



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

April 25, 1996
NPD3VPO: 0468

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

9605020237 960331
PDR ADOCK 05000334
R PDR

020177



Cool
11



Duquesne Light Company

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

THOMAS P. NOONAN
Division Vice President
Nuclear Operations

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

April 26, 1996
NPD3VPO: 0469

United States Environmental Protection Agency
Region III, Pennsylvania (3WM52)
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 reportable occurrences at Beaver Valley Power Station.

EPA discharge 102 exceeded the allowable instantaneous maximum of 100 mg/l and the monthly average of 30 mg/l for total suspended solids during March 1996. There were four individual samples of this discharge obtained. The sample obtained on March 22, 1996 contained 119.7 mg/liter. The samples obtained on March 14, 28 and 29 were all less than 4 mg/liter. The solids in this sample appear to have resulted from the high water levels in the Ohio River that existed much of the first quarter of the year.

EPA discharge 203 exceeded the allowable monthly average of total suspended solids. The monthly average resulted from individual measurements of 18.4 mg/l, 58.7 mg/l and 48.5 mg/l. The increase in these measurements is caused by the increased loading of the plant due to the Unit 1 Refueling Outage. Increased removal of sludge has been initiated to correct this problem.

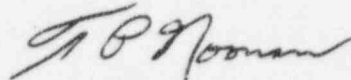
**DELIVERING
QUALITY
ENERGY**

April 26, 1996
NPD3VPO: 0469
Page 2

EPA discharge 111 exceeded the maximum allowable pH on March 1, 1996 when a measurement of 9.18 was obtained. This is an oil water separator in the diesel generator building. The most likely cause of the elevated pH is minimal leakage of cooling water.

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

April 25, 1996
NPD3VPO: 0466

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 March 1996 is submitted for your consideration. An amendment to this Permit was issued on March 26 in response to an appeal filed 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**



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

April 25, 1996
NPD3VPO: 0467

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

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

PA0025615
PERMIT NUMBER

101
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD
FROM Year Month Day 96 3 1 TO Year Month Day 96 3 31

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
Flow	Sample Measure.	0.001	0.004	MGD	*	*	*	*	0	Daily	Cont	
	Permit Require.	*	*		*	*	*			DAILY	CONTINUOUS	
Suspended Solids	Sample Measure.	*	*	*	*	4.28	4.83	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	Grab	
	Permit Require.	*	*		*	15	20			1/WEEK	GRAB	
Hydrazine	Sample Measure.	*	*	*	NA			MG/L		1/WEEK	GRAB	
	Permit Require.	*	*		MONITOR	ONLY						
Ammonia	Sample Measure.	*	*	*	NA			MG/L		1/WEEK	GRAB	
	Permit Require.	*	*		MONITOR	ONLY						
pH	Sample Measure.	*	*	*	6.69	*	6.98	S.U.	0	1/7	Grab	
	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								412393-5113		96	04	25
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.

Form PGH BWQM 002 (Rev 5/88)

SEP 21 1996

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 Center
301 Grant Street
Pittsburgh, Pennsylvania 15279
FACILITY Beaver Valley Power Station
LOCATION Shippingport Borough, Beaver County

PA0025615
PERMIT NUMBER

201
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD
FROM Year Month Day TO Year Month Day
96 3 1 TO 96 3 31

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
Flow	Sample Measure.	No Flow		MGD	*	*	*	*					
	Permit Require.	*	*		*	*	*			2/MONTH	ESTIMATE		
Suspended Solids	Sample Measure.	*	*	*	*			MG/L					
	Permit Require.	*	*		*	30	100			2/MONTH	GRAB		
Oil and Grease	Sample Measure.	*	*	*	*			MG/L					
	Permit Require.	*	*		*	15	20			2/MONTH	GRAB		
pH	Sample Measure.	*	*	*		*		S.U.					
	Permit Require.	*	*		*	6.0	9.0			2/MONTH	GRAB		
	Sample Measure.	*	*	*	*	*	*	*	*	*	*		
	Permit Require.	*	*		*	*	*		*	*	*		
	Sample Measure.	*	*	*	*	*	*	*	*	*	*		
	Permit Require.	*	*		*	*	*		*	*	*		
	Sample Measure.	*	*	*	*	*	*	*	*	*	*		
	Permit Require.	*	*		*	*	*		*	*	*		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 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	04	25
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

