

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-00073

DUPUESHE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

(Final Period)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days). If continuous enter "CONT".
5. Specify sample type ("grab" or "composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PA	0025615	001	4911	40°37'15"	80°26'18"
PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE	
REPORTING PERIOD FROM		TO			
71	9	11	0	7	9
YEAR	MO	DAY	YEAR	MO	DAY

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION				UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED	12.92	25.70	29.44		MGD		***	***	***				cont.	recorded
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				Cont.	recorded
Temperature	REPORTED	***	***	***				39	60	81				cont.	recorded
	PERMIT CONDITION	***	***	***				N/A	N/A	N/A				Cont.	recorded
Oil and Grease	REPORTED									5.0				1/30	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	N/A	10				1/30	grab
Free Available Chlorine	REPORTED							0	<0.01	0.07				See special	
	PERMIT CONDITION	N/A	N/A	N/A				N/A	0.2	0.5				condition #9	
pH	REPORTED	***	***	***				7.2		8.0				cont.	recorded
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0				Cont.	recorded
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE	
Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.	719	11/21/8
LAST	FIRST	MI	TITLE	YEAR	MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Leon S. Steele
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

POOR ORIGINAL

90002213

8001080

665

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-00073

DUQUESNE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

(Final Period)

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PA ST	0025615 PERMIT NUMBER	901 DIS	9111 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM 7/9 YEAR 1/11 MO 0/1 DAY		TO 7/9 YEAR 1/13 MO 10 DAY			

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION				UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM						
Flow	REPORTED	0	0.02	0.03		MGD		***	***	***					cont.	calc.
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***					Cont.	calculated
Total Suspended Solids	REPORTED	3.2	3.6	4.1		lbs/day	0							2/30	grab	
	PERMIT CONDITION	N/A	3.8	45				N/A	N/A	N/A				2/30	24-hr. composite	
Oil and Grease	REPORTED	0.82	0.89	0.95		lbs/day	0							2/30	grab	
	PERMIT CONDITION	N/A	1.9	9.0				N/A	N/A	N/A				2/30	grab	
pH	REPORTED	***	***	***				6.90		8.60				5/30	grab	
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0	standard units	0		2/30	grab	
	REPORTED															
	PERMIT CONDITION															
	REPORTED															
	PERMIT CONDITION															
	REPORTED															
	PERMIT CONDITION															

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.	7/9	1/12/218		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

POOR ORIGINAL

90002215

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

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OMB NO. 158-00073

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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
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7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

12-10 PA ST	14-10 0025615 PERMIT NUMBER	112-10 102 DIS	112-10 4911 SIC	128-27 40°37'15" LATITUDE	128-27 80°26'18" LONGITUDE
122-27 REPORTING PERIOD FROM		122-27 7/9 YEAR	122-27 11 MO	122-27 10/1 DAY	TO
		128-27 7/9 YEAR	128-27 11 MO	128-27 3/0 DAY	

PARAMETER	REPORTED	QUANTITY				UNITS	NO. EX.	CONCENTRATION				UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED					MGD		***	***	***					
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***			N/A	N/A	
Total Iron	REPORTED									<0.003	mg/l	0	1/30	grab	
	PERMIT CONDITION	N/A	N/A	N/A				N/A	N/A	1			2/30	grab	
Total Copper	REPORTED									0.025	mg/l	0	1/30	grab	
	PERMIT CONDITION	N/A	N/A	N/A				N/A	N/A	1			2/30	grab	
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

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Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.	7/9	11/23/8		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

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PA	0025615	103	4911	40°27'15"	80°26'18"
ST	PERMIT NUMBER	DHS	SIC	LATITUDE	LONGITUDE

REPORTING PERIOD FROM			TO		
7	1	01	7	1	31
YEAR	MO	DAY	YEAR	MO	DAY

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION				UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED	0	0.020	0.020		MGD		***	***	***				3/30	estimate
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				2/30	estimate
Total Suspended Solids	REPORTED							< 1	< 1	< 1	mg/l	0		2/30	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	100				2/30	grab
Oil and Grease	REPORTED							< 1	< 1	< 1	mg/l	0		2/30	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	15	20				2/30	grab
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

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Moore	Gilbert	N.	Gen. Supt. Pwr. Sta. Dept.	7/9	11/2	318		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
CMBI NO. 158-R0073

DUQUESNE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

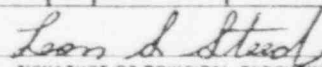
(Final Period)

