



**Progress Energy**

DEC 20 2004

SERIAL: BSEP 04-0158

North Carolina Division of Water Quality  
ATTN: Central Files  
1617 Mail Service Center  
Raleigh, NC 27699-1617

Subject: Brunswick Steam Electric Plant  
National Pollutant Discharge El  
November 2004 Discharge Mon  
Permit No. NC0007064

Dear Sir or Madam:

In accordance with 15A NCAC 2B.0506, Carolina P  
business as Progress Energy Carolinas, Inc. (PEC), h  
Discharge Elimination System (NPDES), November 2004 Discharge Monitoring Report,  
Discharge Nos. 001 through 006, 010, and 011. Also included is the Circulating Water  
Intake Pumps Screens Operation Report for PEC's Brunswick Steam Electric Plant, NPDES  
Permit No. NC0007064.

Please contact Mr. George B. Baird at (910) 457-2538, if there are any questions concerning  
the data contained in this submittal.

Sincerely,

David H. Hinds  
Plant General Manager  
Brunswick Steam Electric Plant

GBB

Progress Energy Carolinas, Inc.  
Brunswick Nuclear Plant  
P.O. Box 10429  
Southport, NC 28461

SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
**NC DIVISION OF WATER QUALITY  
ATTN: CENTRAL FILES  
1617 MAIL SERVICE CENTER  
RALEIGH, NC 27699-1617**

2. Article Number (Copy from service label)  
7061 1940 0004 3540 7709  
PS Form 3811, July 1999 Domestic Return Receipt

6022 245E 4000 04BT 1002  
Pa  
Bl  
Cle

102595-99-M-1769

RECEIVED BY THIS SECTION ONLY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  Agent  Addressee

X

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

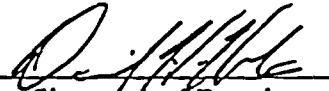
4. Restricted Delivery? (Extra Fee)  Yes

Enclosures:

1. Brunswick Steam Electric Plant November 2004 Discharge Monitoring Report  
NPDES Permit No. NC0007064, Discharge Nos. 001 through 006, 010, and 011
2. Circulating Water Intake Pumps Fine Mesh Screens Hours Report

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 managed 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 fines and imprisonment for knowing violations.

David H. Hinds  
Permittee

  
Signature of Permittee

12/20/04  
Date

cc: North Carolina Division of Water Quality  
ATTN: Central Files  
1617 Mail Service Center  
Raleigh, NC 27699-1617

BRUNSWICK STEAM ELECTRIC PLANT  
NOVEMBER 2004 DISCHARGE MONITORING REPORT  
NPDES PERMIT NO. NC0007064  
DISCHARGE NOS. 001 THROUGH 006, 010, AND 011

**EFFLUENT**

NPDES Permit No. NC0007064 Discharge No. 001  
 Facility Name Brunswick Steam Electric Plant  
 Operator In Responsible Charge Charles Day  
 Certified Laboratories (1) Brunswick S  
 Check If ORC has Changed \_\_\_\_\_  
 Mail ORIGINAL and ONE COPY to:  
 North Carolina Division of Water Quality  
 ATTN: Central Files  
 1617 Mail Service Center  
 Raleigh, NC 27699-1617

