



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

January 23, 1996
NPD3VPO: 0428

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/bjm

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

010018

9602010109 951231
PDR ADOCK 05000334
R PDR

IF 25
11





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

January 23, 1996
NPD3VPO: 0426

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

January 23, 1996
NPD3VPO: 0427

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 December 1995 is submitted for your consideration. An agreement has been reached between counsel for Duquesne Light and counsel for the Department of Environmental Protection to stay the limitations for TRC and FAC on outfalls 113, 203, 013, and 012 for the pendency of the NPDES permit appeal filed in regard to the Beaver Valley Power Station by Duquesne Light.

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/bjm

Enclosure

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

**DELIVERING
QUALITY
ENERGY**

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)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
95	12	01	FROM	95	12	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	0.004	MGD	*	*	*	*	0	1/D	CONT								
	Permit Require.	*	*		*	*	*	*		DAILY	CONTINUOUS								
Suspended Solids	Sample Measure.	*	*	*	*	16.3	35.7	MG/L	0	1/7	2 HC								
	Permit Require.	*	*		*	30	100			1/WEEK	2 HOUR COMPOSITE								
Oil and Grease	Sample Measure.	*	*	*	*	<5	<5	MG/L	0	1/7	G								
	Permit Require.	*	*		*	15	20			1/WEEK	GRAB								
Hydrazine	Sample Measure.	*	*	*	NA			MG/L											
	Permit Require.	*	*		MONITOR	ONLY				1/WEEK	GRAB								
Ammonia	Sample Measure.	*	*	*	N/A			MG/L											
	Permit Require.	*	*		MONITOR	ONLY				1/WEEK	GRAB								
pH	Sample Measure.	*	*	*	6.92	*	7.54	S.U.	0	1/7	G								
	Permit Require.	*	*		6.0	*	9.0			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																			
TYPED OR PRINTED								412393-5113		96	01	23							
								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY						

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

NA = Not Applicable, conditions of wet lay-up 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)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD
FROM Year Month Day TO Year Month Day
95 12 01 TO 95 12 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	*	*	*	*							
	Permit Require.	*	*		*	*	*			2/MONTH	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	9.0			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. 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		96	01	23
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

301
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 95 12 01 TO 95 12 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			
Flow	Sample Measure.	NO FLOW		MGD	*	*	*	*		
	Permit Require.	*	*		*	*	*	*	1/WEEK	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*	30	100	MG/L		
	Permit Require.	*	*		*				2/MONTH	GRAB
Oil and Grease	Sample Measure.	*	*	*	*	15	20	MG/L		
	Permit Require.	*	*		*				2/MONTH	GRAB
	Sample Measure.	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*		*	*	*	*	*	*
	Sample Measure.	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*		*	*	*	*	*	*
	Sample Measure.	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*		*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manger

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. 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

412393-5113

DATE

96 01 23

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

401
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 FROM Year Month Day TO Year Month Day
 95 12 01 TO 95 12 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.	*	*	*			MG/L		2/MONTH	GRAB
	Permit Require.	*		*	30	100				
Oil and Grease	Sample Measure.	*	*	*			MG/L		2/MONTH	GRAB
	Permit Require.	*		*	15	20				
pH	Sample Measure.	*	*		*		S.U.		2/MONTH	GRAB
	Permit Require.	*		*	6.0	*				
	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		412393-5113		96	01	2
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						
Year	Month	Day		Year	Month	Day
95	12	01	FROM	95	12	31

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.	NO FLOW		MGD	*	*	*	*			
	Permit Require.	*	*		*	*	*	*		1/WEEK	ESTIMATE
Total Suspended Solids	Sample Measure.	*	*	*	*			MG/L			
	Permit Require.	*	*		*	30	100			1/WEEK	GRAB
	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