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12. STATE PA	14. PERMIT NUMBER 0025615	15. DISCHARGE 002	16. SIC 4911	17. LATITUDE 40° 37' 15"	18. LONGITUDE 80° 26' 18"
REPORTING PERIOD FROM		19. YEAR 71	20. MO 9	21. DAY 01	TO
		22. YEAR 71	23. MO 9	24. DAY 01	

PARAMETER		(3 card only) QUANTITY					(4 card only) CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	REPORTED			<0.001	MGD		***	***	***		1/30	calc.	
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***		1/30	calculated	
pH	REPORTED	***	***	***			7.32		7.32		1/30	grab	
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A		1/30	grab	
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

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Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.	71	9	01		
LAST	FIRST	MI	TITLE	YEAR	MO	DAY		

POOR ORIGINAL

90002217

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
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PA ST	0025615 PERMIT NUMBER	201 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD FROM		7/9 YEAR	11/1 MO	0/1 DAY	TO 7/9 YEAR
				11/1 MO	3p DAY

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED			0.003		MGD		***	***	***				1/30	estimate
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				1/30	estimate
Total Suspended Solids	REPORTED							2	36	89	mg/l	1	3/30	grab	
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	100			1/30	grab	
Oil and Grease	REPORTED								7	7	mg/l	0	1/30	grab	
	PERMIT CONDITION	N/A	N/A	N/A				N/A	15	20			1/30	grab	
pH	REPORTED	***	***	***				7.38		7.33	standard	0	1/30	grab	
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0	units		1/30	grab	
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.		7/9/11 2:15				Leon S. Steel	
LAST	FIRST	MI	TITLE		YEAR MO DAY					

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
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PA ST	0025615 PERMIT NUMBER	003 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD: FROM		7/9 YEAR	1/1 MO	01 DAY	TO
		7/9 YEAR	1/1 MO	31 DAY	

PARAMETER		QUANTITY				UNITS	NO EX	CONCENTRATION				UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED	0.003	0.009	0.022		MGD		***	***	***				30/30	calc.
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				1/30	calculated
pH	REPORTED	***	***	***				7.81		7.81				1/30	grab
	PERMIT CONDITION	***	***	***				N/A	N/A	N/A				1/30	grab
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
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Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.		7/9/12/218 YEAR MO DAY			

POOR ORIGINAL

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REPORTING PERIOD FROM

117-181	117-181	120-231	122-231	124-231	126-231	128-231	130-231
301	4911	40° 37' 15"	80° 26' 18"				
DHS	SIC	LATITUDE		LONGITUDE			
719	111	011	719	111	310		
YEAR	MO	DAY	YEAR	MO	DAY		

TO

PARAMETER		REPORTED	QUANTITY				UNITS	NO. EX.	CONCENTRATION				UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM						
Flow	REPORTED	0	0.003	0.006		MGD		***	***	***					2/30	measured
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***					2/30	measured
Total Suspended Solids	REPORTED	0.22	0.225	0.23		lbs/day	0							2/30	24 hr. composite	
	PERMIT CONDITION	N/A	2.8	14.3				N/A	N/A	N/A				2/30	24-hr. composite	
pH	REPORTED	***	***	***				7.78		7.83	standard	0		2/30	grab	
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0	units			2/30	grab	
	REPORTED															
	PERMIT CONDITION															
	REPORTED															
	PERMIT CONDITION															
	REPORTED															
	PERMIT CONDITION															
	REPORTED															
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Moore Gilbert W.		Gen. Supt. Pwr. Sta. Dept.		719/11/218												
LAST FIRST MI		TITLE		YEAR MO DAY		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										

90002220

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
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Form Approved
EPA Form 133-10007-2

BUQUESHE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

(Final Period)

INSTRUCTIONS

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2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing "N/A". "N/A" means "NOT AVAILABLE".
3. Specify the number of analyzed samples observed during the reporting period.
4. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the volumes listed "No. Ex." If none, enter "0".
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PA	0025615	302	4911	40° 37' 15"	80° 26' 18"
SY		7/19	11/10/11	7/19	11/13/10
		YEAR	MO	DAY	YEAR
		TO			

