



**DUKE POWER**

November 29, 1995

Mr. Harry Aponte  
SC Department of Health and Environmental Control  
Bureau of Water Pollution Control  
Water Quality Assessment and Enforcement Section  
2600 Bull Street  
Columbia, South Carolina 29201

Subject: Catawba Nuclear Station - NPDES Permit # SC0004278  
WC Pond Groundwater Monitoring Data  
File Code: CN-705.05  
Certified Mail: Z 403 319 227

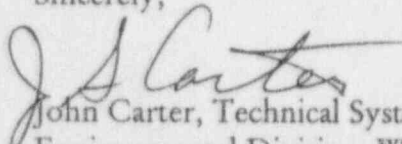
Dear Mr. Aponte:

Please find attached a groundwater monitoring report for Catawba Nuclear Station's conventional wastewater treatment ponds. Samples were collected on September 5, 1995, in accordance with the sampling and analysis plan.

All monitoring results met the South Carolina State groundwater standards. The high sulfate concentration seen in the upgradient well WCMW1 has decreased from the previous sampling event.

Should you have questions or comments regarding this report please feel free to contact John Estridge at (704) 875-5965.

Sincerely,

  
John Carter, Technical System Manager  
Environmental Division, Water Protection

jte/486

Attachments

xc: Catawba District Hydrologist  
CNS NRC Distribution List

JE231

**DUKE POWER COMPANY**  
**GROUND-WATER MONITORING REPORT**

October 2, 1995

Table 1

**Facility: Catawba Nuclear Station Conventional Chemical Waste Treatment Ponds**  
**Sample Date: September 5, 1995 (GEOCHEMISTRY DATA)**

Parameter	Units	Storet Number	Monitoring Well Identification				FIELD BLANK	SC R.61-58 MCL
			WCMW1	WCMW2	WCMW3	WCMW4		
Lab Certificate No.		00008	99005	99005	99005	99005	99005	
Top of Well Casing	msl-feet		622.06	608.32	600.35	595.42		
Depth to Water	feet		18.26	19.60	18.32	13.41		
Water Elevation (0.01')	msl-feet	82545	603.80	588.72	582.03	582.01		
Well Depth	feet		25.96	30.02	30.06	21.52		
Field Spec. Conductance	umho/cm	00095	1712	418	134	127.6		
Field pH	Std. Units	00400	6.7	6.7	5.7	6.3		6.5-8.5*
Arsenic	mg/l	01002	<0.0010	<0.0010	<0.0010	0.0014	<0.0010	0.050
Alkalinity	mg/l		57	90	30	45		
Barium	mg/l	01007	0.052	0.041	0.044	0.029	<0.0050	2.0
Cadmium	mg/l	01027	<0.00010	<0.00010	<0.00010	<0.00010	<0.00010	0.0050
Chloride	mg/l	00940	35	19	25	6.8	<1.0	250*
Chromium	mg/l	01034	0.0036	0.0086	0.0016	0.0058	<0.0010	0.10
Copper	mg/l	01042	0.0065	0.0031	0.0012	0.031	0.0011	1.0*
Iron	mg/l	01045	1.5	4.9	2.5	2.0	<0.010	0.3*
Lead	mg/l	01051	<0.0020	0.0028	0.017	0.0029	<0.0020	0.050
Manganese	mg/l	01055	0.042	0.21	0.18	0.022	<0.0050	0.050*
Mercury	mg/l	71900	<0.00010	<0.00010	<0.00010	<0.00010	<0.00010	0.0020
NO3 + NO2**	mg/l	00630	0.92	0.60	<0.050	0.22	<0.050	10
Selenium	mg/l	01147	0.0022	<0.0010	<0.0010	<0.0010	<0.0010	0.050
Silver	mg/l	01077	0.00032	0.00023	0.00020	<0.00020	<0.00020	0.10*
Sulfate	mg/l	00945	928	75	16	15	1.4	250*
Zinc	mg/l	01092	0.0070	0.0080	<0.0050	<0.0050	<0.0050	5.0*

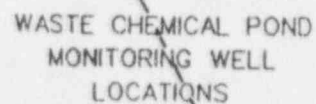
\* SC R.61-58.5(O) Secondary Maximum Contaminant Level (MCL) for drinking water as reference only.



