



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

February 26, 1996
NPD3VPO: 0439

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

050097

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PDR ADOCK 05000334
R PDR

Z 330552905



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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

February 26, 1996
NPD3VPO: 0437

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

February 27, 1996
NPD3VPO: 0440

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 Occurrence

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 008 exceeded the allowable monthly average of 30 mg/l for total suspended solids during January 1996. The January monthly average was 40.35 mg/l. There were 2 individual measurements taken, neither of which exceeded the maximum allowable value of 100 mg/l. The second measurement of the month was obtained on January 26, 1996. EPA discharge 008 is located in the cooling tower pumphouse in close proximity to the Ohio River. On January 20, 1996 the Ohio River flooded, cresting at 693 feet. This upset condition was responsible for the high levels of total suspended solids.

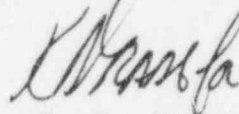
A subsequent sample at discharge 008, obtained in early February contained total suspended solids of 32.85 mg/l, indicating significant improvement.

DELIVERING
QUALITY
ENERGY

February 27, 1996
NPD3VPO: 0440
Page 2

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

Sincerely,



T. P. Noonan
Division Vice President
Nuclear Operations

SLV/trs

cc: D. A. Orndorf
J. K. 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

February 26, 1996
NPD3VPO: 0438

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 January 1996 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)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	1	1	96	1	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	0.004	MGD	*	*	*	*	0	1/0	Cont								
	Permit Require.	*	*		*	*	*	*		DAILY	CONTINUOUS								
Suspended Solids	Sample Measure.	*	*	*	*	4.97	8.77	MG/L	0	1/7	2HC								
	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.	*	*	*	NA			MG/L			→								
	Permit Require.	*	*		MONITOR		ONLY			1/WEEK	GRAB								
pH	Sample Measure.	*	*	*	6.43	*	7.75	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 A. Orndorf Chemistry Manager								412393-5113		96	02	26							
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, 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	Year	Month	Day
96	1	1	96	1	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.	*	*		*	*	*			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.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David A. 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 02 26

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

NOTE: YOUR PERMIT WILL EXPIRE ON SEP 28. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY APR - 1.

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
ACTIVITY 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 96 1 1 TO 96 1 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
	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 A. Orndorf Chemistry Manager						412393-5113		96	02	26	
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
 ACTIVITY 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
 FROM 96 1 1 TO 96 1 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

David A. Orndorf
Chemistry Manager

TYPED OR PRINTED

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TELEPHONE

412393-5113

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER YEAR MONTH DAY

DATE

96 02 26

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.

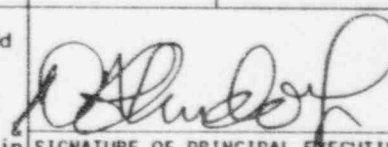
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD
Year Month Day Year Month Day
FROM 96 1 1 TO 96 1 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
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	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 A. Orndorf Chemistry Manager						
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY
		412	393-5113	96	02	26

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

No Discharge

Form PGH BWOM 002 (Rev 5/88)

PAGE 1 OF 1

NOTE: YOUR PERMIT WILL EXPIRE ON . PLEASE SUBMIT YOUR RENEWAL APPLICATION BY APR - 1 .

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 96 1 1 TO 96 1 31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

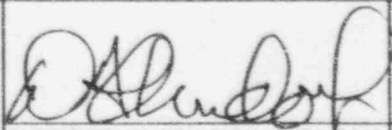
PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
pH	Sample Measure.	*	*	*	7.65	*	8.05	S.U.	0	1/week	G
	Permit Require.	*	*		6.0	*	9.0				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	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

David A. 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

412 33-5113

AREA CODE NUMBER

DATE

96 02 26

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

102
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	1	1	96	1	31

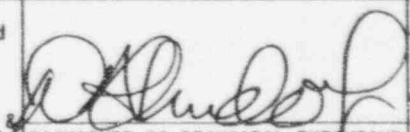
DISCHARGE MONITORING REPORT (DMR)

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.	*	*	*	*	< 4	< 4	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.	*	*	*	7.50	*	7.57	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 A. 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
NUMBER

