

## DISCHARGE MONITORING REPORT

8104030378

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

(Final Period)

PA	0025615	PLANT NUMBER
ST		

001	4911	012	011
205	SIC	MO	DAY

40°37'15"	90°26'18"
LATITUDE	LONGITUDE

34	02	28
YEAR	MO	DAY

81	02	01
YEAR	MO	DAY

## 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. The two lower values in boxes containing data for "AVERAGE" is average computed over actual time duration containing "MINIMUM". "AVERAGE" are extreme values observed during the reporting period.
  3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) per cent conditions in the columns labelled "No. Ex." If none, enter "0".
  4. Specify frequency of analysis for each parameter as the analysis No. days (e.g., "1/7" is equivalent to 1 analysis performed every 7 days). If continuous enter "CONT".
  5. Specify sample type (e.g., "b", "br", composite) as applicable. If frequency was continuous, enter "NA".
  6. Appropriate literature is required on bottom of this form.
  7. Remove carbon and retain copy for your record.
- Fill along dotted lines, staple and mail Original to office specified in permit.

REPORTING PERIOD: FROM

[illegible]

(Final Period)

Shippingport, PA 15077

1. Periodic doses for period covered by the solid in figure are marked "ELECTRIC PERIOD."
2. Entry is recorded for each peak and maximum within under "QUANTITY" and "CONCENTRATION" in the table. In case of a weak peak, only the maximum is appropriate. The last entry when no longer a convincing maximum is marked "APPROXIMATE." The peak is noted as a local maximum in the table as a "MAXIMUM" and "APPROXIMATE" are entered under "LOCAL MAXIMUM" and "CONCENTRATION" respectively.
3. Specify the number of analyzed samples, the number of times the distribution pattern is repeated, and the number of samples analyzed. If the maximum is not a maximum as approximated, specify conditions in the table, marked "LOCAL MAXIMUM." If more, enter "NOT."
4. Specify frequency of analysis for use in plotting rate with the analysis in days. (e.g., "3/2" is equivalent to 3 samples per distribution every 7 days.) If continuous entry is correct, enter "CONT."
5. Specify sample type ("Grain" or "Soil") and composition, if applicable. If frequency was continuous, enter "CONT."
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and return copy for your record.
8. Fold along dotted lines. Analyze and return Carbon copy for investigation to nearest

PA BY	0025615 HEIGHT NUMBER	101 OIL	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
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REPORTING PERIOD FROM

8	11	012	011
YEAR	MO	DAY	DAY

TO

8	11	012	26
YEAR	MO	DAY	DAY

128 271 128 291 128 211

PARAMETER	QUANTITY (1000 L)				CONCENTRATION (1000 L)				FREQ. OF ANALYSIS	SAMPLE TYPE
	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		
Flow	REPORTED	0.003	0.011	0.030	MGD	***	***	***	cont.	recorded
	PERMIT CONVICTION	N/A	N/A	N/A		***	***	***	Cont.	calculated
Total Suspended Solids	REPORTED	0.82	2.14	3.46	lbs/day				2/28	grab
	PERMIT CONVICTION	N/A	3.8	45		N/A	N/A	N/A	2/30	24-hr. composite
Oil and Grease	REPORTED	0.15	0.24	0.33	lbs/day				2/28	grab
	PERMIT CONVICTION	N/A	1.9	9.0		N/A	N/A	N/A	2/30	grab
pH	REPORTED	***	***	***		8.00	8.94	standard units	3/28	grab
	PERMIT CONVICTION	***	***	***		6.0	9.0		2/30	grab
	REPORTED									
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	PERMIT CONVICTION									
	REPORTED									

(Final Period)

## RESTRICTIONS

1. Exact delay for period covered by this report was maximum "RELEVANT PERIOD".
2. Events represented minimum average and maximum values under "QUANTITY" and "CONCENTRATION" for the date. See also footnote for each parameter as appropriate. The total water value is based on estimate by SCS.
3. "MAXIMUM" are average values observed during the reporting period. "MINIMUM" are minimum values observed during the reporting period.
4. Specify the number of study and sample that tested the maximum (and/or minimum as appropriate) seasonal conditions in the channel labeled "No. EA or H above, whichever".
5. Specify frequency of analysis for each parameter as H, daily; or D, days (e.g., "1/7" is equivalent to 1 study per 7 days). If continuous enter "CONT".
6. Specify sample size ("Q/dob" or -- for composite) as applicable. If frequency was continuous, enter "NA".
7. Appropriate sampling is required on bottom of draw from flowage without stream silt for your results.
8. Field notes should have included field observations which were filed in report.

