



Duquesne Light Company

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

THOMAS P. NOONAN
Division Vice President
Nuclear Operations

(412) 393-7822
Fax (412) 393-4905

May 23, 1996
NPD3VPO: 0478

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

NPDES Monthly Report, EPA Permit No. PA0025615

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

Dear Sir:

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

Sincerely,

T. P. Noonan
Division Vice President
Nuclear Operations

DNH/trs

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

030113

9606030287 960430
PDR ADOCK 05000334
R PDR

Cool
1/1





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

May 23, 1996
NPD3VPO: 0479

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

NPDES Monthly Report, EPA Permit No. PA0025615

Dear Sir:

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

Sincerely,

T. P. Noonan
Division Vice President
Nuclear Operations

DNH/trs

Attachment

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

DELIVERING
QUALITY
ENERGY



Duquesne Light Company

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

THOMAS P. NOONAN
Division Vice President
Nuclear Operations

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

May 23, 1996
NPD3VPO: 0480

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 203 exceeded both the maximum allowable instantaneous total suspended solids and the monthly average for total suspended solids. A sample obtained on April 25 contained 63.3 mg/l total suspended solids, exceeding the allowable limit of 60 mg/l. By the 27th of April total suspended solids of this sample point had declined to 26.1 mg/l. Although samples obtained during the remainder of the month were stable, the monthly average of the total suspended solids was 34.0 mg/l, exceeding the allowable limit of 30 mg/l.

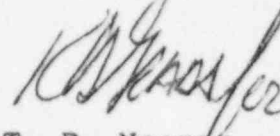
This exceedance appears to have been a temporary upset, that was most likely caused by a non-homogeneous sample. The system continues to operate within the limits established for total suspended solids.

DELIVERING
QUALITY
ENERGY

May 23, 1996
NPD3VPO: 0480
Page 2

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

Sincerely,

A handwritten signature in dark ink, appearing to read 'T. P. Noonan', is written over the typed name.

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

May 23, 1996
NPD3VPO: 0477

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 April 1996 is submitted for your consideration.

Sincerely,

T. P. Noonan
Division Vice President
Nuclear Operations

DNH/trs

Enclosure

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

DELIVERING
QUALITY
ENERGY

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

PA0025615
 PERMIT NUMBER

101
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day
 FROM 96 4 1 TO 96 4 30

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. | * | * | | * | * | * | | | DAILY | CONTINUOUS | |
| Suspended Solids | Sample Measure. | * | * | * | * | | | MG/L | | | | |
| | Permit Require. | * | * | | * | 30 | 100 | | | 1/WEEK | 2 HOUR COMPOSITE | |
| Oil and Grease | Sample Measure. | * | * | * | * | | | MG/L | | | | |
| | Permit Require. | * | * | | * | 15 | 20 | | | 1/WEEK | GRAB | |
| Hydrazine | Sample Measure. | * | * | * | MONITOR | | ONLY | MG/L | | | | |
| | Permit Require. | * | * | | | | | | | 1/WEEK | GRAB | |
| Ammonia | Sample Measure. | * | * | * | MONITOR | | ONLY | MG/L | | | | |
| | Permit Require. | * | * | | | | | | | 1/WEEK | GRAB | |
| pH | Sample Measure. | * | * | * | | * | | S.U. | | | | |
| | 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 | 05 | 23 |
| TYPED OR PRINTED | | | | | | | | AREA CODE | NUMBER | YEAR | MONTH | DAY |

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

No flow - 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 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
 FROM 96 4 1 TO 96 4 30

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 | * | * | * | * | 2/MONTH | ESTIMATE |
| | Permit Require. | * | * | | * | * | * | | | |
| Suspended Solids | Sample Measure. | * | * | * | * | | | MG/L | 2/MONTH | GRAB |
| | Permit Require. | * | * | | * | 30 | 100 | | | |
| Oil and Grease | Sample Measure. | * | * | * | * | | | MG/L | 2/MONTH | GRAB |
| | Permit Require. | * | * | | * | 15 | 20 | | | |
| pH | Sample Measure. | * | * | * | | * | * | S.U. | 2/MONTH | GRAB |
| | Permit Require. | * | * | | * | 6.0 | 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. S 1001 & 33 U.S.C. S 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.

