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
www.psnh.com

The Northeast Utilities System

October 8, 2009

D28372

Water Technical Unit (SEW)
U.S. Environmental Protection Agency
Office of Environmental Stewardship (OES)
P.O. Box 8127
Boston, MA 02114

OCT - 8 2009

Reference: NPDES Permit No. NH0001473, Schiller Station, Public Service Company of New Hampshire, issued September 11, 1990, modified May 31, 1991, modified January 24, 1995.

Dear Sir/Madam:

Schiller Station
Monthly NPDES Discharge Monitoring Report
September 2009

In compliance with Part I, Section C.1., of the NPDES permit (see Reference 1.), Public Service Company of New Hampshire (PSNH) herein submits the monthly NPDES report for Schiller Station for the month of September. With one exception, all sampling and analyses were conducted by station personnel in accordance with EPA approved procedures referenced at 40 CFR Part 136 and set forth in Standard Methods for Examination of Water and Wastewater, APHA, 20th Edition, 1998 (and updates subsequently approved in Standard Methods Online Versions, 1999, 2000). ChemServe Environmental Analysts of Milford, NH, performed all oil and grease analyses required in this report per EPA Method 1664A, EPA–821–R–98–002, February 1999. There were no oily sheens, floating solids or foam observed in any of the outfall discharges in other than trace amounts. There were no permit noncompliances recorded during the month.

As instructed by the agencies, PSNH now reports a concentration of zero ("0") when the analytical result is less than the method detection limit (MDL). For this report, PSNH used the following MDL: Oil & Grease = 5.0 mg/l (EPA 1664A). Also, as instructed by EPA Region 1, the "no data indicator code" (NODI) "9" is entered on the ferrous sulfate line of the DMRs for outfalls 002, 003 and 004 as the chemical is no longer used.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: P.S. OF NH-SCHILLER STATION
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101

FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

OCT - 8 2009

NH0001473	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	TO	09/30/2009

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #3 CIRCULATING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******	******	******	******					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	95 DAILY MX	deg F		Hourly	GRAB
Oil & grease	SAMPLE MEASUREMENT	******	******	******	******						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	15 MO AVG	20 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	Mgal/d	******	******	******	******		Continuous	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	.2 DAILY MX	mg/L		Daily	GRAB
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	******	******	******	******	******					
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	25 DAILY MX	deg F		Hourly	CALCTD
Ferrous sulfate	SAMPLE MEASUREMENT	******	******	******	******	******					
82064 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	.5 MO MAX	mg/L		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
William H. Smagula Director - Generation TYPED OR PRINTED	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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	603-634-2851 AREA Code / NUMBER	10/09/09 MM/DD/YYYY

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

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: P.S. OF NH-SCHILLER STATION
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101

FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	**TO**	09/30/2009

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 CIRCULATING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******	******	******	******	84	DEGF	O	24/01	RC
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	95 DAILY MX	deg F		Hourly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	40.8	40.8	MGD	******	******	******	******	O	01/01	PC
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	Mgal/d	******	******	******	******		Continuous	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	0.19	MG/L	O	CL/OC	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	.2 DAILY MX	mg/L		Daily	GRAB
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	******	******	******	******	******	22	DEGF	O	24/01	PC
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	25 DAILY MX	deg F		Hourly	CALCTD
Ferrous sulfate	SAMPLE MEASUREMENT	******	******	******	******	******	NOD1/9	MG/L	O		
82064 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	.5 MO MAX	mg/L		Monthly	CALCTD

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		10/09/09
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: P.S. OF NH-SCHILLER STATION
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101

FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 CIRCULATING WATER
External Outfall

