



State of New Hampshire
DEPARTMENT OF ENVIRONMENTAL SERVICES

6 Hazen Drive, P.O. Box 95, Concord, NH 03302-0095
(603) 271-3503 FAX (603) 271-2982



July 15, 2002

Allan Palmer, Sr. Engineer
PSNH
P.O. Box 330
Manchester, NH 03105-0330

Dear Mr. Palmer:

Please find enclosed a copy of the Environmental Protection Agency's (EPA) Water Compliance Inspection Report (Form 3560-3) for PSNH - Merrimack Station. DES conducted a Compliance Evaluation Inspection (CEI) at the Bow facility on June 13, 2002.

There were no deficiencies found during this CEI. Please note that areas not covered during this CEI may be evaluated during a future inspection, and any area evaluated during this CEI may be subject to a more thorough evaluation in the future.

If you have any questions regarding this matter, please contact me at (603) 271-1493.
Thank you for your cooperation.

Sincerely,

Stephanie Larson
Environmental Inspector
Wastewater Engineering Bureau

cc: Joy Hilton, USEPA Region I, Compliance Section
John Bush, P.E., Administrator, DES
File

Water Compliance Inspection Report

Form Approved.
OMB No. 2040-0057
Approval expires 10-31-95

Section A: National Data System Coding (i.e., PCS)

Transaction Code		NPDES									yr/mo/day						Inspection Type		Inspector		Fac Type							
¹	[N]	²	[5]	³	[N]	[H]	[0]	[0]	[0]	[1]	[4]	[6]	[5]	¹¹	¹²	[0]	[2]	[0]	[6]	[1]	[3]	¹⁷	¹⁸	[C]	¹⁹	[S]	²⁰	[2]
²¹ Remarks																												⁶⁶
Inspection Work Days					Facility Self-Monitoring Evaluation Rating										B1		QA		Reserved									
⁶⁷	[1]	[0]	⁶⁹	⁷⁰	[4]	⁷¹	[N]	⁷²	[N]	⁷³		⁷⁴		⁷⁵				⁸⁰										

Section B: Facility Data


Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) PSNH Merrimack Station 97 River Road Bow NH 03304		Entry Time/Date 10:00 AM 06/13/2002	Permit Effective Date 07/25/1992
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Art Auclair Environmental Coordinator Phone: 634-2439 Allan Palmer Sr. Engineer Fax:		Exit Time/Date 3:00 PM 06/13/2002	Permit Expiration Date 07/25/1997
Name, Address of Responsible Official/Title/Phone and Fax Number John MacDonald Phone: 860-665-5315 VP Engineering and Operations Fax: 860-665-6263		Other Facility Data <div> Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Flow Measurement	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> CSO/SSO (Sewer Overflow)
<input checked="" type="checkbox"/> Records/Reports	<input checked="" type="checkbox"/> Self Monitoring Program	<input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Pollution Prevention
<input checked="" type="checkbox"/> Facility Site Review	<input type="checkbox"/> Compliance Schedules	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> Multimedia
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Storm Water	<input type="checkbox"/> Other:

Section D: Summary of Findings/Comments (Attach additional sheets of narrative and checklists as necessary)

See attached summary

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
Stephanie Larson 	NHDES/WD/WWEB (603)271-3908/4128	07/15/2002
Signature of Management QA Reviewer	Agency/Office/Phone and Fax Numbers	Date
Sharon Ducharme, P.E.	NHDES/WD/WWEB (603)271-3908/4128	07/15/2002

NF DES INSPECTION WORKSHEET

Facility Name: PSNH - Merrimack Sta Inspection Date: 06/13/02 Worksheet Due Date:
 NPDES No.: NH0001465 Permittee Representative Name, Title & Phone: Art Auclair Sr. Environmental Coordinator 603-224-4081

Check all categories that were checked during the inspection:

- | | | | |
|--|--|--|----------------------------------|
| <input checked="" type="checkbox"/> Permit | <input checked="" type="checkbox"/> Flow Measurement | <input checked="" type="checkbox"/> Operations/Maintenance | <input type="checkbox"/> SSO/CSO |
| <input checked="" type="checkbox"/> Effluent/Receiving Water | <input checked="" type="checkbox"/> Self Monitoring | <input type="checkbox"/> Sludge Handling/Disposal | <input type="checkbox"/> P2 |
| <input checked="" type="checkbox"/> Records/Reports | <input type="checkbox"/> Compliance Schedules | <input type="checkbox"/> Pretreatment | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Facility Site Review | <input checked="" type="checkbox"/> Laboratory | <input type="checkbox"/> Storm Water | |

Identified Deficiencies:
(To be completed by inspector)

Corrective Actions:

Use additional paper if necessary: (To be completed by permittee)
(Refer to instructions on the back of this page)

There were no deficiencies noted during this inspection.

The above-noted items are deficiencies found during an NPDES inspection. The DES inspector explained all the deficiencies completely and to my understanding. I understand I have thirty (30) days to complete the corrective action section of this form and have the responsible official sign and return the form to DES. Complete responses must include a description of the corrective action, and the date the action was completed or a proposed date that the action will be completed. Upon DES receipt of an acceptable response, DES will close out the inspection. If DES does not receive an acceptable response within 30 days, DES may proceed with enforcement. Action taken by DES does not preclude subsequent action that EPA may take for these or any other violations.

Stephanie Larson 7/15/02
 Inspector Signature Date

Permittee Representative Signature Date

I certify that all responses and dates are true and accurate:

Responsible Official Signature

Title

Date