DATE
96 02 26
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)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	1	1	96	1	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.	0.006	0.046	MGD	*	*	*	*	0	1/7	EST
	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.	*	*		*	*	*	*		*	*
	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 A. Orndorf Chemistry Manager		412 393-5113	96	02	26	
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
UTILITY 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 Year Month Day
FROM 96 1 1 TO 96 1 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	2/31	Est
	Permit Require.	*	*		*	*	*		2/MONTH	ESTIMATE	
Suspended Solids	Sample Measure.	*	*	*	*	12.67	19.56	MG/L	0	2/31	24 HC
	Permit Require.	*	*		*	30	100		2/MONTH	24 HOUR COMPOSITE	
pH	Sample Measure.	*	*	*	7.20	*	7.54	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.	*	*		*	*	*		*	*	
	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 A. Orndorf Chemistry Manager						412393-5113		96	02	26	
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

PAD025615
 PERMIT NUMBER

203
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 96 1 1 TO 96 1 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	0.004	MGD	*	*	*	*	0	1/7	meas	
	Permit Require.	0.023	*		*	*	*			1/WEEK	MEASURED	
CBOD-5 Day	Sample Measure.	*	*	LB/DY	*	7.6	12.2	MG/L	0	2/31	8HC	
	Permit Require.	*	*		*	25	50			2/MONTH	8 HOUR COMPOSITE	
Suspended Solids	Sample Measure.	*	*	LB/DY	*	29.7	35.3	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.	*	*	*	*	4.87	9.65	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.	*	*	*	*	0	0	#/100ML	0	2/31	G	
	Permit Require.	*	*		*	200 2000	1000 *			2/MONTH	GRAB	
pH	Sample Measure.	*	*	*	*	*	*	S.U.		2/MONTH	GRAB	
	Permit Require.	*	*		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 A. Orndorf Chemistry Manager								412393-5113		96	02	26
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)

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

PA0925615
 PERMIT NUMBER

303
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 96 1 1 TO 96 1 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	1/7	Est
	Permit Require.	*	*		*	*	*		*	1/WEEK	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*	7.16	12.07	MG/L	0	1/7	G
	Permit Require.	*	*		*	30	100		1/WEEK	GRAB	
Oil and Grease	Sample Measure.	*	*	*	*	25	25	MG/L	0	1/7	G
	Permit Require.	*	*		*	15	20		1/WEEK	GRAB	
pH	Sample Measure.	*	*	*	6.69	*	8.07	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 A. 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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE

NUMBER

YEAR MONTH DAY

96 02 26

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
FROM 96 1 1 TO 96 1 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	0.005	MGD	*	*	*	*	0	1/7	Est	
	Permit Require.	*	*		*	*	*		1/WEEK	ESTIMATE		
Suspended Solids	Sample Measure.	*	*	*	*	29.32	47.5	MG/L	0	1/7	G	
	Permit Require.	*	*		*	30	100		1/WEEK	GRAB		
Oil and Grease	Sample Measure.	*	*	*	*	15	20	MG/L		1/WEEK	GRAB	
	Permit Require.	*	*		*							
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.	*	*	*	0.07	*	0.1	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 maximum imprisonment between 6 mo. and 5 yr.)							TELEPHONE		DATE		
David A. Orndorf Chemistry Manager								412 393-5113		96	02	26
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, 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
96	1	1		96	1	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.	*	*	*	*	*	NA	MG/L			→		
	Permit Require.	*	*		*	*	35.0			WHEN DISCHARGING	GRAB		
pH	Sample Measure.	*	*	*	7.90	*	8.43	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.	*	*		*	*	*			*	*		
	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 A. Orndorf Chemistry Manager							412 393-5113		96	02	26		
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.

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

003
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

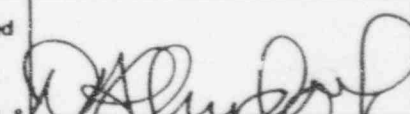
MONITORING PERIOD
Year Month Day Year Month Day
FROM 96 1 1 TO 96 1 31

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	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. § 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 A. Orndorf Chemistry Manager		412 393-5113	96	02	26
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 96 Month 1 Day 1 TO Year 96 Month 1 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	AVERAGE MONTHLY	MAXIMUM DAILY	INSTANTANEOUS MAXIMUM	UNITS			
Flow	Sample Measure.	No Flow	MGD	*	*	*	*	1/WEEK	MEASURED	
	Permit Require.	*		*	*	*				
Free Available Chlorine	Sample Measure.	*	*	*	0.2	0.5	MG/L	CONTINUOUS	RECORDED	
	Permit Require.	*		*	*	*				
Total Residual Chlorine	Sample Measure.	*	*	*	*	1.25	MG/L	1/WEEK	GRAB	
	Permit Require.	*		*	*	*				
pH	Sample Measure.	*	*	MINIMUM 6.0	9.0	*	S.U.	1/WEEK	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 A. Orndorf Chemistry Manager		412 393-5113		96	02	26
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

