

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
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	8 HC		
	Permit Require.	*	*		*	25	50			2/MONTH	8 HOUR COMPOSITE		
Suspended Solids	Sample Measure.	*	*	LB/DY	*	29.7	35.3	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.	*	*	*	*	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.	*	*	*	6.64	*	7.31	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. S 1001 & 33 U.S.C. S 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)							TELEPHONE		DATE			
David Orndorf Chemistry Manager													
TYPED OR PRINTED								412 393-5113	96	03	21		
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 9604030199 960321
PDR ADOCK 05000334
R PDR
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

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.	*	*	*	*	< 5.0	< 5.0	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.	*	*	*	0.07	*	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 Orndorf Chemistry Manager								412393-5113		96 03 21	
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 lay up.

Form PGH BWQM 002 (Rev 5/88)

PAGE 1 OF 2

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

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
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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	
Betz DT-1	Sample Measure.	*	*	*	*	*	NA	MG/L		→		
	Permit Require.	*	*		*	*	35.0					
pH	Sample Measure.	*	*	*	7.90	*	8.43	S.U.	0	1/7		
	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.	*	*		*	*	*					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Sample Measure.	*	*	*	*	*	*	*				
	Permit Require.	*	*		*	*	*					
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. § 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			
TYPED OR PRINTED							412 393-5113		96	03	21	
						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: FEBRUARY
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 2
NPDES: PA 0025615
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)	X (Conversion Factor)	=	Dry Tons	(Tons of Dewatered Sludge)	X (% Solids)	X (.01) =	Dry Tons
17500		2%	.0000417		1.460			.01	
TOTAL				=		TOTAL =			

	Site 1	Site 2	Site 3	Site 4
Name:	Barrat Moraca Sewage Treatment Plant			
Permit No.:	PA0020125			
Dry Tons Disposed:	1460			
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Pravara			

Handwritten: CHEMISTRY MANAGER 3/26/96 (412) 393-5113

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

PA0025615
PERMIT NUMBER

101
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD
Year Month Day Year Month Day
FROM 96 2 1 TO 96 2 29

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	0.0043	MGD	*	*	*	*	0	1/7	Cont		
	Permit Require.	*	*		*	*	*		DAILY	CONTINUOUS			
Suspended Solids	Sample Measure.	*	*	*	*	< 4.0	< 4.0	MG/L	0	1/7	2HC		
	Permit Require.	*	*		*	30	100		1/WEEK	2 HOUR COMPOSITE			
Oil and Grease	Sample Measure.	*	*	*	*	< 5.0	< 5.0	MG/L	0	1/7	G		
	Permit Require.	*	*		*	15	20		1/WEEK	GRAB			
Hydrazine	Sample Measure.	*	*	*	N/A			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.	*	*	*	7.40	*	7.59	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					412 393-5113				96	03	18		
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 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)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	2	1	96	2	29

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.	*	*		*	*	*			*	*												
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	NUMBER	96	03	18											
TYPED OR PRINTED																							
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)																							
No Discharge																							
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT																							

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PA0025615
PERMIT NUMBER

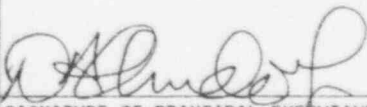
301
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD								
Year	Month	Day		Year	Month	Day		
96	2	1	FROM	96	2	29	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.	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.	*	*		*	*	*			*	*												
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	03	18										

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

No Discharge

Form PGH BWOM 002 (Rev 5/88)

APR - 1

PAGE 1 OF 1

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

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
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PA0025615
 PERMIT NUMBER

401
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD								
Year	Month	Day		Year	Month	Day		
96	2	1	FROM	96	2	29	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.	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.	*	*		*	*	*			*	*

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David Orndorf Chemistry Manager		412393-5113		96	03	18
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

Form PGH BWQM 002 (Rev 5/88)

PAGE 1 OF 1

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
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 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 2 1 TO 96 2 29

DISCHARGE MONITORING REPORT (DMR)

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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
Total Suspended Solids	Sample Measure.	*	*	*	*			MG/L			
	Permit Require.	*	*		*	30	100		*		1/WEEK
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*		*		*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*		*		*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*		*		*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*		*		*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*		*		*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	03	18
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

Form PGH BWQM 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
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 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	2	1	FROM	96	2	29

