



**Public Service
of New Hampshire**

AR-215

PSNH Energy Park
780 North Commercial Street, Manchester, NH 03101

Public Service Company of New Hampshire
P.O. Box 330
Manchester, NH 03105-0330
(603) 669-4000
www.psnh.com

The Northeast Utilities System

September 14, 2009

D28317

SEP 15 2009

Water Technical Unit (SEW)
U.S. Environmental Protection Agency
Office of Environmental Stewardship (OES)
P.O. Box 8127
Boston, MA 02114

Reference: NPDES Permit No. NH0001473, Schiller Station, Public Service Company of New Hampshire, issued September 11, 1990, modified May 31, 1991, modified January 24, 1995.

Dear Sir/Madam:

Schiller Station
Monthly NPDES Discharge Monitoring Report
August 2009

In compliance with Part I, Section C.1., of the NPDES permit (see Reference 1.), Public Service Company of New Hampshire (PSNH) herein submits the monthly NPDES report for Schiller Station for the month of August. With one exception, all sampling and analyses were conducted by station personnel in accordance with EPA approved procedures referenced at 40 CFR Part 136 and set forth in Standard Methods for Examination of Water and Wastewater, APHA, 20th Edition, 1998 (and updates subsequently approved in Standard Methods Online Versions, 1999, 2000). ChemServe Environmental Analysts of Milford, NH, performed all oil and grease analyses required in this report per EPA Method 1664A, EPA-821-R-98-002, February 1999. There were no oily sheens, floating solids or foam observed in any of the outfall discharges in other than trace amounts. There were no permit noncompliances recorded during the month.

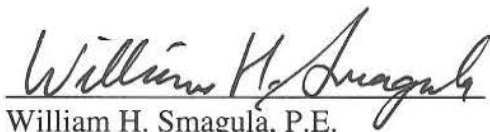
As instructed by the agencies, PSNH now reports a concentration of zero ("0") when the analytical result is less than the method detection limit (MDL). For this report, PSNH used the following MDL: Oil & Grease = 5.0 mg/l (EPA 1664A). Also, as instructed by EPA Region 1, the "no data indicator code" (NODI) "9" is entered on the ferrous sulfate line of the DMRs for outfalls 002, 003 and 004 as the chemical is no longer used.

September 14, 2009

This report is required by, and prepared specifically for, the U.S. Environmental Protection Agency (EPA). It presents truly, accurately and completely, the observed measurements and analyses required by the EPA to be performed or submitted, but only such observed results. It is not intended as an assertion of the accuracy of any instrument, reading, or analytical result, nor is it an endorsement of the suitability of any analytical or measurement procedure.

If you have any questions regarding this report, please call Mr. Allan G. Palmer, PSNH Generation, at (603) 634-2439.

Very truly yours,

A handwritten signature in cursive script, reading "William H. Smagula". The signature is written in dark ink and is positioned above a horizontal line.

William H. Smagula, P.E.

Director - Generation

Enclosures

cc: N.H. Department of Environmental Services
Water Division
Wastewater Engineering Bureau
Permits and Compliance Section
29 Hazen Drive, PO Box 95
Concord, NH 03302-0095

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

Form Approved
OMB No. 2040-0004

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

NAME: P.S. OF NH-SCHILLER STATION

ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101

FACILITY: PUBLIC SERVICE OF N.H.

LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #3 CIRCULATING WATER
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
08/01/2009	FROM	08/31/2009	TO

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	95 DAILY MX	deg F		Hourly	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	Mgal/d	*****	*****	*****	*****		Continuous	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Daily	GRAB
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	25 DAILY MX	deg F		Hourly	CALCTD
Ferrous sulfate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
82064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 MO MAX	mg/L		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER William H. Smagula Director - Generation TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			603-634-2851	9/15/09
			AREA Code	NUMBER
			MM/DD/YYYY	

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

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.

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

Form Approved
OMB No. 2040-0004

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

NAME: P.S. OF NH-SCHILLER STATION
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03101
MAJOR

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
08/01/2009	FROM	08/31/2009	TO

UNIT #4 CIRCULATING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	91	DEGF	0	24/01	RC
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	95 DAILY MX	deg F		Hourly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	40.8	40.8	MGD	*****	*****	*****	*****	0	01/01	PC
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	Mgal/d	*****	*****	*****	*****		Continuous	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.19	MG/L	0	04/00	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	mg/L		Daily	GRAB
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	21	DEGF	0	24/01	RC
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	25 DAILY MX	deg F		Hourly	CALCTD
Ferrous sulfate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NOD1/9	MG/L	0		
82064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 MO MAX	mg/L		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER William H. Smagula Director - Generation TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE 603-634-2851		DATE 9/15/09
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		AREA Code NUMBER

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

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.

