



2600 Bull Street
Columbia, SC 29201-1708

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

September 1, 1998

MR. GARY J TAYLOR
Vice President
SCE&G/SUMMER NUCLEAR TRAINING
P. O. BOX 88
JENKINSVILLE, SC 29065

RECEIVED

SEP 09 1998

Re: **WARNING LETTER**
SCE&G/SUMMER NUCLEAR TRAINING
NPDES Permit #SC0038407
FAIRFIELD County

NL & OE

DEAR MR. TAYLOR:

Enclosed is the July 1998 Discharge Monitoring Report (DMR) for the above referenced facility, which was submitted to the Department. It is being returned for the following reason(s):

* UNSIGNED/MISSING EXEC. OFFICER TITLE

Please make the necessary corrections to the DMR and return it within seven (7) days of receipt of this letter. Please be aware that until the corrected report is received, this facility will be in noncompliance with NPDES Permit reporting requirements.

An instruction sheet for completion of DMRs is included for your information.

If you have any questions concerning this letter, you may call me at (803) 734-5171. I will be glad to assist you.

Sincerely,

DEBORAH D. ROACH
Bureau of Water
Permit and Data Administration Section

cc: BOW Water Pollution Enforcement Section
File

NAME SCE&G / SUMMER NUCLEAR TRAINING
 ADDRESS P.O. BOX 88
 Jenkinsville, SC 29065

FACILITY SCE&G / SUMMER NUCLEAR TRAINING
 LOCATION JUNCTION SC HWY 213 & 16

DISCHARGE MONITORING REPORT (DMR)
 (17-19)

SC0038407
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MONITORING PERIOD			
YEAR	MO	DAY	DAY
98	07	01	31

39 CM FINAL LIMITS
 DMR VALID: 07 / 01 / 1998 - 04 / 30 / 2002
 NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	QUANTITY OR LOADING (54-61)			QUANTITY OR CONCENTRATION (46-53)			NO. EX (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
00300 LAB ID: 20001 Dissolved Oxygen	***** ***** *****	***** ***** *****	***** ***** *****	3.7 1.0 INST MIN	***** ***** *****	***** ***** *****	0	01/30	GR
MLOC = 1	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0	01/30	GR
00310 LAB ID: 20001 BOD - 5 Day (20 Degrees C)	***** ***** *****	***** ***** *****	***** ***** *****	6.9 30 MO AVG	6.9 45 DAILY MX	MG/L	0	01/30	24
MLOC = 1	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	MG/L	0	01/30	24
00400 LAB ID: 20001 pH	***** ***** *****	***** ***** *****	***** ***** *****	6.3 6.0 MINIMUM	6.3 8.5 MAXIMUM	SU	0	01/30	GR
Standard Units	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	SU	0	01/30	GR
MLOC = 1	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	SU	0	01/30	GR
00530 LAB ID: 20001 Total Suspended Solids (TSS)	***** ***** *****	***** ***** *****	***** ***** *****	10.8 30 MO AVG	10.8 45 DAILY MX	MG/L	0	01/30	24
MLOC = 1	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	MG/L	0	01/30	24
50050 LAB ID: 20001 Flow in Conduit	0.000600 REPORT	0.000600 REPORT	MGD	***** ***** *****	***** ***** *****	***** ***** *****	0	01/30	IN
MLOC = 1	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0	01/30	IN
50060 LAB ID: 20001 Total Residual Chlorine	***** ***** *****	***** ***** *****	***** ***** *****	0 0.5 MO AVG	0 0.87 DAILY MX	MG/L	0	01/30	GR
MLOC = 1	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	MG/L	0	01/30	GR
74055 LAB ID: 20001 Fecal Coliform General	***** ***** *****	***** ***** *****	***** ***** *****	8 200 30DAVGEO	8 400 DAILY MX	# PER 100 ML	0	01/30	GR
MLOC = 1	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0	01/30	GR
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER W. F. A... SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 803 345-4156 AREA CODE NUMBER TELEPHONE DATE									
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) 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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.) TYPED OR PRINTED									

General Instructions for Completing and Submittal of DISCHARGE MONITORING REPORTS

The South Carolina Department of Health and Environmental Control (SCDHEC) provides each permitted discharger a Discharge Monitoring Report (DMR) form. The DMRs are preprinted with the permittee's name, address, facility name, location, permit number, discharge pipe number, a DMR valid date, and the parameters to monitor. This information should be reviewed carefully to be sure it is correct. Any discrepancies should be reported to the SCDHEC NPDES Administration Section at 734-5233 or 734-5234.

DMRs must be postmarked by the 28th day of the month following the report month, i.e., the DMR for sampling conducted in January must be postmarked by February 28th. A DMR is required for each month, even if the facility is not operational or is under construction. If there is no discharge for the entire reporting period, write "NO DISCHARGE" across all pages for that outfall.

1. The dates in the "Monitoring Period" section of the DMR form must be filled in for the monitoring period being reported. Monitoring periods typically cover a one month period, but may be for a quarter, year, etc. The "FROM" date is the first day of the monitoring period and the "TO" date is the last day of the monitoring period. To restate that another way, the monitoring period covers the first day of the period through (including) the last day of the period.

