

Duke Power Company  
McGuire Nuclear Generation Department  
12700 Hagers Ferry Road (MG01A)  
Huntersville, NC 28078-8985

T. C. McMEEKIN  
Vice President  
(704)875-4800  
(704)875-4809 FAX



**DUKE POWER**

April 27, 1995

U.S. Nuclear Regulatory Commission  
Attention: Document Control Desk  
Washington, D.C. 20555

Subject: McGuire Nuclear Station  
Docket Nos. 50-369 and 50-370  
Annual Environmental Operating Report

The McGuire Nuclear Station Environmental Protection Plan (EPP), Appendix B to the McGuire Technical Specifications, requires an Annual Environmental Operating Report. This report for calendar year 1994 is contained in items 1 through 4, as indicated below:

Item 1 -- Summaries and analyses of results of activities required by Section 4.2 of the EPP.

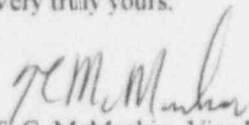
Item 2 -- List of EPP non-compliance and corrective actions. (See Attachment 1)

Item 3 -- List of changes in station design or operation, tests, and experiments made in accordance with Subsection 3.1 which involved a potentially significant unreviewed environmental issue.

Item 4 -- List of non-routine reports submitted in accordance with Section 5.4.2 of the EPP.

Questions or comments with respect to this report should be directed to Kay Crane, McGuire Regulatory Compliance at (704) 875-4306.

Very truly yours,

  
T. C. McMeekin, Vice President  
McGuire Nuclear Station

TCM:KLC:klc

cc: Mr. Victor Nerses, Project Manager  
Office of Nuclear Reactor Regulation  
U. S. Nuclear Regulatory Commission  
Washington, D. C. 20555

Mr. George Maxwell  
Senior Resident Inspector  
McGuire Nuclear Station

Mr. S. D. Ebnetter, Regional Administrator  
U. S. Nuclear Regulatory Commission  
Region II  
101 Marietta Street, NW - Suite 2900  
Atlanta, Georgia 30323

9505080012 941231  
PDR ADOCK 05000369  
R PDR

JE25

cc: J. S. Carter  
R. E. Lewis  
N. G. Atherton  
D. W. Phillips  
J. E. Snyder  
EC050-ELL

## Item 1

### EPP Section 5.4.1

#### Summaries and analyses of results of activities required by Section 4.2 of the EPP.

No observed non-radiological impacts on the environment during the reporting period were noted. No evidence of trends of irreversible damage to the environment is apparent. A Summary Report of the 1994 Lake Norman Maintenance Monitoring Program required by McGuire Nuclear Station NPDES Permit No. NC0024392 is being prepared and will be submitted to the North Carolina Department of Environmental Health and Natural Resources and to the NRC.

## Item 2

### EPP Section 5.4.1 (a)

#### EPP non-compliances and corrective actions

A copy of the affected pages of routine event reports showing non-compliance for the months of February, March, May, July, October, and November, 1994, describing exceedance of NPDES permit limits are attached. (See Attachment 1)

1. The routine event report for the month of February 1994, describing a non-compliance on a 5 day BOD daily maximum limits on outfall 001.

Corrections: Topical application of fertilizer to our landscape contaminated the system. The lawn care team has been instructed to prevent future events.

2. The routine event report for the month of March 1994, describing our lab misplacing NH3 and N sample for 2 weeks on outfall 005 sample.

Corrections: Our lab is in the process of installing a new "Laboratory Information System" that will track and monitor all samples more efficiently.

3. The routine event report for the month of May 1994, describes failing the Acute Toxicity Test of 47.5% Mean Mortality rate for the May sample data, which is below our acceptance criterion on outfall 001.

Corrections: Too much chlorine in the system. A de-chlorinator was ordered for the system and installed on 4/1/95.

4. The routine event report for the month of July 1994, describing "Out of Compliance" for Fecal Coliform sample on outfall 001.