412393-5113

DATE

96 01 23

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
Year Month Day Year Month Day
FROM 95 12 01 TO 95 12 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.	33.228	38.376	MGD	*	*	*	*	0	DAILY	CONTINUOUS			
	Permit Require.	*	*		*	*	*							
Free Available Chlorine	Sample Measure.	*	*	*	*	0.09	0.12	MG/L	0	2/DAY	G			
	Permit Require.	*	*		*	MAXIMUM 0.2	INSTANT. MAX. 0.5							
Total Residual Chlorine	Sample Measure.	*	*	*	*	0.15	0.18	MG/L	0	2/DAY	G			
	Permit Require.	*	*		*	0.5	INSTANT. MAX. 1.25							
Clamtrol (CT-1)	Sample Measure.	*	*	*	*	N/A		MG/L		WHEN DISCHARGING	24 HOUR COMPOSITE			
	Permit Require.	*	*		*	NOT DETECTABLE								
Betz DT-1	Sample Measure.	*	*	*	*		N/A	MG/L		WHEN DISCHARGING	24 HOUR COMPOSITE			
	Permit Require.	*	*		*	35.0								
Hydrazine	Sample Measure.			LB/DY	*	N/A		MG/L		1/WEEK	GRAB			
	Permit Require.	NOT DETECTABLE			*	USING ASTM D-1385								
Ammonia	Sample Measure.	*	*	*	*	N/A		MG/L		1/WEEK	GRAB			
	Permit Require.	*	*		*	MONITOR ONLY								
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		96	01	23		
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 applicable, Not discharging and no conditions of wet lay-up.

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 Year Month Day
 FROM 95 12 01 TO 95 12 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.	*	*	*	7.75	*	8.00	S.U.	0	1/WEEK	G		
	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 yr.								TELEPHONE		DATE		
David Orndorf Chemistry Manager									412393-5113		96	01	23
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)

NOTE: YOUR PERMIT WILL EXPIRE ON . PLEASE SUBMIT YOUR RENEWAL APPLICATION BY .

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
 Year Month Day Year Month Day
 FROM 95 12 01 TO 95 12 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.	*	*		*	*	*	*		2/MONTH	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*	19.4	34.8	MG/L	0	2/31	G
	Permit Require.	*	*	*	*	30	100			2/MONTH	GRAB
Oil and Grease	Sample Measure.	*	*	*	*	<5	<5	MG/L	0	2/31	G
	Permit Require.	*	*	*	*	15	20			2/MONTH	GRAB
pH	Sample Measure.	*	*	*	7.49	*	7.50	S.U.	0	2/31	G
	Permit Require.	*	*	*	6.0	*	9.0			2/MONTH	GRAB
	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

TELEPHONE

412393-5113

DATE

96 01 23

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

002
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 95 12 01 TO 95 12 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.	*	*		*	*	*				

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

96 01 23

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)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	12	01	95	12	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.	0.0002 7.45 M	0.000	MGD	*	*	*	*	0	2/31	FST
	Permit Require.	* 1/22/94	*		*	*	*			2/MONTH	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*	20.6	21.5	MG/L	0	2/31	24 HC
	Permit Require.	*	*		*	30	100			2/MONTH	24 HOUR COMPOSITE
pH	Sample Measure.	*	*	*	7.45	*	7.53	S.U.	0	2/31	G
	Permit Require.	*	*		6.0	*	9.0			2/MONTH	GRAB
	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		412393-5113		96	01	23
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

203
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD								
Year	Month	Day		Year	Month	Day		
95	12	01	FROM	95	12	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.	0.002	0.004	MGD	*	*	*	*	0	1/7	MEAS.										
	Permit Require.	0.023	*		*	*	*			1/WEEK	MEASURED										
CBOD-5 Day	Sample Measure.	*	*	LB/DY	*	2.1	3.2	MG/L	0	2/31	8HC										
	Permit Require.	*	*		*	25	50			2/MONTH	8 HOUR COMPOSITE										
Suspended Solids	Sample Measure.	*	*	LB/DY	*	29.1	32.5	MG/L	0	3/31	8HC										
	Permit Require.	*	*		*	30	60			2/MONTH	8 HOUR COMPOSITE										
Total Residual Chlorine Permit issuance thru September 30, 1997	Sample Measure.	*	*	*	*	0.50	1.73	MG/L	0	2/31	G										
	Permit Require.	*	*		*	1.2	INSTANT. MAX. 3.0			2/MONTH	GRAB										
Fecal Coliform May 1 to Sep 30 Oct 1 to Apr 30	Sample Measure.	*	*	*	*	1505	3000	#/100ML	0	2/31	G										
	Permit Require.	*	*		*	200 2000	1000 *			2/MONTH	GRAB										
pH	Sample Measure.	*	*	*	6.55	*	6.88	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								
									412	393-5113	96	01	23								

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

NOTE: YOUR PERMIT WILL EXPIRE ON _____. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY _____.