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

006
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 96 1 1 TO 96 1 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.	0.002	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 A. 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

DA Orndorf

TELEPHONE 412 393-5113

DATE 96 02 26

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

007
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 96 1 1 TO 96 1 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	*	*	*	*	0	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	*	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 and 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 A. Orndorf Chemistry Manager		412393-5113		96	02	26
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

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

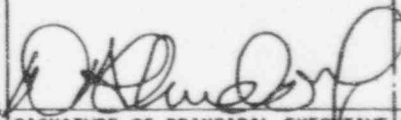
001
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
96	1	1	TO	96	1	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.	38,189	46,332	MGD	*	*	*	*	0	Daily	Cont
	Permit Require.	*	*		*	*	*		DAILY	CONTINUOUS	
Free Available Chlorine	Sample Measure.	*	*	*	*	0.04	0.04	MG/L	0	2/day	G
	Permit Require.	*	*		*	MAXIMUM 0.2	INSTANT. MAX. 0.5		CONTINUOUS	RECORDED	
Total Residual Chlorine	Sample Measure.	*	*	*	*	.12	.17	MG/L	0	2/day	G
	Permit Require.	*	*		*	0.5	INSTANT. MAX. 1.25		1/WEEK	GRAB	
Clamrol (CT-1)	Sample Measure.	*	*	*	*	NA		MG/L			
	Permit Require.	*	*		*	NOT DETECTABLE			WHEN DISCHARGING	24 HOUR COMPOSITE	
Betz DT-1	Sample Measure.	*	*	*	*		NA	MG/L			
	Permit Require.	*	*		*		35.0		WHEN DISCHARGING	24 HOUR COMPOSITE	
Hydrazine	Sample Measure.			LB/DY	*	NA		MG/L			
	Permit Require.		NOT DETECTABLE		*		USING ASTM D-1385		1/WEEK	GRAB	
Ammonia	Sample Measure.	*	*	*	*	NA		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 A. Orndorf Chemistry Manager	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					412393-5113		96	02	26	
TYPED OR PRINTED						AREA CODE	NUMBER	YEAR	MONTH	DAY	

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

NA = Not applicable, Not discharging and no conditions of wet layup.

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

008
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	1	1	96	1	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	4/7	EST				
	Permit Require.	*	*		*	*	*			1/WEEK	ESTIMATE				
Suspended Solids	Sample Measure.	*	*	*	*	40.34	76.58	MG/L	1	2/31	G				
	Permit Require.	*	*		*	30	100			2/MONTH	GRAB				
Oil and Grease	Sample Measure.	*	*	*		45	45	MG/L	0	2/31	G				
	Permit Require.	*	*		AVG. MONTHLY 15	DAILY MAX. 20	INSTANT MAX. 30			2/MONTH	GRAB				
pH	Sample Measure.	*	*	*	7.59	*	7.70	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	Sample Measure.	*	*	*	*	*	*	*		*	*				
	Permit Require.	*	*		*	*	*			*	*				
David A. 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. 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				
TYPED OR PRINTED	412393-5113								96	02	26				
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									AREA CODE	NUMBER	YEAR	MONTH	DAY		

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

See attached reportable occurrence letter.

*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

110
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	1	1	96	1	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.	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.	*	*	*	*	*	*	*		*	*
	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 A. Orndorf Chemistry Manager		412 393-5113		96	02	26
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

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

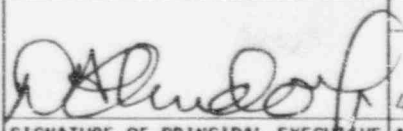
010
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	1	1	96	1	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	DAILY MAXIMUM	INSTANTANEOUS MAXIMUM	UNITS				
Flow	Sample Measure.	3.45	5.76	MGD	*	*	*	*	0	1/7	meas
	Permit Require.	*	*		*	*	*	*		1/WEEK	MEASURED
Free Available Chlorine	Sample Measure.	*	*	*	*	0.02	0.02	MG/L	0	1/7	G
	Permit Require.	*	*		*	0.2	0.5			1/WEEK	GRAB WHILE CHLORO.
Total Residual Chlorine	Sample Measure.	*	*	*	0.0006	*	0.003	MG/L	0	1/7	G
	Permit Require.	*	*		0.5	*	1.25			1/WEEK	GRAB WHILE CHLORO.
Clamtrol CT-1	Sample Measure.	*	*	*	NA	*	*	MG/L			>
	Permit Require.	*	*		NOT	DETECTABLE	*			WHEN DISCHARGING	24 HOUR COMPOSITE
Betz DT-1	Sample Measure.	*	*	*	*	NA	*	MG/L			>
	Permit Require.	*	*		*	35.0	*			WHEN DISCHARGING	24 HOUR COMPOSITE
pH	Sample Measure.	*	*	*	7.29	7.58	*	S.U.			
	Permit Require.	*	*		MINIMUM 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 A. Orndorf Chemistry Manager	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						412, 393-5113		96	02	26
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)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	1	1	96	1	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.	0.004	0.004	MGD	*	*	*	*	6	1/7	EST											
	Permit Require.	*	*		*	*	*	*														
	Sample Measure.	*	*	*	*	*	*	*		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.	*	*		*	*	*	*														
	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 A. Orndorf Chemistry Manager																						
TYPED OR PRINTED									412 393-5113		96	02	26									
		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 .