Corrections: Chemistry has modified their holiday schedules, to reduce effluent prior to the "off schedule" to prevent low chlorine impact on the system.

5. The routine event report for the month of October 1994, describing "Out of Compliance" for Fecal Coliform sample on outfall 003.

Corrections: High sludge accumulation and increased nitrification in the waste lagoon were demanding favorable chlorine. De-sludging of the lagoon occurred the week of 10/24/94 and corrected the problem.

6. The routine event report for the month of November 1994, describing failing the Acute Toxicity Test of 72.5% Mean Mortality rate for the November sample data, which is below our acceptance criterion on outfall 001.

Corrections: Too much chlorine in the system. A de-chlorinator was ordered for the system and installed on 4/1/95.

### Item 3

#### EPP Section 5.4.1 (b)

Changes in station design or operating, tests, and experiments made in accordance with Subsection 3.1 which involved a potentially significant unreviewed environmental issue.

No changes were identified that involved a potentially significant unreviewed question.

### Item 4

#### EPP Section 5.4.1 (c)

Non-routine reports submitted in accordance with Section 5.4.2 of the EPP.

There were no "Non-Routine Reports" submitted per section 5.4.2, during 1994.

## Attachment 1

## EFFLUENT

NPDES PERMIT NO. NC0026255 DISCHARGE NO. 001 MONTH FEBRUARY YEAR 1994  
 FACILITY NAME Training & Technology Center CLASS II COUNTY Mecklenburg  
 OPERATOR IN RESPONSIBLE CHARGE (ORC) Donald L. Cline GRADE II PHONE 704-875-4046  
 CERTIFIED LABORATORIES (1) Applied Science Center (2) \_\_\_\_\_  
 CHECK BOX IF ORC HAS CHANGED ☐ PERSON(S) COLLECTING SAMPLES RCZ MSR

Mail ORIGINAL and ONE COPY to:

ATTN: CENTRAL FILES  
 DIV. OF ENVIRONMENTAL MGT.  
 DEHNR  
 P. O. BOX 29535  
 RALEIGH, NC 27626-0535

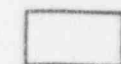
x Donald L. Cline  
 (SIGNATURE OF OPERATOR IN RESPONSIBLE CHARGE)

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

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050	00010	150060	00310	00530	00400	31616	71900								
			FLOW	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			Total Suspended Residue	pH	Fecal Coliform *Geometric	Mercury								
			INF <input type="checkbox"/>	Temperature Celsius	Residual Chlorine	BOD 5 20°C												
		HRS	MGD	C°	MG/L	MG/L	MG/L	Unit	/100ml	UG/L								
1	1000				0.1	61.8	25	7.0	170	<0.1								
2	0945				0.1													
3	1020				0.1													
4	0940		✓		0.3													
5																		
6																		
7	0915		0.007	8.1	0.2													
8	1400		1		1.2													
9	0845		✓		0.1	9.8												
10			0		-													
11			0		-													
12																		
13																		
14			0		-													
15	0930		0.002	6.2	1.1	9.8	24	6.9	<2	<0.1								
16			0		-													
17			0		-													
18			0		-													
19																		
20																		
21	1410		0.004	-	1.5													
22	0820			11.1	0.5													
23	0920				0.4													
24	1000				0.5													
25	1115		✓		3.0													
26																		
27																		
28	0815		0.011	8.0	0.7													
29	-		-	-	-													
30	-		-	-	-													
31	-		-	-	-													
Average			0.006	8.4	0.7	27.1	24.5		18.4	<0.1								
Max			0.011	11.1	3.0	61.8	25	7.0	170	<0.1								
Min			0.002	6.2	0.1	9.8	24	6.9	<2	<0.1								
Comp C, Grab G			G	G	G	G	G	G	G	G								
Monthly Limit			0.020	-	-	30	30	6-9	200	2.0								

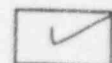


Facility Status: (Please check one of the following)  
 All monitoring data and sampling frequencies meet permit requirements



Compliant

All monitoring data and sampling frequencies do NOT meet permit 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.

