



SMUD

SACRAMENTO MUNICIPAL UTILITY DISTRICT ☐ 6201 S Street, P.O. Box 15830, Sacramento, CA 95813; (916) 452-3211
AN ELECTRIC SYSTEM SERVING THE HEART OF CALIFORNIA

RPO 85-636

July 3, 1985

W H CROOKS
CALIFORNIA WATER QUALITY CONTROL BOARD
CENTRAL VALLEY REGION
3201 S STREET
SACRAMENTO CA 95814

RE ORDER 79-03 WATER DISCHARGE REQUIREMENTS
SACRAMENTO MUNICIPAL UTILITY DISTRICT
RANCHO SECO NUCLEAR GENERATING STATION UNIT 1

In accordance with the monitoring and reporting requirements of the subject order, please find attached a summary of the Water Quality Monitoring Program at the Rancho Seco facility for June, 1985.

Additional comments are as follows:

1. Rancho Seco was shut down for refueling, maintenance, inspections, and modifications during the month of June.
2. Maximum waste water flow rate was 10,000 gpm for 4.5 hours on June 15.
3. Waste water discharges amounted to 162.7 M gallons.
4. Maximum dissolved solids in waste water discharge was 3,549 lbs. per day which occurred during a retention basin release on June 18.
5. Flow through the sewage plant averaged 28,381 gpd for the month of June which is an overload of plant design.
6. High Total Coliform; suspended solids, and settleable matter in sewage plant effluent is attributed to high flow, appreciably in excess of design flow.

R. P. Oubré
Manager, Nuclear Operations
Rancho Seco Nuclear Generating Station
14440 Twin Cities Road, M.S. 200
Herald CA 95638

Attachments

cc: R. J. Rodriguez
L. Keilman

8508050371 850717
PDR ADOCK 05000312
R PDR

INSTRUCTIONS FOR DISCHARGER

1. Remove COPY 4 (dark yellow) and use for your worksheet.
2. Use ballpoint pen or typewriter for data entry on forms.
3. Provide dates for beginning and ending in reporting period blocks.
4. Provide data as specified under column headings.
5. Enter monthly summary data (MONTHLY AVERAGE, MONTHLY HIGH, etc.).
6. Appropriate signature is required at the bottom of the form.
7. Remove COPY 3 and retain for your records.
8. Send COPY 2 to EPA, Region 9, San Francisco and COPY 1 to:

CALIFORNIA STATE WATER RESOURCES CONTROL BOARD
DISCHARGER SELF MONITORING REPORT

CALIFORNIA REGIONAL WATER QUALITY
CONTROL BOARD
CENTRAL VALLEY REGION
3201 S STREET
SACRAMENTO, CA 95816
5A3+2006X-101A MUGB5

Rancho Seco
SACRAMENTO M.U.D.
SMUD NCU STA WTP

BOX 15830
SACRAMENTO M.U.D.
95813

CALIF

YOUR REPORTING PERIOD IS MONTHLY AND YOUR REPORTS MUST
BE SUBMITTED BY 25 DAYS FOLLOWING THIS PERIOD.

Transaction Code Q2 Facility I.D. 5A3+2006X-101A Year/Month for this report 85/6 Reporting Period: Beginning 05/06/01 Ending 05/06/01 State Code 06 NPDES Permit Number CC04758 Date form was computer printed 85/01/17 PAGE 1A