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.	38.142	41.184	MGD	*	*	*	*	0	Daily	Cont
	Permit Require.	*	*		*	*	*		DAILY	CONTINUOUS	
Free Available Chlorine	Sample Measure.	*	*	*	*	0.08	0.08	MG/L	0	2/day	G
	Permit Require.	*	*		*	MAXIMUM 0.2	INSTANT. MAX. 0.5		CONTINUOUS	RECORDED	
Total Residual Chlorine	Sample Measure.	*	*	*	*	0.16	0.16	MG/L		1/D	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	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. 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	03	18	
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 and no conditions of 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

001
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD						
Year	Month	Day	TO	Year	Month	Day
96	2	1		96	2	29

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.	*	*	*	7.77	*	7.80	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.	*	*		*	*	*				
	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	03	18	
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

102
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
96	2	1	FROM	96	2	29

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	2/29	Est				
	Permit Require.	*	*		*	*	*			2/MONTH	ESTIMATE				
Suspended Solids	Sample Measure.	*	*	*	*	< 4.0	< 4.0	MG/L	0	2/29	G				
	Permit Require.	*	*		*	30	100			2/MONTH	GRAB				
Oil and Grease	Sample Measure.	*	*	*	*	< 5.0	< 5.0	MG/L	0	2/29	G				
	Permit Require.	*	*		*	15	20			2/MONTH	GRAB				
pH	Sample Measure.	*	*	*	7.21	*	7.45	S.U.	0	2/29	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	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. S 1001 & 33 U.S.C. S 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)								TELEPHONE		DATE				
David Orndorf Chemistry Manager															
TYPED OR PRINTED															
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									AREA CODE	NUMBER	YEAR	MONTH	DAY		

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

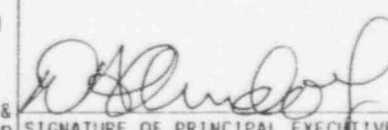
002
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD
Year Month Day Year Month Day
FROM 96 2 1 TO 96 2 29

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	17	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.	*	*		*	*	*		*		*	*	
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	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								412393-5113	96	03	18	
TYPED OR PRINTED									AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENT NO EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

PA0025615
 PERMIT NUMBER

103
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD								
Year	Month	Day		Year	Month	Day		
96	2	1		96	2	29		

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	2/29	EST
	Permit Require.	*	*		*	*	*			2/MONTH	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*	17.89	19.3	MG/L	0	2/29	24 HC
	Permit Require.	*	*		*	30	100			2/MONTH	24 HOUR COMPOSITE
pH	Sample Measure.	*	*	*	7.25	*	7.27	S.U.	0	2/29	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. § 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	03	18
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
96	2	1	FROM	96	2	27

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.	1.004	0.004	MGD	*	*	*	*	0	1/7	meas									
	Permit Require.	0.023	*		*	*	*	*		1/WEEK	MEASURED									
CBOD-5 Day	Sample Measure.	*	*	LB/DY	*	5.9	6.0	MG/L	0	2/29	8 HC									
	Permit Require.	*	*		*	25	50			2/MONTH	8 HOUR COMPOSITE									
Suspended Solids	Sample Measure.	*	*	LB/DY	*	15.2	19.5	MG/L	0	2/29	8 HC									
	Permit Require.	*	*		*	30	60			2/MONTH	8 HOUR COMPOSITE									
Total Residual Chlorine Permit issuance thru September 30, 1997	Sample Measure.	*	*	*	*	0.31	0.8	MG/L	0	2/29	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	2/29	G									
	Permit Require.	*	*		*	200 2000	1000			2/MONTH	GRAB									
pH	Sample Measure.	*	*	*	6.85	*	7.08	S.U.												
	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								
									412393-5113	96	03	18								

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)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 96 2 1 TO 96 2 29

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
Suspended Solids	Sample Measure.	*	*	*	*	16.9	24.2	MG/L	0	1/7	G
	Permit Require.	*	*		*	30	100			1/WEEK	GRAB
Oil and Grease	Sample Measure.	*	*	*	*	7.16	12.7	MG/L	0	1/7	G
	Permit Require.	*	*		*	15	20			1/WEEK	GRAB
pH	Sample Measure.	*	*	*	7.07	*	7.59	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

412393-5113

DATE

96 03 18

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER YEAR MONTH DAY

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

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

PA0025615
PERMIT NUMBER

403
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD
FROM Year Month Day TO Year Month Day
96 2 1 TO 96 2 29