*This outfall was in non-compliance on 5-day BOD daily maximum. All follow-up samples were in specification. Improper application of fertilizer to landscape contaminated the system. Actions have been taken to prevent future occurrence.*

"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 fines and imprisonment for knowing violations."

*J. S. Carter*  
 (Signature of Permittee)

*3/22/94*  
 (Date)

# PARAMETER CODES

00010 Temperature	00556 Oil and Grease	00950 Dissolved Fluoride	01077 Silver	39516 PCPS
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 <sub>5</sub>	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	31042 Copper	31614 Fecal Coliform, MPN, Tube	71880 Formaldehyde
00300 Total Solids	00927 Total Magnesium	01045 Total Iron	31616 Fecal Coliform	71900 Mercury
00530 TSS	00929 Total Sodium	01051 Lead	32730 Total Phenolics	81318 Ferrocyandies
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. Use only units designated in the reporting facility's permit for reporting data.

## EFFLUENT

NPDES PERMIT NO. NC0024392 DISCHARGE NO. 005 MONTH MARCH YEAR 1994  
 FACILITY NAME McGuire Nuclear Station CLASS II COUNTY Mecklenburg  
 OPERATOR IN RESPONSIBLE CHARGE (ORC) Donald L. Cline GRADE II PHONE 704-875-4046  
 CERTIFIED LABORATORIES (1) Applied Science Center (2) \_\_\_\_\_  
 CHECK BOX IF ORC HAS CHANGED ☐ PERSON(S) COLLECTING SAMPLES GBN, RCZ

Mail ORIGINAL and ONE COPY to:

ATTN: CENTRAL FILES  
 DIV. OF ENVIRONMENTAL MGT.  
 DEHNR  
 P. O. BOX 29535  
 RALEIGH, NC 27626-0535

x Donald L. Cline  
 (SIGNATURE OF OPERATOR IN RESPONSIBLE CHARGE)

BY THIS SIGNATURE, I CERTIFY THAT THIS REPORT  
 IS ACCURATE AND COMPLETE (\*see notation back)  
 TO THE BEST OF MY KNOWLEDGE.

DATE	TIME 2:00 CLOCK	COMPOSITE TIME	59050 FLOW EFF <input type="checkbox"/> INF <input type="checkbox"/> DAILY RATE	00400 00310 00610 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			00530 Total Suspended Solids	31616 Fecal Coliform +Geometric	00556 Oil And Grease	00410 Alkalinity	00665 Total Phosphorous	00625 Total Kjeldahl Nitrogen	00630 Nitrate & Nitrite Nitrogen	01042 Copper	01045 Total Iron	TGP3R Chronic Toxicity
				PH	800, 5 Day 20°C	Ammonia Nitrogen										
		HRS	MGD	Unit	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	UG/L	UG/L	P-F
1	0930		0.235	7.8		*			0.21	16.68	0.045	1.09	0.29	30	300	
2	0920		5.993													
3	0950		1.650													
4	1000		0.759													
5	0815		0.572													
6	0910		0.572													
7	0850		0.217													
8	0900		0.217													
9	0945		0.200													
10	1010		1.616													
11	0940		0.572													
12	0935		0.285													
13	0920		0.184													
14	0805		0.183													
15	0820		0.183		8.8		14	5	0.84							
16	0900		0.183													
17	1015		0.184													
18	0835		0.184													
19	0815		0.101													
20	0920		0.101													
21	0805		0.101													
22	0835		0.272													
23	0840		0.200													
24	0955		0.409													
25	0920		1.014													
26	1130		0.413													
27	0900		0.788													
28	0925		5.976													
29	0850		3.900													
30	0830		1.309													
31	1000		0.461													
Average			0.937		8.8	0.29	14	5	0.53	16.68	0.045	1.09	0.29	30	300	
Max.			5.993	7.8	8.8	0.29	14	5	0.84	16.68	0.045	1.09	0.29	30	300	
Min.			0.101	7.8	8.8	0.29	14	5	0.21	16.68	0.045	1.09	0.29	30	300	
Comp. Cl. Grab/Gl				G	G	G	G	G	G	G	G	G	G	G	G	G
Monthly Limit				-	-	-	-	-	15	-	-	-	-	-	-	-



