

EFFLUENT

NPDES PERMIT NO: NC0024392 DISCHARGE NO: 001 MONTH: February YEAR: 90
FACILITY NAME: Duke Power Company - McOuivre Nuclear Station CLASS: 1 COUNTY: Mecklenburg
STATE IN RESPONSIBLE CHARGE (ORC): Mark E. Bridges GRADE: 111

CERTIFIED LABORATORY: Station Exempt/Central Lab ID 248
ANALYST: BRUCE HANWELL

CHECK BLOCK IF ORC HAS CHANGED

Mail original and one copy to:

ATT: Central Files

Division of Environmental Management

N.C. Department of Transportation

Raleigh, North Carolina 27611

I CERTIFY THAT THIS REPORT

IS ACCURATE AND COMPLETE TO

THE PAST OF MY KNOWLEDGE

x Mark E. Brudsee
Signature of operator in responsible charge

[illegible]

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements



(Compliant)

All monthly averages and / or other limitation do not meet permit monitoring requirements



(Noncompliant)

If the facility is noncompliant, please comment on corrective actions being taken in respect to equipment, operation, maintenance, etc. and a time table for improvements to be made.

(Attach additional sheets if necessary)

I certify that this Report is accurate and complete to the best of my knowledge:

W. A. Haller / mmb

Signature of Permittee

PARAMETER CODES

00010 Temperature	00556 Oil and Grease	00950 Dissolved Fluoride	01077 Silver	39516 PCBs
00065 Stream Stage	00600 Total Nitrogen	01002 Total Arsenic	01087 Total Vanadium	39941 Roundup
00076 Turbidity	00610 Ammonia Nitrogen	01027 Cadmium	01092 Zinc	50047 Max. flow during 24-hr. period
00130 Dissolved Oxygen	00625 Total Kjeldahl Nitrogen	01032 Hexavalent Chromium	01105 Total Aluminum	50048 Min. flow during 24-hr. period
00310 BOR ₅	00665 Total Phosphorous	01034 Chromium	01147 Total Selenium	50050 Flow
00340 C/D	00720 Cyanide	01037 Total Cobalt	31504 Total Coliform	50060 Total Residual Chlorine
00400 pH	00745 Total Sulfide	01042 Copper	31614 Fecal Coliform, MPN, Tube	71880 Formaldehyde
00500 Total Solids	00927 Total Magnesium	01045 Total Iron	31616 Fecal Coliform	71900 Mercury
00530 TSS	00929 Total Sodium	01051 Lead	32730 Total Phenolics	81318 Ferrocyanides
00545 Settleable Solids	00940 Total Chloride	01067 Nickel	38260 MBAS	85652 Time

The monthly average for fecal coliform is to be reported as a geometric MEAN.

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0024392 DISCHARGE NO: 002 MONTH: February YEAR: 90
FACILITY NAME: Duke Power Company - McGuire Nuclear Station CLASS: III COUNTY: Mecklenburg
OPERATOR IN RESPONSIBLE CHARGE (ORC): Mark E. Bridges GRADE: III
CERTIFIED LABORATORY: Station Exempt/Central Lab ID 248

CHECK BLOCK IF ORC HAS CHANGED

Mail original and one copy to:
ATT: Central Files
Division of Environmental Management
N C Department of HRCD
P O Box 27687
Raleigh, North Carolina 27611

PERSON(S) COLLECTING SAMPLES: Bruce Harwell

I CERTIFY THAT THIS REPORT

IS ACCURATE AND COMPLETE TO

THE BEST OF MY KNOWLEDGE

x Mark E. Budger
Signature of operator in responsible charge

[illegible]

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements ☒

(Compliant)

All monthly averages and / or other limitation do not meet permit monitoring requirements ☐

(Noncompliant)

If the facility is noncompliant, please comment on corrective actions being taken in respect to equipment, operation, maintenance, etc. and a time table for improvements to be made.

(Attach additional sheets if necessary)

I certify that this Report is accurate and complete to the best of my knowledge:

W. D. Haller Jones

Signature of Permittee

PARAMETER CODES

00010 Temperature	00556 Oil and Grease	00950 Dissolved Fluoride	01077 Silver	39516 PCBs
00065 Stream Stage	00600 Total Nitrogen	01002 Total Arsenic	01087 Total Vanadium	39941 Roundup
00076 Turbidity	00610 ammonia Nitrogen	01027 Cadmium	01092 Zinc	50047 Max. flow during 24-hr. period
00300 Dissolved Oxygen	00625 Total Kjeldahl Nitrogen	01032 Hexivalent Chromium	01105 Total Aluminum	50048 Min. flow during 24-hr. period
00310 BOD ₅	00665 Total Phosphorous	01034 Chromium	01147 Total Selenium	50050 Flow
00340 COD	00720 Cyanide	01037 Total Cobalt	31504 Total Coliform	50060 Total Residual Chlorine
00400 pH	00745 Total Sulfide	01042 Copper	31614 Fecal Coliform, MPN, Tube	71880 Formaldehyde
00500 Total Solids	00927 Total Magnesium	01045 Total Iron	31616 Fecal Coliform	71900 Mercury
00510 TSS	00929 Total Sodium	01051 Lead	32730 Total Phenolics	81318 Ferrocyanides
00545 Settleable Solids	00940 Total Chloride	01067 Nickel	38260 MBAS	85652 Time

The monthly average for fecal coliform is to be reported as a geometric MEAN.

