Permit Require.	*	*		*	*	*		*		1/WEEK
Suspended Solids	Sample Measure.	*	*	*	*	10.1	15.4	MG/L	0	1/7	G
	Permit Require.	*	*		*	30	100			1/WEEK	GRAB
Oil and Grease	Sample Measure.	*	*	*	*	<5	<5	MG/L	0	1/7	G
	Permit Require.	*	*		*	15	20			1/WEEK	GRAB
pH	Sample Measure.	*	*	*	6.98	*	8.14	S.U.	0	1/7	G
	Permit Require.	*	*		6.0	*	9.0			1/WEEK	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*		*		*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*		*		*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*		*		*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
David Orndorf Chemistry Manager			412 393-5113		95	11	22
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

403
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
95	10	01	FROM	95	10	31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	SAMPLE MEASURE	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
Flow	Sample Measure.	0005 7.2754	0.0101 0.010	MGD	*	*	*	*	0	1/7	EST		
	Permit Require.	* 11/22/95	*		*	*	*					*	
Suspended Solids	Sample Measure.	*	*	*	*	<4	<4	MG/L	0	1/7	G		
	Permit Require.	*	*		*	30	100						
Oil and Grease	Sample Measure.	*	*	*	*	<5	<5	MG/L	0	1/7	G		
	Permit Require.	*	*		*	15	20						
Hydrazine	Sample Measure.	*	*	*	N/A			MG/L		1/7	GRAB		
	Permit Require.	*	*		NOT DETECTABLE	USING	ASTM D-1385						
Ammonia	Sample Measure.	*	*	*	*	N/A		MG/L		1/7	GRAB		
	Permit Require.	*	*		*	MONITOR AND REPORT							
Total Residual Chlorine	Sample Measure.	*	*	*	0.05	*	0.12	MG/L	0	1/7	G		
	Permit Require.	*	*		0.5	*	INSTANT. MAX. 1.25						
Clamrol (CT-1)	Sample Measure.	*	*	*	*	<0.3	<0.3	MG/L	0	WHEN DISCHARGING	G		
	Permit Require.	*	*		*	NOT DETECTABLE	NOT DETECTABLE						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)								TELEPHONE		DATE		
David Orndorf Chemistry Manager									412 393-5113		95	11	22
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

403
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 FROM Year Month Day TO Year Month Day
 95 10 01 TO 95 10 31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Betz DT-1	Sample Measure.	*	*	*	*	*	20	MG/L	0	WHEN DISCHARGING	GRAB
	Permit Require.	*	*	*	*	*	32.0				
pH	Sample Measure.	*	*	*	7.27	*	8.88	S.U.	0	1/7	GRAB
	Permit Require.	*	*	*	6.0	*	9.0			1/WEEK	
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*	*	*	*	*	*		*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*	*	*	*	*	*		*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*	*	*	*	*	*		*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*	*	*	*	*	*		*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*	*	*	*	*	*		*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Dr. Victoria for DAO

TELEPHONE

412 393-5113

DATE

95 11 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

003
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 95 10 01 TO 95 10 31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measure.	0.026	0.071	MGD	*	*	*	*	0	2/31	EST
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)	TELEPHONE	DATE			
David Orndorf Chemistry Manager		412 393-5113	95	11	22	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

004
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 95 10 01 TO 95 10 31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	AVERAGE MONTHLY	MAXIMUM DAILY	INSTANTANEOUS MAXIMUM	UNITS			
Flow	Sample Measure.	NO FLOW		MGD	*	*	*	*	1/WEEK	MEASURED
	Permit Require.	*	*		*	*	*			
Free Available Chlorine	Sample Measure.	*	*	*	*			MG/L	CONTINUOUS	RECORDED
	Permit Require.	*	*		*	0.2	0.5			
Total Residual Chlorine	Sample Measure.	*	*	*	*	*		MG/L	1/WEEK	GRAB
	Permit Require.	*	*		*		1.25			
pH	Sample Measure.	*	*	*		*	*	S.U.	1/WEEK	GRAB
	Permit Require.	*	*		MINIMUM 6.0	9.0	*			
	Sample Measure.	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*		*	*	*			
	Sample Measure.	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*		*	*	*			
	Sample Measure.	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*		*	*	*			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)	TELEPHONE		DATE		
David Orndorf Chemistry Manager		412 393-5113		95	11	22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615
PERMIT NUMBER