Facility Status: (Please check one of the following)  
All monitoring data and sampling frequencies meet permit requirements



All monitoring data and sampling frequencies do NOT meet permit requirements



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.

\* Monthly sample for  $\text{NH}_3$  or N was obtained on 3-1-94. Results indicated 0.29 mg/L. However, the sample was not analyzed by laboratory until 4-5-94, out of holding. Ammonia sample collected on 4/5/94 had as results a value of less than 0.05 mg/L. Also, sample collected in the month prior to this event (2/1/94) had a value of 0.15 mg/L. This did not require a 24 hour notification.

"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 fines and imprisonment for knowing violations."

J. A. Carter  
(Signature of Permittee)

4/26/94  
(Date)

PARAMETER CODES				
00010 Temperature	00555 Oil and Grease	00950 Dissolved Fluoride	01077 Silver	39516 PCPS
00065 Stream Stage	00800 Total Nitrogen	01002 Total Arsenic	01087 Total Vanadium	39941 Roundup
00076 Turbidity	00810 Ammonia Nitrogen	01027 Cadmium	01092 Zinc	50047 Max. flow during 24-hr. period
00300 Dissolved Oxygen	00825 Total Kjeldahl Nitrogen	01032 Hexavalent Chromium	01105 Total Aluminum	50048 Min. flow during 24-hr. period
00310 BOD <sub>5</sub>	00865 Total Phosphorous	01034 Chromium	01147 Total Selenium	50050 Flow
00340 COD	00720 Cyanide	01037 Total Cobalt	31504 Total Coliform	50080 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	01057 Nickel	38280 MBAS	85652 Time

The monthly average for fecal coliform is to be reported as a GEOMETRIC mean. Use only units designated in the reporting facility's permit for reporting data.

TC0594E1

## Effluent Toxicity Report Form - Acute Pass/Fail

Date 5/24/94

Facility	McGuire Train. & Tech. Cntr.	NPDES# NC	0026255	Pipe #	001	County	Mecklenburg
Laboratory Performing Test	Duke Power Biomonitoring Laboratory						
X	Comments Sample (Log. No. TC059401) was a 24-h flow-weighted composite.						
Signature of Operator in Responsible Charge							
X							
Signature of Laboratory Supervisor							

MAIL ORIGINAL TO:

Environmental Sciences Branch  
Div. of Environmental Management  
N.C. Dept. of EHNH  
4401 Reedy Creek Road  
Raleigh, North Carolina 27607-6445

## North Carolina Acute Pass/Fail Bioassay

Collection Start Date: 5/17/94				Organism Tested <u>Caridaphnia dubia</u>																	
Collection Start Time: 0829																					
Test Start Date: 5/18/94																					
Sample Type / Duration				<table border="1"> <tr> <td rowspan="2">pH</td> <td>Control</td> <td>7.7</td> <td>7.9</td> </tr> <tr> <td>Treatment</td> <td>7.2</td> <td>7.7</td> </tr> <tr> <td rowspan="2">D.O.</td> <td>Control</td> <td>8.4</td> <td>8.5</td> </tr> <tr> <td>Treatment</td> <td>8.2</td> <td>8.3</td> </tr> </table>				pH	Control	7.7	7.9	Treatment	7.2	7.7	D.O.	Control	8.4	8.5	Treatment	8.2	8.3
pH	Control	7.7	7.9																		
	Treatment	7.2	7.7																		
D.O.	Control	8.4	8.5																		
	Treatment	8.2	8.3																		
Grab	Comp.	Duration	Dilution																		
	X	24 h																			
Hardness (mg/L)		38.1	Toxicant																		
Spec. Cond. (umhos)		118																			
Chlorine (mg/L)		0.71																			
Sample temp. (deg. C) at receipt		1.3																			