922 + 1230  
 = 2152 CFS

Date	Operator Arrival Time	Operator Time On Site	ORC On Site Y/N	50050 Flow Effluent Max CFS	5l Resi Chk																
	2400 Clock Hrs	Hrs				mg															
1	0545	9.25	Y	922																	
2	0545	9.25	Y	922																	
3	0545	9.25	Y	922																	
4	0545	9.25	Y	922																	
5	0545	9.25	Y	922																	
6	N/A	N/A	N	922																	
7	N/A	N/A	N	922																	
8	0545	10.75	Y	922	<100																
9	0545	9.25	Y	922																	
10	0545	9.25	Y	922																	
11	0545	10.75	Y	922																	
12	0545	8	Y	922																	
13	0700	4	Y	922																	
14	0645	4	Y	922																	
15	0545	10.25	Y	922	<100																
16	0545	10.25	Y	1080																	
17	0545	10	Y	1080																	
18	0545	9.25	Y	1080																	
19	0545	8.25	B	1080																	
20	0545	5.25	B	1080																	
21	0545	7.8	B	1080																	
22	0600	9	Y	1080	<100																
23	0600	9	Y	1080																	
24	0600	9	Y	1080																	
25	0545	4.5	B	1080																	
26	0600	4	B	1080																	
27	0600	4.5	B	1080																	
28	0600	4.5	B	1080																	
29	0545	9	B	1080	<100																
30	0545	9.25	Y	1080																	
Average				1001	0.0																
Maximum				1080	<100																
Minimum				922	<100																
Cony. (O) Gab (G)				1080	1080																
Monthly Limit				See Permit	0.0																

Facility Status: (Please Check one of the following)

All monitoring data and sampling frequencies meet permit requirements

Note: See Attached

All monitoring data and sampling frequencies do NOT meet permit requirements

"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 fines and imprisonment for knowing violations."

David H. Hinds

Permittee (Please print or type)

*David H. Hinds*  
 Signature of Permittee

12/20/04  
 Date

P. O. Box 10429, Southport, N C 28461

(910) 457-3691

November 30, 2006

Permittee Address

Phone Number

Permit Exp. Date

\* ORC must visit facility and document visitations of facility as required per ISA NCAC 8A .0502 (b) (5) (B).

\*\* If signed by other than the permittee, delegation of signatory authority must be on file with the state per ISA NCAC 2B .0506 (b) (2) (D).

The monthly average for fecal coliform is to be reported as a GEOMETRIC mean. Use only designated units in the reporting facility's permit for reporting data.

**Note Regarding Discharge # 1 Flows**

As per a discussion between Ms. Linda Willis of the Wilmington Regional Office of the Division of Water Quality and Ms. Louise England of Progress Energy Carolinas, Inc. on September 24, 2004, Brunswick Steam Electric Plant (BSEP) has a clogged debris filter on the inlet to one of the Unit 2 condenser water boxes. Because of this clogged filter, it requires more pressure to force water to enter this water box. To obtain the increased pressure, all four circulating water pumps for Unit 2 must be operated at a flow rate of approximately 1230 cfs. The circulating water flow rate for Unit 1 will be approximately 922 cfs. The combined flow rate of Units 1 and 2 will be well below the combined NPDES permitted flow rate of 2210 cfs. Ms. Willis concurred that as long as the combined flow rates from Units 1 and 2 were below the combined NPDES permitted flow rate, BSEP could modify the flow from one outfall to the other. The Discharge Monitoring Report for Units 1 and 2 reflect this agreement.

**EFFLUENT**

NPDES Permit No. NC0007064 Discharge No. 002 Month November Year 2004  
 Facility Name Brunswick Steam Electric Plant Class II County Brunswick  
 Operator In Responsible Charge Charles David Nelson Grade II Phone (910) 457-3600  
 Certified Laboratories (1) Brunswick Steam Electric Plant (2) \_\_\_\_\_  
 Check If ORC has Changed \_\_\_\_\_ Person (s) Collecting Samples Caylor / McGowan / Nelson  
 Mail ORIGINAL and ONE COPY to:  
 North Carolina Division of Water Quality  
 ATTN: Central Files  
 1617 Mail Service Center  
 Raleigh, NC 27699-1617

(X) Charles David Nelson 12-8-04  
 (SIGNATURE OF OPERATOR IN RESPONSIBLE CHARGE) DATE

By This Signature, I Certify That This Report Is  
 Accurate And Complete To The Best Of My Knowledge.  
 Because of documented variations in precision and bias of EPA procedures,  
 it is not possible to absolutely certify the precise accuracy of the data contained in this DMR.