SEP 21

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

301
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

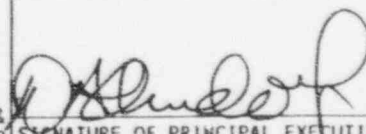
MONITORING PERIOD
Year Month Day Year Month Day
FROM 96 3 1 TO 96 3 31

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.	*	*		*	*	*	*	*	*

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	+	25
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

1 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
 Pittsburgh, Pennsylvania 15279
 FACILITY Beaver Valley Power Station
 LOCATION Shippingport Borough, Beaver County

PA0025615
 PERMIT NUMBER

401
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 96 3 1 TO 96 3 31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)	TELEPHONE		DATE		
David Orndorf Chemistry Manager		412 393-5113		96	04	25
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
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 3 1 TO 96 3 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.	*		*	*	*				
Total Suspended Solids	Sample Measure.	*	*	*			MG/L		1/WEEK	GRAB
	Permit Require.	*		*	30	100				
	Sample Measure.	*	*	*	*	*	*		*	*
	Permit Require.	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*		*	*
	Permit Require.	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*		*	*
	Permit Require.	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*		*	*
	Permit Require.	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*		*	*
	Permit Require.	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*		*	*
	Permit Require.	*		*	*	*				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
David Orndorf Chemistry Manager			412 393-5113	96	04	25	
TYPED OR PRINTED			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 APR - 1. 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 FROM 96 3 1 TO 96 3 31

DISCHARGE MONITORING REPORT (DMR)
 Amendment No. 1

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.	30.99	51.21	MGD	*	*	*	*	0	Daily	Cont
	Permit Require.	*	*		*	*	*		DAILY	CONTINUOUS	
Free Available Chlorine	Sample Measure.	*	*	*	*	0.008	0.008	MG/L	0	Cont	rec
	Permit Require.	*	*		*	AVERAGE CONC 0.2	MAXIMUM CONC 0.5		CONTINUOUS	RECORDED	
Total Residual Chlorine	Sample Measure.	*	*	*	*	0.06	0.06	MG/L	0	1/7	Grab
	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	
	Sample Measure.	*	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*		*	*	*		*	*	
	Sample Measure.	*	*	*	*	*	*	*	*	*	*
	Permit Require.	*	*		*	*	*		*	*	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)					TELEPHONE		DATE			
David Orndorf Chemistry Manager						412 393-5113		96	04	25	
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, no clauicide application for this month

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

PA0025615
PERMIT NUMBER

001
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	3	1	96	3	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.	*	*	*	7.69	*	7.98	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. 5 1001 & 33 U.S.C. 5 1319. (Penalties under these statutes may include fin up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.						TELEPHONE		DATE		
David Orndorf Chemistry Manager								412 393-5113		96	04 25	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MONTH DAY	

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

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

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

PA0025615
PERMIT NUMBER

102
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD
Year Month Day Year Month Day
FROM 96 3 1 TO 96 3 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	ESA		
	Permit Require.	*	*		*	*	*		2/MONTH	ESTIMATE			
Suspended Solids	Sample Measure.	*	*	*	*	32.9	119.7	MG/L	2	4/31	GRAB		
	Permit Require.	*	*		*	30	100		2/MONTH	GRAB			
Oil and Grease	Sample Measure.	*	*	*	*	45.0	45.0	MG/L	0	2/31	GRAB		
	Permit Require.	*	*		*	1	20		2/MONTH	GRAB			
pH	Sample Measure.	*	*	*	7.23	*	7.53	S.U.	0	3/31	GRAB		
	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 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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE		DATE		
TYPED OR PRINTED									412	393-5113	96	04	25
								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