STATION DESCRIPTION			EFFLUENT		EFFLUENT		EFFLUENT		EFFLUENT		EFFLUENT		EFFLUENT		EFFLUENT		EFFLUENT	
CONSTITUENT NAME			* PRINTED BELOW		* PRINTED BELOW		* PRINTED BELOW		* PRINTED BELOW		* PRINTED BELOW		* PRINTED BELOW		* PRINTED BELOW		* PRINTED BELOW	
UNITS			MGD		NUMBER		UMHOS/CM		DEGREE F		MG/L		MG/L		MG/L		MG/L	
SAMPLE TYPE			MEAN & RANGE		MEAN & RANGE		MEAN & RANGE		MEAN & RANGE		GRAB		24HR COMP		24HR COMP		24HR COMP	
FREQUENCY			CONTINUOUS		CONTINUOUS		CONTINUOUS		CONTINUOUS		DAILY		MONTHLY		2 TIMES WEEK		DAILY	
			* 1	500.00	* 2	00400	* 3	00000	* 4	00000	* 5		* 6		* 7		* 8	
MONTH DAY																		
05	01		.	.	.	.	.	.	.	.	1	<0.1	.	.	.	.	1	<0.02
05	02		.	.	.	.	.	.	.	.	1	<0.1	.	.	.	.	1	<0.02
05	03		.	.	.	.	.	.	.	.	1	<0.1	.	.	.	.	1	<0.02
05	04		.	.	.	.	.	.	.	.	1	<0.1	1	<0.1	1	2.3	1	<0.02
05	05		.	.	.	.	.	.	.	.	1	<0.1	.	.	.	.	1	<0.02
05	06		.	.	.	.	.	.	.	.	1	<0.1	.	.	.	.	1	<0.02
05	07		.	.	.	.	.	.	.	.	1	<0.1	.	.	.	.	1	<0.02
05	08		.	.	.	.	.	.	.	.	1	<0.1	.	.	1	3.9	1	<0.02
05	09		.	.	.	.	.	.	.	.	1	<0.1	.	.	.	.	1	<0.02
05	10		.	.	.	.	.	.	.	.	1	<0.1	.	.	.	.	1	<0.02
05	11		.	.	.	.	.	.	.	.	1	<0.1	.	.	1	3.8	1	<0.02
05	12		.	.	.	.	.	.	.	.	1	<0.1	.	.	.	.	1	<0.02
05	13		.	.	.	.	.	.	.	.	1	<0.1	.	.	.	.	1	<0.02
05	14		.	.	.	.	.	.	.	.	1	<0.1	.	.	.	.	1	<0.02
05	15		.	.	.	.	.	.	.	.	1	<0.1	.	.	.	.	1	<0.02
05	16		.	.	.	.	.	.	.	.	1	<0.1	.	.	.	.	1	<0.02
05	17		.	.	.	.	.	.	.	.	1	<0.1	.	.	.	.	1	<0.02
05	18		.	.	.	.	.	.	.	.	1	<0.1	.	.	.	.	1	<0.02
05	19		.	.	.	.	.	.	.	.	1	<0.1	.	.	1	2.5	1	<0.02
05	20		.	.	.	.	.	.	.	.	1	<0.1	.	.	1	0.9	1	<0.02
05	21		.	.	.	.	.	.	.	.	1	<0.1	.	.	.	.	1	<0.02
05	22		.	.	.	.	.	.	.	.	1	<0.1	.	.	.	.	1	<0.02
05	23		.	.	.	.	.	.	.	.	1	<0.1	.	.	.	.	1	<0.02
05	24		.	.	.	.	.	.	.	.	1	<0.1	.	.	.	.	1	<0.02
05	25		.	.	.	.	.	.	.	.	1	<0.1	.	.	.	.	1	<0.02
05	26		.	.	.	.	.	.	.	.	1	<0.1	.	.	1	4.0	1	<0.02
05	27		.	.	.	.	.	.	.	.	1	<0.1	.	.	.	.	1	<0.02
05	28		.	.	.	.	.	.	.	.	1	<0.1	.	.	.	.	1	<0.02
05	29		.	.	.	.	.	.	.	.	1	<0.1	.	.	1	1.2	1	<0.02
05	30		.	.	.	.	.	.	.	.	1	<0.1	.	.	.	.	1	<0.02

+	MONTHLY AVERAGE	6.0	PH	7.5	SPEC COND	125	TEMPERATURE	69.8	CHLORINE RES	BURCH	SUSP MAT	HYDRAZINE
	MONTHLY HIGH	13.6	High	8.5	High	1150	High	82.4				
	MONTHLY LOW	4.0	Low	6.0	Low	75	Low	66.2				
	TOTAL RECORDS	NO-CHK	MIN	6.500	NO-CHK	1 MAX	50.000	1 MAX	1.200	30 D-AVE	30 D-AVE	30 D-AVE
	REQUIREMENT #1			6.500						1 MAX	100.000	1 MAX
	REQUIREMENT #2			8.500								
	REQUIREMENT #3											
	REQUIREMENT #4											

*Enter number of samples taken during the day. 25 Typed Name of Principal Executive Officer: Kellie Fred W I declare under penalty of perjury that the foregoing is true and accurate, and that the sampling procedure and analysis used for the column constituents was as specified in the Waste Discharge Order for this facility. Signature of Principal Executive Officer or Authorized Agent: Kellie Fred W REGIONAL BOARD COPY 1

Form 22 9/74

- INSTRUCTIONS FOR DISCHARGER
1. Remove COPY 4 (dark yellow) and use for your worksheet.
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CALIFORNIA STATE WATER RESOURCES CONTROL BOARD
DISCHARGER SELF MONITORING REPORT

CALIFORNIA REGIONAL WATER QUALITY
CONTROL BOARD
CENTRAL VALLEY REGION
3201 S STREET
SACRAMENTO, CA 95816
5A3420060.102A MC685

FACILITY NAME
Rancho Seco
SACRAMENTO M.U.D.
SMUD NGU STA WIP

MAILING ADDRESS
BOX 15830
SACRAMENTO M.U.D.
95813 CALIF

YOUR REPORTING PERIOD IS MONTHLY AND YOUR REPORTS MUST
BE SUBMITTED BY 15 DAYS FOLLOWING THIS PERIOD.

