Public Service of New Hampshire

PSNH Energy Park
780 North Commercial Street, Manchester, NH 03101

Public Service Company of New Hampshire
P.O. Box 330
Manchester, NH 03105-0330
(603) 669-4000
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The Northeast Utilities System

September 30, 2005

D23132

Ms. Stephanie Larson, Environmental Inspector
NH Department of Environmental Services
Water Division - Wastewater Engineering Bureau
Permits & Compliance Section
P.O. Box 95
Concord, New Hampshire 03302-0095

Reference: NPDES Compliance Evaluation Inspection (C12769), Stephanie Larson to Arthur Auclair, dated August 26, 2005.

Dear Ms. Larson:

Merrimack Station
NPDES Permit No. NH0001465

Public Service of New Hampshire has reviewed the four deficiencies identified in the compliance evaluation report from your inspection on August 16, 2005. The following actions have been taken to correct and address the deficiencies noted during your inspection.

1. Deficiency: Two April, 2005 DMRs listed an inaccurate frequency of analysis code for TRO.

   Corrective Action: To account for the reduced sampling frequency, footnotes were entered in the comments and explanation section of the original DMRs. As requested, PSNH has also changed the code from 01/07 to 02/30 on the attached recertified DMRs.

2. Deficiency: March, April and June, 2005 DMRs reported analytical results less than MDLs.

   Corrective Action: PSNH prefers to enter the actual analytical results so that an historical record of meaningful data is readily available in the event that future permit limits or MDLs are reduced. As requested, PSNH has changed each entry to a zero "0" on the attached recertified DMRs. For the record, the MDLs for TRO and total copper are 0.05 mg/l and 0.02 mg/l, respectively. Future reports will also report zero "0" for data below the MDLs.

3. Deficiency: This deficiency was previously corrected on July 27, 2005.

4. Deficiency: Merrimack Station laboratory personnel were performing TSS calculations incorrectly by subtracting the reagent water blank result from the actual result.

   Corrective Action: The Quality Assurance/Quality Control (QA/QC) Manual and the lab bench sheets were revised on September 13, 2005 to correct the TSS calculation. All appropriate personnel were informed of the change on the same day.

5. Recommendation: PSNH will include MDLs in the cover letter as opposed to on the DMRs.

6. Recommendation: The QA/QC Manual was revised on September 13, 2005, to note that composite sample holding times start at the beginning of the compositing period.

Please contact Allan G. Palmer, Senior Engineer, at 634-2439 if you have follow-up questions.

Very truly yours,

William H. Smagula, P.E.
Director - Generation

Attachments

cc: Ms. Joy Hilton, USEPA

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME PUBL[illegible]ERVICE OF N. H.
ADDRESS MERRIMACK STATION
RIVER ROAD
BOW NH 03301
FACILITY PUBLIC SERVICE OF N. H.
LOCATION BOW NH 03301
ATTN: RONALD G. CHEVALIER, VICE PRES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NH0000146 — PERMIT NUMBER
001 A — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 05 MO 04 DAY 01 TO YEAR 05 MO 04 DAY 30

Form Approved. OMB No. 2040-0004

MAJOR
WHS 9/30/05
F -- FINAL
CIR. COOLING WATER-CONDENSER EFFLUENT
*** NO DISCHARGE | | ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXIDANTS, TOTAL RESIDUAL 34044 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	0 ~~.004~~	(19)	0	02/30 * ~~WEEKLY~~	GR
	PERMIT REQUIREMENT	*******	*******	*** ****	*******	*******	0.20 DAILY MX	MG/L MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	64.3	68.5	(03) MGD	*******	*******	*******		0	11/11	CA
	PERMIT REQUIREMENT	REPORT MO AVG	89.1 DAILY MX	MGD	*******	*******	*******	**** ****		CONTINUOUS	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
William H. Smagula Director -- Generation	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William H. Smagula	603-634-2851	05	05	13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

* UNABLE TO SAMPLE ON WEEKS ONE AND FOUR DUE TO VERY HIGH RIVER LEVELS

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME PUBLIC SERVICE OF N. H.
ADDRESS MERRIMACK STATION
RIVER ROAD
BOW NH 03301
FACILITY PUBLIC SERVICE OF N. H.
LOCATION BOW NH 03301
ATTN: RONALD G. CHEVALIER, VICE PRES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004

NH0001465	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	04	01	TO	05	04	30

