



January 15, 2010

D28655

U.S. Environmental Protection Agency  
Water Technical Unit (SMR-04)  
OES4 – SMR  
5 Post Office Square - Suite 100  
Boston, MA 02109-3912

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  
December 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 December. 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.

Water Technical Unit (SMR-04)

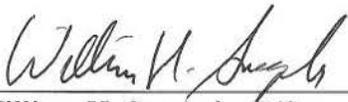
D28655/Page 2

January 15, 2010

This report is required by, and prepared specifically for, the U.S. Environmental Protection Agency (EPA). It presents truly, accurately and completely, the observed measurements and analyses required by the EPA to be performed or submitted, but only such observed results. It is not intended as an assertion of the accuracy of any instrument, reading, or analytical result, nor is it an endorsement of the suitability of any analytical or measurement procedure.

If you have any questions regarding this report, please call Mr. Allan G. Palmer, PSNH Generation, at (603) 634-2439.

Very truly yours,



---

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

Enclosures

cc: N.H. Department of Environmental Services  
Water Division  
Wastewater Engineering Bureau  
Permits and Compliance Section  
29 Hazen Drive, PO Box 95  
Concord, NH 03302-0095

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  
PERMIT NUMBER

001A  
DISCHARGE NUMBER

MONITORING PERIOD  
FROM 12/01/2009 TO 12/31/2009

*M*  
*3/10/10*

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 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.	<i>William H. Smagula</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			603-634-2851	1/15/10	
			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 DEGREESFAHRENHEIT 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 12/01/2009	TO	12/31/2009	

*Handwritten:* 3/10/10

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	*****	*****	*****	*****	*****	75	DEGF	0	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	*****	*****	*****	*****	0	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	*****	*****	*****	*****	*****	0.05	MG/L	0	CL/0C	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Daily	GRAB
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25	DEGF	0	24/01	RC
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	25 DAILY MX	deg F		Hourly	CALCTD
Ferrous sulfate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 19	MG/L	0		
82064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 MO MAX	mg/L		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>William H. Smagula</i>	TELEPHONE	DATE
			603-634-2851	1/15/10
			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 DEGREESFAHRENHEIT 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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 12/01/2009	TO	12/31/2009	

*Handwritten:* 3/10/10

DMR Mailing ZIP CODE: 03101  
MAJOR

UNIT #5 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 00011 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	73	DEGF	0	24/01	RC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	95 DAILY MX	deg F		Hourly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	38.9	41.8	MGD	*****	*****	*****	*****	0	01/01	PC
	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	Mgal/d	*****	*****	*****	*****		Continuous	CALCTD
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.12	MG/L	0	CL/OC	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Daily	GRAB
Temp. diff. between intake and discharge 61576 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	24	DEGF	0	24/01	RC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	25 DAILY MX	deg F		Hourly	CALCTD
Ferrous sulfate 82064 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NOD1/9	MG/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 MO MAX	mg/L		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>William H. Smagula</i>	TELEPHONE		DATE
			AREA Code	NUMBER	MM/DD/YYYY
			603-634-2851		1/15/10

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 DEGREESFAHRENHEIT 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	004A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 12/01/2009	TO	12/31/2009	

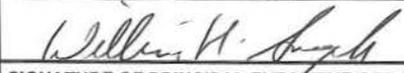
3/10/10

DMR Mailing ZIP CODE: 03101  
MAJOR

UNIT #6 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 00011 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	69	DEGF	0	24/01	RC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.95 DAILY MX	deg F		Hourly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	41.8	41.8	MGD	*****	*****	*****	*****	0	01/01	PC
	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	Mgal/d	*****	*****	*****	*****		Continuous	CALCTD
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.10	MG/L	0	01/01	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Daily	GRAB
Temp. diff. between intake and discharge 61576 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	21	DEGF	0	24/01	RC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.25 DAILY MX	deg F		Hourly	CALCTD
Ferrous sulfate 82064 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NOD1/9	MG/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 MO MAX	mg/L		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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 persons 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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			603-634-2851	1/15/10
			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 DEGREESFAHRENHEIT 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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
12/01/2009	FROM	12/31/2009	TO

*Handwritten:* 3/10/10

DMR Mailing ZIP CODE: 03101  
MAJOR

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 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>William H. Smagula</i>	TELEPHONE		DATE
			AREA Code	NUMBER	MM/DD/YYYY
			603-634-2851		1/15/10

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 THE DMR EACH TIME THERE IS A 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	011A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03101  
MAJOR

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
12/01/2009	FROM	12/31/2009	TO