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)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
95	12	01	TO	95	12	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.	0.019	0.056	MGD	*	*	*	*	0	1/7	EST
	Permit Require.	*	*		*	*	*	*		1/WEEK	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*	4.2	4.8	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.	*	*	*	6.68	*	6.78	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. 5 1001 & 33 U.S.C. 5 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
		412	393-5113	96	01	23

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	12	01	FROM	95	12	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	0.0005	MGD	*	*	*	*	0	1/7	EST	
	Permit Require.	*	*		*	*	*		*		1/WEEK	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*	6.9	7.3	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	
Hydrazine	Sample Measure.	*	*	*	NA			MG/L				
	Permit Require.	*	*		NOT DETECTABLE	USING	ASTM D-1385			1/WEEK	GRAB	
Ammonia	Sample Measure.	*	*	*	*	NA		MG/L				
	Permit Require.	*	*		*	MONITOR AND REPORT				1/WEEK	GRAB	
Total Residual Chlorine	Sample Measure.	*	*	*	0.04	0.04	0.07	MG/L	0	1/7	G	
	Permit Require.	*	*		0.5	*	INSTANT. MAX. 1.25			1/WEEK	GRAB	
Clamtrol (CT-1)	Sample Measure.	*	*	*	*	NA		MG/L				
	Permit Require.	*	*		*	NOT DETECTABLE				WHEN DISCHARGING	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 imprisonment between 6 mo. and 5 yr.)							TELEPHONE		DATE		
David Orndorf Chemistry Manager								412 393-5113		96	01	23
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)

NA. Not applicable, Not discharging, Not in wet layup.

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
 FROM 95 12 01 TO 95 12 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.	*	*	*	*	N/A	MG/L			GRAB
	Permit Require.	*	*	*	*	35.0				
pH	Sample Measure.	*	*	*	7.63	8.00	S.U.	0	1/7	G
	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.	*	*	*	*	*				

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		96	01	23
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)

NA = Not applicable, Not discharging.

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

PA002561J
PERMIT NUMBER

003
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD
Year Month Day Year Month Day
FROM 95 12 01 TO 95 12 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.	0.024	0.067	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.	*	*		*	*	*				
	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		96	01	23	
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)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD
FROM Year Month Day TO Year Month Day
95 12 01 TO 95 12 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	MEASURED		
Free Available Chlorine	Sample Measure.	*	*	*	*			MG/L				
	Permit Require.	*	*		*	0.2	0.5		CONTINUOUS	RECORDED		
Total Residual Chlorine	Sample Measure.	*	*	*	*	*		MG/L				
	Permit Require.	*	*		*	*	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								412393-5113		96	01	23
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

006
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 FROM Year Month Day 95 12 01 TO Year Month Day 95 12 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.	*	*		*	*	*				
	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. 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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

412393-5113

96 01 23

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)

MONITORING PERIOD
 Year Month Day TO Year Month Day
 FROM 95 12 01 TO 95 12 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	ESTIMATE
	Permit Require.	*		*	*	*				
Free Available Chlorine	Sample Measure.	*	*	*			MG/L		1/WEEK	GRAB
	Permit Require.	*		*	0.2	0.5				
Total Residual Chlorine	Sample Measure.	*	*		*		MG/L		1/WEEK	GRAB
	Permit Require.	*		*	0.5	*				
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

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

412393-5113

DATE

96 01 23

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

008
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD
 FROM Year 95 Month 12 Day 01 TO Year 95 Month 12 Day 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.	*	*	*	*	7.2	10.3	MG/L	0	2/31	G
	Permit Require.	*	*		*	30	100				
Oil and Grease	Sample Measure.	*	*	*	5.8	6.6 5.8	6.6	MG/L	0	2/31	G
	Permit Require.	*	*		AVG. MONTHLY 15	DAILY MAX. 20	INSTANT. MAX. 30				
pH	Sample Measure.	*	*	*	7.60	*	7.60	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		TELEPHONE 412393-5113		DATE 96 01 23		
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)					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