Transaction Code Q2 Facility I.D. 5A3420060 Year/Month for this report 85/6 Reporting Period: Beginning 65/06/01 Ending 65/06/30 State Code 06 NPDES Permit Number 0004756 Date form was computer printed 85/01/11 PAGE 2A

STATION DESCRIPTION		R-1	R-2	R-3	R-1	R-2	R-3	EFFLUENT	
CONSTITUENT NAME		* PRINTED BELOW	* PRINTED BELOW	* PRINTED BELOW	* PRINTED BELOW	* PRINTED BELOW	* PRINTED BELOW	* PRINTED BELOW	
UNITS		MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	
SAMPLE TYPE		GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	
FREQUENCY		WEEKLY	WEEKLY	WEEKLY	WEEKLY	WEEKLY	WEEKLY	WEEKLY	
MONTH	DAY	* 1	* 2	* 3	* 4	* 5	* 6	* 7	* 8
06	01	.	.	.	.	.	.	.	.
06	02	.	.	.	.	.	.	.	.
06	03	9.3	1	6.8	1	8.7	1	OK	.
06	04	.	.	.	.	.	.	.	.
06	05	.	.	.	.	.	.	.	.
06	06	.	.	.	.	.	.	.	.
06	07	.	.	.	.	.	.	.	.
06	08	.	.	.	.	.	.	.	.
06	09	.	.	.	.	.	.	.	.
06	10	1	8.0	1	7.0	1	8.0	1	OK
06	11	.	.	.	.	.	.	.	.
06	12	.	.	.	.	.	.	.	.
06	13	.	.	.	.	.	.	.	.
06	14	.	.	.	.	.	.	.	.
06	15	.	.	.	.	.	.	.	.
06	16	.	.	.	.	.	.	.	.
06	17	.	.	.	.	.	.	.	.
06	18	.	.	.	.	.	.	.	.
06	19	1	8.0	1	8.8	1	6.8	1	OK
06	20	.	.	.	.	.	.	.	.
06	21	.	.	.	.	.	.	.	.
06	22	.	.	.	.	.	.	.	.
06	23	.	.	.	.	.	.	.	.
06	24	.	.	.	.	.	.	.	.
06	25	1	10.0	1	7.8	1	7.3	1	OK
06	26	.	.	.	.	.	.	.	.
06	27	.	.	.	.	.	.	.	.
06	28	.	.	.	.	.	.	.	.
06	29	.	.	.	.	.	.	.	.
06	30	.	.	.	.	.	.	.	.
+ MONTHLY AVERAGE		XXXXXX	DU	DU	VISUAL	VISUAL	VISUAL	OIL GREASE	
MONTHLY HIGH		XXXXXX							
MONTHLY LOW		XXXXXX							
TOTAL RECORDS		XXXXXX							
REQUIREMENT #1		MIN 5.000	NO-CHK	MIN 5.000	NO-CHK	NO-CHK	NO-CHK	30 D-AVE	
Times Exceeded								15.000	
REQUIREMENT #2								1 MAX	
Times Exceeded								20.000	
REQUIREMENT #3									
Times Exceeded									

*Enter number of samples
taken during the day.

Typed Name of Principal Executive Officer
Kellie Fred W
Last First MI

I declare under penalty of perjury that the foregoing is true and accurate, and that
the sampling procedure and analysis used for the column constituents was as speci-
fied in the Waste Discharge Order for this facility.

Signature of Principal Executive
Officer or Authorized Agent

Yr. Mo. Day
Date

REGIONAL
BOARD COPY

1

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DISCHARGER SELF MONITORING REPORT**

CALIFORNIA REGIONAL WATER QUALITY
CONTROL BOARD
CENTRAL VALLEY REGION
3201 S STREET
SACRAMENTO, CA 95816
5A34200001013 M685

FACILITY NAME
Rancho Seco
SACRAMENTO M.U.D.
SHJD NCU STA WIP

MAILING ADDRESS
BOX 15830
SACRAMENTO M.U.D.
95813 CALIF

YOUR REPORTING PERIOD IS MONTHLY AND YOUR REPORTS MUST
BE SUBMITTED BY 15 DAYS FOLLOWING THIS PERIOD.