No Discharge ☐

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	TO	09/30/2009

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******	******	******	******	90	DEGF	O	24/01	RC
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	95 DAILY MX	deg F		Hourly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	41.8	41.8	MGD	******	******	******	******	O	01/01	PC
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	Mgal/d	******	******	******	******		Continuous	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	0.19	MG/L	O	CL/OC	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	.2 DAILY MX	mg/L		Daily	GRAB
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	******	******	******	******	******	22	DEGF	O	24/01	RC
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	25 DAILY MX	deg F		Hourly	CALCTD
Ferrous sulfate	SAMPLE MEASUREMENT	******	******	******	******	******	NOD1/9	MG/L	O		
82064 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	.5 MO MAX	mg/L		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William H. Smagula Director - Generation TYPED OR PRINTED	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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	603-634-2851 AREA Code / NUMBER		10/09/09 MM/DD/YYYY

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

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: P.S. OF NH-SCHILLER STATION
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101

FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR Mailing ZIP CODE: 03101
MAJOR

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	TO	09/30/2009

EMERGENCY BOILER BLOWDOWN
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8 MAXIMUM	SU		When Discharging	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/d	******	******	******	******		When Discharging	ESTIMA

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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	603-634-2851		10/09/09
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THEDMR EACH TIME THERE IS A DICHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: P.S. OF NH-SCHILLER STATION
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101

FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	011A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	TO	09/30/2009

DMR Mailing ZIP CODE: 03101
MAJOR

SCHILLER TANK FARM DRAINS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	6.8	SU	O	01/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8 MAXIMUM	SU		Monthly	GRAB-4
pH	SAMPLE MEASUREMENT	******	******	******	5.1	******	6.2	SU	O	02/30	GR
00400 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Monthly	GRAB-4
Oil & grease	SAMPLE MEASUREMENT	******	******	******	******	O	O	MG/L	O	01/30	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	15 MO AVG	20 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	43997	44163	GPD	******	******	******	******	O	01/01	ES
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	115000 MO AVG	230000 DAILY MX	gal/d	******	******	******	******		Daily	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William H. Smagula Director - Generation TYPED OR PRINTED	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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	603-634-2851 AREA Code / NUMBER		10/09/09 MM/DD/YYYY

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

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER.THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: P.S. OF NH-SCHILLER STATION
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101

FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	013A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY SPILLWAY OVERFLOW
External Outfall

No Discharge ☐

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	TO	09/30/2009

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		When Discharging	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		When Discharging	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	gal/d	******	******	******	******		When Discharging	ESTIMA

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		10/09/09
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

IF NO EMERGENCY STORMWATER OVERFLOW THEN REPORT "NO DISCHARGE" ON THEDMR FORM.THERE SHALL BE NO DISCHARGES OF PROCESS WASTES, CLEANING WASTES OR SANITARY WASTES FROM THIS OUTF/

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: P.S. OF NH-SCHILLER STATION
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101

FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		**MM/DD/YYYY**
FROM	09/01/2009	**TO**	09/30/2009

DMR Mailing ZIP CODE: 03101
MAJOR

WASTE TREATMENT PLT#1 EFFLUENT
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8 MAXIMUM	SU		Continuous	CONTIN
Oil & grease	SAMPLE MEASUREMENT	******	******	******	******						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	15 MO AVG	20 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	******	******	******	******		Daily	ESTIMA

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		10/09/09
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: P.S. OF NH-SCHILLER STATION
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101

FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	TO	09/30/2009

DMR Mailing ZIP CODE: 03101
MAJOR

WWTF#2-NORMAL OPERATIONS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	8.0	SU	O	99/99	RC
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	2.8	3.8	MG/L	O	01/07	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP24
Oil & grease	SAMPLE MEASUREMENT	******	******	******	******	0.0	5.0	MG/L	O	01/07	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	******	******	******	******	******	0.03	MG/L	O	01/07	CP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/L		Weekly	COMP24
Iron, total (as Fe)	SAMPLE MEASUREMENT	******	******	******	******	******	0.2	MG/L	O	01/07	CP
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	36338	65697	GPD	******	******	******	******	O	01/01	TM
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	******	******	******	******		Continuous	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William H. Smagula Director - Generation TYPED OR PRINTED	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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	603-634-2851 AREA Code / NUMBER		10/09/09 MM/DD/YYYY