If using alternate units for reporting data, please designate.

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements ☐ (Compliant)

All monthly averages and / or other limitation do not meet permit monitoring requirements ☒ (Noncompliant)

If the facility is noncompliant, please comment on corrective actions being taken in respect to equipment, operation, maintenance, etc. and a time table for improvements to be made.
(Attach additional sheets if necessary)

We are reviewing the operation of the system and adjusting the retention time and the aeration patterns.

I certify that this Report is accurate and complete to the best of my knowledge:

W. A. Haller / mms

Signature of Permittee

PARAMETER CODES

00010 Temperature	00556 Oil and Grease	00950 Dissolved Fluoride	01077 Silver	39516 PCBs
00065 Stream Stage	00600 Total Nitrogen	01002 Total Arsenic	01087 Total Vanadium	39941 Roundup
00076 Turbidity	00610 Ammonia Nitrogen	01027 Cadmium	01092 Zinc	50047 Max. flow during 24-hr. period
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If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0024392 DISCHARGE NO: 004 MONTH: February YEAR: 1990
 FACILITY NAME: Duke Power Company - McGuire Nuclear Station CLASS: II COUNTY: Mecklenburg
 OPERATOR IN RESPONSIBLE CHARGE (ORC): Mark E. Bridges GRADE: III
 CERTIFIED LABORATORY: Station Exempt/Central Lab ID 248

PERSON(s) COLLECTING SAMPLES: Richard Baker

CHECK BLOCK IF ORC HAS CHANGED ☐

Mail original and one copy to:
 ATT: Central Files
 Division of Environmental Management
 NC Department of NRCD
 PO Box 27687
 Raleigh, North Carolina 27611

I CERTIFY THAT THIS REPORT
 IS ACCURATE AND COMPLETE TO
 THE BEST OF MY KNOWLEDGE.

x. Mark E Bridges
 Signature of operator in responsible charge

RATE	TIME 2400 CLOCK	COMPOSITE TIME	50850 00530 00556 81313			
			ENTER PARAMETER CODE ABOVE			
			FLOW	NAME AND UNITS BELOW		
			EFF <input type="checkbox"/>			
			INF <input type="checkbox"/>			
		DAILY RATE	Total Suspended Solids	Oil and Grease	Hydrazine	
		MGD	MG/L	MG/L	MG/L	
1						
2						
3						
4						
5						
6	2400		0.012			
7						
8						
9						
10						
11						
12						
13	2400		0.015	15.1	18.7	
14						
15						
16						
17						
18						
19						
20						
21						
22	2400		0.012			
23						
24						
25						
26						
27	2400		0.015			
28						
29						
30						
31						
Average			0.016			
Max.			0.012	15.1	18.7	
Min.			0.015			
Comp. (C) / Grab (G)			G	G		
Monthly Limit						

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements ☒ (Compliant)

All monthly averages and / or other limitation do not meet permit monitoring requirements ☐ (Noncompliant)

If the facility is noncompliant, please comment on corrective actions being taken in respect to equipment, operation, maintenance, etc. and a time table for improvements to be made.
(Attach additional sheets if necessary)

I certify that this Report is accurate and complete to the best of my knowledge:

W. A. Hallermeier
Signature of Permittee

PARAMETER CODES

00010 Temperature	00556 Oil and Grease	00950 Dissolved Fluoride	01077 Silver	39516 PCBs
00065 Stream Stage	00600 Total Nitrogen	01002 Total Arsenic	01087 Total Vanadium	39941 Roundup
00076 Turbidity	00610 Ammonia Nitrogen	01027 Cadmium	01092 Zinc	50047 Max. flow during 24-hr. period
00300 Dissolved Oxygen	00625 Total Kjeldahl Nitrogen	01032 Hexavalent Chromium	01105 Total Aluminum	50048 Min. flow during 24-hr. period
00310 BOD ₅	00665 Total Phosphorous	01034 Chromium	01147 Total Selenium	50050 Flow
00340 COD	00720 Cyanide	01037 Total Cobalt	31504 Total Coliform	50060 Total Residual Chlorine
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00530 TSS	00929 Total Sodium	01051 Lead	32730 Total Phenolics	81318 Ferrocyanides
00545 Settleable Solids	00940 Total Chloride	01067 Nickel	36260 MBAS	85652 Time

The monthly average for fecal coliform is to be reported as a geometric MEAN.

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0024392 DISCHARGE NO: 005 MONTH: February YEAR: 1990
 FACILITY NAME: Duke Power Company - McGuire Nuclear Station CLASS: IL COUNTY: Mecklenburg
 OPERATOR IN RESPONSIBLE CHARGE (ORC): Mark E. Bridges GRADE: III
 CERTIFIED LABORATORY: Station Exempt/Central Lab ID 248

CHECK BLOCK IF ORC HAS CHANGED ☐

Mail original and one copy to:

ATT: Central Files
 Division of Environmental Management
 N.C. Department of NRCD
 P.O. Box 27687
 Raleigh, North Carolina 27611

I CERTIFY THAT THIS REPORT

IS ACCURATE AND COMPLETE TO
 THE BEST OF MY KNOWLEDGE.

