

Duke Power Company  
Nuclear Production Department  
P.O. Box 1007  
Charlotte, NC 28201-1007

1 NCC  
(704) 373-4011



**DUKE POWER**

July 26, 1991

South Carolina Department of Health  
and Environmental Control  
Water Quality Assessment and Enforcement Division  
Water Pollution Control  
2600 Bull Street  
Columbia, SC 29201

Subject: NPDES Discharge Monitoring Report for  
Catawba Nuclear Station - SC0004278  
File: CN-702.20  
CERTIFIED P 411 371 113

In accordance with Part I, C(2) of the above referenced NPDES permit, duplicate copies of the monthly monitoring report for the month of June, 1991 are enclosed.

Please note that on June 18, 1991, outfall 002 exceeded the maximum pH of 9.00 for approximately 30 minutes. The pH during this period was calculated to be 9.06 su, considering dilution effects as explained in the following. The exceedence was caused by an improper valve alignment in the WC system (conventional wastewater) system which allowed high pH water in the Initial holdup pond to mix with the discharge of the WC system via outfall 002. As a result of this incident, a Significant Event Report was generated which identified that this pH exceedence was caused by a procedure deficiency. The proper procedures have since been corrected and training has been given to those personnel responsible for this system operation.

Please direct any correspondence or questions concerning Catawba Nuclear Station's NPDES program to M. E. Kowalewski, (704) 382-0473 or M. C. Griggs, (704) 373-7080, Nuclear Environmental Compliance.

Very truly yours,

W. A. Haller, Manager  
Nuclear Technical Services

MTK/:0023

Attachments

9107300182 910630  
PDR ADOCK 05000413  
R PDR

TE48  
11

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

NAME **DUKE POWER COMPANY/W.A. HALLER**  
ADDRESS **P.O. BOX 33189**  
**CHARLOTTE, N.C. 28242**

FACILITY **CATAWBA NUCLEAR STATION**  
LOCATION **YORK, S.C.**

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

Form Approved  
OMB No. 158-R0073

(2-16) <b>SC0004278</b>	(17-19) <b>001</b>
PERMIT NUMBER	DISCHARGE NUMBER

**M 91 CT 08/01/84 F**

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM <b>91</b>	<b>06</b>	<b>01</b>	TO <b>91</b>	<b>06</b>	<b>30</b>
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT (38-41)	QUANTITY OR LOADING (46-51)			QUALITY OR CONCENTRATION (54-61)				NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE (46-53)	MAXIMUM (54-57)	UNITS (58-61)	MINIMUM (54-57)	AVERAGE (58-61)	MAXIMUM (62-65)	UNITS (66-69)				
00011 LAB ID:34617 TEMPERATURE DISCHG	SAMPLE MEASUREMENT				83.6	86.3	90.2		0	24/1	RC	
	PERMIT REQUIREMENT					RR	RR	DEG F		1/1	RC000	
00011 LAB ID:34617 TEMP INTAKE-AMB	SAMPLE MEASUREMENT				77.8	82.5	87.0		0	24/1	RC	
	PERMIT REQUIREMENT					RR	RR	DEG F		1/1	RC000	
00018 LAB ID:34617 TEMPERATURE CHANGE NNNNNNNNNNNN	SAMPLE MEASUREMENT				0.0	3.8	6.8		0	24/1	CA	
	PERMIT REQUIREMENT						13.2	DEG F		1/1	CA000	
00018 LAB ID:34617 TEMPERATURE CHANGE YYNNNNNNNNYY	SAMPLE MEASUREMENT									24/1	CA	
	PERMIT REQUIREMENT					36.1		DEG F		1/1	CA000	
00400 LAB ID:34617 PH	SAMPLE MEASUREMENT				6.70	6.85	7.00		0	4/30	GR	
	PERMIT REQUIREMENT				6		9	STD		1/7	GR000	
50050 LAB ID:0000 FLOW	SAMPLE MEASUREMENT	67.4	88.1						0	24/1	RC	
	PERMIT REQUIREMENT	RR	RR	MGD						1/1	RC000	
50060 LAB ID:34617 RESIDUAL CHLORINE TOTAL	SAMPLE MEASUREMENT				.0	.0	.0		0	4/30	GR	
	PERMIT REQUIREMENT					RR	RR	MG/L		1/7	GR000	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>TUCKER, H.B.</b> <b>SENIOR V.P. NUCLEAR</b> TYPED OR PRINTED		THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may be fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>J. S. Carter</i>		TELEPHONE <b>704 373-8506</b> AREA CODE NUMBER		DATE <b>91 07 23</b> YEAR MO DAY	

COMMENT AND EXPLANATION OF P.V. (Reference all attachments here)

FACILITY CATAWBA NUCLEAR STATION  
LOCATION YORK, S.C.