[illegible]

PARAMETER	QUANTITY				CONCENTRATION				UNITS	NO. OF SAMPLES	ANALYSIS	SAMPLE TYPE
	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	REPORTED											
	PERCENT COMPLETION	N/A	N/A	N/A		***	***			N/A	N/A	
	REPORTED											
Total Iron	PERCENT COMPLETION	N/A	N/A	N/A								
	REPORTED											
	PERCENT COMPLETION	N/A	N/A	N/A								
Total Copper	REPORTED											
	PERCENT COMPLETION	N/A	N/A	N/A								
	REPORTED											

NAME OF PRINCIPAL EXECUTIVE OFFICER

Moore Gilbert

TITLE OF THE OFFICER

Gen. Supt. Pwr. Sta. Dept.

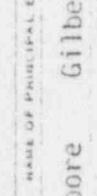
DATE

8/1/03

YEAR MONTH DAY

2003 08 01

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

(Final Period)

## DISCHARGE MONITORING REPORT

## INSTRUCTIONS

1. Provide data for period covered by this report in space marked "REPORTING PERIOD."
2. Enter reported minimum, average and maximum values under "QUALITY" and "CONCENTRATION" in this space (used for ex. l. percent for all appropriate). Do not enter values to less than minimum value. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify this number of analyzed samples that were used for the minimum (and/or maximum as appropriate) results conditions in the column marked "No. Ex. or Min. value etc."
4. Specify frequency of use for each parameter as No. analyses for No. days (e. g., 3/37" is equivalent to 3 analyses performed every 7 days). If continuous value, "CONT."
5. Specify sample type ("grab" or "hr. sample-flow") as applicable. If frequency was continuous, enter "CN."
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and return copy for your records.

0025615	PLANT NUMBER	103	4911	40°27'15"	80°26'18"
1-1-45		1-1-45	SIC	LATITUDE	LONGITUDE

811	012	011	811	012	28
YEAR	MO	DAY	YEAR	MO	DAY

REPORTING PLANO. FROM

[illegible]



## DISCHARGE NOTICING REPORT

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

(Final Period)

0025615	PERMANENT NUMBER	002 445	4911 SIC	40°37'15"N LATITUDE	80°26'18"E LONGITUDE
REPORTING PERIOD FROM	811 YEAR	012 MO	011 DAY	TO	811 YEAR
					012 MO
					218 DAY

## INSTRUCTIONS

1. Provide dates for period covered by this report in space marked "REPORTING PERIOD."
2. Enter reported minimum, average and maximum values under the "MINIMUM," "AVERAGE," and "MAXIMUM" in the units specified for each parameter on appropriate form *NO. 1*, or values to be a combination of units. "AVERAGE" is average computed over actual time duration as appearing "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that were of this duration *per day*.
4. Specify conditions in the column headed "REMARKS (enter *not* minimum or maximum as appropriate) permit conditions in the column headed "REMARKS (enter *no*)."
  1. Specify frequency of analysis for each parameter on Re. analysis *per day* (e.g., "3"/yr.) is equivalent to 3 analyses performed every 3 days.) If continuous enter "CONT."
  2. Specify sample type (e.g., "fluvial" or "stream composite") as applicable. If frequency was continuous, enter "RA."
  3. Appropriate signature is required on bottom of this form.
5. Remove carbon and return copy for your records.
6. Fold along dotted line. Attach and mail overnight.

[illegible]

Form Approved  
OMB NO. 158-0007

(Final Period)

PA	0025615	201	4911	40°37'15"	80°26'18"
58	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
REPORTING PERIOD: FROM		811	012	d1	TO
		YEAR	MO	DAY	
		811	012	d18	
		YEAR	MO	DAY	

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 occurring. "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 in 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.