Mortality	Replicate				Mean Mortality
	A	B	C	D	
Treatment 1 (Control)	0 %	0 %	0 %	0 %	0.0 %
Treatment 2 (Exposure)	60 %	30 %	60 %	40 %	47.5 %

Concentration Tested 90%

(NOTE: If mean control mortality exceeds 10%, the test is considered invalid)

Calculate using Arc-Sine Square Root transformed data	Calculated Student's t	-7.86	PASS	
	Tabular Student's t	-3.14	FAIL	X
	(ONE TAILED)			

If the absolute value of the calculated t is less than or equal to the absolute value of the tabular t, check PASS.  
If the absolute value of the calculated t is greater than the absolute value of the tabular t, check FAIL.  
If all vessels within each treatment have the same response but the treatment two response is greater than the control, check FAIL.

## EFFLUENT

NPDES PERMIT NO. NC0026255 DISCHARGE NO. 001 MONTH JULY YEAR 1994  
 FACILITY NAME TRAINING & TECHNOLOGY CENTER CLASS II COUNTY Mecklenburg  
 OPERATOR IN RESPONSIBLE CHARGE (ORC) Donald L. Cline GRADE II PHONE 704-875-4046  
 CERTIFIED LABORATORIES (1) Applied Science Center (2) \_\_\_\_\_  
 CHECK BOX IF ORC HAS CHANGED ☐ PERSON(S) COLLECTING SAMPLES TLS, GBN

Mail ORIGINAL and ONE COPY to:  
 ATTN: CENTRAL FILES  
 DIV. OF ENVIRONMENTAL MANAGEMENT  
 DEHNR  
 P.O. BOX 29535  
 RALEIGH, NC 27626-0535

x Donald L. Cline / Douglas H. Innes 8-11-94  
 (SIGNATURE OF OPERATOR IN RESPONSIBLE CHARGE) DATE  
 BY THIS SIGNATURE, I CERTIFY THAT THIS REPORT IS  
 ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE	Operator Arrival Time: 2400 Clock	Operator Time on Site	ORC On Site?	50050	00400	90310	00530	50060	00010	71900	31616	TAA3B					
				FLOW													
				EFF													
				INF													
				DAILY RATE	pH	BOD <sub>5</sub>	TOTAL SUSPENDED RESIDUE	TOTAL RESIDUAL CHLORINE	TEMPERATURE	MERCURY	FECAL COLIFORM (<> IF APPLICABLE)	ACUTE TOXICITY					
	HRS	HRS	Y/N	MGD	UNIT	MG/L	MG/L	MG/L	°C	µG/L	<> /100ML	P/F					
1	0700	24	N					0.1									
2	0700	24	N														
3	0700	24	N														
4	0700	24	N	0.006				0.05									
5	0700	24	Y		6.6	8.9	39	0.25	26.6		22400						
6	0700	24	Y					0.2		<0.1							
7	0700	24	Y					0.1			<2						
8	0700	24	N	0													
9	0700	24	N														
10	0700	24	N														
11	0700	24	Y	0.006				1.4									
12	0700	24	Y					0.5	25.4								
13	0700	24	Y					3.5									
14	0700	24	Y					0.3									
15	0700	24	N					2.0									
16	0700	24	N														
17	0700	24	N														
18	0700	24	Y	0.006				1.9	26.2								
19	0700	24	Y			0.9	24	3.0		<0.1	<2						
20	0700	24	Y					2.0									
21	0700	24	Y					0.1									
22	0700	24	N					0.1									
23	0700	24	N														
24	0700	24	N														
25	0700	24	Y	0.011				0.45	25.5								
26	0700	24	Y					0.25									
27	0700	24	Y					0.40									
28	0700	24	Y					0.25									
29	0700	24	N					0.2									
30	0700	24	N														
31	0700	24	N														
AVERAGE				0.0073		4.9	19.5	0.85	25.9	0	13.39						
MAXIMUM				0.011	6.6	8.9	39	3.5	26.6	<0.1	>2400						
MINIMUM				0.006	6.6	0.9	<4	0.05	25.4	<0.1	<2						
Comp. (C) / Grub (G)					G <sub>2</sub>	G	G <sub>2</sub>	G	G	G	G	G	G	G	G	G	G
Monthly Limit					6.0-9.0	30	30	—	—	2.0	200	—	—	—	—	—	—