SCHILLER TANK FARM DRAINS  
External Outfall

No Discharge

*W*  
*3/10/10*

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	6.9	SU	0	01/30	GT
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Monthly	GRAB-4
pH 00400 R 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	4.6	*****	7.5	SU	0	06/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB-4
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	50571	51319	GPD	*****	*****	*****	*****	0	01/01	ES
	PERMIT REQUIREMENT	115000 MO AVG	230000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>William H. Smagula</i>	TELEPHONE		DATE
			603-634-2851		1/15/10
			AREA Code	NUMBER	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)

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

NAME: P.S. OF NH-SCHILLER STATION  
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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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 12/01/2009	TO	12/31/2009	

*3/10/10*

EMERGENCY SPILLWAY OVERFLOW  
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 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		When Discharging	GRAB
pH 00400 R 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		When Discharging	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	Req. Mon. INST MAX	gal/d	*****	*****	*****	*****		When Discharging	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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 persons 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.		TELEPHONE		DATE
			603-634-2851		1/15/10
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 THE DMR FORM. THERE SHALL BE NO DISCHARGES OF PROCESS WASTES, CLEANING WASTES OR SANITARY WASTES FROM THIS OUTFALL.

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DISCHARGE MONITORING REPORT (DMR)

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

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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	
12/01/2009	FROM	12/31/2009	TO

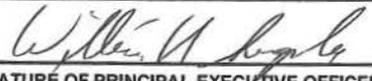
*M*  
*3/10/10*

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 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	CONTIN
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****	*****			
	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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.		TELEPHONE		DATE
			603-634-2851	1/15/10	
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 WITH DISCHARGE 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

DMR Mailing ZIP CODE: 03101  
MAJOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 12/01/2009	TO 12/31/2009

WWTF#2-NORMAL OPERATIONS  
External Outfall

No Discharge

3/10/10

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	8.0	SU	0	99/99	RC
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.9	10.1	MG/L	0	01/07	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP24
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.04	MG/L	0	01/07	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Weekly	COMP24
Iron, total (as Fe) 01045 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.4	MG/L	0	01/07	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	98617	158685	GPD	*****	*****	*****	*****	0	01/01	TM
	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 603-634-2851	DATE 1/15/10
			AREA Code	NUMBER

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

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

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

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2009	12/31/2009

WWTF#2-BOILER CHEMICAL CLEAN'G  
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 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L	Daily	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L	Daily	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L	Daily	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L	Daily	COMP24	
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L	Daily	COMP24	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L	Daily	COMP24	
Iron, total (as Fe) 01045 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L	Daily	COMP24	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L	Daily	COMP24	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	360000 DAILY MX	gal/d	*****	*****	*****	*****	*****	Continuous	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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.	TELEPHONE		DATE
		603-634-2851		1/15/10
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 BOILER CLEANING OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THE DMR FORM FOR OUTFALL #017 AND REPORT A "NO DISCHARGE" ON THE DMR 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

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 12/01/2009	TO 12/31/2009

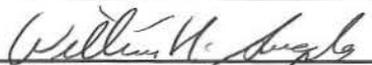
*3/10/10*

DMR Mailing ZIP CODE: 03101  
MAJOR

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 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	7.0	SU	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Monthly	GRAB-4
pH 00400 R 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	4.6	*****	7.5	SU	0	06/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB-4
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	8905	68445	GPD	*****	*****	*****	*****	0	01/01	ES
	PERMIT REQUIREMENT	300000 MO AVG	600000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			603-634-2851	1/15/10	
			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 WITH DISCHARGES FOR OUTFALLS #016 & #017 THE 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

DMR Mailing ZIP CODE: 03101  
MAJOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 12/01/2009	TO 12/31/2009

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 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		TELEPHONE 603-634-2851	DATE 1/15/10
		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 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	020A
PERMIT NUMBER	DISCHARGE NUMBER

**DMR Mailing ZIP CODE:** 03101  
MAJOR

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
12/01/2009	FROM	12/31/2009	TO

*Handwritten:* 3/10/10

INTAKE SCREEN WASH FOR UNIT #4  
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	*****	5419	GPD	*****	*****	*****	*****	0	01/30	ES
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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.	TELEPHONE		DATE
		603-634-2851		1/15/10
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>William H. Smagula</i>	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 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	021A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03101  
MAJOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 12/01/2009	TO 12/31/2009

INTAKE SCREEN WASH FOR UNIT #5  
External Outfall

No Discharge

*3/10/10*

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	*****	10134	GPD	*****	*****	*****	*****	0	01/30	ES
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			603-634-2851	1/15/10
			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 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

**DMR Mailing ZIP CODE:** 03101  
MAJOR

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 12/01/2009	TO	12/31/2009	

*MJ*  
*3/10/10*

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 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>William H. Smagula</i>	TELEPHONE		DATE
			AREA Code	NUMBER	MM/DD/YYYY
			603-634-2851		1/15/10

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