Transaction Code Q2 Facility I.D. 5A34200000 Year/Month for this report 85/6 Reporting Period Beginning 85/06/01 Ending 85/06/30 State Code 06 NPDES Permit Number 0004758 Date form was computer printed 05/01/87 PAGE 18

STATION DESCRIPTION		WATER SUPPLY		DOM WASTE		DOM WASTE		DOM WASTE		DOM WASTE		DOM WASTE		DOM WASTE		DOM WASTE	
CONSTITUENT NAME		* PRINTED BELOW		* PRINTED BELOW		* PRINTED BELOW		* PRINTED BELOW		* PRINTED BELOW		* PRINTED BELOW		* PRINTED BELOW		* PRINTED BELOW	
UNITS		NUMBER		GPD		MG/L		LBS/DAY		MG/L		LBS/DAY		MG/L		LBS/DAY	
SAMPLE TYPE		GRAB		GRAB		BHR COMP		BHR COMP		BHR COMP		BHR COMP		BHR COMP		BHR COMP	
FREQUENCY		WEEKLY		MONTHLY		MONTHLY		MONTHLY		MONTHLY		MONTHLY		MONTHLY		MONTHLY	
REMARKS: NOTE 1: Fred Kellie (916) 452-3211 Ext. 4294 Permit does not allow 30 day average with fewer than 4 meas. NOTE 2: All high values attributed to sewage plant flow in excess of design.	MONTH	* 1		* 1		* 1		* 1		* 1		* 1		* 1		* 1	
	DAY	00400		00400		00400		00400		00400		00400		00400		00400	
	06 01	.		.		.		.		.		.		.		.
	06 02	.		.		.		.		.		.		.		.
	06 03	1		7*80		.		.		.		.		.		.
	06 04	.		.		.		.		1		56*6		1		13*4	
	06 05	.		.		.		.		.		.		.		.
	06 06	.		.		.		.		.		.		.		1	
	06 07	.		.		1		2*8		1		0*6		.		.	
	06 08	.		.		.		.		.		.		.		.
	06 09	.		.		.		.		.		.		.		.
	06 10	1		8*60		.		.		.		.		.		.
	06 11	.		.		.		.		.		.		.		.
	06 12	.		.		.		.		.		.		.		.
	06 13	.		.		.		.		.		.		.		.
	06 14	.		.		.		.		.		.		.		.
	06 15	.		.		.		.		.		.		.		.
	06 16	.		.		.		.		.		.		.		1	
	06 17	.		.		.		.		.		.		.		.
	06 18	.		.		.		.		.		.		.		1	
	06 19	1		7*70		.		.		.		.		1		35*	
	06 20	.		.		.		.		.		.		.		1	
	06 21	.		.		.		.		.		.		.		1	
	06 22	.		.		.		.		.		.		.		.
	06 23	.		.		.		.		.		.		.		.
	06 24	.		.		.		.		.		.		.		.
	06 25	1		8*25		.		.		.		.		.		.
	06 26	.		.		.		.		.		.		.		.
	06 27	.		.		.		.		.		.		.		.
	06 28	.		.		.		.		.		.		.		.
	06 29	.		.		.		.		.		.		.		.
	06 30	.		.		.		.		.		.		.		.

+ MONTHLY AVERAGE		28.381		.		.		.		.		.		.		.
MONTHLY HIGH XXXXXXXX		FLOH		.		.		.		.		.		.		.
MONTHLY LOW XXXXXXXX		.		.		.		.		.		.		.		.
TOTAL RECORDS XXXXXXXX		.		.		.		.		.		.		.		.
REQUIREMENT #1		NU-CHK		NU-CHK		30 D-AVE		30 D-AVE		30 D-AVE		30 D-AVE		30 D-AVE		30 D-AVE	
Times Exceeded		.		.		NOTE 1 130.000		NOTE 1 2.500		NOTE 1 130.000		NOTE 1 2.500		NOTE 1 2.500		NOTE 1 2.500	
REQUIREMENT #2		.		.		7 D-AVE		7 D-AVE		7 D-AVE		7 D-AVE		7 D-AVE		7 D-AVE	
Times Exceeded		.		.		45.000		3.500		NOTE 2 45.000		NOTE 2 3.500		NOTE 2 3.500		NOTE 2 3.500	
REQUIREMENT #3		.		.		.		.		.		.		.		.
Times Exceeded		.		.		.		.		.		.		.		.

*Enter number of samples taken during the day. Typed Name of Principal Executive Officer: Kellie Fred W. Last First MI. I declare under penalty of perjury that the foregoing is true and correct, and that the sampling procedure and analysis used for the above constitute a true and correct record of the waste discharge for this facility. Signature of Principal Executive Officer or Authorized Agent: Date: REGIONAL BOARD COPY 1