

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME N.E. UTILITIES (MILLSTONE)
 ADDRESS NORTHEAST UTILITIES SERVICE CO
ROPE FERRY ROAD
WATERFORD CT 06385
 FACILITY N.E. UTILITIES (MILLSTONE)
 LOCATION WATERFORD CT 06141-0270

ATTN: RONALD G. CHEVALIER, VP

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

(2-16)
010003253
 PERMIT NUMBER

(17-19)
010 5
 DISCHARGE NUMBER

MAJOR (SUBR 2) F - FINAL
 #3 HEAT EXCHANG (SERVICE WATER EFFLUENT)

Form Approved
 OMB No. 2040-0004

MONITORING PERIOD							
YEAR	MO	DAY		TO	YEAR	MO	DAY
93	01	01		TO	93	01	31
(20-21)	(22-23)	(24-25)			(26-27)	(28-29)	(30-31)

*** NO DATA ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	46.0	(15)	0	01/07	IN
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	100 MAXIMUM	DEG.F			WEEKLY INSTAN
PH	SAMPLE MEASUREMENT	*****	*****		*****	*****	N/A	(12)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT MAXIMUM	SU			WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	N/A	(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT INST MAX	MG/L			WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 50050 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	43.2	(03)	*****	*****	*****		0	01/07	IN
	PERMIT REQUIREMENT	*****	43.2 DAILY MX	MGD	*****	*****	*****	****			SEE INSTAN PERMIT.
CHLORINE, FREE AVAILABLE 50064 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.19	(19)	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.25 DAILY MX	MG/L			WEEKLY GRAB
	SAMPLE MEASUREMENT						0.29		1	09/30	GR
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
R.G. CHEVALIER
VICE PRESIDENT
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

203 865-5315

DATE

93 05 10

AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

9611140063 961030
 PDR ADOCK 05000336
 R PDR

NAME N.E. UTILITIES (MILLSTONE)
 ADDRESS NORTHEAST UTILITIES SERVICE CO
ROPE FERRY ROAD
WATERFORD CT 06385
 FACILITY N.E. UTILITIES (MILLSTONE)
 LOCATION HARTFORD CT 06141-0270
 ATTN: RONALD G. CHEVALIER VP

DISCHARGE MONITORING REPORT (DMR)

(2-16) CT0003263 (17-19) 005 1
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
93 01 01 93 01 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (SUBR 2) Form Approved OMB No. 2040-0004
 F - FINAL
 NON-CONTAMINATED FLOOR DRAINS
 EFFLUENT
 *** NO DATA IX ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (6-31)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE		*****	(07)		*****	*****	*****				
00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	*****	GPD	*****	*****	*****	****		SEE INSTAN	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(19)			
00530 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30.0 MAXIMUM	MG/L		SEE GRAB	
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
00556 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	20.0 INST MAX	MG/L		SEE GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R.G. CHEVALIER
VICE PRESIDENT

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

203 065-5315

DATE

93 05 10

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

[Signature]

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DETAILED EXPLANATIONS OF ALL PERMIT VIOLATIONS & PROPOSED CORRECTIVE ACTIONS SHALL BE APPENDED.
 MONITOR MONTHLY FOR OIL & GREASE WHEN OIL SEPARATOR DISCHARGE OCCURS. IF NO DISCHARGE OCCURS, WRITE "NO"
 DISCHARGE ON THE TOP RIGHT CORNER OF THE DMR AND LEAVE NON-LOCKS BLANK.

FACILITY NAME/ADDRESS (Include Facility Name/Location if different)

NAME N.E. UTILITIES (MILLSTONE)
 ADDRESS NORTHEAST UTILITIES SERVICE CO
ROPE FERRY ROAD
WATERFORD CT 06385
 FACILITY N.E. UTILITIES (MILLSTONE)
 LOCATION WATERFORD CT 06141-0277

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

CTOC03263

PERMIT NUMBER

006 1

DISCHARGE NUMBER

MAJOR (SUBR 2)

F - FINAL

Form Approved

OMB No. 2040-0004

NON-CONTAMINATED FLOOR DRAINS
 EFFLUENT

*** NO DATA ☒ ***
 NOTE: Read instructions before completing this form.

MONITORING PERIOD								
YEAR			MO			DAY		
93			07			07		
(20-21)			(22-23)			(24-25)		

YEAR			MO			DAY		
93			07			31		
(26-27)			(28-29)			(30-31)		

