



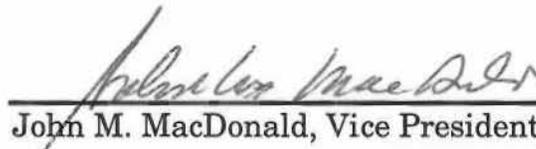
M100-46573

April 14, 2004

D20875

Very Truly Yours,

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE

  
\_\_\_\_\_  
John M. MacDonald, Vice President, Operations

Enclosures

cc: State of New Hampshire  
Dept. of Environmental Services  
Water Division  
Permits and Compliance Section  
6 Hazen Drive  
Concord, N.H. 03301



United States Environmental Protection Agency  
Washington, D.C. 20460

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

# Water Compliance Inspection Report

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

Transaction Code 1 **N** 2  3 **N H 0 0 0 1 4 7 3** 11 12 **0 4 0 6 0 3** 17 18 **C** 19 **R** 20 **2**

21 \_\_\_\_\_ Remarks \_\_\_\_\_ 66

Inspection Work Days 67 **1** . **0** 69 Facility Self-Monitoring Evaluation Rating 70  B1 71  QA 72  Reserved 73  74  75  76  77  78  79  80

## Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NDPEs permit number) <b>PSNH Schiller Station Gosling Road Portsmouth, N.H. 03801</b>	Entry Time/Date 6/3/04 0825	Permit Effective Date 10/11/90
	Exit Time/Date 6/3/04 1500	Permit Expiration Date 10/11/95
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Felicia Giordano /Environmental Coordinator/(603)431-2550 X7349 Dave Corliss/ Chemical Working Foreman/(603)431-2550</b>	Other Facility Data  	
Name, Address of responsible Official/Title/Phone and Fax Number. <b>John MacDonald / (603)634-2236</b>	Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## 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 checked="" 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)

**ISSUES**

- The effluent sampling hose needs to be changed due to solids build up on the inner walls.  
Correspondence from PSNH on 6/29/04 stated that tubing has been changed and will be changed as needed.
- pH Buffer 10 had expired. According to correspondence on 6/29/04, PSNH has taken care of this.
- The facility has an application (dated 9/30/92) for an individual stormwater permit. An individual stormwater permit was not noted in the permit file. There are three stormwater runoff areas with numerous outfalls. It was suggested to the facility, that they contact Thelma Murphy, USEPA, regarding this issue.
- The analytical benchsheets do not always contain the method of analyses or the name of the analyst as required by 40 CFR 122.41. Correspondence from PSNH on 6/29/04 provided new blank benchsheets to incorporate this information.

Notes:

- The facility no longer uses ferrous sulfate. On their DMRs for outfalls 002, 003, and 004 a code of "NODI-C" is entered on DMR.
- Outfalls 007,008, and 009 have been eliminated. Outfall 006 is used ~1/year. Outfall 013 has not discharged in ~8-10 years. Outfall 015 last discharged ~10 years ago. Outfalls 019 and 022 have been eliminated.

Name(s) and Signature(s) of Inspector(s)  Elizabeth Deabay	Agency/Office/Phone and Fax Numbers USEPA/SEW (617)918-1793	Date 6/30/04
Signature of Management QA Reviewer	Agency/Office/Phone and Fax Numbers	Date

1015 8/6/04



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Transaction Code 1 <b>N</b> 2 <input type="checkbox"/>	NDPES 3 <b>N H 0 0 0 1 4 7 3</b> 11	yy/mm/dd 12 <b>0 4 0 6 0 3</b> 17	Inspection Type 18 <b>C</b>	Inspector 19 <b>R</b>	Fac Type 20 <b>2</b>
21 _____ Remarks _____ 66					
Inspection Work Days 67 <b>1</b> . <b>0</b> 69	Facility Self-Monitoring Evaluation Rating 70 <input type="checkbox"/>	B1 71 <input type="checkbox"/>	QA 72 <input type="checkbox"/>	Reserved 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/>	

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Signature of Management QA Reviewer	Agency/Office/Phone and Fax Numbers	Date