Facility Status: (Please check one of the following)

All monitoring data and sampling frequencies meet permit requirements

☐  
Compliant

All monitoring data and sampling frequencies do NOT meet permit 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.

*July 5 sample for fecal coliform was out of compliance. Resample July 7 indicated back in compliance. Low flow attributable to holiday weekend (including Monday, July 4) impacted chlorine residual.*

"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 fines and imprisonment for knowing violations."

John S. Carter

Permittee (Please print or type)

*J. S. Carter*  
Signature of Permittee\*\*

*8/29/94*  
Date

13339 Hagers Ferry Road (MG03A5) Huntersville, N.C. 28078-7929

(704)-875-5954

6/31/1997

Permittee Address

Phone Number

Permit Exp. Date

#### PARAMETER CODES

00010 Temperature	00556 Oil & Grease	00951 Total Fluoride	01067 Nickel	50050 Flow
00076 Turbidity	00600 Total Nitrogen	01002 Total Arsenic	01077 Silver	50060 Total Residual
00080 Color (Pt-Co)	00610 Ammonia Nitrogen		01092 Zinc	Chlorine
00082 Color (ADMI)	00625 Total Kjeldahl Nitrogen	01027 Cadmium	01105 Aluminum	71880 Formaldehyde
				71900 Mercury
00095 Conductivity	00630 Nitrates/Nitrite	01032 Hexavalent Chromium		
00300 Dissolved Oxygen		01034 Chromium	01147 Total Selenium	81551 Xylene
00310 BOD <sub>5</sub>	00665 Total Phosphorous		31616 Fecal Coliform	
00340 COD	00720 Cyanide	01037 Total Cobalt	32730 Total Phenolics	
00400 pH	00745 Total Sulfide	01042 Copper	34235 Benzene	
00530 Total Suspended Residue	00927 Total Magnesium		34481 Toluene	
	00929 Total Sodium	01045 Iron	38260 MBAS	
00545 Settleable Matter	00940 Total Chloride	01051 Lead	39516 PCB's	

Parameter Code assistance may be obtained by calling the Water Quality Compliance Group at (919) - 753 - 5083, extension 581 or 534.

The monthly average for fecal coliform is to be reported as a GEOMETRIC mean. Use only units designated in the reporting facility's permit for reporting data.

\*ORC must visit facility and document visitation of facility as required per 15A NCAC 8A .0202 (b) (5) (B).

\*\*If signed by other than the permittee, delegation of signatory authority must be on file with the state per 15A NCAC 2B .0506 (b) (2) (D).