002
DISCHARGE NO.


NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD
Year Month Day
FROM 96 3 1 TO 96 3 31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measure.	0.006	0.046	MGD	*	*	*	*	0	1/7	Est
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 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	04	25	
TYPED OR PRINTED							AREA CODE

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

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

PA0025615
PERMIT NUMBER

103
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

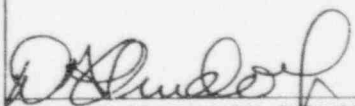
MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
96	3	1	FROM	96	3	31

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.	*	*	*	*	10.1	12.0	MG/L	0	2/31	24 HC
	Permit Require.	*	*		*	30	100			2/MONTH	24 HOUR COMPOSITE
pH	Sample Measure.	*	*	*	7.15	*	7.37	S.U.	0	2/31	G
	Permit Require.	*	*		6.0	*	9.0			2/MONTH	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. S 1001 & 33 U.S.C. S 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.	TELEPHONE		DATE		
		412 393-5113	96	04	25	

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

203
DISCHARGE NO.

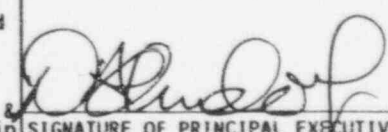
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD
Year Month Day Year Month Day
FROM 96 3 1 TO 96 3 31

DISCHARGE MONITORING REPORT (DMR)

Amendment No. 1

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
Flow	Sample Measure.	0.004	0.004	MGD	*	*	*	*	0	1/7	Meas	
	Permit Require.	0.023	*		*	*	*		1/WEEK	MEASURED		
CBOD-5 Day	Sample Measure.	*	*	*	*	15.8	22.0	MG/L	0	2/31	8 HC	
	Permit Require.	*	*		*	25	50		2/MONTH	8 HOUR COMPOSITE		
Suspended Solids	Sample Measure.	*	*	*	*	41.9	58.7	MG/L	1	2/31	8 HC	
	Permit Require.	*	*		*	30	60		2/MONTH	8 HOUR COMPOSITE		
Total Residual Chlorine Permit issuance date to 9/30/98 10/1/98 thru expiration	Sample Measure.	*	*	*	*	0.36	0.95	MG/L	0	2/31	GRAB	
	Permit Require.	*	*		MONITOR 1.4	AND REPORT INSTANT MAX-3.3	2/MONTH		GRAB			
Fecal Coliform May 1 to Sep 30 Oct 1 to Apr 30	Sample Measure.	*	*	*	*	NA	TNTC	#/100ML	1	2/31	GRAB	
	Permit Require.	*	*		200 2000	1000	2/MONTH		GRAB			
pH	Sample Measure.	*	*	*	6.18	*	8.66	S.U.	0	2/31	GRAB	
	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	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MONTH	DAY
TYPED OR PRINTED								412	393-5113	96	04	25

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

fecal coliform results based on 2 samples during this period. 3/20/96 TNTC, 3/30/96 - 0
Unable to calculate average.

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	TO	Year	Month	Day
96	3	1		96	3	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.	*	*	*	*	12.46	21.96	MG/L	0	1/7	GRAB				
	Permit Require.	*	*		*	30	100			1/WEEK	GRAB				
Oil and Grease	Sample Measure.	*	*	*	*	7.95	9.4	MG/L	0	1/7	GRAB				
	Permit Require.	*	*		*	15	20			1/WEEK	GRAB				
pH	Sample Measure.	*	*	*	6.89	*	7.28	S.U.	0	1/7	GRAB				
	Permit Require.	*	*		6.0	*	9.0			1/WEEK	GRAB				
	Sample Measure.	*	*	*	*	*	*	*		*	*				
	Permit Require.	*	*		*	*	*			*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*				
	Permit Require.	*	*		*	*	*			*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*				
	Permit Require.	*	*		*	*	*			*	*				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.								TELEPHONE		DATE				
David Orndorf Chemistry Manager															
TYPED OR PRINTED															
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									AREA CODE	NUMBER	YEAR	MONTH	DAY		