006
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD
Year Month Day
FROM 95 10 01 TO 95 10 31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
Flow	Sample Measure.	0.002	0.016	MGD	*	*	*	*	0	1/7	EST	
	Permit Require.	*	*		*	*	*					*
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*					*
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*					*
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*					*
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*					*
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*					*
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*					*
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.							TELEPHONE		DATE		
David Orndorf Chemistry Manager								+12 393-5113		95	11	22
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615
PERMIT NUMBER

007
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

(NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	10	01	95	10	31

NOTE: Read instructions before completing this form

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	AVERAGE MONTHLY	MAXIMUM DAILY	INSTANTANEOUS MAXIMUM	UNITS				
Flow	Sample Measure.	NO FLOW		MGD	*	*	*	*				
	Permit Require.	*	*		*	*	*	*		1/WEEK	ESTIMATE	
Free Available Chlorine	Sample Measure.	*	*	*	*			MG/L				
	Permit Require.	*	*		*	0.2	0.5			1/WEEK	GRAB	
Total Residual Chlorine	Sample Measure.	*	*	*		*		MG/L				
	Permit Require.	*	*		0.5	*	1.25			1/WEEK	GRAB	
pH	Sample Measure.	*	*	*			*	S.U.				
	Permit Require.	*	*		MINIMUM 6.0	9.0	*			1/WEEK	GRAB	
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*			*	*	
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*			*	*	
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*			*	*	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. S 1001 & 33 U.S.C. S 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)							TELEPHONE		DATE		
David Orndorf Chemistry Manager								412 393-5113		95	11 22	
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MONTH DAY	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT												

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

008
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
95	10	01	TO	95	10	31

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	0.001	0.001	MGD	*	*	*	*	0	1/7	EST
	Permit Require.	*	*		*	*	*				
Suspended Solids	Sample Measure.	*	*	*	*	10.0	14.3	MG/L	0	2/31	G
	Permit Require.	*	*		*	30	100				
Oil and Grease	Sample Measure.	*	*	*	< 5	< 5	< 5	MG/L	0	2/31	G
	Permit Require.	*	*		AVG. MONTHLY 15	DAILY MAX. 20	INSTANT. MAX. 30				
pH	Sample Measure.	*	*	*	7.91	*	7.92	S.U.	0	2/31	G
	Permit Require.	*	*		6.0	*	9.0				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)	TELEPHONE	DATE			
David Orndorf Chemistry Manager		412 393-5113	95	11	22	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

110
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 95 10 01 TO 95 10 31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measure.	NO FLOW		MGD	*	*	*	*		1/WEEK	ESTIMATE
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				

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David Orndorf Chemistry Manager		412 393-5113	95	11	22	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