110
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
95	12	01	TO	95	12	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	
	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		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		
TYPED OR PRINTED								412 393-5113		96	01 23	
		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 12 01 TO 95 12 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	MEAS
	Permit Require.	*	*		*	*	*				
Free Available Chlorine	Sample Measure.	*	*	*	*	0.00	0.00	MG/L	0	1/7	GRAB
	Permit Require.	*	*		*	0.2	0.5				
Total Residual Chlorine	Sample Measure.	*	*	*	0.00	*	0.00	MG/L	0	1/7	GRAB
	Permit Require.	*	*		0.5	*	1.25				
Clamtrol CT-1	Sample Measure.	*	*	*	NA	*	*	MG/L			24 HOUR COMPOSITE
	Permit Require.	*	*		NOT DETECTABLE	*	WHEN DISCHARGING				
Betz DT-1	Sample Measure.	*	*	*	NA	*	*	MG/L			24 HOUR COMPOSITE
	Permit Require.	*	*		*	35.0	*				
pH	Sample Measure.	*	*	*	7.46	7.60	*	S.U.	0	1/7	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							412 393-5113		96	01	23
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MONTH	DAY

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

NA = Not Applicable, No discharging

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
95	12	01	TO	95	12	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.	0.004	0.004	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.	*	*		*	*	*				
	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		96	01	23
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

111
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM -
 (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
95	12	01	FROM	95	12	31
			TO			

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	FST
	Permit Require.	*	*		*	*	*		*		1/WEEK
Suspended Solids	Sample Measure.	*	*	*	*	< 4	< 4	MG/L	0	1/7	GRAB
	Permit Require.	*	*		*	30	100			1/WEEK	GRAB
Oil and Grease	Sample Measure.	*	*	*	< 5	< 5	< 5	MG/L	0	1/7	GRAB
	Permit Require.	*	*		AVERAGE 15	MAXIMUM 20	INSTANT. MAX. 30			1/WEEK	GRAB
pH	Sample Measure.	*	*	*	6.98	*	7.34	S.U.	0	1/7	GRAB
	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 Chemistry Manager		412393-5113		96	01	23
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

211
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM-
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
95	12	01	95	12	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.	*	*	*	*	4.0	4.2	MG/L	0	1/7	G
	Permit Require.	*	*		*	30	100		1/WEEK	GRAB	
Oil and Grease	Sample Measure.	*	*	*	<5	<5	<5	MG/L	0	1/7	G
	Permit Require.	*	*		AVERAGE 15	MAXIMUM 20	INSTANT. MAX. 30		1/WEEK	GRAB	
pH	Sample Measure.	*	*	*	6.83	*	8.69	S.U.	0	1/7	G
	Permit Require.	*	*		6.0	*	9.0		1/WEEK	GRAB	
	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. 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		96	01	23
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 Year Month Day
 FROM 95 12 01 TO 95 12 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	AVERAGE MONTHLY	DAILY MAXIMUM	INSTANTANEOUS MAXIMUM	UNITS			
Flow	Sample Measure.	0.001	0.001	MGD	*	*	*	*	0	1/31	EST
	Permit Require.	*	*		*	*	*		*		1/MONTH
Free Available Chlorine	Sample Measure.	*	*	*	*	0.01	0.01	MG/L	0	1/31	G
	Permit Require.	*	*		*	0.2	0.5			2/MONTH	GRAB
pH	Sample Measure.	*	*	*	8.18	8.18	*	S.U.	0	1/31	G
	Permit Require.	*	*		MINIMUM 6.0	9.0	*			1/MONTH	GRAB
	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		412393-5113		96	01	23
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

113
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD								
Year	Month	Day		Year	Month	Day		
95	12	01	FROM	95	12	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.	*	*	*	*	8.5	8.5	MG/L	0	1/31	8HC		
	Permit Require.	*	*		*	25	50			2/MONTH	8 HOUR COMPOSITE		
Suspended Solids	Sample Measure.	*	*	*	*	6.1	10.9	MG/L	0	2/31	8HC		
	Permit Require.	*	*		*	30	60			2/MONTH	8 HOUR COMPOSITE		
Total Residual Chlorine Permit issuance thru September 30, 1997	Sample Measure.	*	*	*	*	1.48	7.85	MG/L	0	6/31	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.	*	*	*	*	1667	10000	#/100ML	0	6/31	G		
	Permit Require.	*	*		*	200 2000	1000 *			2/MONTH	GRAB		
pH	Sample Measure.	*	*	*	6.80	*	7.57	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								412 393-5113	96	01	23		
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)
The second CBOD sample obtained was accidentally destroyed and results were not generated. The average and maximum concentrations are based on the one set of sample results obtained.