TELEPHONE

412 393-5113

DATE

96 05 23

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER YEAR MONTH DAY

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

No Discharge

Form PGW BWOM 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

301
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD
Year Month Day Year Month Day
FROM 96 4 1 TO 96 4 30

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. 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 | 05 | 23 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | | | AREA CODE | NUMBER | YEAR | MONTH | DAY |

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

No Discharge

Form PGH BWOM 002 (Rev 9/88)

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 4 1 TO 96 4 30

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

TYPED OR PRINTED

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

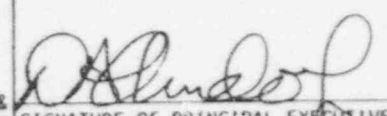
TELEPHONE

412393-5113

DATE

96 05 23

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



AREA CODE

NUMBER

YEAR

MONTH

DAY

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

No Discharge

Form PGH BWOM 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 4 1 TO 96 4 30

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. | TELEPHONE | DATE | | | |
| David Orndorf Chemistry Manager | | 412 393-5113 | 96 | 05 | 23 | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | MONTH | DAY |

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

No Discharge

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
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 4 1 TO 96 4 30

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. | 36.72 | 43.52 | MGD | * | * | * | * | 0 | Daily | Cont | | |
| | Permit Require. | * | * | | * | * | * | | DAILY | CONTINUOUS | | | |
| Free Available Chlorine | Sample Measure. | * | * | * | * | 0.014 | 0.26 | MG/L | 0 | Cont | Rec | | |
| | Permit Require. | * | * | | AVERAGE CONC 0.2 | MAXIMUM CONC 0.5 | CONTINUOUS | | RECORDED | | | | |
| Total Residual Chlorine | Sample Measure. | * | * | * | * | 0.024 | 0.46 | MG/L | 0 | 1/7 | Grab | | |
| | Permit Require. | * | * | | 0.5 | INSTANT. MAX. 1.25 | 1/WEEK | | GRAB | | | | |
| Clamtrol (CT-1) | Sample Measure. | * | * | * | * | NA | | MG/L | | WHEN DISCHARGING | 24 HOUR COMPOSITE | | |
| | Permit Require. | * | * | | NOT DETECTABLE | | | | | | | | |
| Betz DT-1 | Sample Measure. | * | * | * | * | | NA | MG/L | | WHEN DISCHARGING | 24 HOUR COMPOSITE | | |
| | Permit Require. | * | * | | | 35.0 | | | | | | | |
| | 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 | 05 | 23 |
| TYPED OR PRINTED | | | | | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | MONTH |

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

NA - Not Applicable, no clamsicide application for this month.

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 4 1 TO 96 4 30

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. | * | * | * | 7.36 | * | 7.86 | S.U. | 0 | 1/7 | Grab |
| | Permit Require. | * | * | | 6.0 | * | 9.0 | | | | |
| | Sample Measure. | * | * | * | * | * | * | * | | * | * |
| | Permit Require. | * | * | | * | * | * | | | | |
| | Sample Measure. | * | * | * | * | * | * | * | | * | * |
| | Permit Require. | * | * | | * | * | * | | | | |
| | Sample Measure. | * | * | * | * | * | * | * | | * | * |
| | Permit Require. | * | * | | * | * | * | | | | |
| | Sample Measure. | * | * | * | * | * | * | * | | * | * |
| | Permit Require. | * | * | | * | * | * | | | | |
| | Sample Measure. | * | * | * | * | * | * | * | | * | * |
| | Permit Require. | * | * | | * | * | * | | | | |
| | Sample Measure. | * | * | * | * | * | * | * | | * | * |
| | Permit Require. | * | * | | * | * | * | | | | |

| | | | | | | |
|--|---|--------------|--------|------|-------|-----|
| 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 | 05 | 23 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | MONTH | DAY |

