



The State of New Hampshire
Department of Environmental Services

AR-093



Michael P. Nolin
Commissioner

LETTER OF COMPLIANCE

November 4, 2005

Felicia Giordano, Sr. Environmental Coordinator
PSNH Schiller Station
400 Gosling Road
Portsmouth, NH 03801

Subject: National Pollutant Discharge Elimination System (NPDES)
Compliance Evaluation Inspection (CEI)
PSNH - Schiller Station, NPDES Permit #NH0001473

Dear Ms. Giordano:

On November 3, 2005, as a representative of the Department of Environmental Services, Water Division, Wastewater Engineering Bureau (DES), I conducted a NPDES CEI at PSNH - Schiller Station (PSNH). The objectives of a CEI include determining compliance with NPDES permit conditions, verifying accuracy of permit required information and the adequacy of permittee sampling and monitoring. The following people were present during this CEI:

Felicia Giordano, Senior Environmental Coordinator, PSNH
David Corliss, Working Foreman – Chemical Laboratory, PSNH
Harlen Tuttle, Senior Chemical Operator, PSNH
Stephanie Larson, Environmental Inspector, DES

Please find attached a copy of EPA's Water Compliance Inspection Report Form 3560-3.

DES did not observe any deficiencies for the areas that were covered during the inspection. Therefore, DES hereby issues this Letter of Compliance.

Please be advised that DES will continue to monitor the Facility's compliance status, and that this letter does not provide relief against any existing or future violations.

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

Attachment: EPA's Water Compliance Inspection Report

cc: Joy Hilton, USEPA Region I, Compliance Section
John R. Bush, P.E., Administrator, WWEB
Margaret Bastien, P.E., Compliance Engineer, DES
File



Water Compliance Inspection Report

M
11/10/04

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

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac Type
1 <input type="text" value="N"/> 2 <input type="text" value="5"/> 3 <input type="text" value="N"/> <input type="text" value="H"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="7"/> <input type="text" value="3"/> 11		12 <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="4"/> 17	18 <input type="text" value="C"/>	19 <input type="text" value="S"/>	20 <input type="text" value="2"/>
Remarks					
21 <input type="text"/>					
Inspection Work Days	Facility Self-Monitoring Evaluation Rating	B1	QA	-----Reserved-----	
67 <input type="text" value="1"/> <input type="text" value="0"/> 69	70 <input type="text" value="5"/>	71 <input type="text" value="N"/>	72 <input type="text" value="N"/>	73 <input type="text"/>	74 <input type="text"/>
				75 <input type="text"/>	80 <input type="text"/>

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 - Schiller Station 400 Gosling Rd. Gosling Rd. Portsmouth	POTW Name/Permit No. NH 03801-	Entry Time/Date 10:30 AM 11/3/2005	Permit Effective Date 10/11/1990
		Exit Time/Date 1:30 PM 11/3/2005	Permit Expiration Date 10/11/1995
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Felicia Giordano Sr. Env. Coordinator David Corliss Working Foreman-Chemical		Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number John M. MacDonald Vice President-Operations P.O. Box 330 Manchester		Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Phone: ()634-2236 Fax: ()634-2213	

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

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

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

See attached inspection letter or report

Name(s) and Signature(s) of Inspector(s) Stephanie Larson <i>Stephanie Larson</i>	Agency/Office/Phone and Fax Numbers NHDES/WD/WWEB (603) 271-3908/4128	Date 11/4/2005
Signature of Management QA Reviewer Margaret Bastien, P.E. <i>Margaret Bastien</i>	Agency/Office/Phone and Fax Numbers NHDES/WD/WWEB (603) 271-3908/4128	11/4/2005