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

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMRFORM FOR OUTFALL #017.SAMPLES SHALL BE TAKEN AT A REPRESENTATI\

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: P.S. OF NH-SCHILLER STATION
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101

FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03101
MAJOR

WWTF#2-BOILER CHEMICAL CLEAN'G
External Outfall

No Discharge ☐

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	TO	09/30/2009

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Daily	COMP24
Oil & grease	SAMPLE MEASUREMENT	******	******	******	******						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	15 MO AVG	20 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	******	******	******	******	******					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/L		Daily	COMP24
Iron, total (as Fe)	SAMPLE MEASUREMENT	******	******	******	******	******					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/L		Daily	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	360000 DAILY MX	gal/d	******	******	******	******		Continuous	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
~~William H. Smagula~~ Director - Generation TYPED OR PRINTED	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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	603-634-2851 AREA Code / NUMBER		10/09/09 MM/DD/YYYY

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

IF BOILER CLEANING OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THE DMR FORM FOR OUTFALL #017AND REPORT A "NO DISCHARGE" ON THEDMR FORM FOR OUTFALL #016.SAMPLES SHOULD BE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: P.S. OF NH-SCHILLER STATION
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101

FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	018A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03101
MAJOR

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	TO	09/30/2009

SCHILLER STATION YARD DRAINS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.2	SU	O	01/30	G4
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8 MAXIMUM	SU		Monthly	GRAB-4
pH	SAMPLE MEASUREMENT	******	******	******	5.1	******	6.2	SU	O	02/30	GR
00400 R 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Monthly	GRAB-4
Oil & grease	SAMPLE MEASUREMENT	******	******	******	******	O	O	MG/L	O	01/30	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	15 MO AVG	20 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4651	29476	GPD	******	******	******	******	O	01/01	ES
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	300000 MO AVG	600000 DAILY MX	gal/d	******	******	******	******		Daily	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William H. Smagula Director - Generation TYPED OR PRINTED	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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	603-634-2851 AREA Code / NUMBER		10/09/09 MM/DD/YYYY

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

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGES FOR OUTFALLS #016 & #017THE FIRST PH PARAMETER IS FOR THE MONITORING AND REPORTING OF RAINFALL PH.THE DIS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: P.S. OF NH-SCHILLER STATION
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101

FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	019A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		**MM/DD/YYYY**
FROM	09/01/2009	**TO**	09/30/2009

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #3
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	**SAMPLE MEASUREMENT**	******			******	******	******	******			
50050 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	108000 DAILY MX	gal/d	******	******	******	******		Monthly	ESTIMA

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	602-634-2851		10/09/09
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE WATERTHE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.ALL LIVE FISH, SHELL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: P.S. OF NH-SCHILLER STATION
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101

FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	**TO**	09/30/2009

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	1960	GPD	******	******	******	******	O	01/30	ES
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	108000 DAILY MX	gal/d	******	******	******	******		Monthly	ESTIMA

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		10/09/09
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE WATERTHE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.ALL LIVE FISH, SHELL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: P.S. OF NH-SCHILLER STATION
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101

FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	TO	09/30/2009

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #5
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	15568	GPD	******	******	******	******	0	01/30	ES
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	108000 DAILY MX	gal/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William H. Smagula Director Generation TYPED OR PRINTED	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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	603-634-1851 AREA Code / NUMBER		10/09/09 MM/DD/YYYY

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

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER.THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.ALL LIVE FISH, SHELL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: P.S. OF NH-SCHILLER STATION
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101

FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	022A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	TO	09/30/2009

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	108000 DAILY MX	gal/d	******	******	******	******		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William H. Smagula Director - Generation TYPED OR PRINTED	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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	603-634-2851 AREA Code / NUMBER		10/09/09 MM/DD/YYYY

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

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER.THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.ALL LIVE FISH, SHELL