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
91	06	01	91	06	30

FROM (20-21) (22-23) (24-25) TO (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (28-45) QUALITY OR CONCENTRATION (46-53)			UNITS	NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
50064 LAB ID:34617 RESIDUAL CHLORINE FREE AVAILABLE	SAMPLE MEASUREMENT				0	0	MG/L	0	4/30	GR
	PERMIT REQUIREMENT				0.2	0.5			1/7	GR000
	SAMPLE MEASUREMENT									
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PERMITTEE NAME/ADDRESS  
(Include Facility Name - Location if different)

NAME DUKE POWER COMPANY/W.A. HALLER  
ADDRESS P.O. BOX 33189  
CHARLOTTE, N.C. 28242

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

Form Approved  
OMB No. 158-R0073

(2-16)  
SC0004278  
PERMIT NUMBER

(17-19)  
002  
DISCHARGE NUMBER

M 91 CT 08/01/84 F

FACILITY CATAWBA NUCLEAR STATION  
LOCATION YORK, S.C.

MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)  
91 06 01 91 06 30

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO EX (62-63)	FREQUENCY OF ANALYSIS (64-67)	SAMPLE TYPE (68-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 LAB ID:34617 PH	SAMPLE MEASUREMENT				6.60	7.08	7.50	STD	0	4/30	GR
	PERMIT REQUIREMENT				6		9			1/7	GR000
00530 LAB ID:34617 T. SUSPENDED SOLIDS	SAMPLE MEASUREMENT				4.5	7.3	10.0	MG/L	0	2/30	GR
	PERMIT REQUIREMENT					30	100			2/30	GR000
00556 LAB ID:99005 OIL AND GREASE	SAMPLE MEASUREMENT				.1	.2	.2	MG/L	0	2/30	GR
	PERMIT REQUIREMENT					15	20			2/30	GR000
50050 LAB ID:0000 FLOW	SAMPLE MEASUREMENT	1.27	2.15	MGD					0	15/30	FI
	PERMIT REQUIREMENT	RR	RR							1/7	FI000
81313 LAB ID:34617 HYDRAZINE	SAMPLE MEASUREMENT				< .01	< .01	< .01	MG/L	0	2/30	GR
	PERMIT REQUIREMENT						0.43			1/OCC	GR000
81688 LAB ID:34617 ETHYLENE GLYCOL	SAMPLE MEASUREMENT					< 1.0	< 1.0	MG/L	0	1/30	GR
	PERMIT REQUIREMENT					11.9	23.8			1/OCC	GR000
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
TUCKER, H.B.  
SENIOR V.P. NUCLEAR  
TYPED OR PRINTED

THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE  
CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY  
TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES.  
SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319  
(Penalties under these statutes may be fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE  
704 373-8506  
AREA CODE NUMBER  
DATE  
91 07 23  
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS. (Reference all attachments here)

\*1/OCC BUT AT LEAST 2/MO  
\*\*1/OCC BUT NEED NOT EXCEED 2/MO



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

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

Form Approved  
OMB No. 158-R0073

NAME DUKE POWER COMPANY/W.A. HALLER  
ADDRESS P.O. BOX 33189  
CHARLOTTE, N.C. 28242

(2-16)  
SC0004278  
PERMIT NUMBER

(17-19)  
003  
DISCHARGE NUMBER

M 91 CT 08/01/84 F

FACILITY CATAWBA NUCLEAR STATION  
LOCATION YORK, S.C.

MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)  
91 06 01 91 06 30

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-57)				NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00310 LAB ID:99005 BOD	SAMPLE MEASUREMENT					4.9	4.9	MG/L	0	1/30	20HR
	PERMIT REQUIREMENT					30	60			1/30	20890
00400 LAB ID:34617 PH	SAMPLE MEASUREMENT				6.50	6.60	6.80	STD	0	4/30	GR
	PERMIT REQUIREMENT				6		9			1/7	GR000
00530 LAB ID:34617 T. SUSPENDED SOLIDS	SAMPLE MEASUREMENT					28.0	28.0	MG/L	0	1/30	20HR
	PERMIT REQUIREMENT					90	135			1/30	20890
50050 LAB ID:0000 FLOW	SAMPLE MEASUREMENT	.035	.085	MGD					0	30/30	FI
	PERMIT REQUIREMENT		RR							1/30	FI000
74055 LAB ID:87065 FECAL COLIFORM	SAMPLE MEASUREMENT				< 2	< 2		NO./ 100ML	0	1/30	GR
	PERMIT REQUIREMENT				200	400				1/30	GR000
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
TUCKER, H.B.  
SENIOR V.P. NUCLEAR  
TYPED OR PRINTED

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SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319.  
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of between 6 months and 5 years.)