Authorized Release By:

*Ronald A. Santini*

Date: 11-28-95



CLIENT: 7330 WASTE WATER

Project Name<sup>3</sup>: CNS PONDResults to/Phone\*: RAS/5229

Address and/or PROFS<sup>5</sup>:

Matrix (type of samples)/QC Level<sup>b</sup>:

SAM No.7:

ANALYSES REQUESTED by bottle type—MUST NOTE PRESERVATIVE<sup>12</sup>  
(may note special DL or Method)<sup>13</sup>

[illegible]Comments<sup>17</sup>:

\* See instructions on back of form.

<sup>18</sup> White, canary — LS Files    Pink — Client Copy



# Instructions For Filling Out **CHAIN OF CUSTODY RECORD AND ANALYSIS REQUEST FORM**

1. PES CLIENT CONTACT/Phone: (For LS Use Only) LS contact handling the request.
2. CLIENT: Person or group who is requesting the analysis.
3. Project Name: Name of station, facility, and/or project (examples - McGuire Landfill #1, Marshall NPDES).
4. Results to/Phone: Person(s)/phone # to directly receive analytical results.
5. Address/PROFS: Internal or external mailing address/PROFS or FAX # (if desired method of transmittal).
6. Matrix/QC Level: (Example - sludge, groundwater, surface water)/QC level required, as follows:  
 QC Level I: Highest level of QC. This level is for samples that must meet regulatory requirements.  
 QC Level II: All nonregulatory in-house and support studies.
7. SAM No.: (For LS Use Only) Work order number generated by SAM.
8. FRAC: (For LS Use Only) Sample fraction # generated by SAM.

## —SECTIONS 9-12: MAY USE TWO LINES FOR EACH SAMPLE TO ALLOW FOR LARGER HANDWRITING OR FEWER SAMPLES—

9. CHEMPLOT #: Assigned by station.
10. Sample Description or ID: Brief description of sample type or origin (example - Monitoring well #2B), or sample ID series (Plant-Date-Collector-#).
11. Collected using sampling instructions: Verification of proper sampling techniques. Date and time of sample collection and name of person who collected each sample (NO Initials).
12. ANALYSES REQUESTED: (Write sideways)  
Must include ANALYSES REQUESTED, one column for each type of bottle (examples - [COLUMN 1] Metals: Ca, Mg, Na, Pb, Cu, Cd, [COLUMN 2] Nutrients: Nitrate + nitrite, orthophosphate, chloride, [COLUMN 3] FECALS). Must include type of preservation (examples - [COLUMN 1] Metals: 5% HNO<sub>3</sub>, [COLUMN 2] Nutrients: ICE, [COLUMN 3] FECALS: treated bottles, ICE)
13. May include preferred method of analysis or desired detection limit (DL) (if known or if attempting to compare numbers to previous data) (examples - ICP: Ca, Mg, Na. FURNACE: Pb, Cu, Cd). Otherwise, lab will choose the most appropriate method and detection limit.
14. Sample Preserved/Name: Check appropriate box. Name of person who added preservative or placed samples on ice (NO Initials).
15. Total # of samples: Sum of columns which have number of bottles for each analysis requested.
16. Delivered by, Date/Time, Received by: One section must be filled out by the person who delivers samples to Laboratory Services and by the person who received the samples. Other sections should be filled out if the samples are distributed among several labs.
17. Comments: Any unusual circumstances of sample collection or handling.
18. Original WHITE COPY is kept on file in the LS Client Contact's active files. CANARY — Client Contact Copy. PINK — Client Copy.
19. Turnaround Requested: Time frame client needs analyses to be complete and date results should be received by client.

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