010
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day FROM 95 10 01 TO 95 10 31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	AVERAGE MONTHLY	DAILY MAXIMUM	INSTANTANEOUS MAXIMUM	UNITS				
Flow	Sample Measure.	2.880	2.880	MGD	*	*	*	*	0	1/7 1/WEEK	MEAS.
	Permit Require.	*	*		*	*	*				
Free Available Chlorine	Sample Measure.	*	*	*	*	0.04	0.04	MG/L	0	1/7 1/WEEK	G GRAB WHILE CHLORO.
	Permit Require.	*	*		*	0.2	0.5				
Total Residual Chlorine	Sample Measure.	*	*	*	0.10	*	0.24	MG/L	0	1/7 1/WEEK	G GRAB WHILE CHLORO.
	Permit Require.	*	*		0.5	*	1.25				
Clamtrol CT-1	Sample Measure.	*	*	*	<0.3 (NOT DETECTABLE)	<0.3	*	MG/L	0	WHEN DISCHARGING 24 HR COMPOSITE	24 HR COMPOSITE
	Permit Require.	*	*		NOT DETECTABLE	*	*				
Betz DT-1	Sample Measure.	*	*	*	*	20	*	MG/L	0	WHEN DISCHARGING 24 HR COMPOSITE	24 HR COMPOSITE
	Permit Require.	*	*		*	35.0	*				
pH	Sample Measure.	*	*	*	7.57	7.71	*	S.U.	0	1/7 1/WEEK	G GRAB
	Permit Require.	*	*		MINIMUM 6.0	9.0	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)						TELEPHONE		DATE		
David Orndorf Chemistry Manager							412393-5113		95	11	22
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

011
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 95 10 01 TO 95 10 31

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measure.	0.002	0.002	MGD	*	*	*	*	0	1/7	EST
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER:
 David Orndorf
 Chemistry Manager

TYPED OR PRINTED

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)

TELEPHONE: 412 393-5113

DATE: 95 11 22

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *David Orndorf for DAO*

AREA CODE: NUMBER: YEAR: MONTH: DAY:

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

111
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
95	10	01	FROM	95	10	31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measure.	6.85	6.98	MGD	*	*	*	*	0	1/7	EST	
	Permit Require.	*	*		*	*	*		*		1/WEEK	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*	<4	<4	MG/L	0	1/7	G	
	Permit Require.	*	*		*	30	100			1/WEEK	GRAB	
Oil and Grease	Sample Measure.	*	*	*	<5	<5	<5	MG/L	0	1	G	
	Permit Require.	*	*		AVERAGE 15	MAXIMUM 20	INSTANT. MAX. 30			1/WEEK	GRAB	
pH	Sample Measure.	*	*	*	6.85	*	6.98	S.U.	0	1/7	G	
	Permit Require.	*	*		6.0	*	9.0			1/WEEK	GRAB	
	Sample Measure.	*	*	*	*	*	*	*				
	Permit Require.	*	*		*	*	*			2/QUARTER	GRAB	
	Sample Measure.	*	*	*	*	*	*	*				
	Permit Require.	*	*		*	*	*			1/WEEK	GRAB	
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*			*	*	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)							TELEPHONE		DATE		
David Orndorf								412393-5113		95	11	22
Chemistry Manager												
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

211
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 FROM Year 95 Month 10 Day 01 TO Year 95 Month 10 Day 31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	0.001	0.001	MG	*	*	*	*	0	1/7	EST
	Permit Require.	*	*		*	*	*				
Suspended Solids	Sample Measure.	*	*	*	*	<4	<4	MG/L	0	1/7	G
	Permit Require.	*	*		*	30	100				
Oil and Grease	Sample Measure.	*	*	*	<5	<5	<5	MG/L	0	1/7	G
	Permit Require.	*	*		AVERAGE 15	MAXIMUM 20	INSTANT. MAX. 30				
pH	Sample Measure.	*	*	*	6.57	*	7.42	S.U.	0	1/7	G
	Permit Require.	*	*		6.0	*	9.0				
	Sample Measure.	*	*	*	*	*	*	*		2/QUARTER	GRAB
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		1/WEEK	GRAB
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001, 33 U.S.C. § 1310. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)	TELEPHONE		DATE		
David Orndorf Chemistry Manager		412 393-5113		95	11	22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