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			1/WEEK	GRAB		
Oil and Grease	Sample Measure.	*	*	*	*			MG/L					
	Permit Require.	*	*		*	15	20			1/WEEK	GRAB		
Hydrazine	Sample Measure.	*	*	*				MG/L					
	Permit Require.	*	*		NOT DETECTABLE	USING	ASTM D-1385			1/WEEK	GRAB		
Ammonia	Sample Measure.	*	*	*	*			MG/L					
	Permit Require.	*	*		*	MONITOR AND REPORT				1/WEEK	GRAB		
Total Residual Chlorine	Sample Measure.	*	*	*				MG/L					
	Permit Require.	*	*		0.5	*	INSTANT. MAX. 1.25			1/WEEK	GRAB		
Clamtrol (CT-1)	Sample Measure.	*	*	*	*			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 Orndorf Chemistry Manager									412393-5113		96	03	18
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)

Sump dry all week

Form PGH BWQM 002 (Rev 5/88)

PAGE 1 OF 2

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

403
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 96 2 1 TO 96 2 24

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.	* No Flow *	*	*	*		MG/L			
	Permit Require.	*		*	*	35.0			WHEN DISCHARGING	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.	*		*	*	*			*	*
	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



AREA CODE

TELEPHONE

412393-5113

DATE

96 03 18

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

Sump dry all week

Form PGH BWQM 002 (Rev 5/88)

PAGE 2 OF 2

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 2 1 TO 96 2 29

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	2/29	Est
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.	TELEPHONE		DATE		
David Orndorf Chemistry Manager		412393-5113		96	03	18
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

004
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 96 2 1 TO 96 2 29

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	MAXIMUM DAILY	INSTANTANEOUS MAXIMUM			
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

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

David Orndorf

TELEPHONE

412393-5113

DATE

96 03 18

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

No Discharge

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

PA0025615
 PERMIT NUMBER

006
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 96 2 1 TO 96 2 29

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measure.	0.002	0.016	MGD	*	*	*	*	0	1/7	EST
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)	TELEPHONE	DATE			
David Orndorf Chemistry Manager		412393-5113	96	03	18	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY

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

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

PA0025615
PERMIT NUMBER

007
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD
FROM Year Month Day TO Year Month Day
96 2 1 96 2 29

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	*	*	*	*				
	Permit Require.	*	*		*	*	*			1/WEEK	ESTIMATE	
Free Available Chlorine	Sample Measure.	*	*	*	*			MG/L				
	Permit Require.	*	*		*	0.2	0.5			1/WEEK	GRAB	
Total Residual Chlorine	Sample Measure.	*	*	*		*		MG/L				
	Permit Require.	*	*		0.5	*	1.25			1/WEEK	GRAB	
pH	Sample Measure.	*	*	*			*	S.U.				
	Permit Require.	*	*		MINIMUM 6.0	9.0	*			1/WEEK	GRAB	
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*			*	*	
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*			*	*	
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*			*	*	
	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	03	18
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

Form PGH BWQM 002 (Rev 5/88)

PAGE 1 OF 1

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)

MONITORING PERIOD
FROM Year Month Day TO Year Month Day
96 2 1 TO 96 2 29

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.	*	*	*	*	42.8	52.8	MG/L	1	2/29	G	
	Permit Require.	*	*		*	30	100		*		2/MONTH	GRAB
Oil and Grease	Sample Measure.	*	*	*	<5.0	<5.0	<5.0	MG/L	0	2/29	G	
	Permit Require.	*	*		AVG. MONTHLY 15	DAILY MAX. 20	INSTANT. MAX. 30		*		2/MONTH	GRAB
pH	Sample Measure.	*	*	*	7.58	*	7.63	S.U.	0	2/29	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	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	03	18
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)

See attached reportable occurrence letter.

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

PA0025615
 PERMIT NUMBER

110
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 96 2 1 TO 96 2 29

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	No Flow	MGD	*	*	*	*		1/WEEK	ESTIMATE
	Permit Require.	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*		*	*
	Permit Require.	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*		*	*
	Permit Require.	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*		*	*
	Permit Require.	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*		*	*
	Permit Require.	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*		*	*
	Permit Require.	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*		*	*
	Permit Require.	*		*	*	*				
	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	03	18
TYPED OR PRINTED						
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MONTH	DAY

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

No Discharge

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

PA0025615
 PERMIT NUMBER

010
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 FROM Year Month Day 96 2 1 TO Year Month Day 96 2 29