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

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

PA0025615
 PERMIT NUMBER

102
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 96 4 1 TO 96 4 30

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 | 2/30 | Est |
| | Permit Require. | * | * | | * | * | * | | | | |
| Suspended Solids | Sample Measure. | * | * | * | * | 17.5 | 30.9 | MG/L | 0 | 2/30 | Grab |
| | Permit Require. | * | * | | * | 30 | 100 | | | | |
| Oil and Grease | Sample Measure. | * | * | * | * | 5.5 | 6.0 | MG/L | 0 | 2/30 | Grab |
| | Permit Require. | * | * | | * | 15 | 20 | | | | |
| pH | Sample Measure. | * | * | * | 7.36 | * | 7.45 | S.U. | 0 | 2/30 | 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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

[Signature]

TELEPHONE

412 393-5113

DATE

96 05 23

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

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

PA0025615
 PERMIT NUMBER


002
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

DISCHARGE MONITORING REPORT (DMR)

| MONITORING PERIOD | | | | | |
|-------------------|-------|-----|------|-------|-----|
| Year | Month | Day | Year | Month | Day |
| 96 | 4 | 1 | 96 | 4 | 30 |

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. | * | * | * | * | * | * | * | | 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 | | 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 | 05 | 23 | | |

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

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

PA0025615
 PERMIT NUMBER

103
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day FROM 96 4 1 TO 96 4 30

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 | 2/30 | Est |
| | Permit Require. | * | * | | * | * | * | | 2/MONTH | ESTIMATE | |
| Suspended Solids | Sample Measure. | * | * | * | * | 5.5 | 7.0 | MG/L | 0 | 2/30 | 24HC |
| | Permit Require. | * | * | | * | 30 | 100 | | 2/MONTH | 24 HOUR COMPOSITE | |
| pH | Sample Measure. | * | * | * | 7.59 | * | 7.74 | S.U. | 0 | 2/30 | GRAB |
| | Permit Require. | * | * | | 6.0 | * | 9.0 | | 2/MONTH | GRAB | |
| | Sample Measure. | * | * | * | * | * | * | * | * | * | * |
| | Permit Require. | * | * | | * | * | * | | * | * | |
| | Sample Measure. | * | * | * | * | * | * | * | * | * | * |
| | Permit Require. | * | * | | * | * | * | | * | * | |
| | Sample Measure. | * | * | * | * | * | * | * | * | * | * |
| | Permit Require. | * | * | | * | * | * | | * | * | |
| | Sample Measure. | * | * | * | * | * | * | * | * | * | * |
| | Permit Require. | * | * | | * | * | * | | * | * | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David 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

412 393-5113

AREA CODE NUMBER

TELEPHONE

DATE

96 05 23

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.

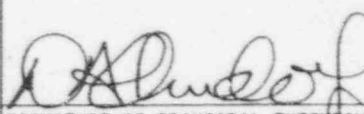
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

| MONITORING PERIOD | | | | | | | | |
|-------------------|-------|-----|----|------|-------|-----|--|--|
| Year | Month | Day | | Year | Month | Day | | |
| 96 | 4 | 1 | TO | 96 | 4 | 30 | | |

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. | 0.012 | 0.013 | MGD | * | * | * | * | 0 | 1/7 | meas | | | | | | | | | |
| | Permit Require. | 0.023 | * | | * | * | * | | | 1/WEEK | MEASURED | | | | | | | | | |
| CBOD-5 Day | Sample Measure. | * | * | * | * | 13 | 18 | MG/L | 0 | 2/30 | 8 HC | | | | | | | | | |
| | Permit Require. | * | * | | * | 25 | 50 | | | 2/MONTH | 8 HOUR COMPOSITE | | | | | | | | | |
| Suspended Solids | Sample Measure. | * | * | * | * | 34.0 | 63.3 | MG/L | 2 | 4/30 | 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. | * | * | * | * | 0.03 | 0.03 | MG/L | 0 | 2/30 | 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. | * | * | * | * | 5 | 10 | #/100ML | 0 | 2/30 | Grab | | | | | | | | | |
| | Permit Require. | * | * | | * | 200 2000 | 1000 | | | 2/MONTH | GRAB | | | | | | | | | |
| pH | Sample Measure. | * | * | * | 6.51 | * | 7.85 | S.U. | 0 | 2/30 | 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 | | | | | | | | | | | | | | | | | | | | |
| TYPED OR PRINTED | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | | | | AREA CODE | NUMBER | YEAR | MONTH | DAY | | | | | | | | |
|  | | | | | | | | 412 | 393-5113 | 96 | 05 | 23 | | | | | | | | |