X

Mark E. Bridges
 Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	DAILY RATE	INF <input type="checkbox"/>	FLOW	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW	pH	BOD ₅ 20°C	Ammonia Nitrogen	Total Suspended Solids	Fecal Coliform Geometric mean	Oil and Grease	Alkalinity	Total Phosphorous	Total Kjeldahl Nitrogen	Nitrate + Nitrite Nitrogen	Total Copper	Total Iron	Chronic Toxicity																		
																				M5	M6	Unit	Mg/L	Mg/L	Mg/L	/100ML	Mg/L	Mg/L	Mg/L	Mg/L	Mg/L	Mg/L	Mg/L	Mg/L	Mg/L	Mg/L	P-F
1	0850		0.777																																		
2	0940		0.572																																		
3	0920		0.451																																		
4	0910		3.81																																		
5	0800		0.942																																		
6	0925		1.87				7.7		0.44																												
7	0855		0.924																																		
8	0855		0.942																																		
9	0825		0.640																																		
10	0830		3.30																																		
11	0830		2.34																																		
12	0940		0.924																																		
13	0910		0.924																																		
14	0830		1.01																																		
15	0835		0.727																																		
16	0900		3.30																																		
17	0825		3.83																																		
18	0820		1.54																																		
19	0910		5.87																																		
20	0840		1.62							9.8	23	0.12																									
21	0850		1.70																																		
22	0900		4.61																																		
23	0835		2.55																																		
24	0810		1.62																																		
25	0925		1.46																																		
26	0920		1.35																																		
27	0830		1.32																																		
28	0910		0.976					6.2																													
29																																					
30																																					
31																																					
Average			1.85																																		
Max.			5.87				7.7	6.2	0.44	9.8	23	0.12	16.9	0.11	0.81	0.26	<30	500																			
Min.			0.451									<0.1																									
Comp. (C/Orb)(G)							G	G	G	G	G	G	G	G	G	G	G	G	G																		
Monthly Limit																																					

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements



(Compliant)

All monthly averages and / or other limitation do not meet permit monitoring requirements



(Noncompliant)

If the facility is noncompliant, please comment on corrective actions being taken in respect to equipment, operation, maintenance, etc. and a time table for improvements to be made.

(Attach additional sheets if necessary)

I certify that this Report is accurate and complete to the best of my knowledge:

W. B. Haller / 7/20/88

Signature of Permittee

PARAMETER CODES

00010 Temperature	00556 Oil and Grease	00920 Dissolved Fluoride	01077 Silver	39516 PCBS
00065 Screen Stage	00600 Total Nitrogen	Total Arsenic	01087 Total Vanadium	39941 Roundup
00076 Turbidity	00610 Ammonia Nitrogen	Cadmium	01092 Zinc	50047 Max. flow during 24-hr. period
00300 Dissolved Oxygen	00625 Total Kjeldahl Nitrogen	Hexavalent Chromium	01105 Total Aluminum	50048 Min. flow during 24-hr. period
00310 BOD ₅	00665 Total Phosphorous	01034 Chromium	01147 Total Selenium	50050 Flow
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EFFLUENT

NPDES PERMIT NO: NC0024392 DISCHARGE NO: 006 MONTH: February YEAR: 1990
 FACILITY NAME: Duke Power Company - McGuire Nuclear Station CLASS: II COUNTY: Mecklenburg
 OPERATOR IN RESPONSIBLE CHARGE (ORC): Mark E. Bridges GRADE: III
 CERTIFIED LABORATORY: Station Exempt/Central Lab ID 248

CHECK BLOCK IF ORC HAS CHANGED ☐

Mail original and one copy to:
 ATT: Central Files
 Division of Environmental Management
 N.C. Department of NRCD
 P.O. Box 27617
 Raleigh, North Carolina 27611

PERSON(S) COLLECTING SAMPLES: _____

I CERTIFY THAT THIS REPORT
 IS ACCURATE AND COMPLETE TO
 THE BEST OF MY KNOWLEDGE.

x Mark E. Bridges
 Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 00400 01042 01045		
			FLOW	ENTER PARAMETER CODE ABOVE	NAME AND UNITS BELOW
			EFF <input checked="" type="checkbox"/>		
			INF <input type="checkbox"/>		
			DAILY RATE	pH	Total Copper
			Unit	UG/L	UG/L
1					
2					
3					
4					
5					
6					
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11					
12					
13					
14					
15					
16					
17					
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24					
25					
26					
27					
28					
29					
30					
31					
Average					
Max.					
Min.					
Comp. (C) / Grab (G)					
Monthly Limit					

NO SAMPLING DONE THIS PERIOD.

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements ☒ (Compliant)

All monthly averages and / or other limitation do not meet permit monitoring requirements ☐ (Noncompliant)

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W. G. Haller / mms

Signature of Permittee

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