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.	2.15	2.60	MGD	*	*	*	*	0	1/7	Meas
	Permit Require.	*	*		*	*	*		*		1/WEEK
Free Available Chlorine	Sample Measure.	*	*	*	*	0.0	0.0	MG/L	0	1/7	G
	Permit Require.	*	*		*	0.2	0.5			1/WEEK	GRAB WHILE CHLORO.
Total Residual Chlorine	Sample Measure.	*	*	*	0.0	*	0.0	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	
Betz DT-1	Sample Measure.	*	*	*	*	NA	*	MG/L			→
	Permit Require.	*	*		*	35.0	*			WHEN DISCHARGING	
pH	Sample Measure.	*	*	*	7.35	7.48	*	S.U.	0	1/7	G
	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 Orndorf Chemistry Manager							412 393-5113		96	03	18
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)

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
 FROM Year Month Day 96 2 1 TO Year Month Day 96 2 29

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.	0.004	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.	*	*		*	*	*				

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

David Orndorf

TELEPHONE

412393-5113

DATE

96 03 18

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

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

PA0025615
PERMIT NUMBER

111
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD								
Year	Month	Day		Year	Month	Day		
96	2	1		96	2	29		

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.	*	*	*	*	< 4.0	< 4.0	MG/L	0	1/7	G											
	Permit Require.	*	*		*	30	100			1/WEEK	GRAB											
Oil and Grease	Sample Measure.	*	*	*	< 5.0	< 5.0	< 5.0	MG/L	0	1/7	G											
	Permit Require.	*	*		AVERAGE 15	MAXIMUM 20	INSTANT. MAX. 30			1/WEEK	GRAB											
pH	Sample Measure.	*	*	*	8.73	*	9.27	S.U.	1	1/7	G											
	Permit Require.	*	*		6.0	*	9.0			1/WEEK	GRAB											
	Sample Measure.	*	*	*	*	*	*	*														
	Permit Require.	*	*		*	*	*			2/QUARTER	GRAB											
	Sample Measure.	*	*	*	*	*	*	*														
	Permit Require.	*	*		*	*	*			1/WEEK	GRAB											
	Sample Measure.	*	*	*	*	*	*	*		*	*											
	Permit Require.	*	*		*	*	*			*	*											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)							TELEPHONE		DATE											
David Orndorf Chemistry Manager									412393-5113		96	03	18									
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)

See attached reportable assurance letter.

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	2	1	FROM	96	2	29	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.	0.001	0.001	MGD	*	*	*	*	0	1/7	Est
	Permit Require.	*	*		*	*	*		*		1/WEEK
Suspended Solids	Sample Measure.	*	*	*	*	< 4.0	< 4.0	MG/L	0	1/7	G
	Permit Require.	*	*		*	30	100			1/WEEK	GRAB
Oil and Grease	Sample Measure.	*	*	*	< 5.0	< 5.0	< 5.0	MG/L	0	1/7	G
	Permit Require.	*	*		AVERAGE 15	MAXIMUM 20	INSTANT. MAX. 30			1/WEEK	GRAB
pH	Sample Measure.	*	*	*	6.53	*	7.50	S.U.	0	1/7	G
	Permit Require.	*	*		6.0	*	9.0			1/WEEK	GRAB
	Sample Measure.	*	*	*	*	*	*	*			
	Permit Require.	*	*		*	*	*			2/QUARTER	GRAB
	Sample Measure.	*	*	*	*	*	*	*			
	Permit Require.	*	*		*	*	*			1/WEEK	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.					TELEPHONE		DATE			
David Orndorf Chemistry Manager						412393-5113		96	03	18	
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
96	2	1	96	2	29

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	1/29	Est		
	Permit Require.	*	*		*	*	*	*		1/MONTH	ESTIMATE		
Free Available Chlorine	Sample Measure.	*	*	*	*	0.02	0.02	MG/L	0	2/29	G		
	Permit Require.	*	*		*	0.2	0.5			2/MONTH	GRAB		
pH	Sample Measure.	*	*	*	7.80	8.12	*	S.U.	0	1/29	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. § 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	03	18	
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MONTH	DAY	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT													

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

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

NAME Duquesne Light Company
 ADDRESS One Oxford Centre
 301 Grant Street
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 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

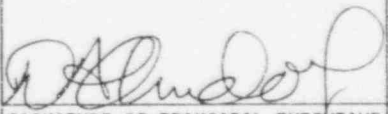
113
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day FROM 96 2 1 TO 96 2 27