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

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


403
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day FROM 96 3 1 TO 96 3 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
Suspended Solids	Sample Measure.	*	*	*	*	9.02	20.5	MG/L	0	1/7	GRAB	
	Permit Require.	*	*		*	30	100					1/WEEK
Oil and Grease	Sample Measure.	*	*	*	*	<5.0	<5.0	MG/L	0	1/7	GRAB	
	Permit Require.	*	*		*	15	20					1/WEEK
Hydrazine	Sample Measure.	*	*	*	NA			MG/L		1/7	GRAB	
	Permit Require.	*	*		NOT DETECTABLE	USING	ASTM D-1385					1/WEEK
Ammonia	Sample Measure.	*	*	*	*	NA		MG/L		1/7	GRAB	
	Permit Require.	*	*		*	MONITOR AND REPORT						1/WEEK
Total Residual Chlorine	Sample Measure.	*	*	*	0.02	*	0.02	MG/L	0	1/7	GRAB	
	Permit Require.	*	*		0.5	*	INSTANT. MAX. 1.25					1/WEEK
Clamrol (CT-1)	Sample Measure.	*	*	*	*	NA		MG/L		1/7	GRAB	
	Permit Require.	*	*		*	NOT DETECTABLE						WHEN DISCHARGING
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							412 393-5113		96	04	25
TYPED OR PRINTED								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

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

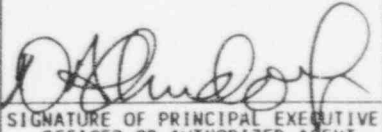
403
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD
Year Month Day Year Month Day
FROM 96 3 1 TO 96 3 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.	*	*	*	7.58	*	8.84	S.U.	0	1/7	GRAB		
	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 Orndorf Chemistry Manager									412393-5113		96	04	25
TYPED OR PRINTED									NUMBER		YEAR	MONTH	DAY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT													

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

NA = Not Applicable, conditions of wet lay up did not exist.

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
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PA0025615
PERMIT NUMBER

003
DISCHARGE NO.

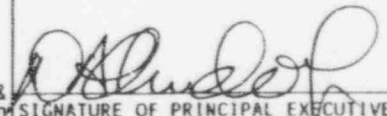
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD
Year Month Day Year Month Day
FROM 96 3 1 TO 96 3 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.	0.016	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. S 1001 & 33 U.S.C. S 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)		TELEPHONE		DATE		
David Orndorf Chemistry Manager			412 393-5113		96	04	25
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)

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

004
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD
Year Month Day
FROM 96 3 1 TO 96 3 31

DISCHARGE MONITORING REPORT (DMR)

Amendment No. 1

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	AVERAGE MONTHLY	MAXIMUM DAILY	INSTANTANEOUS MAXIMUM	UNITS					
Flow	Sample Measure.	No Flow		MGD	*	*	*	*					
	Permit Require.	*	*		*	*	*		1/WEEK	MEASURED			
Free Available Chlorine	Sample Measure.	*	*	*	*			MG/L					
	Permit Require.	*	*		*	AVERAGE CONC 0.2	MAXIMUM CONC 0.5		1/WEEK	GRAB			
Total Residual Chlorine	Sample Measure.	*	*	*		*		MG/L					
	Permit Require.	*	*		0.5	*	1.25		1/WEEK	GRAB			
pH	Sample Measure.	*	*	*		*	*	S.U.					
	Permit Require.	*	*		MINIMUM 6.0	9.0	*		1/WEEK	GRAB			
	Sample Measure.	*	*	*	*	*	*	*	*	*	*		
	Permit Require.	*	*		*	*	*		*	*	*		
	Sample Measure.	*	*	*	*	*	*	*	*	*	*		
	Permit Require.	*	*		*	*	*		*	*	*		
	Sample Measure.	*	*	*	*	*	*	*	*	*	*		
	Permit Require.	*	*		*	*	*		*	*	*		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 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	04	25
TYPED OR PRINTED									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

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

No Discharge

Form PGH BWQM 002 (Rev 5/88)

PAGE 1 OF 1

NOTE: YOUR PERMIT WILL EXPIRE ON SEPTEMBER 29, 2000 . PLEASE SUBMIT YOUR RENEWAL APPLICATION BY APRIL 1, 2000 .