012
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day FROM 95 10 01 TO 95 10 31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	AVERAGE MONTHLY	DAILY MAXIMUM	INSTANTANEOUS MAXIMUM	UNITS			
Flow	Sample Measure.	0.001	0.001	MGD	*	*	*	*	0	1/31 ESTIMATE
	Permit Require.	*	*		*	*	*			
Free Available Chlorine	Sample Measure.	*	*	*	*	1.24	1.24	MG/L	2 2/31 GRAB	G
	Permit Require.	*	*		*	0.2	0.5			
pH	Sample Measure.	*	*	*	8.09	8.09	*	S.U.	0	1/31 GRAB
	Permit Require.	*	*		MINIMUM 6.0	9.0	*			
	Sample Measure.	*	*	*	*	*	*	*		*
	Permit Require.	*	*		*	*	*			
	Sample Measure.	*	*	*	*	*	*	*		*
	Permit Require.	*	*		*	*	*			
	Sample Measure.	*	*	*	*	*	*	*		*
	Permit Require.	*	*		*	*	*			
	Sample Measure.	*	*	*	*	*	*	*		*
	Permit Require.	*	*		*	*	*			
	Sample Measure.	*	*	*	*	*	*	*		*
	Permit Require.	*	*		*	*	*			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)	TELEPHONE	DATE			
David Orndorf Chemistry Manager		412393-5113	95	11	22	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Please reference the enclosed reportable occurrence letter concerning the Free Available Chlorine.

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

113
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
95	10	01	FROM	95	10	31
			TO			

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS							
Flow	Sample Measure.	0.008	0.008	MGD	*		*	*	0	1/7	MEAS.				
	Permit Require.	0.043	*		*		*			1/WEEK	MEASURED				
CBOD-5 Day	Sample Measure.	*	*	*	*	4.7	6.4	MG/L	0	2/31	8 HC				
	Permit Require.	*	*		*	25	50			2/MONTH	8 HOUR COMPOSITE				
Suspended Solids	Sample Measure.	*	*	*	*	12.4	17.8	MG/L	0	2/31	8 HC				
	Permit Require.	*	*		*	30	60			2/MONTH	8 HOUR COMPOSITE				
Total Residual Chlorine Permit issuance thru September 30, 1997	Sample Measure.	*	*	*	*	1.00	1.76	MG/L	0	5/31	G				
	Permit Require.	*	*		*	1.2	INSTANT MAX. 3.0			2/MONTH	GRAB				
Fecal Coliform May 1 to Oct 31 Nov 1 to Apr 30	Sample Measure.	*	*	*	*	1.5	3	#/100ML	0	2/31	G				
	Permit Require.	*	*		*	200 2000	1000			2/MONTH	GRAB				
pH	Sample Measure.	*	*	*	6.09	*	6.74	S.U.	0	2/31	G				
	Permit Require.	*	*		6.0	*	9.0			2/MONTH	GRAB				
	Sample Measure.	*	*	*	*	*	*	*		*	*				
	Permit Require.	*	*		*	*	*			*	*				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)								TELEPHONE		DATE				
David Orndorf Chemistry Manager															
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								AREA CODE	NUMBER	YEAR	MONTH	DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

213
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day FROM 95 10 01 TO 95 10 31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measure.	NO FLOW	MGD	*	*	*	*		1/WEEK	ESTIMATE	
	Permit Require.	*		*	*	*					*
Suspended Solids	Sample Measure.	*	*	*	30	100	MG/L		2/MONTH	GRAB	
	Permit Require.	*		*	*	*					
Oil and Grease	Sample Measure.	*	*	*	15	20	MG/L		2/MONTH	GRAB	
	Permit Require.	*		*	*	*					
pH	Sample Measure.	*	*	6.0	*	9.0	S.U.		2/MONTH	GRAB	
	Permit Require.	*		*	*	*					
	Sample Measure.	*	*	*	*	*	*		*	*	
	Permit Require.	*		*	*	*					
	Sample Measure.	*	*	*	*	*	*		*	*	
	Permit Require.	*		*	*	*					
	Sample Measure.	*	*	*	*	*	*		*	*	
	Permit Require.	*		*	*	*					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.						TELEPHONE		DATE		
David Orndorf Chemistry Manager							412 393-5113		95	11	22
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