MAJOR

WMS 9/30/05

F - FINAL
CIRC. COOLING WATER-CONDENSER EFFLUENT
*** NO DISCHARGE [ ] ***
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			
OXIDANTS, TOTAL RESIDUAL 34044 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0 ~~0.01~~	(19)	0	~~02/30~~ 99/99	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.20 DAILY MX	MG/L MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	183.4	183.5	(03) MGD	******	******	******		0	99/99	CA
	PERMIT REQUIREMENT	REPORT MO AVG	187.2 DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
William H. Smagula Director - Generation	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William H. Smagula	603-634-2851	05	05	13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

* UNABLE TO SAMPLE ON WEEKS ONE AND FOUR DUE TO VERY HIGH RIVER LEVELS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME PUB SERVICE OF N. H.
ADDRESS MERR. MACK STATION
RIVER ROAD
BOW NH 03301
FACILITY PUBLIC SERVICE OF N. H.
LOCATION BOW NH 03301
ATTN: RONALD G. CHEVALIER, VICE PRES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

NH0001465 — PERMIT NUMBER
003 A — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 05 MO 03 DAY 01 TO YEAR 05 MO 03 DAY 31

MAJOR
F - FINAL
ASH SETTLING POND-ROUTINE OPS EFFLUENT
*** NO DISCHARGE [ ] ***
NOTE: Read Instructions before completing this form.

WMS 9/30/05

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		5.2	*******	6.4	(12) SU	O	99/99	RC
	PERMIT REQUIREMENT	*******	*******	**** ****	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTIN UOUS	CONTIN
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	6.8	6.8	(19) MG/L	O	01/30	GR
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	30.0 MO AVG	100.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	0.0	0.0	(19) MG/L	O	01/30	GR
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	15.0 MO AVG	20.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	~~0.002~~ 0	(19) MG/L	O	01/90	GR
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	0.20 DAILY MX	MG/L		STRLY	GRAB
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	0.5	(19) MG/L	O	01/90	GR
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	1.0 DAILY MX	MG/L		STRLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4.9	6.0	(03) MGD	*******	*******	*******		O	99/99	RC
	PERMIT REQUIREMENT	9.0 MO AVG	19.1 DAILY MX	MGD	*******	*******	*******	**** ****		CONTIN UOUS	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
William H. Smagula Director - Generation	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	603-634-2851	05	04	14
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANYVIOLATIONS. OIL & GREASE MDL ≤ 5 MG/L

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME PUBL[illegible]ERVICE OF N. H.
ADDRESS MERRIMACK STATION
RIVER ROAD
BOW NH 03301
FACILITY PUBLIC SERVICE OF N. H.
LOCATION BOW NH 03301
ATTN: RONALD G. CHEVALIER, VICE PRES

NATIONAL POLLUTANT [illegible]CHARGE ELIMINATION SYSTEM (NPDES)
DISCHARG[illegible]ONITORING REPORT (DMR)

NH0001[illegible] — PERMIT NUMBER
003 A — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	06	01	TO	05	06	30

MAJOR

WLS 7/30/05

F - FINAL
ASH SETTLING POND--ROUTINE OPS
EFFLUENT
*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	*******	*******		4.2	*******	6.6	(12) SU	0	99/99	RC
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*** ****	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTINUOUS	CONTIN
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	6.4	6.4	(19) MG/L	0	01/30	GR
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*** ****	*******	30.0 MO AVG	100.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*******	*******		*******	0.0	0.0	(19) MG/L	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*** ****	*******	15.0 MO AVG	20.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*******	*******		*******	*******	0.002	(19) MG/L	0	01/90	GR
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*** ****	*******	*******	0.20 DAILY MX	MG/L		STRLY	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*******	*******		*******	*******	0.8	(19) MG/L	0	01/90	GR
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*** ****	*******	*******	1.0 DAILY MX	MG/L		STRLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	4.2	5.8	(03) MGD	*******	*******	*******		0	99/99	RC
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.0 MO AVG	19.1 DAILY MX	MGD	*******	*******	*******	**** ****		CONTINUOUS	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
John M. MacDonald Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	603--634-2236	05	7	14
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
REFER TO PERMIT ISSUED IN JUNE 25TH 1992 FOR FURTHER MONITORING REQUIREMENTS. PLEASE ATTACH AN ADDITIONAL PAGE FOR COMMENTS, EXPLANATION OF ANYVIOLATIONS. OIL & GREASE MDL < 5.0 MG/L.