EPA Form 3320-1 (10-72)

ChinChin42

1984-1985  
 1986-1987

(Final Period)

### INSTRUCTIONS

1. Provide data 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) stated conditions in the columns labeled "No. Ex." Above, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "2/2" is equivalent to 3 analyses performed every 2 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.

12 2	19 26	237 150		128 291	128 291	128 291
PA	0025615	003	4911	40°37'15"	80°26'18"	
SE	PERMIT NUMBER	SIS	SIC	LATITUDE	LONGITUDE	
		128 291	128 291	128 291	128 291	128 291
	REPORTING PERIOD FROM	811	012	011	TO	811
		YEAR	MO	DAY		YEAR
						002
						218
						DAY


PARAMETER		QUANTITY					CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(3 card only)			UNITS	ISO. EX	(3 card only)			UNITS	NO. EX		
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED	0.13	0.13	0.14	MGD		***	***	***			28/28	Calc.
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	calculate
pH	REPORTED	***	***	***			8.20		8.20			1/28	Grab
	PERMIT CONDITION	***	***	***			N/A	N/A	N/A			1/30	grab
	REPORTED												
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NAME OF PRINCIPAL EXECUTIVE OFFICER  
 Moore Gilbert W.

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

DATE  
 8/10/310

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

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

(Final Period)

## INSTRUCTIONS

1. Insert data for period covered by this report in boxes marked "REPORTING PERIOD".
2. Enter expected minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes for units not used. "AVERAGE" is average computed over actual time elapsed in operating "EARTHQUAKE" and "INTENSITY" 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 the analysis frequency, days. (e.g., "1/7" is equivalent to 1 analysis performed every 7 days.) If continuous enter "CONT".
5. Specify sample type ("SUB" or "COMPOSITE") as applicable. If frequency was continuous, enter "HA".
6. Approximate signature (if required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, attach and mail. Original will be destroyed.

[illegible][illegible]



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

Form Approved  
GSA NO. 1-3-55073

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

(Final Period)

INSTRUCTIONS

1. Provide data 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., "3/1" is equivalent to 3 analyses performed every 1 day). 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  
ST

0025615

PERMIT NUMBER

302

DIC

4911

SIC

40°37'15"

LATITUDE

80°26'18"

LONGITUDE

REPORTING PERIOD FROM

8 11 0 12 0 1  
YEAR MO DAY

TO

8 11 0 12 28  
YEAR MO DAY

PARAMETER	REPORTED PERMIT CONDITION	QUANTITY				UNITS	NO. EX.	CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	AVERAGE			MAXIMUM						
Flow	REPORTED					MGD		***	***	***				
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				
pH	REPORTED	***	***	***				6.80		8.34			2/30	measured
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0	standard units	0	28/28	grab
	REPORTED									Highest				
	PERMIT CONDITION								Monthly	Weekly				
	REPORTED								Average	Average				
	PERMIT CONDITION													
Total Suspended Solids	REPORTED								53	72	mg/l	3	23/28	grab
	PERMIT CONDITION	N/A	N/A	A				N/A	30	45			2/30	8-hr. composite
BOD-5	REPORTED								15	66	mg/l	1	4/28	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	45			2/30	8-hr. composite
Fecal Coliform	REPORTED								16	53	colonies 100 ml	0	4/28	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	200	400			2/30	grab
	REPORTED													
	PERMIT CONDITION													

\*Flow Inter Out of Service

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE		
Moore	Gilbert	W.	Gen. Supt. Pwr. Sta. Dept.	8 11 0 12 31 0				
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. Storch*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

(Final Period)

INSTRUCTIONS

1. Provide date 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 "N/A". "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 limit for minimum as appropriate.
4. Specify frequency of analysis for each parameter as follows: daily, weekly, monthly, quarterly, semi-annually, annually, or as otherwise specified.
5. Specify sample type (e.g., grab, composite, etc.) as applicable. If frequency was continuous, enter "C".
6. Appropriate information is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Field along dotted lines, staple and mail Original to office specified on permit.