313
 DISCHARGE NO.

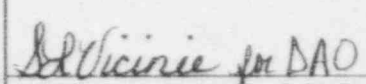
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	10	01	95	10	31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measure.	0.002	0.002	MGD	*	*	*	*	0	1/7	EST
	Permit Require.	*	*		*	*	*		1/WEEK	ESTIMATE	
Suspended Solids	Sample Measure.	*	*	*	*	<4	<4	MG/L	0	1/7	G
	Permit Require.	*	*		*	30	100		1/WEEK	GRAB	
Oil and Grease	Sample Measure.	*	*	*	*	<5	<5	MG/L	0	1/7	G
	Permit Require.	*	*		*	15	20		1/WEEK	GRAB	
pH	Sample Measure.	*	*	*	6.93	*	7.15	S.U.	0	1/7	G
	Permit Require.	*	*		6.0	*	9.0		1/WEEK	GRAB	
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*		*		*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*		*		*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*		*		*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
David Orndorf Chemistry Manager			412352-5113	95	11	22	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615
PERMIT NUMBER

413
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
95	10	01	FROM	95	10	31

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM						
Flow	Sample Measure.	NO FLOW		MGD	*	*	*						
	Permit Require.	*	*		*	*	*		1/WEEK	ESTIMATE			
Suspended Solids	Sample Measure.	*	*	*	*								
	Permit Require.	*	*		*	30	100		1/WEEK	GRAB			
Oil and Grease	Sample Measure.	*	*	*	*								
	Permit Require.	*	*		*	15	20		1/WEEK	GRAB			
pH	Sample Measure.	*	*	*		*							
	Permit Require.	*	*		6.0	*	9.0		1/WEEK	GRAB			
	Sample Measure.	*	*	*	*	*	*		*	*			
	Permit Require.	*	*		*	*	*		*	*			
	Sample Measure.	*	*	*	*	*	*		*	*			
	Permit Require.	*	*		*	*	*		*	*			
	Sample Measure.	*	*	*	*	*	*		*	*			
	Permit Require.	*	*		*	*	*		*	*			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. S 1001 & 33 U.S.C. S 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.						TELEPHONE		DATE			
David Orndorf Chemistry Manager													
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MONTH	DAY	
		412 393-5113								95	11	22	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

013
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 95 10 01 TO 95 10 31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	SAMPLE MEASURE	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS	
Flow	Sample Measure.	0.010 0.008	0.010 0.008	MGD	*	*	*	*	0	1/7	EST	
	Permit Require.	*	*		*	*	*					*
Temperature	Sample Measure.	*	*	*	*	*	81.6	DEG F	0	1/7	I-S	
	Permit Require.	*	*		*	*	INSTANT. MAX. 110					
Total Residual Chlorine	Sample Measure.	*	*	*	*	0.5	0.90	MG/L	0	1/7	G	
	Permit Require.	*	*		*	0.5	INSTANT. MAX. 1.25					
Antimony	Sample Measure.	*	*	*	*			MG/L		1/7	24 HOUR COMPOSITE	
	Permit Require.	*	*		*	MONITOR AND REPORT						
Cyanide, Free	Sample Measure.	*	*	*	*			MG/L		1/7	24 HOUR COMPOSITE	
	Permit Require.	*	*		*	MONITOR AND REPORT						
Cyanide, Total	Sample Measure.	*	*	*	*			MG/L		1/7	24 HOUR COMPOSITE	
	Permit Require.	*	*		*	MONITOR AND REPORT						
pH	Sample Measure.	*	*	*	6.09	*	7.15	S.U.	0	1/7	G	
	Permit Require.	*	*		*	6.0	*					9.0
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David Orndorf Chemistry Manager								412393-5113		95	11	22
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)