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

P40025615
 PERMIT NUMBER

303
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

| MONITORING PERIOD | | | | | |
|-------------------|-------|-----|------|-------|-----|
| Year | Month | Day | Year | Month | Day |
| 96 | 4 | 1 | 96 | 4 | 30 |

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

| PARAMETER | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------|---------------------|---------|---------|--------------------------|---------|---------|---------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| Flow | Sample Measure. | 0.019 | 0.056 | MGD | * | * | * | 0 | 1/7 | Est |
| | Permit Require. | * | * | | * | * | * | | | |
| Suspended Solids | Sample Measure. | * | * | * | * | 6.3 | 12.3 | 0 | 1/7 | Grab |
| | Permit Require. | * | * | | * | 30 | 100 | | | |
| Oil and Grease | Sample Measure. | * | * | * | * | 25 | 25 | 0 | 1/7 | Grab |
| | Permit Require. | * | * | | * | 15 | 20 | | | |
| pH | Sample Measure. | * | * | * | 7.06 | * | 8.24 | 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 | 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 | 05 | 23 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | MONTH | DAY |

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

NOTE: YOUR PERMIT WILL EXPIRE ON _____ PLEASE SUBMIT YOUR RENEWAL APPLICATION BY 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 Year Month Day
 FROM 96 4 1 TO 96 4 30

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. | * | * | * | * | 5.2 | 7.5 | MG/L | 0 | 1/7 | Grab | | |
| | Permit Require. | * | * | | * | 30 | 100 | | | 1/WEEK | GRAB | | |
| 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 | | | | | |
| | 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. | * | * | * | 0.16 | * | 0.16 | MG/L | 0 | 1/7 | GRAB | | |
| | 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 | | | | | | | | | 412 393-5113 | | 96 | 05 | 23 |
| TYPED OR PRINTED | | | | | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA CODE | NUMBER | YEAR |

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

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

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

PA0025615
 PERMIT NUMBER

403
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

| MONITORING PERIOD | | | | | | |
|-------------------|-------|-----|----|------|-------|-----|
| Year | Month | Day | TO | Year | Month | Day |
| 96 | 4 | 1 | | 96 | 4 | 30 |

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

| PARAMETER | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | UNITS | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------|---------------------|---------|-------|--------------------------|---------|---------|------|-------|--------|-----------------------|-------------|
| | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | | | |
| Betz DT-1 | Sample Measure. | * | * | * | * | NA | MG/L | | | WHEN DISCHARGING | GRAB |
| | Permit Require. | * | * | * | * | 35.0 | | | | | |
| pH | Sample Measure. | * | * | * | 7.93 | 8.52 | S.U. | 0 | 1/7 | 1/WEEK | GRAB |
| | Permit Require. | * | * | * | 6.0 | 9.0 | | | | | |
| | Sample Measure. | * | * | * | * | * | * | | | * | * |
| | Permit Require. | * | * | * | * | * | | | | | |
| | Sample Measure. | * | * | * | * | * | * | | | * | * |
| | Permit Require. | * | * | * | * | * | | | | | |
| | Sample Measure. | * | * | * | * | * | * | | | * | * |
| | Permit Require. | * | * | * | * | * | | | | | |
| | Sample Measure. | * | * | * | * | * | * | | | * | * |
| | Permit Require. | * | * | * | * | * | | | | | |
| | Sample Measure. | * | * | * | * | * | * | | | * | * |
| | Permit Require. | * | * | * | * | * | | | | | |
| | Sample Measure. | * | * | * | * | * | * | | | * | * |
| | Permit Require. | * | * | * | * | * | | | | | |

