

EPA		United States Environmental Protection Agency Washington, D. C. 20460				Form Approved OMB No. 2040-0003 Approval Expires 7-31-85	
NPDES Compliance Inspection Report							
Section A: National Data System Coding							
Transaction Code		NPDES		yr/mo/day		Inspection Type	
1 <u>N</u>	2 <u>5</u>	3 <u>MM0001473</u>	11	12 <u>890621</u>	17	18 <u>C</u>	19 <u>A</u>
Fac Type <u>20</u>							
Remarks							
21 Reserved 67 <u> </u> 69 <u> </u> Facility Evaluation Rating 70 <u>3</u> BI 71 <u>N</u> OA 72 <u>N</u> Reserved 73 <u> </u> 74 <u> </u> 75 <u> </u> 80 66							
Section B: Facility Data							
Name and Location of Facility Inspected <u>Public Service Company of N.H.</u> <u>Schiller Station</u> <u>Portsmouth, NH.</u>					Entry Time ☒ AM ☐ PM		Permit Effective Date
					Exit Time/Date		Permit Expiration Date
Name(s) of On-Site Representative(s) <u>DONALD THOMSON</u> <u>ALLAN PALMER</u> <u>NELSON GOODWIN</u>					Title(s) <u>Permits and Env. Compliance Admin.</u> <u>Staff Engineer Env. Dept.</u> <u>Chemical Supervisor</u>		Phone No(s)
							<u>03801</u> <u>1555/6/21/89</u> <u>Dec 31, 1989</u> <u>(603) 669-4000</u>
Name, Address of Responsible Official <u>DENNIS BROWN</u> <u>1000 ELM ST.</u> <u>MANCHESTER, NH 03101</u>					Title <u>Director Production Division</u> Phone No. <u>(603) 669-4000</u>		Contacted ☐ Yes ☒ No
Section C: Areas Evaluated During Inspection (S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)							
<u>—</u> Permit	<u>—</u> Flow Measurement	<u>—</u> Pretreatment	<u>S</u> Operations & Maintenance				
<u>S</u> Records/Reports	<u>S</u> Laboratory	<u>—</u> Compliance Schedules	<u>—</u> Sludge Disposal				
<u>S</u> Facility Site Review	<u>N</u> Effluent/Receiving Waters	<u>S</u> Self-Monitoring Program	<u>—</u> Other:				
Section D: Summary of Findings/Comments (Attach additional sheets if necessary)							
REPORT TO FOLLOW CODED PCS DATE <u>6-28</u>							
Name(s) and Signature(s) of Inspector(s)		Agency/Office/Telephone			Date		
<u>Elizabeth O'Connell</u> <u>ELIZABETH O'CONNELL</u>		<u>ESD/EMS/ 860-4376</u>			<u>6/22/89</u>		
Signature of Reviewer		Agency/Office			Date		
Regulatory Office Use Only							
Action Taken					Date		Compliance Status
							☐ Noncompliance ☐ Compliance