Date	50050	50060	Enter Parameter Code Above Name and Units Below																				
	Flow Effluent Mat CFS	Total Residual Chlorine mg/L																					
2	1230	<100																					
4	1230																						
6	922																						
8	1230	<100																					
10	1230																						
12	1230																						
14	1230																						
16	1080																						
18	1080																						
20	922																						
22	922	<100																					
24	922																						
26	922																						
28	922																						
30	922	<100																					
Average	1077	0.0																					
Maximum	1230	<100																					
Minimum	922	<100																					
Comp. (CV) Grab (G)																							
Monthly Limit	See Permit	0.0																					

Facility Status: (Please Check one of the following)

All monitoring data and sampling frequencies meet permit requirements

All monitoring data and sampling frequencies do NOT meet permit requirements

Note: See Attached

"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 fines and imprisonment for knowing violations."

David H. Hinds  
 Permittee (Please print or type)

[Signature] 12/20/04  
 Signature of permittee\*\* Date

P. O. Box 10429, Southport, N C 28461

(910) 457-3691

November 30, 2006

Permittee Address

Phone Number

Permit Exp. Date

\*\* ORC must visit facility and document violations of facility as required per 15A NCAC 8A .0207 (b) (5) (B).

\*\* If signed by other than the permittee, delegation of signature authority must be on file with the state per 15A NCAC 2B .0504 (b) (2) (D).

The monthly average for fecal coliform is to be reported as a GEOMETRIC mean. Use only designated units in the reporting facility's permit for reporting data.

### Note Regarding Discharge # 2 Flows

As per a discussion between Ms. Linda Willis of the Wilmington Regional Office of the Division of Water Quality and Ms. Louise England of Progress Energy Carolinas, Inc. on September 24, 2004, Brunswick Steam Electric Plant (BSEP) has a clogged debris filter on the inlet to one of the Unit 2 condenser water boxes. Because of this clogged filter, it requires more pressure to force water to enter this water box. To obtain the increased pressure, all four circulating water pumps for Unit 2 must be operated at a flow rate of approximately 1230 cfs. The circulating water flow rate for Unit 1 will be approximately 922 cfs. The combined flow rate of Units 1 and 2 will be well below the combined NPDES permitted flow rate of 2210 cfs. Ms. Willis concurred that as long as the combined flow rates from Units 1 and 2 were below the combined NPDES permitted flow rate, BSEP could modify the flow from one outfall to the other. The Discharge Monitoring Report for Units 1 and 2 reflect this agreement.

**EFFLUENT**

NPDES Permit No. NC0007064 Discharge No 003 Month November Year 2004  
 Facility Name Brunswick Steam Electric Plant Class II County Brunswick  
 Operator In Responsible Charge Charles David Nelson Grade II Phone (910) 457-3600  
 Certified Laboratories (1) General Engineering Laboratories (2) \_\_\_\_\_  
 Check If ORC has Changed \_\_\_\_\_ Person (s) Collecting Samples Caylor

Mail ORIGINAL and ONE COPY to:  
 North Carolina Division of Water Quality  
 ATTN: Central Files  
 1617 Mail Service Center  
 Raleigh, NC 27699-1617

(X) Charles David Nelson 12-8-04  
 (SIGNATURE OF OPERATOR IN RESPONSIBLE CHARGE) Date

By This Signature, I Certify That This Report Is  
 Accurate And Complete To The Best Of My Knowledge.

Because of documented variations in precision and bias of EPA procedures,  
 it is not possible to absolutely certify the precise accuracy of the data contained in this DMR.