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.

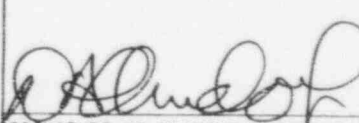
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	3	1	96	3	31

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measure.	0.002	0.016	MGD	*	*	*	*	6	1/7	EST
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.		TELEPHONE		DATE		
David Orndorf Chemistry Manager			412 393-5113		96	04	25
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)

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 FROM 96 3 1 TO 96 3 31

DISCHARGE MONITORING REPORT (DMR)
 Amendment No. 1

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.	*		*	AVERAGE CONC 0.2	MAXIMUM CONC 0.5			1/WEEK	GRAB
Total Residual Chlorine	Sample Measure.	*	*		*		MG/L			
	Permit Require.	*		*	0.5	*		1.25		1/WEEK
pH	Sample Measure.	*	*			*	S.U.			
	Permit Require.	*		*	MINIMUM 6.0	9.0		*		1/WEEK
	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. § 101 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

[Signature]

TELEPHONE

412 393-5113

DATE

96 04 25

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

No Discharge

Form PGH BWQM 002 (Rev 5/85)

PAGE 1 OF 1

NOTE: YOUR PERMIT WILL EXPIRE ON SEPTEMBER 29, 2000 . PLEASE SUBMIT YOUR RENEWAL APPLICATION BY APRIL 1, 2000 .

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	3	1	TO	96	3	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.	*	*	*	*	11.43	12.46	MG/L	0	2/31	GRAB		
	Permit Require.	*	*		*	30	100			2/MONTH	GRAB		
Oil and Grease	Sample Measure.	*	*	*	45.0	5.4	5.8	MG/L	0	2/31	GRAB		
	Permit Require.	*	*		AVG. MONTHLY 15	DAILY MAX. 20	INSTANT. MAX. 30			2/MONTH	GRAB		
pH	Sample Measure.	*	*	*	7.26	*	7.31	S.U.	0	2/31	GRAB		
	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								412 393-5113		96	04	25	
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

110
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 96 3 1 TO 96 3 31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

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

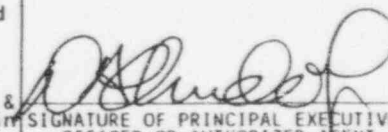
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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



TELEPHONE

412 393-5113

DATE

96 04 25

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

010
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD
Year Month Day Year Month Day
FROM 96 3 1 TO 96 3 31

DISCHARGE MONITORING REPORT (DMR)

Amendment No. 1

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.	2.00	2.00	MGD	*	*	*	*	0	1/7	Meas
	Permit Require.	*	*		*	*	*		1/WEEK	MEASURED	
Free Available Chlorine	Sample Measure.	*	*	*	*	0.00	0.00	MG/L	0	1/7	GRAB
	Permit Require.	*	*		AVERAGE CONC 0.2	MAXIMUM CONC 0.5	1/WEEK		GRAB WHILE CHLORO.		
Total Residual Chlorine	Sample Measure.	*	*	*	0.007	*	0.02	MG/L	0	1/7	GRAB
	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.	*	*	*	7.23	7.59	*	S.U.	0	1/7	GRAB
	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	04	25
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, No clamsicide application.

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
FROM 96 3 1 TO 96 3 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	*	*	*	*	0	1/7	Est	
	Permit Require.	*	*		*	*	*					*
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*					*
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*					*
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*					*
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*					*
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*					*
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*					*
	Sample Measure.	*	*	*	*	*	*	*		*	*	
	Permit Require.	*	*		*	*	*					*
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 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	04	25
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MONTH	DAY