Duquesne Light Company

One Oxford Centre

301 Grant Street

Pittsburgh, Pennsylvania 15279

Beaver Valley Power Station

Shippingport Borough, Beaver County

PA0025615

PERMIT NUMBER

111

DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

(NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

FROM

Year Month Day
96 1 1

TO

Year Month Day
96 1 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.	*	*		*	*	*		1/WEEK	ESTIMATE	
Suspended Solids	Sample Measure.	*	*	*	*	4.23	4.91	MG/L	0	1/7	G
	Permit Require.	*	*		*	30	100		1/WEEK	GRAB	
Oil and Grease	Sample Measure.	*	*	*	25	25	25	MG/L	0	1/7	G
	Permit Require.	*	*		AVERAGE 15	MAXIMUM 20	INSTANT. MAX. 30		1/WEEK	GRAB	
pH	Sample Measure.	*	*	*	7.46	*	8.54	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

David A. Orndorff
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 02 26

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

211
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
96	1	1		TO	96	1

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	1/7	Est												
	Permit Require.	*	*		*	*	*	*		1/WEEK	ESTIMATE												
Suspended Solids	Sample Measure.	*	*	*	*	4.24	4.94	MG/L	0	1/7	G												
	Permit Require.	*	*		*	30	100			1/WEEK	GRAB												
Oil and Grease	Sample Measure.	*	*	*	<5	5.13	5.5	MG/L	0	1/7	G												
	Permit Require.	*	*		AVERAGE 15	MAXIMUM 20	INSTANT. MAX. 30			1/WEEK	GRAB												
pH	Sample Measure.	*	*	*	6.79	*	7.58	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. 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 A. Orndorf Chemistry Manager																							
TYPED OR PRINTED																							
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									AREA CODE	NUMBER	YEAR	MONTH	DAY										
									412	393-5113	96	02	26										

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

G12
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 96 1 1 TO 96 1 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	EST
	Permit Require.	*	*		*	*	*			1/MONTH	ESTIMATE
Free Available Chlorine	Sample Measure.	*	*	*	*	0.03	0.03	MG/L	6	2/31	G
	Permit Require.	*	*		*	0.2	0.5			2/MONTH	GRAB
pH	Sample Measure.	*	*	*	8.14	8.14	*	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

David A. 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

412393-5113

AREA CODE NUMBER

TELEPHONE

DATE

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 .

AME Duquesne Light Company
DDRESS One Oxford Centre
301 Grant Street
Pittsburgh, Pennsylvania 15279
ACILITY Beaver Valley Power Station
OCATION Shippingport Borough, Beaver County

PA0025615
PERMIT NUMBER

113
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
96	1	1	TO	96	1	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.	0.008	0.008	MGD	*	*	*	*	0	1/7	Mews		
	Permit Require.	0.043	*		*	*	*			1/WEEK	MEASURED		
CBOD-5 Day	Sample Measure.	*	*	*	*	9.75	11.0	MG/L	0	2/31	8 HC		
	Permit Require.	*	*		*	25	50			2/MONTH	8 HOUR COMPOSITE		
Suspended Solids	Sample Measure.	*	*	*	*	22.1	28.1	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.	*	*	*	*	0.39	0.76	MG/L	0	2/31	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.	*	*	*	*	0	0	#/100ML	0	2/31	G		
	Permit Require.	*	*		*	200 2000	1000 *			2/MONTH	GRAB		
pH	Sample Measure.	*	*	*	6.68	*	7.37	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 A. Orndorf Chemistry Manager								412, 393-5113		96	02	26	
TYPED OR PRINTED										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