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	1/27	MEAS	
	Permit Require.	0.043	*		*	*	*					
CBOD-5 Day	Sample Measure.	*	*	*	*	9.7	12.5	MG/L	0	2/29	8 HC	
	Permit Require.	*	*		*	25	50					
Suspended Solids	Sample Measure.	*	*	*	*	16.9	18.85	MG/L	0	2/29	8 HC	
	Permit Require.	*	*		*	30	60					
Total Residual Chlorine Permit issuance thru September 30, 1997	Sample Measure.	*	*	*	*	0.55	0.55	MG/L	0	2/29	G	
	Permit Require.	*	*		*	1.2	INSTANT. MAX. 3.0					
Fecal Coliform May 1 to Oct 31 Nov 1 to Apr 30	Sample Measure.	*	*	*	*	0.0	0.0	#/100ML	0	2/29	G	
	Permit Require.	*	*		*	200 2000	1000 *					
pH	Sample Measure.	*	*	*	7.07	*	7.08	S.U.	0	2/29	G	
	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 Orndorf Chemistry Manager	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							412393-5113		96	03	18
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MONTH	DAY

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

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

PA0025615
PERMIT NUMBER

213
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD
Year Month Day FROM 96 2 1 TO 96 2 29

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measure.	No Flow	MGD	*	*	*	*		1/WEEK	ESTIMATE	
	Permit Require.	*		*	*	*					
Suspended Solids	Sample Measure.	*	*	*	30	100	MG/L		2/MONTH	GRAB	
	Permit Require.	*		*	*	*					
Oil and Grease	Sample Measure.	*	*	*	15	20	MG/L		2/MONTH	GRAB	
	Permit Require.	*		*	*	*					
pH	Sample Measure.	*	*	6.0	*	9.0	S.U.		2/MONTH	GRAB	
	Permit Require.	*		*	*	*					
	Sample Measure.	*	*	*	*	*	*		*	*	
	Permit Require.	*		*	*	*					
	Sample Measure.	*	*	*	*	*	*		*	*	
	Permit Require.	*		*	*	*					
	Sample Measure.	*	*	*	*	*	*		*	*	
	Permit Require.	*		*	*	*					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.						TELEPHONE		DATE		
David Orndorf Chemistry Manager							412393-5113		96	03	18
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

313
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD
Year Month Day Year Month Day
FROM 96 2 1 TO 96 2 29

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.	*	*	*	*	4.04	4.22	MG/L	0	1/7	G		
	Permit Require.	*	*		*	30	100			1/WEEK	GRAB		
Oil and Grease	Sample Measure.	*	*	*	*	5.71	14.3	MG/L	0	1/7	G		
	Permit Require.	*	*		*	15	20			1/WEEK	GRAB		
pH	Sample Measure.	*	*	*	6.91	*	7.08	S.U.					
	Permit Require.	*	*		6.0	*	9.0			1/WEEK	GRAB		
	Sample Measure.	*	*	*	*	*	*	*		*	*		
	Permit Require.	*	*		*	*	*			*	*		
	Sample Measure.	*	*	*	*	*	*	*		*	*		
	Permit Require.	*	*		*	*	*			*	*		
	Sample Measure.	*	*	*	*	*	*	*		*	*		
	Permit Require.	*	*		*	*	*			*	*		
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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
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PA0025615
PERMIT NUMBER

413
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD								
Year	Month	Day		Year	Month	Day		
96	2	1		96	2	29		

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			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. 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	03	18							
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
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LOCATION Shippingport Borough, Beaver County

PA0025615
PERMIT NUMBER

013
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD
Year Month Day Year Month Day
FROM 96 2 1 TO 96 2 29

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.	*	*	*	*	*	94°	DEG F	0	1/7	I-S
	Permit Require.	*	*		*	*	INSTANT. MAX. 110		1/WEEK	I - S	
Total Residual Chlorine	Sample Measure.	*	*	*	*	0.44	0.45	MG/L	0	1/WK	G
	Permit Require.	*	*		*	0.5	INSTANT. MAX. 1.25		1/WEEK	GRAB	
Antimony	Sample Measure.	*	*	*	*	NA		MG/L			>
	Permit Require.	*	*		*	MONITOR AND REPORT	1/WEEK		24 HOUR COMPOSITE		
Cyanide, Free	Sample Measure.	*	*	*	*	NA		MG/L			>
	Permit Require.	*	*		*	MONITOR AND REPORT	1/WEEK		24 HOUR COMPOSITE		
Cyanide, Total	Sample Measure.	*	*	*	*	NA		MG/L			>
	Permit Require.	*	*		*	MONITOR AND REPORT	1/WEEK		24 HOUR COMPOSITE		
pH	Sample Measure.	*	*	*	6.91	*	7.05	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. 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	03	18	
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 .