

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)

(17-19)

CT0003263

PERMIT NUMBER

1C6 B

DISCHARGE NUMBER

MONITORING PERIOD

YEAR 93 MO 12 DAY 01 TO YEAR 93 MO 12 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR

(SUBR 2)

Form Approved

OMB No. 2040-0064

P - FINAL

#3 AUXILIARY BOILER BLOWDOWN

EFFLUENT

*** NO DATA 121 ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (58-65)				NO. EX (67-69)	FREQUENCY OF ANALYSIS (64-68)	SAMI TYP (69-7)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****		(15)		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	210.0	MAXIMUM DEG. F			
FLOW RATE 00056 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****		(07)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	72000	DAILY BY GPD	*****	*****	*****	****			
HYDRAZINE 01313 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****			(19)		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	75.0	INST. MAX MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

9611140144 961030
PDR ADOCK 05000336
R PDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER D.B. Miller, Jr. Senior V.P.	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.)	TELEPHONE		DATE		
		203/447-1791		94	01	2
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR MO D

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

SAMPLING ONLY REQUIRED WHEN AUXILIARY BOILER IS IN OPERATION.

IF NO DISCHARGE OCCURS, WRITE "NO DISCHARGE" ON THE TOP RIGHT CORNER OF THE DMR & LEAVE MON. BLOCKS BLANK.

DETAILED EXPLANATIONS OF ALL PERMIT VIOLATIONS & PROPOSED CORRECTIVE ACTIONS SHALL BE APPENDED.

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 FROM

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

CT0003263

PERMIT NUMBER

005 1

DISCHARGE NUMBER

MAJOR

(SUBR 2)

Form Approved

OMB No. 2040-006

F - FINAL

NON-CONTAMINATED FLOOR DRA
 EFFLUENT

*** NO DATA ☒ ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD							
YEAR	MO	DAY		TO	YEAR	MO	DAY
93	12	01			93	12	31
(20-21)	(22-23)	(24-25)			(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (58-65)			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	*****		*****	*****	*****			
EFFLUENT GROSS VALUE		NO AVG		GPD						
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			
00530 1 0 1	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****			
EFFLUENT GROSS VALUE				****						
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			
FREON EXTR-GRAV METH	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****			
00556 1 0 1				****						
EFFLUENT GROSS VALUE										
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 D.B. Miller, Jr. Senior V.P.
 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 § 131b. (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
 H. B. Miller

TELEPHONE
 203 447-1791
 DATE
 94 01 25

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" IN THE TOP RIGHT CORNER OF THE DMR AND LEAVE NON-BLOCKS BLANK.

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

NAME N.E. UTILITIES (MILLSTONE)

ADDRESS NORTHEAST UTILITIES SERVICE CO

ROPE PERRY ROAD

WATERFORD CT 06385

FACILITY N.E. UTILITIES (MILLSTONE)

LOCATION HARTFORD CT 06141-0270

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

CT0003263

PERMIT NUMBER

008 1

DISCHARGE NUMBER

MAJOR
(SUBR 2)

Form Approved
OMB No. 2040-0064

P - FINAL
NON-CONTAMINATED FLOOR DRAIN
EFFLUENT

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

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
93	12	01	TO	93	12	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

ATTN: RONALD G. CHEVALIER, VP

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(2 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPL TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT		*****	(07)	*****	*****	*****				
00056 1 0 1	PERMIT REQUIREMENT	REPORT	*****		*****	*****	*****				
EFFLUENT GROSS VALUE		NO AVG		GPD							
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(19)			
00530 1 0 1	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30.0				
EFFLUENT GROSS VALUE				****			MAXIMUM	MG/L			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
FREON EXTN-GRAV NET	PERMIT REQUIREMENT	*****	*****	****	*****	*****	20.0				
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										

NO DISCHARGE

Not Sampled

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

D.B. Millers Jr. Senior V.P.

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		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
203	447 1791	94	01	25

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

ATTN: RONALD G. CHEVALIER, VP

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

CT0003263

PERMIT NUMBER

016 1

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
93	12	01		93	12	31
(20-21) (22-23) (34-35)				(26-27) (28-29) (30-31)		

MAJOR

(SUBR 2)

P - FINAL

NONCONTAMINATED FLOOR DRAINS

EFFLUENT

*** NO DATA ☒ ***

NOTE: Read instructions before completing this form.

Form Approved

OMB No. 2040-0004

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX	FREQUENCY OF ANALYSIS (64-68)	SAMPL TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW RATE	<input checked="" type="checkbox"/>		*****	(07)	*****	*****	*****			
00056 1 0 1	SAMPLE MEASUREMENT									
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	*****		*****	*****	*****			
		NO AVG		GPD						SEE INSTA PERMIT
SOLIDS, TOTAL SUSPENDED	<input checked="" type="checkbox"/>	*****	*****		*****	*****	*****			
00530 1 0 1	SAMPLE MEASUREMENT									
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30.0			SEE INSTA PERMIT
				****			MAXIMUM	MG/L		
OIL AND GREASE	<input checked="" type="checkbox"/>	*****	*****		*****	*****				
PREON EXTR-GRAV MET	SAMPLE MEASUREMENT									
00556 1 0 1	PERMIT REQUIREMENT	*****	*****	****	*****	*****	20.0			SEE INSTA PERMIT
EFFLUENT GROSS VALUE				****			INST MAX	MG/L		
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

D.B. Miller, Jr.

Senior V.P.

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

DATE

203 447 1791

94 01 25

AREA
CODE

NUMBER

YEAR

MO

DAY

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

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MONITOR FOR OIL & GREASE WHEN OIL SEPARATOR DISCHARGE OCCURS.