PARAMETER	QUANTITY			CONCENTRATION			FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MINIMUM	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM		
Flow	0.001	0.006	0.019	***	***	***	30/30	measured
pH	N/A	N/A	N/A	***	***	***	2/30	measured
Total Suspended Solids	N/A	N/A	N/A	6.7	8.9	standard units	30/30	grab
BOD-5	N/A	N/A	N/A	6.0	9.0	units	2/30	grab
Fecal Coliform	N/A	N/A	N/A	***	Highest	Weekly	30/30	grab
	N/A	N/A	N/A	***	Average	Average	2/30	composite
	N/A	N/A	N/A	19	36	mg/l	30/30	grab
	N/A	N/A	N/A	N/A	30	45	2/30	composite
	N/A	N/A	N/A	10	14	mg/l	5/30	grab
	N/A	N/A	N/A	N/A	30	45	2/30	composite
	N/A	N/A	N/A	0	TNTC	colonies	9/30	grab
	N/A	N/A	N/A	N/A	200	400	2/30	grab
	N/A	N/A	N/A	N/A	17	TNTC, 6.		

NAME OF PRINCIPAL EXECUTIVE OFFICER	DATE	TITLE	DATE
Moore	7/19/11	Gen. Supt. Pwr. Sta. Dept.	7/19/11
Gilbert			
NAME OF PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER	DATE	
	<i>Leon J. Stuch</i>		

POOR ORIGINAL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
EPA NO. 330-110-721

DUQUESNE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

(Final Period)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days). If continuous enter "CONT".
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PA	0025615	303	4911	40° 37' 15"	80° 26' 18"
ST	PERMIT NUMBER	DPS	SIC	LATITUDE	LONGITUDE

REPORTING PERIOD FROM	7 9	1 1	0 1	TO	7 9	1 1	30
	YEAR	MO	DAY		YEAR	MO	DAY

PARAMETER	REPORTED	QUANTITY				UNITS	NO. EX.	CONCENTRATION				UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED					MGD		***	***	***					
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***			1/30	estimate	
Total Suspended Solids	REPORTED										mg/l				
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	100			1/30	grab	
Oil and Grease	REPORTED										mg/l				
	PERMIT CONDITION	N/A	N/A	N/A				N/A	15	20			1/30	grab	
pH	REPORTED	***	***	***							standard units				
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0			1/30	grab	
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Moore Gilbert W.	Gen. Supt. Pwr. Sta. Dept.	7 9 1 2 2 8		
LAST FIRST MI	TITLE	YEAR MO DAY		

90002222

POOR ORIGINAL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-00073

DUQUESNE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

(Final Period)

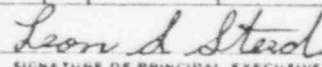
INSTRUCTIONS

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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PA ST	0025615 PERMIT NUMBER	004 DIS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
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REPORTING PERIOD FROM	7/9/11 YEAR MO DAY	TO	7/9/11 YEAR MO DAY
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PARAMETER		QUANTITY				NO. EX	CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	REPORTED			< 0.001	MGD		***	***	***			1/30	estimate
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	estimate
pH	REPORTED	***	***	***			7.61		7.61	standard units		1/30	grab
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A			1/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Moore Gilbert W.	Gen. Supt. Pwr. Sta. Dept.	7/9/12		
LAST FIRST MI	TITLE	YEAR MO DAY		

90002223

POOR ORIGINAL

90002224

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-00073

DUQUESNE LIGHT COMPANY
Beaver Valley Unit 1
P. O. Box 4
Shippingport, PA 15077

(Final Period)

INSTRUCTIONS

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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
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7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PA 51

0025615
PERMIT NUMBER

401
DIS

4911
SIC

40°37'15"
LATITUDE

80°26'18"
LONGITUDE

REPORTING PERIOD FROM 7/9 11/10/11 TO 7/9 11/13/10
YEAR MO DAY YEAR MO DAY

PARAMETER		QUANTITY				UNITS	CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	REPORTED			< 0.001		MGD	***	***	***			1/30	estimate
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	estimate
Total Suspended Solids	REPORTED							9.67	9.67	mg/l	0	1/30	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	100	mg/l	0	1/30	grab
Oil and Grease	REPORTED							6	6	mg/l	0	1/30	grab
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20	mg/l	0	1/30	grab
pH	REPORTED	***	***	***			7.92		7.92	standard units	0	1/30	grab
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0	standard units	0	1/30	grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER
Moore Gilbert

LAST FIRST MI

TITLE OF THE OFFICER
W. Gen. Supt. Pwr. Sta. Dept.

TITLE

DATE
7/9 11/21/18

YEAR MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Signature of Principal Executive Officer or Authorized Agent
Leon L. Steel

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT