

EFFLUENT

NPDES PERMIT NO: NC0024392 DISCHARGE NO: 001 MONTH: June YEAR: 1990
 FACILITY NAME: Duke Power Company - McGuire Nuclear Station CLASS: 11 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

PERSON(S) COLLECTING SAMPLES: Bruce Harwell

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 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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. Hall

Signature of Permittee

PARAMETER CODES

00010 Temperature	00556 Oil and Grease	00950 Dissolved Fluoride	01077 Silver	39516 PCED
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
00400 pH	00745 Total Sulfide	01042 Copper	31614 Fecal Coliform, MPN, Tube	71680 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 June YEAR: 1990
FACILITY NAME: Duke Power Company - McGuire Nuclear Station CLASS: III C 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

PERSON(S) COLLECTING SAMPLES:

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

x Mark E. Bridger
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)

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(Attach additional sheets if necessary)

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W. A. Haller

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
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 Settling Solids	00940 Total Chloride	01067 Nickel	38260 MBAS	85652 Tins

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

If using alternate units for reporting data, please designate.

EFFLUENT

NIDES PERMIT NO: NC0024392 DISCHARGE NO: 003 MONTH: June YEAR: 1990
 FACILITY NAME: Duke Power Company - McGuire Nuclear Station CLASS: I 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

PERSON(S) COLLECTING SAMPLES: Bruce Hamrell

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)

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(Compliant)

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(Noncompliant)

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(Attach additional sheets if necessary)

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na Hall

Signature of Permittee

PARAMETER CODES

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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 NDA8	85452 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: 004 MONTH: June 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
PO Box 27687
Raleigh, North Carolina 27611

PERSON(S) COLLECTING SAMPLES: Richard Baker

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

X Mark E. Duden
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	00510 100516 HT 113		
			ENTER PARAMETER CODE ABOVE		
			NAME AND UNITS BELOW		
			FLOW EFF <input checked="" type="checkbox"/>	INF <input type="checkbox"/>	
		DAILY RATE	Total Suspended Solids	Oil and Grease	Hydrazine
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4					
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78					
79					
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84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
Average		0.011			
Max.		0.012	4	35	
Min.		0.009			
Comp. (C) / Grab (G)			6	6	
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)

Outfall 004 experienced an exceedance of the Oil and Grease limitations on June 12, 1990. The Daily Max value reported is 35mg/l and the limit is 20mg/l. At this time, it is not known what caused this excursion in Oil and Grease. However, an in-house study has been convened to determine the cause. Corrective action(s) will be implemented as soon as possible.

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

Ma Hatter
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 24-hr. ...
00300 Dissolved Oxygen	00625 Total Kjeldahl Nitrogen	01032 Hexavalent Chromium	01105 Total Aluminum	50048 Min. flow 24-hr. ...
00310 BOD ₅	00645 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
00530 TSS	00929 Total Sodium	01051 Lead	32730 Total Phenolics	81318 Ferrocyanide ...
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: 005 MONTH: June 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 27687
Raleigh, North Carolina 27611

PERSON(S) COLLECTING SAMPLES: Bruce Harwell

I CERTIFY THAT THIS REPORT

IS ACCURATE AND COMPLETE TO

TWE BEST OF MY KNOWLEDGE

x Mark E. Budge
Signature of operator in responsible charge

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	0001	00400	00310	00610	00530	316.6	00556	00610	00665	00625	00630	01042	01045	00P16
			FLOW	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			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
			EFF	pH	BOD ₅ 20°C	Ammonia Nitrogen										
			INF													
DAILY RATE	Unit	MG/L	MG/L	MG/L	/100ML	MG/L	MG/L	MG/L	MG/L	MG/L	UG/L	UG/L	P-P			
1	0935	0.741														
2	0845	1.028														
3	0830	1.028														
4	0900	0.788														
5	0925	0.789	9.1		20.05	7.1		0.22	16.2	0.06	0.56	<0.05	<100	420		
6	0835	0.982														
7	0805	1.616														
8	0845	0.788														
9	0920	1.014														
10	0900	1.014														
11	0945	0.504														
12	0820	0.181														
13	0825	0.033														
14	0850	2.218														
15	0910	0.914														
16	0910	4.912														
17	1000	2.877														
18	0920	0.033														
19	0915	0.033		2.9		6.3	130	0.10								
20	0920	0.041														
21	0850	0.033														
22	0915	0.033														
23	0940	1.582														
24	0900	0.674														
25	0930	0.082														
26	0900	0.032														
27	0945	0.039														
28	0940	0.043														
29	0840	1.011														
30	0820	4.916														
31																
Average		0.992				6.7		0.16								
Max.		4.916	9.1	2.9	<0.05	7.1	130	0.22	16.2	0.06	0.56	<0.05	<100	420		
Min.		0.032				6.3		0.10								
Comp. (C) / Grab (G)			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:

N.A. Haller

Signature of Permittee

PARAMETER CODES

00010 Temperature	00556 Oil and Grease	00950 Dissolved Fluoride	01077 Silver	39516 PCBs
00063 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	01103 Total Aluminum	50048 Min. flow during 24-hr. period
00310 BOD ₅	00645 Total Phosphorous	01034 Chromium	01147 Total Selenium	50050 Flow
00340 COD	00720 Cyanide	01037 Total Cobalt	31304 Total Coliform	50060 Total Residual Chlorine
00400 pH	30745 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	34730 Total Phenolics	81318 Ferrocyanides
00545 Settleable Solids	00940 Total Chloride	01067 Nickel	38240 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.

NPDES PERMIT NO: NC0024392 DISCHARGE NO: 006 MONTH: June 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:

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

x Mark E. Bales
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
			PH	Total Copper	Total Iron
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Average					
Max.					
Min.					
Comp. (C) / Grab (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. Haller

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 Esophagus
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	50056 Min. flow during 24-hr. period
00310 BOD ₅	00645 Total Phosphorus	01034 Chromium	01147 Total Selenium	50090 Flow
00340 COD	00720 Cyanide	01037 Total Cobalt	31504 Total Coliform	50096 Total Residue Chloride
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	30730 Total Phenolics	91318 Perchlorates
00545 Settleable Solids	00940 Total Chloride	01067 Nickel	30260 HBA6	95652 Time

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

If using alternate units for reporting data, please designate.