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

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

PA0025615
PERMIT NUMBER

111
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD						
Year	Month	Day		Year	Month	Day
96	3	1	TO	96	3	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.	*	*	*	*	44.0	44.0	MG/L	0	1/7	GRAB								
	Permit Require.	*	*		*	30	100			1/WEEK	GRAB								
Oil and Grease	Sample Measure.	*	*	*	450	5.1	5.7	MG/L	0	1/7	GRAB								
	Permit Require.	*	*		AVERAGE 15	MAXIMUM 20	INSTANT. MAX. 30			1/WEEK	GRAB								
pH	Sample Measure.	*	*	*	8.61	*	9.18	S.U.	1	1/7	GRAB								
	Permit Require.	*	*		6.0	*	9.0			1/WEEK	GRAB								
	Sample Measure.	*	*	*	*	*	*	*											
	Permit Require.	*	*		*	*	*			2/QUARTER	GRAB								
	Sample Measure.	*	*	*	*	*	*	*											
	Permit Require.	*	*		*	*	*			1/WEEK	GRAB								
	Sample Measure.	*	*	*	*	*	*	*		*	*								
	Permit Require.	*	*		*	*	*			*	*								
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.						TELEPHONE		DATE									
David Orndorf Chemistry Manager								412393-5113		96	04	25							
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)

see attached reportable assurance 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

211
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	3	1	96	3	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	1/7	Est
	Permit Require.	*	*		*	*	*			1/WEEK	ESTIMATE
Suspended Solids	Sample Measure.	*	*	*	*	4.24	5.2	MG/L	0	1/7	GRAB
	Permit Require.	*	*		*	30	100			1/WEEK	GRAB
Oil and Grease	Sample Measure.	*	*	*	<5.0	<5.0	<5.0	MG/L	0	1/7	GRAB
	Permit Require.	*	*		AVERAGE 15	MAXIMUM 20	INSTANT. MAX. 30			1/WEEK	GRAB
pH	Sample Measure.	*	*	*	6.84	*	8.61	S.U.	0	1/7	GRAB
	Permit Require.	*	*		6.0	*	9.0			1/WEEK	GRAB
	Sample Measure.	*	*	*	*	*	*	*			
	Permit Require.	*	*		*	*	*			2/QUARTER	GRAB
	Sample Measure.	*	*	*	*	*	*	*			
	Permit Require.	*	*		*	*	*			1/WEEK	GRAB
	Sample Measure.	*	*	*	*	*	*	*		*	*
	Permit Require.	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.	TELEPHONE		DATE		
		412 393-5113		96	04	25
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

012
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 96 3 1 TO 96 3 31

DISCHARGE MONITORING REPORT (DMR)

Amendment No. 1

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	
pH	Sample Measure.	*	*	*	8.18	8.18	*	S.U.	0	1/31	GRAB
	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.	*	*		*	*	*		*	*	
	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 fines up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)	TELEPHONE		DATE		
David Grndorf Chemistry Manager TYPED OR PRINTED		412 393-5113		96	04	25
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

013
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
96	3	1	96	3	31

DISCHARGE MONITORING REPORT (DMR)

Amendment No. 1

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.	0.013	0.013	MGD	*	*	*	*	0	1/7	Est	
	Permit Require.	*	*		*	*	*		1/WEEK	ESTIMATE		
Total Residual Chlorine	Sample Measure.	*	*	*	*	186	3.7	MG/L	0	2/31	Calc	
	Permit Require.	*	*		*	MONITOR AND REPORT	2/MONTH		CALCULATED			
Antimony	Sample Measure.	*	*	*	*	40.5	< 0.5	MG/L	0	2/Quarter	GRAB	
	Permit Require.	*	*		*	MONITOR AND REPORT	2/QUARTER		GRAB			
Cyanide, Free	Sample Measure.	*	*	*	*	< 0.02	< 0.02	MG/L	0	2/Quarter	GRAB	
	Permit Require.	*	*		*	MONITOR AND REPORT	2/QUARTER		GRAB			
Cyanide, Total	Sample Measure.	*	*	*	*	< 0.02	< 0.02	MG/L	0	2/Quarter	GRAB	
	Permit Require.	*	*		*	MONITOR AND REPORT	2/QUARTER		GRAB			
pH	Sample Measure.	*	*	*	6.36	*	7.31	S.U.	0	1/7	GRAB	
	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. § 319. (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	04	25
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