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 12 01 TO 95 12 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			
Flow	Sample Measure.	NO FLOW		MGD	*	*	*	*		
	Permit Require.	*	*		*	*	*	*	1/WEEK	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*					
	Permit Require.	*	*		*	30	100	MG/L	2/MONTH	GRAB
Oil and Grease	Sample Measure.	*	*	*	*					
	Permit Require.	*	*		*	15	20	MG/L	2/MONTH	GRAB
pH	Sample Measure.	*	*	*		*				
	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

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

[Signature]

TELEPHONE

412 393-5113

AREA CODE NUMBER

DATE

96 01 23

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

313
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM*
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 95 12 01 TO 95 12 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.	0.003	0.003	MGD	*	*	*	*	0	1/7	EST
	Permit Require.	*	*		*	*	*		*		1/WEEK
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.	*	*	*	7.00	*	7.16	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

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. 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

412 393-5113

DATE

96 01 23

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

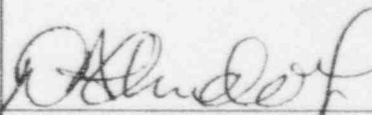
413
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM.
(NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
95	12	01	FROM	95	12	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	*	*	*	*							
	Permit Require.	*	*		*	*	*			1/WEEK	ESTIMATE				
Suspended Solids	Sample Measure.	*	*	*	*			MG/L							
	Permit Require.	*	*		*	30	100			1/WEEK	GRAB				
Oil and Grease	Sample Measure.	*	*	*	*			MG/L							
	Permit Require.	*	*		*	15	20			1/WEEK	GRAB				
pH	Sample Measure.	*	*	*		*		S.U.							
	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.)								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	96	01	23		

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)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD								
Year	Month	Day				Year	Month	Day
95	12	01	FROM			95	12	31
			TO					

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.	0.010	0.010	MGD	*	*	*	*	0	1/7	EST		
	Permit Require.	*	*		*	*	*		1/WEEK	ESTIMATE			
Temperature	Sample Measure.	*	*	*	*	*	90	DEG F	0	1/7	I-S		
	Permit Require.	*	*		*	*	INSTANT. MAX. 110		1/WEEK	I - S			
Total Residual Chlorine	Sample Measure.	*	*	*	*	0.75	3.93	MG/L	0	1/7	G		
	Permit Require.	*	*		*	0.5	INSTANT. MAX. 1.25		1/WEEK	GRAB			
Antimony	Sample Measure.	*	*	*	*	< 0.5	< 0.5	MG/L	0	2/WT	G		
	Permit Require.	*	*		*	MONITOR AND REPORT	1/WEEK		24 HOUR COMPOSITE				
Cyanide, Free	Sample Measure.	*	*	*	*	0.039	0.041	MG/L	0	2/WT	G		
	Permit Require.	*	*		*	MONITOR AND REPORT	1/WEEK		24 HOUR COMPOSITE				
Cyanide, Total	Sample Measure.	*	*	*	*	0.262	0.430	MG/L	0	2/WT	G		
	Permit Require.	*	*		*	MONITOR AND REPORT	1/WEEK		24 HOUR COMPOSITE				
pH	Sample Measure.	*	*	*	6.80	*	7.52	S.U.	0	1/7	G		
	Permit Require.	*	*		*	6.0	*		9.0	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 CHADOFF									412 353 5113		96	01	23
CHEMISTRY MANAGER									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR
TYPED OR PRINTED													

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

Month: DECEMBER
Year: 1995

1. Complete monthly and submit with each DMR. Attach additional sheets and comments as needed for completeness and clarity.
2. Sludge production information will be used to evaluate plant performance. Report only sludge which has been removed from digesters and other solids which have been permanently removed from the treatment process. Do not include sludge from other plants which is processed at your facility.
3. In the disposal site section, report all sludge leaving your facility for disposal. If another plant processes and disposes of your sludge, just provide the name of that plant. If you dispose of sludge from other plants, include their tonnage in the disposal site section and provide their names and individual dry tonnage on the back of this form.
4. If no sludge was removed, note on form.