For Example: A DMR for the month of June 1994, would list a "FROM" date as 94/06/01 and a "TO" date as 94/06/30. Even if the facility did not discharge for the entire month, the monitoring period is still the first day of the month to the last.

If a permit requires quarterly reporting with an effective date of, say, February 1, 1994, the "FROM" date would be 94/02/01 and the "TO" date would be 94/04/30. Monitoring periods for those permits with quarterly, annual, or other requirements begin on the effective date of the permit. If the discharge is shorter than the reporting period, explain the duration of the short discharge in the comments section of the DMR. Permits now specify a monitoring day in Part III. If a facility is not discharging on that specified day, but discharges at some other time during the month, you are still required to monitor the discharge.

2. Fill in all open boxes of the sample measurement section under average, maximum and minimum columns. The permit limits are listed in the shaded (gray) boxes. The open boxes must be filled in with the results. If a parameter (permit limited item, such as lead, pH, etc.) is not monitored, "NOT SAMPLED" should be written across that line of the DMR. For each parameter, the "LAB ID" (Laboratory Identification number) for the laboratory conducting that analysis must be reported.
3. Fill in the "NO EX" (number of exceptions) block with the number of sample measurements during the monitoring period that exceed the maximum (and/or minimum or seven day average as appropriate) permit requirement for each parameter. The number should be the total of all exceptions during the reporting period; this includes loading and quality or concentration limits. If no violations have occurred during the reporting period, enter "0".

For Example: If your facility has permit limits for BOD of 30 mg/l monthly average, 45 mg/l weekly average, you are required to monitor BOD once per week and the following results are obtained: your BOD for the first week is 48 mg/l and the BOD results for the remaining weeks of the month are 20 mg/l, then you would report "1" in the "NO EX" column. The one exception being the weekly average of 48 mg/l which occurred during the first week.

Given the above example where the first week's BOD value is 48 mg/l, if the second week's BOD result is 46 mg/l with the remaining weeks at 20 mg/l, the "NO EX" would be "3", with 48 being the reported value for the maximum weekly average. The three exceptions being 48 mg/l and 46 mg/l weekly averages exceeding the limit of 45 mg/l and the monthly average value of 34 mg/l ($48 + 46 + 20 = 114$; $114 / 4 = 28.5$) exceeding the limit of 30 mg/l. These examples assume that there are no mass or quantity (pounds) violations for the parameter. If there were BOD mass violations, they too would be included in the total reported in the "NO EX" column.

4. Enter the "Frequency of Analysis" used during the monitoring period. This is the actual number of times samples were collected and analyzed.
For Example: If a facility is required to monitor a parameter once per week, they may have sampled more frequently, say five times per week, the reported "Frequency of Analysis" would be 05/07, while the permit frequency is listed as 01/07. Likewise, if the required frequency is daily (listed as 01/01), but due to unforeseen

circumstances samples were only collected for 23 days out of a possible 30, then the correct "Frequency of Analysis" would be 23/30. In this example an explanation for the reduced frequency must be included in the comment section or on an attached sheet.

Some of the more common "Frequency of Analysis" codes include:

01/YR....ANNUAL	01/01....DAILY
01/07....WEEKLY	01/90....QUARTERLY
02/30....TWICE/MONTH	05/07....WEEKDAYS

- 5.▶ Enter the "Sample Type". This is the actual sample type used during the monitoring period.

It should be the same as the listed permit requirement.

For Example: If the required sample type is "GR" (for Grab), and a grab sample is collected, then "GR" should be entered in the "Sample Type" block. However, if the required sample type calls for "24" (for 24 hour composite), but a grab sample is collected, then "GR" would be entered in the "Sample Type" block and an explanation as to why the sample type was different from that required included with the DMR.

Some of the more common "Sample Types" include:

CN....CONTINUOUS	CP....COMPOSITE
GR....GRAB	IN....INSTANTANEOUS
RC....RECORDER	16....16 HOUR COMPOSITE
24....24 HOUR COMPOSITE	

- 6.▶ The Principal Executive Officer's name and title must be printed or typed in the block provided. This is the responsible official for the facility, NOT the operator. The DMR must be signed by the Principal Executive officer or an Authorized Agent. A signature stamp is not acceptable. Please use an ink color other than black so as to help distinguish the original from copies.

- 7.▶ The date the DMR is prepared must be entered in the appropriate blocks on the form.

Mail the completed DMR form (one original and a copy) to the:

S.C. Department of Health and Environmental Control
Bureau of Water
Compliance Assurance Division
2600 Bull St.
Columbia, S.C. 29201

Be sure to retain a copy for your records. Federal regulations require that these records be retained for a minimum of 3 years.

IMPORTANT POINTS TO REMEMBER:

The units reported must be the same as those listed in your NPDES permit. A common error by permittees is to report flow in units other than Million Gallons per Day (MGD). If the permit specifies MGD, then the flow must be reported in MGD.

For Example: 2000 gallons per day is to be reported as .002 MGD.

All copies must be legible.

Many facilities prefer to use computer generated DMR forms. Sample forms must be submitted and approved by the Department prior to the permittee using the forms for reporting purposes. DMRs reported on unapproved forms will not be accepted.