113
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day
 FROM 96 3 1 TO 96 3 31

DISCHARGE MONITORING REPORT (DMR)

Amendment No. 1

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	meas	
	Permit Require.	0.043	*		*	*	*		1/WEEK	MEASURED		
CBOD-5 Day	Sample Measure.	*	*	*	*	8	13	MG/L	0	2/31	8 HC	
	Permit Require.	*	*		*	25	50		2/MONTH	8 HOUR COMPOSITE		
Suspended Solids	Sample Measure.	*	*	*	*	17.47	18.95	MG/L	0	2/31	8 HC	
	Permit Require.	*	*		*	30	60		2/MONTH	8 HOUR COMPOSITE		
Total Residual Chlorine Permit issuance thru 9/30/98 10/1/98 thru expiration	Sample Measure.	*	*	*	*	3.7	6.25	MG/L	0	2/31	GRAB	
	Permit Require.	*	*		*	MONITOR 1.4	AND REPORT INSTANT MAX 3.3		2/MONTH	GRAB		
Fecal Coliform May 1 to Oct 31 Nov 1 to Apr 30	Sample Measure.	*	*	*	*	0.0	0.0	#/100ML	0	2/31	GRAB	
	Permit Require.	*	*		*	200 2000	1000 *		2/MONTH	GRAB		
pH	Sample Measure.	*	*	*	6.36	*	6.96	S.U.	0	2/31	GRAB	
	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								412393-5113		96	04	25
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MONTH	DAY

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

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

PA0025615
PERMIT NUMBER

213
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD
Year Month Day Year Month Day
FROM 96 3 1 TO 96 3 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. S 1001 & 33 U.S.C. S 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)							TELEPHONE		DATE		
David Orndorf Chemistry Manager								412 393-5113		96	04	25
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

313
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 96 3 1 TO 96 3 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.	*	*		*	*	*				
Suspended Solids	Sample Measure.	*	*	*	*	< 4.0	< 4.0	MG/L	0	1/7	Grab
	Permit Require.	*	*		*	30	100				
Oil and Grease	Sample Measure.	*	*	*	*	5.2	5.7	MG/L	0	1/7	GRAB
	Permit Require.	*	*		*	15	20				
pH	Sample Measure.	*	*	*	6.69	*	7.31	S.U.	0	1/7	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 Orndorf
Chemistry Manager

TYPED OR PRINTED

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

TELEPHONE

412 393-5113

DATE

96 04 25

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE

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

413
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD
Year Month Day Year Month Day
FROM 96 3 1 TO 96 3 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	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. § 1519. (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	04	25
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 .

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Month: MARCH
Year: 1976

Instructions:

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

 Permittee: Duquesne Light Co.
 Plant: Beaver Valley Power Station Unit II
 NPDES: PA 0025615
 Municipality: Shippingport Borough
 County: Beaver

For sludge that is incinerated:

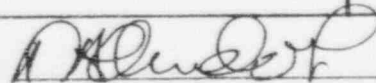
 Pre-incineration weight = _____ dry tons
 Post-incineration weight = _____ dry tons

SLUDGE PRODUCTION INFORMATION (prior to incineration)

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
16000		2%		.0000417							.01		

DISPOSAL SITE INFORMATION: List all sites, even if not used this month

	Site 1	Site 2	Site 3	Site 4
Name:	Boro of Monaca Sewage Treatment Plant			
Permit No.:	PA0020125			
Dry Tons Disposed:	1.334			
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver			



CHEMISTRY MANAGER

4/24/76

(412) 393-5113

Month: MARCH
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 I
NPDES: PA 00125615
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
7500	2%	.0000417				.01	
TOTAL			= 0.626	TOTAL			=

DISPOSAL SITE INFORMATION				
	Site 1	Site 2	Site 3	Site 4
Name:	Bore of Mosack			
Permit No.:	Storage Treatment Plant			
Dry Tons Disposed:	P4000125			
Type: (check one)	2026			
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver			

W. H. H. H. H.

4/2/1977 393-5113