## EFFLUENT

NPDES PERMIT NO. NC0024392 DISCHARGE NO. 003 MONTH OCTOBER YEAR 1994  
 FACILITY NAME McGUIRE NUCLEAR STATION CLASS II COUNTY Mecklenburg  
 OPERATOR IN RESPONSIBLE CHARGE (ORC) Douglas H. Triece GRADE II PHONE 704-875-4645  
 CERTIFIED LABORATORIES (1) Applied Science Center (2) \_\_\_\_\_  
 CHECK BOX IF ORC HAS CHANGED ☐ PERSON(S) COLLECTING SAMPLES RCZ, DMH

Mail ORIGINAL and ONE COPY to:  
 ATTN: CENTRAL FILES  
 DIV. OF ENVIRONMENTAL MANAGEMENT  
 DEHNR  
 P.O. BOX 29535  
 RALEIGH, NC 27626-0535

x Douglas H. Triece 11-2-94  
 (SIGNATURE OF OPERATOR IN RESPONSIBLE CHARGE) DATE  
 BY THIS SIGNATURE, I CERTIFY THAT THIS REPORT IS  
 ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE	Operator Arrival Time: 2400 Clock	Operator Time on Site	ORC On Site?	50050	00400	00310	00530	50060	00556	38620	31616						
				FLOW	pH	BOD 5	TOTAL SUSPENDED RESIDUE	TOTAL RESIDUAL CHLORINE	OIL & GREASE	MBAS	FECAL COLIFORM (< if APPLICABLE)						
				DAILY RATE													
	HRS	HRS	Y/N	MGD	UNIT	MG/L	MG/L	MG/L	MG/L	MG/L	< /100ML						
1	0700	24	N	0.016													
2	0700	24	N	0.0086													
3	0700	24	Y	0.009													
4	0700	24	Y	0.009	7.0	8.4	19	1.0	0.30								
5	0700	24	Y	0.009							<2						
6	0700	24	Y	0.027													
7	0700	24	N	0.039													
8	0700	24	N	0.013													
9	0700	24	N	0.009													
10	0700	24	Y	0.001				0.5									
11	0700	24	Y	0.009	7.0												
12	0700	24	Y	0.009													
13	0700	24	Y	0.016													
14	0700	24	N	0.017													
15	0700	24	N	0.0005													
16	0700	24	N	0.003													
17	0700	24	Y	0.003				0.8									
18	0700	24	Y	0.027	6.9	34	42		0.25	<0.3	>1600						
19	0700	24	Y	0.009													
20	0700	24	Y	0.009							8						
21	0700	24	N	0.027													
22	0700	24	N	0.027													
23	0700	24	N	0.003													
24	0700	24	Y	0.016				2.6									
25	0700	24	Y	0.009	6.8												
26	0700	24	Y	0.027													
27	0700	24	Y	0.009													
28	0700	24	N	0.009													
29	0700	24	N	0.009													
30	0700	24	N	0.009													
31	0700	24	Y	0.003				7.5									
AVERAGE				0.013		21.2	30.5	2.5	0.28	0	23.4						
MAXIMUM				0.027	7.0	34	42	7.5	0.30	<0.3	>1600						
MINIMUM				0.0005	6.8	8.4	19	0.5	0.25	<0.3	<2						
Comp. (C) / Grub (G)					G	G	G	G	G	G	G	G	G	G	G	G	G
Monthly Limit					-	30	90	-	30	-	200	-	-	-	-	-	-



Facility Status: (Please check one of the following)

All monitoring data and sampling frequencies meet permit requirements

☐ Compliant

All monitoring data and sampling frequencies do NOT meet permit 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.

*October 18 sample for fecal coliform was out of compliance. Resample on October 20 indicated back in compliance. High sludge accumulation and increased nitrification in the waste lagoon were demanding of available chlorine. De-sludging of lagoon the week of October 24<sup>th</sup> should improve lagoon operation.*

"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 fines and imprisonment for knowing violations."