213
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
96	1	1	TO	96	1	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	*	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. § 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 A. Orndorf Chemistry Manager															
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								AREA CODE	NUMBER	YEAR	MONTH	DAY		
									412	393-5113	96	02	26		

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
96	1	1	TO	96	1	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.	*	*	*	*	24	24	MG/L	0	1/7	G				
	Permit Require.	*	*		*	30	100			1/WEEK	GRAB				
Oil and Grease	Sample Measure.	*	*	*	*	25	25	MG/L	0	1/7	G				
	Permit Require.	*	*		*	15	20			1/WEEK	GRAB				
pH	Sample Measure.	*	*	*	6.86	*	7.02	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.								TELEPHONE		DATE				
David A. 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

413
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 96 1 1 TO 96 1 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		1/WEEK	GRAB	
	Permit Require.	*		*	30	100					
Oil and Grease	Sample Measure.	*	*	*			MG/L		1/WEEK	GRAB	
	Permit Require.	*		*	15	20					
pH	Sample Measure.	*	*		*		S.U.		1/WEEK	GRAB	
	Permit Require.	*		*	6.0	9.0					
	Sample Measure.	*	*	*	*	*	*		*	*	
	Permit Require.	*		*	*	*					
	Sample Measure.	*	*	*	*	*	*		*	*	
	Permit Require.	*		*	*	*					
	Sample Measure.	*	*	*	*	*	*		*	*	
	Permit Require.	*		*	*	*					

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David A. 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. § 1310. (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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER

DATE

96 02 26

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

013
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
96	1	1	FROM	96	1	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.	0.010	0.010	MGD	*	*	*	*	0	1/7	EST				
	Permit Require.	*	*		*	*	*	*		1/WEEK	ESTIMATE				
Temperature	Sample Measure.	*	*	*	*	*	98	DEG F	0	1/1	I-S				
	Permit Require.	*	*		*	*	INSTANT. MAX. 110			1/WEEK	I-S				
Total Residual Chlorine	Sample Measure.	*	*	*	*	0.31	0.61	MG/L	0	1/7	G				
	Permit Require.	*	*		*	0.5	INSTANT. MAX. 1.25			1/WEEK	GRAB				
Antimony	Sample Measure.	*	*	*	*	N/A		MG/L							
	Permit Require.	*	*		*	MONITOR	AND REPORT			1/WEEK	24 HOUR COMPOSITE				
Cyanide, Free	Sample Measure.	*	*	*	*	N/A		MG/L							
	Permit Require.	*	*		*	MONITOR	AND REPORT			1/WEEK	24 HOUR COMPOSITE				
Cyanide, Total	Sample Measure.	*	*	*	*	N/A		MG/L							
	Permit Require.	*	*		*	MONITOR	AND REPORT			1/WEEK	24 HOUR COMPOSITE				
pH	Sample Measure.	*	*	*	6.65	*	7.37	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 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)

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

Month: JANUARY
Year: 1996

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: ROQUESNE LIGHT CO.
Plant: BEAVER POWER STATION UNIT #1
NPDES: PA0025615
Municipality: SHIPPINGPORT PA BOROUGH
County: BEAVER

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

HAULED AS LIQUID SLUDGE				HAULED AS DEWATERED SLUDGE							
(Gallons)	X	(% Solids)	X (Conversion Factor)	=	Dry Tons	(Tons of Dewatered Sludge)	X (% Solids)	X (.01)	=	Dry Tons	
8000		2%	.0000417		1.50			.01			
TOTAL				=		TOTAL				=	

	Site 1	Site 2	Site 3	Site 4
Name:	BORDO MONACA			
Permit No.:	PA 0020125			
Dry Tons Disposed:	150			
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	BEAVER			

Signature

Chem. Mgr
Title

Date 2/2/76

Telephone

Month: JANUARY
Year: 1996

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 1
NPDES: PA 0025615
Municipality: STILLINGPORT BOROUGH
County: BEAVER

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

HAULED AS LIQUID SLUDGE

[illegible]

HAULED AS DEWATERED SLUDGE

(Tons of Dewatered Sludge)	X (% Solids)	X (.01) =	Dry Tons
		.01	
TOTAL		=	

	Site 1	Site 2	Site 3	Site 4
Name:	BORO OF MONACA			
Permit No.:	SEWAGE TREATMENT PLANT			
Dry Tons Disposed:	PA 0020125			
Type: (check one)	6.92			
Landfill				
Agr. Utilization				
Other (specify)				
County:	BEAVER			

(SSR-1 3/21/91)

Signature _____

Title

name

Telephone