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

412 393-5113

TELEPHONE

DATE

96 05 23

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 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

010
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

| MONITORING PERIOD | | | | | | |
|-------------------|-------|-----|------|------|-------|-----|
| Year | Month | Day | | Year | Month | Day |
| 96 | 4 | 1 | FROM | 96 | 4 | 30 |

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. | 0.016 | 0.020 | MGD | * | * | * | * | 0 | 1/7 | meas | | |
| | Permit Require. | * | * | | * | * | * | * | | 1/WEEK | MEASURED | | |
| Free Available Chlorine | Sample Measure. | * | * | * | * | 0.0 | 0.0 | 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. | * | * | * | 0.0 | * | 0.0 | MG/L | 0 | 1/7 | Grab | | |
| | Permit Require. | * | * | | 0.5 | * | 1.25 | | | 1/WEEK | GRAB WHILE CHLORO. | | |
| Clemtrol 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. | * | * | * | 7.3 | 7.9 | * | 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 | | | | | TELEPHONE | | | | DATE | | | | |
| | | | | | | | | | | | | | |
| David Orndorf Chemistry Manager | | | | | 412393-5113 | | | | 96 | 05 | 23 | | |
| TYPED OR PRINTED | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | AREA CODE | NUMBER | YEAR MONTH DAY | | |

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

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

PA0025615
 PERMIT NUMBER

003
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

DISCHARGE MONITORING REPORT (DMR)

| MONITORING PERIOD | | | | | |
|-------------------|-------|-----|------|-------|-----|
| Year | Month | Day | Year | Month | Day |
| 96 | 4 | 1 | 96 | 4 | 30 |

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 | 2/30 | 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. | * | * | | * | * | * | * | | | | | | |
| | 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 | 05 23 | | | |

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

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

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

PA0025615
 PERMIT NUMBER

004
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

| MONITORING PERIOD | | | | | | |
|-------------------|-------|-----|--|------|-------|-----|
| Year | Month | Day | | Year | Month | Day |
| | | | | | | |

FROM

TO

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. | * | * | | * | * | * | | | * | * |
| | 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 | 05 | 23 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | MONTH | DAY |

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

No Discharge
 Form PGH BWOM 002 (Rev 5/88)

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 | 4 | 1 | FROM | 96 | 4 | 30 |

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. | * | * | | * | * | * | * | | 1/WEEK | ESTIMATE | | |
| | Sample Measure. | * | * | * | * | * | * | * | | * | * | | |
| | Permit Require. | * | * | | * | * | * | * | | * | * | | |
| | Sample Measure. | * | * | * | * | * | * | * | | * | * | | |
| | Permit Require. | * | * | | * | * | * | * | | * | * | | |
| | Sample Measure. | * | * | * | * | * | * | * | | * | * | | |
| | Permit Require. | * | * | | * | * | * | * | | * | * | | |
| | Sample Measure. | * | * | * | * | * | * | * | | * | * | | |
| | Permit Require. | * | * | | * | * | * | * | | * | * | | |
| | Sample Measure. | * | * | * | * | * | * | * | | * | * | | |
| | Permit Require. | * | * | | * | * | * | * | | * | * | | |
| | Sample Measure. | * | * | * | * | * | * | * | | * | * | | |
| | Permit Require. | * | * | | * | * | * | * | | * | * | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. S 1001 & 33 U.S.C. S 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr. | | | | | | TELEPHONE | | DATE | | | |
| David Orndorf Chemistry Manager | | | | | | | | | | | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | | AREA CODE | NUMBER | YEAR | MONTH | DAY | |
| | |  | | | | | | 412 | 393-5113 | 96 | 05 | 23 | |