ATTN: RONALD G. CHEVALIER, VP

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW RATE	SAMPLE MEASUREMENT	*****	*****	(07)	*****	*****	*****			
00056 1 0 1	PERMIT REQUIREMENT	REPORT	*****	GPU	*****	*****	*****			SEE INSTANT PERMIT
EFFLUENT GROSS VALUE		NO AVG								
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(19)		
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30.0			SEE GRAB PERMIT
00530 1 0 1				****			MAXIMUM	MG/L		
EFFLUENT GROSS VALUE								(19)		
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****				
FREON EXTR-GRAV METH	PERMIT REQUIREMENT	*****	*****	****	*****	*****	20.0			SEE GRAB PERMIT
00556 1 0 1				****			INST MAX	MG/L		
EFFLUENT GROSS VALUE										
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R.G. CHEVALIER
 VICE PRESIDENT

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

203 665-5318

AREA CODE

NUMBER

DATE

93 05 10

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DETAILED EXPLANATIONS OF ALL PERMIT VIOLATIONS & PROPOSED CORRECTIVE ACTIONS SHALL BE APPENDED.
 MONITOR FOR OIL & GREASE ONLY WHEN OIL SEPARATOR DISCHARGE OCCURS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME N.E. UTILITIES (MILLSTONE)
 ADDRESS NORTHEAST UTILITIES SERVICE CO
ROPE FERRY ROAD
WATERFORD CT 06385
 FACILITY N.E. UTILITIES (MILLSTONE)
 LOCATION HARTFORD CT 06141-0270

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

CT0003263

PERMIT NUMBER

009 1

DISCHARGE NUMBER

MAJOR
(SUBR 2)
F - FINAL

Form Approved
OMB No. 2040-0004

NON-CONTAMINATED FLOOR DRAINS
EFFLUENT

*** NO DATA IXI ***
NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
93	01	01		93	01	31
(120-21)	(122-23)	(124-25)		(126-27)	(128-29)	(130-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW RATE	SAMPLE MEASUREMENT	*****	*****	(07)	*****	*****	*****			
00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	*****	*****	*****	*****	*****	****	SEE	INSTAN
		NO AVG		LPD				****	PERMIT	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(19)		
00530 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30.0 MAXIMUM	HG/L	SEE	GRAB
				****				(19)	PERMIT	
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	*****	*****		*****	*****				
00556 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	20.0 INST MAX	HG/L	SEE	GRAB
				****					PERMIT	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

~~NO DISCHARGE~~

Not Sampled

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R.G. CHEVALIER
VICE PRESIDENT

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$20,000 and/or maximum imprisonment of between 6 months and 3 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

203 885-5315

AREA CODE

NUMBER

DATE

93 05 10

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DETAILED EXPLANATION OF ALL PERMIT VIOLATIONS AND PROPOSED CORRECTIVE ACTIONS SHALL BE APPENDED.
 MONITOR FOR OIL & GREASE WHEN OIL SEPARATOR DISCHARGE OCCURS.

PERMITTEE NAME/ADDRESS (include Facility Name/Location if different)
NAME N.E. UTILITIES (MILLSTONE)
ADDRESS NORTHEAST UTILITIES SERVICE CO
ROPE FERRY ROAD
WATERFORD CT 06385
FACILITY N.E. UTILITIES (MILLSTONE)
LOCATION WATERFORD CT 06141-0270 FROM
ATTN: RONALD G. CHEVALIER, VP

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)
CT0003263 016 1
PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 2) Form Approved OMB No. 2040-0004
F - FINAL

NONCONTAMINATED FLOOR DRAINS EFFLUENT

*** NO DATA [X] ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-43)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		AVERAGE (54-57)	MAXIMUM (58-61)	UNITS (62-63)	MINIMUM (38-41)	AVERAGE (42-45)	MAXIMUM (46-49)					
FLOW RATE			***** (07)		*****	*****						
00056 1 0 1	PERMIT REQUIREMENT	REPORT	*****		*****	*****	*****		SEE INSTAN			
EFFLUENT GROSS VALUE		MO. AVG		GPD					PERMIT			
SOLIDS, TOTAL SUSPENDED			*****		*****	NoF Sampled	(19)					
00530 1 0 1	PERMIT REQUIREMENT		*****	*****	*****	30.0			SEE GRAB			
EFFLUENT GROSS VALUE				****	*****	MAXIMUM	MG/L (19)		PERMIT			
OIL AND GREASE			*****	*****	*****							
FREON EXTR-GRAV METH			*****	*****	*****	20.0			SEE GRAB			
00556 1 0 1	PERMIT REQUIREMENT		*****	*****	*****	INST MAX	MG/L		PERMIT			
EFFLUENT GROSS VALUE				****								
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE				
R.G. CHEVALIER VICE PRESIDENT						203 665-5318		93 05 10				
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE		NUMBER		YEAR	MO	DAY