Permittee: Duquesne Light Co.
Plant: Beaver Valley Power Station Unit I
NPDES: PA 00-25615
Municipality: Shippingport Borough
County: Beaver

For sludge that is incinerated:

Pre-incineration weight = _____	dry tons
Post-incineration weight = _____	dry tons

HAULED AS LIQUID SLUDGE

(Gallons)	X	(% Solids)	X	(Conversion Factor)	=	Dry Tons
7000		2%		.0000417		
TOTAL					=	0.584

$$\text{(Tons of Dewatered Sludge)} \times (\% \text{ Solids}) \times (.01) = \text{Dry Tons}$$
[illegible]

	Site 1	Site 2	Site 3	Site 4
Name:	Boro of Mosaca Sewage Treatment Plant			
Permit No.:	PA0020125			
Dry Tons Disposed:	0.584			
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Peaver			

AP, birt COUNTRY MANAGER 12-15 (412) 393-5113

Month: DECEMBER
Year: 1995

1. Complete monthly and submit with each DMR. Attach additional sheets and comments as needed for completeness and clarity.
2. Sludge production information will be used to evaluate plant performance. Report only sludge which has been removed from digesters and other solids which have been permanently removed from the treatment process. Do not include sludge from other plants which is processed at your facility.
3. In the disposal site section, report all sludge leaving your facility for disposal. If another plant processes and disposes of your sludge, just provide the name of that plant. If you dispose of sludge from other plants, include their tonnage in the disposal site section and provide their names and individual dry tonnage on the back of this form.
4. If no sludge was removed, note on form.

Permittee: Duquesne Light Co.
Plant: Beaver Valley Power Station unit II
NPDES: PA 0005615
Municipality: Shippingport Borough
County: Beaver

Pre-incineration weight = _____ dry tons
Post-incineration weight = _____ dry tons

HAULED AS LIQUID SLUDGE				HAULED AS DEWATERED SLUDGE							
(Gallons)	X	(% Solids)	(Conversion Factor)	=	Dry Tons	(Tons of Dewatered Sludge)	X	(% Solids)	X (.01)	=	Dry Tons
		2%	.0000417						.01		
TOTAL				=	1001	TOTAL				=	

	Site 1	Site 2	Site 3	Site 4
Name:	Base of Mason			
Permit No.:	PHC 20125			
Dry Tons Disposed:	1,001			
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Deer			

CHEMISTRY MANAGER 1/2-1/11 (412) 393-5113



Nuclear Group
P.O. Box 4
Shippingport, PA 15077-0004

Telephone (412) 393-6000

January 24, 1996
ND3CDM:0142

Pennsylvania Department of Environmental Protection
Attention: Mr. Ronald A. Schwartz
Chief of Permits
Water Quality Management
400 Waterfront Drive
Pittsburgh, PA 15222-4745

Dear Mr. Schwartz:

Corbicula Control/Betz CT-1 Usage Report - Fourth Quarter 1995

On October 3, 1995, Beaver Valley Power Station personnel performed a clamicide application to the Unit 2 river water system. Also, on October 17, 1995, a clamicide application was performed on the Unit 1 river water systems. The data reporting forms for these applications are included for your review.

The following conclusions were determined for these applications:

- Unit 2 (October 3, 1995)
 1. This sub-system dosing was completed in nine (9) hours.
 2. A total of 921 pounds of Bentonite clay (DT-G) was utilized during the application for detoxification of the clamicide. An additional 2254.4 pounds of clay was used to complete the cooling tower detoxification after the in-plant systems were detoxified. The average clay concentration during the application was estimated to be 20.0 ppm.
 3. A total of 1526.3 pounds of the clamicide Clam-Trol (CT-1) was utilized during the application. Frequent sampling of the affected outfalls revealed no detectable concentration of CT-1 at any time.
 4. No toxicity or impairment to the receiving stream's aquatic life was evidenced due to this application.