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

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

PA0025615
PERMIT NUMBER

007
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

MONITORING PERIOD
Year Month Day
FROM 96 4 1 TO 96 4 30

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 | 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 | 05 | 23 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | | | AREA CODE | NUMBER | YEAR | MONTH | DAY |

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

No Discharge

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

PA0025615
 PERMIT NUMBER

008
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 96 4 1 TO 96 4 30

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. | * | * | | * | * | * | | | | |
| Suspended Solids | Sample Measure. | * | * | * | * | 11.1 | 11.3 | MG/L | 0 | 2/30 | Grab |
| | Permit Require. | * | * | | * | 30 | 100 | | | | |
| Oil and Grease | Sample Measure. | * | * | * | < 5 | < 5 | < 5 | MG/L | 0 | 2/30 | Grab |
| | Permit Require. | * | * | | AVG. MONTHLY 15 | DAILY MAX. 20 | INSTANT. MAX. 30 | | | | |
| pH | Sample Measure. | * | * | * | 7.34 | * | 7.69 | S.U. | 0 | 2/30 | 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. § 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 | 05 | 23 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | MONTH |

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

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

PA0025615
 PERMIT NUMBER

110
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 96 4 1 TO 96 4 30

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 | 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 | 05 | 23 |
| 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 . 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

011
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

| MONITORING PERIOD | | | | | | |
|-------------------|-------|-----|----|------|-------|-----|
| Year | Month | Day | TO | Year | Month | Day |
| 96 | 4 | 1 | | 96 | 4 | 30 |

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

David Orndorf
Chemistry Manager

TYPED OR PRINTED

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

TELEPHONE

412 393-5113

DATE

96 05 23

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER YEAR MONTH DAY

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

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

PA0025615
 PERMIT NUMBER

111
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 96 4 1 TO 96 4 30

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 | ESL ESTIMATE | |
| | Permit Require. | * | * | | * | * | * | | | | | |
| Suspended Solids | Sample Measure. | * | * | * | * | 44 | 44 | MG/L | 0 | 1/7 | GRAB | |
| | Permit Require. | * | * | | * | 30 | 100 | | | | | |
| Oil and Grease | Sample Measure. | * | * | * | 5.4 | 5.8 | 5.8 | MG/L | 0 | 1/7 | GRAB | |
| | Permit Require. | * | * | | AVERAGE 15 | MAXIMUM 20 | INSTANT. MAX. 30 | | | | | |
| pH | Sample Measure. | * | * | * | 8.3 | * | 9.0 | S.U. | 0 | 1/7 | GRAB | |
| | Permit Require. | * | * | | 6.0 | * | 9.0 | | | | | |
| | Sample Measure. | * | * | * | * | * | * | * | | 2/QUARTER | GRAB | |
| | Permit Require. | * | * | | * | * | * | | | | | |
| | Sample Measure. | * | * | * | * | * | * | * | | 1/7 | GRAB | |
| | Permit Require. | * | * | | * | * | * | | | | | |
| | Sample Measure. | * | * | * | * | * | * | * | | * | * | |
| | Permit Require. | * | * | | * | * | * | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. S 1001 & 33 U.S.C. S 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr. | | | | | | | TELEPHONE | | DATE | | |
| David Orndorf Chemistry Manager | | | | | | | | 412 393-5113 | | 96 | 05 | 23 |
| TYPED OR PRINTED | | | | | | | | ARFA CODE | NUMBER | YEAR | MONTH | DAY |