PLANT NUMBER 0025615	DISCHARGE 303	DATE 8/10/81	TIME 02:18
REPORTING PERIOD FROM 8/10/81	TO 8/10/81	LATITUDE 40° 37' 15" N	
		LONGITUDE 80° 26' 18" W	

PARAMETER	QUANTITY (15-18)			CONCENTRATION (19-21)			UNITS	FREQUENCY OF ANALYSIS (22-23)	SAMPLE TYPE (24-25)
	MINIMUM (15-16)	AVERAGE (17-18)	MAXIMUM (19-20)	MINIMUM (21-22)	AVERAGE (23-24)	MAXIMUM (25-26)			
Flow								1/30	estimate
Total Suspended Solids								1/30	estimate
Oil and Grease								1/28	grab
pH								1/30	grab
								1/28	grab
								1/30	grab
								1/28	grab
								1/30	grab

NAME OF PRINCIPAL EXECUTIVE OFFICER Moore Gilbert	TITLE Gen. Supt. Pwr. Sta. Dept.	DATE 8/10/81
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 <i>Leon d. Sted</i>		PAGE 1 OF 1

QUADRENE LIGHT COMPANY  
Deeaver Valley Unit 1  
P. O. Box 4  
Shippingport, PA 15077

(Final Period)

Shippingport, PA 15077

## DISCHARGE MONITORING REPORT

## ABSTRACT

1. Possible markers for period covered by data reported in separate studies of "BIBLIOGRAPHY 1975-1984, 1985-1994, 1995-2004".
2. Table 1, parts of a number of studies are cited with reference to a common source (Smith, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661,

0025615	00-4	4911	40° 37' 15" N	80° 26' 18" W
REPORTING PLACE	PLAN	NO.	YEAR	DAY
	81	012	01	28
175 201 175 201 175 201 175 201 175 201 175 201				

## DISCHARGE MONITORING REPORT

Form Approved  
OMB NO. 1545-0073DUQUESNE LIGHT COMPANY  
Beaver Valley Unit 1  
P. O. Box 4  
Shippingport, PA 15077

(Final Period)

## INSTRUCTIONS

- Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
- 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 calculated over entire time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
- Specify the number of analytical samples that exceed the maximum level as appropriate for permit conditions in the columns labeled "Exceed". If none, enter "0".
- Specify frequency of analysis for each parameter in the "ANALYSIS/NO. DAYS" box. "1/7" is equivalent to 1 analysis performed every 7 days. If continuous enter "CONT".
- Specify sample type ("grab" or "composite") as applicable. If frequency was continuous, enter "NA".
- Appropriate signature is required on bottom of this form.
- Remove carbon and retain copy for your records.
- Fold along dotted lines, staple and mail Original to office specified in permit.

PA  
ST

0025615

PERMIT NUMBER

401

DWS

4911

SYD

40°37'15"

LATITUDE

80°26'18"

LONGITUDE

REPORTING PERIOD FROM

8/1/02

YEAR MO DAY

TO

8/1/02

YEAR MO DAY

PARAMETER		QUANTITY				UNITS	CONCENTRATION				UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		QUANTITY			EXCEED		CONCENTRATION			EXCEED			
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED			0.001		MGD	***	***	***			1/28	estimate
Total Suspended Solids	PERMIT CONDITION	N/A	N/A	N/A			***	***	***			1/30	estimate
	REPORTED												
Oil and Grease	PERMIT CONDITION	N/A	N/A	N/A			N/A	28	28	mg/l	0	1/28	grab
	REPORTED							30	100			1/30	grab
pH	PERMIT CONDITION	N/A	N/A	N/A			N/A	14	14	mg/l	0	1/28	grab
	REPORTED	***	***	***				15	20			1/30	grab
	PERMIT CONDITION	***	***	***			8.48	8.48	8.48	standard	0	1/28	grab
	REPORTED	***	***	***			6.0	N/A	9.0	units		1/30	grab
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
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.		8/1/03						Leon L. Steed			
LAST FIRST MI		TITLE		YEAR MO DAY						OFFICIAL OR AUTHORIZED AGENT			