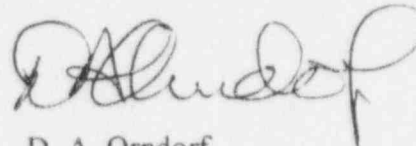
The Nuclear Professionals

- Unit 1 (October 17, 1995)

1. This sub-system dosing was completed in nine (9) hours.
2. A total of 1000 pounds of clay (DT-G) was utilized during the application for detoxification of the clamicide. An additional 2576 pounds of clay was added to the circulating water system to complete the detoxification after the in-plant systems were detoxified. The clay concentration during the application was estimated to be 20 ppm.
3. A total of 466 pounds of CT-1 was utilized during the application. Frequent sampling of the affected outfalls revealed no detectable concentration of CT-1 at any time.
4. No toxicity or impairment to the receiving stream's aquatic life was evidenced due to this application.

Based upon the successful results achieved with this application, it is expected that it will not be necessary to treat either Unit's system until the Spring of this year. However, the recent Zebra mussel sightings in the Ohio River Valley may necessitate more aggressive actions should Zebra's produce problems in our plant systems.

Very truly yours,



D. A. Orndorf
Chemistry Manager

DNL/clp

cc: Kareen Milcic (PA DER)
J. A. Cool
S. L. Vicinie
S. K. Rodgers
Central File (Key): Corbicula Control

DATA REPORTING FORM - CHEMICAL ADDITIVES

Company Name: Duquesne Light Company

Permit No. PA 0025613

Outfall No. 001 & 003, Unit 1

Month/Year OCTOBER 1995

Day	Discharge rate (MGD)	Allowable usage rate (lbs/day)	Actual usage rate (lbs/day)	Effluent concentration (mg/L)*	Additive name
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17	43.056		466	< 0.3 ppm*	Clam-trol CT-1
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

* Composite sample was < 0.3 ppm which is the detection limit.

Note: The discharge rate is to be measured at the final outfall.

*If chemical analysis of the outfall is performed, report results in this column.

This form may be adapted for the recording and reporting of the small dosages of Clam-trol at the Beaver Valley Power Station.

DATA REPORTING FORM - CHEMICAL ADDITIVES

Company Name: Duquesne Light Company

Permit No. PA 0025613

Outfall No. 001 & 003, Unit 1

Month/Year OCTOBER 1995

Day	Discharge rate (MGD)	Allowable usage rate (lbs/day)	Actual usage rate (lbs/day)	Effluent concentration (mg/L)*	Additive name
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17	43.056		3576	20 ppm est.	Bentonite clay DT-6/DT-5
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Note: The discharge rate is to be measured at the final outlet.

*If chemical analysis of the effluent is performed, report results in this column.

This form may be adapted for the recording and reporting of the small dosages of Clam-tral at the Beaver Valley Power Station.

DATA REPORTING FORM - CHEMICAL ADDITIVES

Company Name: Duquesne Light Company

Permit No. PA 0025613

Outfall No. 001 & 010, Unit 2

Month/Year OCTOBER 1995

Day	Discharge rate MGD	Allowable sewage rate (lbs/day)	Actual sewage rate (lbs/day)	Effluent concentration mg/l*	Additive name
1					
2					
3	37.44		1526.3	< 0.3 ppm*	Clam-trol CT-1
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

* Composite sample used
< 0.3 ppm which is the
detection limit.

Note: The discharge rate is to be measured at the final outfall.

*If chemical analysis of the outfall is performed, report results in this column.

This form may be adapted for the recording and reporting of the small dosages of Clam-trol at the Beaver Valley Power Station.

DATA REPORTING FORM - CHEMICAL ADDITIVES

Company Name: Duquesne Light Company

Permit No. PA 0025615

Outfall No. 001 & 010, Unit 2

Month/Year OCTOBER 1995

Day	Discharge rate (MGD)	Allowable usage rate (lbs/day)	Actual usage rate (lbs/day)	Effluent concentration (mg/L)*	Additive name
1					
2					
3	37.44		3175	20ppm est.	Bentonite Clay DT-G/DT-S
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Note: The discharge rate is to be measured at the final outfall.

*If chemical analysis of the outfall is performed, report results in this column.

This form may be adapted for the recording and reporting of the small dosages of Clam-bol at the Beaver Valley Power Station.