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

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

PA0025615
 PERMIT NUMBER

211
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 96 4 1 TO 96 4 30

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 | GRAB | |
| | Permit Require. | * | * | | * | 30 | 100 | | | | | 1/WEEK |
| Oil and Grease | Sample Measure. | * | * | * | | < 5.0 | < 5.0 | MG/L | 0 | 1/7 | GRAB | |
| | Permit Require. | * | * | | AVERAGE 15 | MAXIMUM 20 | INSTANT. MAX. 30 | | | | | 1/WEEK |
| pH | Sample Measure. | * | * | * | 6.78 | * | 7.69 | S.U. | 0 | 1/7 | GRAB | |
| | Permit Require. | * | * | | 6.0 | * | 9.0 | | | | | 1/WEEK |
| | Sample Measure. | * | * | * | * | * | * | * | | 2/QUARTER | GRAB | |
| | Permit Require. | * | * | | * | * | * | | | | | |
| | Sample Measure. | * | * | * | * | * | * | * | | 1/WEEK | GRAB | |
| | Permit Require. | * | * | | * | * | * | | | | | |
| | Sample Measure. | * | * | * | * | * | * | * | | * | * | |
| | Permit Require. | * | * | | * | * | * | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 & 33 U.S.C. § 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 Manger | | | | | | | | 412 393-5113 | | 96 | 05 | 23 |
| 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

012
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

| MONITORING PERIOD | | | | | |
|-------------------|-------|-----|------|-------|-----|
| Year | Month | Day | Year | Month | Day |
| 96 | 4 | 1 | 96 | 4 | 30 |

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 | 1/30 | Est |
| | Permit Require. | * | * | | * | * | * | | | 1/MONTH | ESTIMATE |
| pH | Sample Measure. | * | * | * | 8.24 | 8.24 | * | S.U. | 0 | 1/30 | 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 fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.) | TELEPHONE | | DATE | | |
| | | 412 | 393-5113 | 96 | 05 | 23 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | MONTH | DAY |

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

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

PA0025615
 PERMIT NUMBER

113
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day
 FROM 96 4 1 TO 96 4 30

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 | MEAS | |
| | Permit Require. | 0.043 | * | | * | * | * | | 1/WEEK | MEASURED | | |
| CBOD-5 Day | Sample Measure. | * | * | * | * | 6.1 | 9.2 | MG/L | 0 | 2/30 | 8 HC | |
| | Permit Require. | * | * | | * | 25 | 50 | | 2/MONTH | 8 HOUR COMPOSITE | | |
| Suspended Solids | Sample Measure. | * | * | * | * | 21.6 | 30 | MG/L | 0 | 2/30 | 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. | * | * | * | * | 6.4 | 12.6 | MG/L | 0 | 2/30 | 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. | * | * | * | * | 3 | 10 | #/100ML | 0 | 2/30 | GRAB | |
| | Permit Require. | * | * | | * | 200 2000 | 1000 | | 2/MONTH | GRAB | | |
| pH | Sample Measure. | * | * | * | 6.51 | * | 7.85 | S.U. | 0 | 2/30 | 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 | | | | | | | | 412 393-5113 | | 96 | 05 | 23 |
| TYPED OR PRINTED | | | | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | MONTH |

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

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

PA0025615
 PERMIT NUMBER

213
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 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 | * | 9.0 | | 2/MONTH | GRAB |
| | Sample Measure. | * | * | * | * | * | * | * | * | * |
| | Permit Require. | * | * | | * | * | * | * | * | * |
| | Sample Measure. | * | * | * | * | * | * | * | * | * |
| | Permit Require. | * | * | | * | * | * | * | * | * |
| | Sample Measure. | * | * | * | * | * | * | * | * | * |
| | Permit Require. | * | * | | * | * | * | * | * | * |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

TYPED OR PRINTED

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

TELEPHONE

412 393-5113

DATE

96 05 23

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER YEAR MONTH DAY

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

No Discharge

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 | 4 | 1 | 96 | 4 | 30 |

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

| PARAMETER | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | UNITS | NO. EX. | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------|---------------------|---------|---------|--------------------------|---------|---------|---------|-------|---------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | | |
| 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. | * | * | * | * | < 5.0 | < 5.0 | MG/L | 0 | 1/7 | GRAB |
| | Permit Require. | * | * | | * | 15 | 20 | | | | |
| pH | Sample Measure. | * | * | * | 7.09 | * | 7.41 | 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