John S. Carter

Permittee (Please print or type)

*J. S. Carter*

Signature of Permittee\*\*

*11/23/94*

Date

13339 Hagers Ferry Road (MG03A5) Huntersville, N.C. 28078-7929

Permittee Address

(704)-875-5954

Phone Number

6/31/1997

Permit Exp. Date

#### PARAMETER CODES

00010 Temperature	00556 Oil & Grease	00951 Total Fluoride	01067 Nickel	50050 Flow
00076 Turbidity	00600 Total Nitrogen	01002 Total Arsenic	01077 Silver	50060 Total Residual Chlorine
00080 Color (Pt-Co)	00610 Ammonia Nitrogen		01092 Zinc	
00082 Color (ADMI)	00625 Total Kjeldahl Nitrogen	01027 Cadmium	01105 Aluminum	71880 Formaldehyde
				71900 Mercury
00095 Conductivity	00630 Nitrates/Nitrite	01032 Hexavalent Chromium		
00300 Dissolved Oxygen		01034 Chromium	01147 Total Selenium	81551 Xylene
00310 BOD <sub>5</sub>	00665 Total Phosphorous		31616 Fecal Coliform	
00340 COD	00720 Cyanide	01037 Total Cobalt	32730 Total Phenolics	
00400 pH	00745 Total Sulfide	01042 Copper	34235 Benzene	
00530 Total Suspended Residue	00927 Total Magnesium		34481 Toluene	
	00929 Total Sodium	01045 Iron	38260 MBAS	
00545 Settleable Matter	00940 Total Chloride	01051 Lead	39516 PCB's	

Parameter Code assistance may be obtained by calling the Water Quality Compliance Group at (919) - 753 - 5083, extension 581 or 534.

The monthly average for fecal coliform is to be reported as a GEOMETRIC mean. Use only units designated in the reporting facility's permit for reporting data.

\*ORC must visit facility and document visitation of facility as required per 15A NCAC 8A .0202 (b) (5) (B).

\*\*If signed by other than the permittee, delegation of signatory authority must be on file with the state per 15A NCAC 2B .0506 (b) (2) (D).

## Effluent Toxicity Report Form - Acute Pass/Fail

Date 11/15/94

Facility	MNS Training and Tech. Center	NPDES#NC	0026255	Pipe #	001	County	Mecklenburg
Laboratory Performing Test	Duke Power Biomonitoring Laboratory						
X	Comments Sample collected as flow-proportional 24-h composite.						
Signature of Operator in Responsible Charge							
X							
Signature of Laboratory Supervisor							

MAIL ORIGINAL TO:

 Environmental Sciences Branch  
 Div. of Environmental Management  
 N.C. Dept. of EHNR  
 4401 Reedy Creek Road  
 Raleigh, North Carolina 27607-6445

## North Carolina Acute Pass/Fail Bioassay

Collection Start Date:	11/10/94		
Collection Start Time:	0957		
Test Start Date:	11/11/94		
Sample Type / Duration			
Grab	Comp.	Duration	
	X	24 h	
Hardness (mg/L)	39.5		
Spec. Cond. (umhos)	118	428	
Chlorine (mg/L)		0.44	
Sample temp. (deg. C) at receipt		0.6	
Organism Tested			
Ceriodaphnia dubia			
pH			
Control	7.8	7.9	
Treatment	7.0	7.3	
D.O.			
Control	8.3	8.2	
Treatment	8.0	8.1	

Mortality		Replicate				Mean Mortality
Treatment 1 (Control)		A	B	C	D	
		0 %	0 %	0 %	0 %	0.0 %
Treatment 2 (Exposure)		A	B	C	D	
Concentration Tested	90%	90 %	60 %	60 %	80 %	72.5 %
(NOTE: If mean control mortality exceeds 10%, the test is considered invalid)						

Calculate using Arc-Sine Square Root transformed data	Calculated Student's t	-9.7974	PASS	
	Tabular Student's t	-3.14	FAIL	X
(ONE TAILED)				
If the absolute value of the calculated t is less than or equal to the absolute value of the tabular t, check PASS. If the absolute value of the calculated t is greater than the absolute value of the tabular t, check FAIL. If all vessels within each treatment have the same response but the treatment two response is greater than the control, check FAIL.				