*J. S. Carter*

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

704 373-8506 91 07 23  
AREA CODE NUMBER YEAR MO DAY

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

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

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

NAME DUKE POWER COMPANY/W.A. HALLER  
ADDRESS P.O. BOX 33189  
CHARLOTTE, N.C. 28242

FACILITY CATAWBA NUCLEAR STATION  
LOCATION YORK, S.C.

PERMIT NUMBER  
SC0004278

DISCHARGE NUMBER  
004

MONITORING PERIOD  
FROM YEAR 91 MO 06 DAY 01 TO YEAR 91 MO 06 DAY 30

M 9) CT 08/01/84 F

NOTE: Read Instructions before completing this form

PARAMETER (22-27)	(3 Card Only) (46-53)			(4 Card Only) (38-45)			(5 Card Only) (54-61)			UNITS	MAXIMUM (54-61)	AVERAGE (46-53)	QUALITY OR CONCENTRATION (26-27) (28-29) (30-31)	NO. OF ANALYSIS (64-68)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	MAXIMUM	AVERAGE										
00530 LAB ID: 99005 T. SUSPENDED SOLIDS	SAMPLE MEASUREMENT													0	0/30	GR
	PERMIT REQUIREMENT													1/365		GR000
00556 LAB ID: 99005 OIL AND GREASE	SAMPLE MEASUREMENT													0	0/30	GR
	PERMIT REQUIREMENT													1/365		GR000
01022 LAB ID: 99005 BORON (B)	SAMPLE MEASUREMENT													0	0/30	30DA
	PERMIT REQUIREMENT													1/90		30410
01042 LAB ID: 99005 COPPER (CU)	SAMPLE MEASUREMENT													0	0/30	GR
	PERMIT REQUIREMENT													1/0CC		GR000
01045 LAB ID: 99005 IRON (FE)	SAMPLE MEASUREMENT													0	0/30	GR
	PERMIT REQUIREMENT													1/0CC		GR000
81313 LAB ID: 34617 HYDRAZINE	SAMPLE MEASUREMENT													0	0/30	GR
	PERMIT REQUIREMENT													1/0CC		GR000
81688 LAB ID: 34617 ETHYLENE GLYCOL	SAMPLE MEASUREMENT													0	0/30	GR
	PERMIT REQUIREMENT													1/0CC		GR000

Signature: J. S. Carter

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of between 6 months and 5 years.)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
TUCKER, H.B.  
SENIOR V.P. NUCLEAR

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

\*1/0CC BUT NEED NOT EXCEED 1/MO

PERMITTEE NAME/ADDRESS  
(Include Facility Name & Location if different)

NAME DUKE POWER COMPANY/W.A. HALLER  
ADDRESS P.O. BOX 33189  
CHARLOTTE, N.C. 28242

FACILITY CATAWBA NUCLEAR STATION  
LOCATION YORK, S.C.

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

(17-18)  
SC0004278  
PERMIT NUMBER  
005  
DISCHARGE NUMBER

MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY  
91 06 01 91 06 30

Form Approved  
OMB No. 158-R0073

M 91 CT 08/01/84 F

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PARAMETER (32-37)	(B Card Only) (46-53)		QUANTITY OR LOADING (54-61)		(A Card Only) (38-45)		QUALITY OR CONCENTRATION (54-61)		UNITS	NO. EX (82-83)	FREQUENCY OF ANALYSIS (64-69)	SAMPLE TYPE (66-70)
	AVERAGE	MAXIMUM	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
00400 LAB ID:34617 PH	SAMPLE MEASUREMENT										0 0/30	GR
	PERMIT REQUIREMENT							6	STD		1/0CC	GR000
01042 LAB ID:99005 COPPER (CU)	SAMPLE MEASUREMENT										0 0/30	GR
	PERMIT REQUIREMENT							1.0	MG/L		1/0CC	GR000
01045 LAB ID:99005 IRON (FE)	SAMPLE MEASUREMENT										0 0/30	GR
	PERMIT REQUIREMENT							1.0	MG/L		1/0CC	GR000
50050 LAB ID:0000 FLOW	SAMPLE MEASUREMENT										0 0/30	FI
	PERMIT REQUIREMENT							1.0	MG/L		1/0CC	FI000
	SAMPLE MEASUREMENT											
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NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER  
TUCKER, H.B.  
SENIOR V.P. NUCLEAR  
TYPED OR PRINTED

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TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES.  
SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318  
(Penalties under these statutes may be fines up to \$10,000 and/or maximum imprisonment  
of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT  
*J.S. Carter*

TELEPHONE  
704 373-8506  
AREA CODE NUMBER

DATE  
91 07 23  
YEAR MO DAY

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