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

Form Approved
OMB No. 2040-0004

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

NAME: P.S. OF NH-SCHILLER STATION
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003A
PERMIT NUMBER	DISCHARGE NUMBER

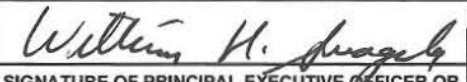
DMR Mailing ZIP CODE: 03101
MAJOR

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
08/01/2009	FROM	08/31/2009	TO

UNIT #5 CIRCULATING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	94	DEGF	0	24/01	RC
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	95 DAILY MX	deg F		Hourly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	41.8	41.8	MGD	*****	*****	*****	*****	0	01/01	PC
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	Mgal/d	*****	*****	*****	*****		Continuous	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.16	MG/L	0	01/01	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Daily	GRAB
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	22	DEGF	0	24/01	RC
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	25 DAILY MX	deg F		Hourly	CALCTD
Ferrous sulfate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NO DI 19	MG/L	0		
82064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 MO MAX	mg/L		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER William H. Smagula Director - Generation TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			603-634-2851	9/15/09
			AREA Code	NUMBER
				MM/DD/YYYY

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

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.

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

Form Approved
OMB No. 2040-0004

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

NAME: P.S. OF NH-SCHILLER STATION

ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101

FACILITY: PUBLIC SERVICE OF N.H.

LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03101

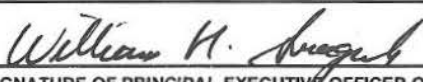
MAJOR

UNIT #6 CIRCULATING WATER
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
08/01/2009	FROM	08/31/2009	TO

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	93	DEGF	0	24/01	RC
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	95 DAILY MX	deg F		Hourly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	41.8	41.8	MGD	*****	*****	*****	*****	0	01/01	PC
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	Mgal/d	*****	*****	*****	*****		Continuous	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.19	MG/L	0	24/01	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Daily	GRAB
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	23	DEGF	0	24/01	RC
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	25 DAILY MX	deg F		Hourly	CALCTD
Ferrous sulfate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NOD19	MG/L	0		
82064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 MO MAX	mg/L		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER William H. Smagula Director - Generation TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			603-634-2851	9/15/09
			AREA Code	NUMBER
				MM/DD/YYYY

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

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.

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

Form Approved
OMB No. 2040-0004

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

NAME: P.S. OF NH-SCHILLER STATION
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	08/01/2009	TO	08/31/2009

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER William H. Smagula Director - Generation TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			603-634-2851	9/15/09
			AREA Code	NUMBER
			MM/DD/YYYY	

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

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

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

Form Approved
OMB No. 2040-0004

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

NAME: P.S. OF NH-SCHILLER STATION

ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101

FACILITY: PUBLIC SERVICE OF N.H.

LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	011A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03101

MAJOR

SCHILLER TANK FARM DRAINS
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
08/01/2009	FROM	08/31/2009	TO

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.7	SU	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Monthly	GRAB-4
pH 00400 R 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	4.6	*****	6.2	SU	0	05/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB-4
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	54128	54128	GPD	*****	*****	*****	*****	0	01/01	ES
	PERMIT REQUIREMENT	115000 MO AVG	230000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
William H. Smagula Director - Generation TYPED OR PRINTED		603-634-2851		9/15/09
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

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

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER. THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAM

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

Form Approved
OMB No. 2040-0004

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

NAME: P.S. OF NH-SCHILLER STATION

ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101

FACILITY: PUBLIC SERVICE OF N.H.

LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	013A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03101

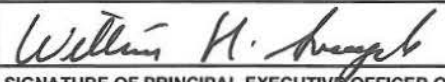
MAJOR

EMERGENCY SPILLWAY OVERFLOW
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	08/01/2009	TO	08/31/2009

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		When Discharging	GRAB
pH 00400 R 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		When Discharging	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	Req. Mon. INST MAX	gal/d	*****	*****	*****	*****		When Discharging	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER William H. Smagula Director - Generation TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE 603-634-2851		DATE 9/15/09
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		MM/DD/YYYY

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

IF NO EMERGENCY STORMWATER OVERFLOW THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THERE SHALL BE NO DISCHARGES OF PROCESS WASTES, CLEANING WASTES OR SANITARY WASTES FROM THIS OUTFALL.

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

Form Approved
OMB No. 2040-0004

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

NAME: P.S. OF NH-SCHILLER STATION

ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101

FACILITY: PUBLIC SERVICE OF N.H.

LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03101

MAJOR

WASTE TREATMENT PLT#1 EFFLUENT
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	08/01/2009	TO	08/31/2009

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	CONTIN
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER William H. Smagula Director - Generation TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 603-634-2851	DATE 9/15/09
			AREA Code	NUMBER

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

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

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

Form Approved
OMB No. 2040-0004

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

NAME: P.S. OF NH-SCHILLER STATION

ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101

FACILITY: PUBLIC SERVICE OF N.H.

LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03101

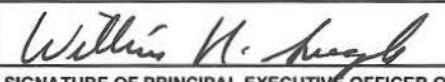
MAJOR

WWTF#2-NORMAL OPERATIONS
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	08/01/2009	TO	08/31/2009

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	8.0	SU	0	99/99	RC
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.3	9.2	MG/L	0	01/07	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP24
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	01/07	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.03	MG/L	0	01/07	CP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Weekly	COMP24
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.2	MG/L	0	01/07	CP
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	49777	94334	GPD	*****	*****	*****	*****	0	01/01	TM
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER William H. Smagula Director - Generation TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			603-634-2851	09/15/2009
			AREA Code	NUMBER
				MM/DD/YYYY

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

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM FOR OUTFALL #017. SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE

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

Form Approved
OMB No. 2040-0004

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

NAME: P.S. OF NH-SCHILLER STATION

ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101

FACILITY: PUBLIC SERVICE OF N.H.

LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03101

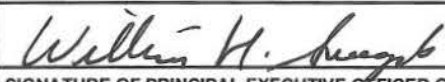
MAJOR

WWTF#2-BOILER CHEMICAL CLEAN'G
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	08/01/2009	TO	08/31/2009

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	COMP24
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Daily	COMP24
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Daily	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER William H. Smagula Director - Generation TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			603-634-2851	09/15/09
			AREA Code	NUMBER
				MM/DD/YYYY

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

IF BOILER CLEANING OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THE DMR FORM FOR OUTFALL #017AND REPORT A "NO DISCHARGE" ON THE DMR FORM FOR OUTFALL #016.SAMPLES SHOULD BE

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

Form Approved
OMB No. 2040-0004

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

NAME: P.S. OF NH-SCHILLER STATION

ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101

FACILITY: PUBLIC SERVICE OF N.H.

LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	018A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	08/01/2009	TO	08/31/2009

DMR Mailing ZIP CODE: 03101

MAJOR

SCHILLER STATION YARD DRAINS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.7	SU	0	01/30	GY
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Monthly	GRAB-4
pH	SAMPLE MEASUREMENT	*****	*****	*****	4.6	*****	6.2	SU	0	05/30	GR
00400 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MINIMUM	*****	Reg. Mon. MAXIMUM	SU		Monthly	GRAB-4
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	01/30	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	8377	57454	GPD	*****	*****	*****	*****	0	01/01	ES
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	300000 MO AVG	600000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
William H. Smagula Director - Generation TYPED OR PRINTED			603-634-2851	09/15/09
			AREA Code	NUMBER
				MM/DD/YYYY

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

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGES FOR OUTFALLS #016 & #017 THE FIRST PH PARAMETER IS FOR THE MONITORING AND REPORTING OF RAINFALL PH. THE DIS

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

For: Approved
OMB No. 2040-0004

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

NAME: P.S. OF NH-SCHILLER STATION

ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101

FACILITY: PUBLIC SERVICE OF N.H.

LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	022A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03101

MAJOR

INTAKE SCREEN WASH FOR UNIT #6
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	08/01/2009	TO	08/31/2009

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
William H. Smagula Director - Generation TYPED OR PRINTED		603-634-2851		09/15/09
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

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

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU. ALL LIVE FISH, SHELL