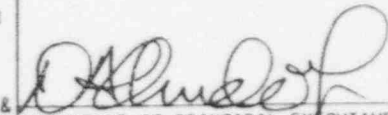
David Orndorf

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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE

412-393-5113

DATE

96 05 23

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

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

PA0025615
 PERMIT NUMBER

413
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD
 Year Month Day Year Month Day
 FROM 96 4 1 TO 96 4 30

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 |
| Suspended Solids | Sample Measure. | * | * | * | * | 30 | 100 | MG/L | | | |
| | Permit Require. | * | * | | * | | | | | | 1/WEEK |
| Oil and Grease | Sample Measure. | * | * | * | * | 15 | 20 | MG/L | | | |
| | Permit Require. | * | * | | * | | | | | | 1/WEEK |
| pH | Sample Measure. | * | * | * | | * | | S.U. | | | |
| | Permit Require. | * | * | | 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. S 1001 & 33 U.S.C. S 1319. (Penalties under these statutes may include fine up to \$10,000 and/or maximum imprisonment between 6 mo. and 5 yr.)

TELEPHONE

412 393-5113

DATE

96 05 23

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER YEAR MONTH DAY

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

No Discharge

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

013
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

| MONITORING PERIOD | | | | | | |
|-------------------|-------|-----|------|------|-------|-----|
| Year | Month | Day | | Year | Month | Day |
| 96 | 4 | 1 | FROM | 96 | 4 | 30 |

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. | 0.007 | 0.013 | MGD | * | * | * | * | 0 | 1/7 | Est | |
| | Permit Require. | * | * | | * | * | * | * | | 1/WEEK | ESTIMATE | |
| Total Residual Chlorine | Sample Measure. | * | * | * | * | 5.5 | 10.9 | MG/L | 0 | 2/30 | CAL | |
| | Permit Require. | * | * | | * | MONITOR | AND REPORT | | | 2/MONTH | CALCULATED | |
| Antimony | Sample Measure. | * | * | * | * | NA | | MG/L | | | | |
| | Permit Require. | * | * | | * | MONITOR | AND REPORT | | | 2/QUARTER | GRAB | |
| Cyanide, Free | Sample Measure. | * | * | * | * | NA | | MG/L | | | | |
| | Permit Require. | * | * | | * | MONITOR | AND REPORT | | | 2/QUARTER | GRAB | |
| Cyanide, Total | Sample Measure. | * | * | * | * | NA | | MG/L | | | | |
| | Permit Require. | * | * | | * | MONITOR | AND REPORT | | | 2/QUARTER | GRAB | |
| pH | Sample Measure. | * | * | * | 6.5 | * | 7.9 | 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 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 Orndorf Chemistry Manager | | | | | | | | 412 | 393-5113 | 96 | 05 23 | |
| TYPED OR PRINTED | | | | | | | | AREA CODE | NUMBER | YEAR | MONTH DAY | |

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

Month: APRIL
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: DURUESNE LIGHT COMPANY
Plant: BEAVER VALLEY POWER STATION UNIT II
NPDES: PA 0025615
Municipality: SHIPPERSPORT BLDG CO II
County: BEAVER

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

HAULED AS LIQUID SLUDGE

[illegible]

| | | |
|-------|---|-------|
| TOTAL | • | 1.501 |
|-------|---|-------|

HAULED AS DEWATERED SLUDGE

[illegible]

TOTAL \$

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

Signature

CHEMISTRY MANAGER
Title

Date _____

412-393-5113
Telephone

Month: APRIL
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 COMPANY
Plant: BEAVER VALLEY TOWER STATION UNIT I
NPDES: PA 0025615
Municipality: SHIPPINGPORT BURELL
County: BEAVER

For sludge that is incinerated:

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

HAULED AS LIQUID SLUDGE

[illegible]

TOTAL = 1.418

HAULED AS DEWATERED SLUDGE

[illegible]

| | | |
|-------|----|--|
| TOTAL | \$ | |
|-------|----|--|

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

Signature

CHEMISTRY MANAGER
Title

R 5/24/96
Date

412-393-5113
Telephone