Date	5050	0050	0056	Enter Parameter Code Above Name And Units Below																	
	Flow Effluent Daily Rate MGD	Total Suspended Solids mg/L	Oil & Grease mg/L																		
2																					
4																					
6																					
8																					
10																					
12																					
14																					
15	Sampled March 2004 Due 2005																				
16																					
18																					
20																					
22																					
24																					
26																					
28																					
30																					
Average																					
Maximum																					
Minimum																					
Comp. % (C) / Grab (G)																					
Monthly Limit		30.0	15.0																		

Facility Status: (Please Check one of the following)

All monitoring data and sampling frequencies meet permit requirements

All monitoring data and sampling frequencies do NOT meet permit requirements

"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 fines and imprisonment for knowing violations."

David H. Hinds

Permittee (Please print or type)

David H. Hinds

Signature of Permittee\*\*

12/20/04

Date

P. O. Box 10429, Southport, N C 28461

(910) 457-3691

November 30, 2006

Permittee Address

Phone Number

Permit Exp. Date

\* ORC must visit facility and document visitations of facility as required per 15A NCAC 8A .0202 (b) (3) (B).

\*\* If signed by other than the permittee, delegation of signatory authority must be on file with the state per 15A NCAC 2B .0506 (b) (2) (D).

The monthly average for fecal coliform is to be reported as a GEOMETRIC mean. Use only designated units in the reporting facility's permit for reporting data.



**EFFLUENT**

NPDES Permit No. NC0007064 Discharge No. 004 Month November Year 2004  
 Facility Name Brunswick Steam Electric Plant Class II County Brunswick  
 Operator In Responsible Charge Charles David Nelson Grade II Phone (910) 457-3600  
 Certified Laboratories (1) Oxford Labs. (2) \_\_\_\_\_  
 Check If ORC has Changed \_\_\_\_\_ Person (s) Collecting Samples Caylor / McGowan / Nelson

Mail ORIGINAL and ONE COPY to:  
 North Carolina Division of Water Quality  
 ATTN: Central Files  
 1617 Mail Service Center  
 Raleigh, NC 27699-1617

(x) Charles David Nelson 12-8-04  
 (SIGNATURE OF OPERATOR IN RESPONSIBLE CHARGE) DATE  
 By This Signature, I Certify That This Report Is  
 Accurate And Complete To The Best Of My Knowledge.  
 Because of documented variations in precision and bias of EPA procedures,  
 it is not possible to absolutely certify the precise accuracy of the data contained in this DMR.

Date	50050	00310	00530	Enter Parameter Codes Above And Units Below									
	Flow Effluent Daily Rate MGD	BOD5 20 C mg/L	Total Suspended Residue mg/L										
2													
3	0.003	<2.0	<3.0										
4													
6													
8													
10	0.003	3.0	3.0										
11													
12													
14													
16													
17	0.003	<2.0	<3.0										
18													
19													
20													
21													
22													
23													
24	0.003	<2.0	<3.0										
25													
26													
27													
28													
29													
30													
31													
Average	0.003	0.8	0.8										
Maximum	0.003	<3.0	<3.0										
Minimum	0.003	<2.0	<3.0										
Comp (C) Grab (G)													
Monthly Limit	0.055	30	30										

Facility Status: (Please Check one of the following)

All monitoring data and sampling frequencies meet permit requirements

All monitoring data and sampling frequencies do NOT meet permit requirements

"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 fines and imprisonment for knowing violations."

David H. Hinds  
 Permittee (Please print or type)

[Signature]  
 Signature of Permittee\*\*

12/20/04  
 Date

P. O. Box 10429, Southport, N C 28461

(910) 457-3691

November 30, 2006

Permittee Address

Phone Number

Permit Exp. Date

\* ORC must visit facility and document visitations of facility as required per 15A NCAC 8A .0202 (b) (5) (B).

\*\* If signed by other than the permittee, delegation of signatory authority must be on file with the state per 15A NCAC 2B .0506 (b) (2) (D).

The monthly average for fecal coliform is to be reported as a GEOMETRIC mean. Use only designated units in the reporting facility's permit for reporting data.

# EFFLUENT

NPDES Permit No. NC0007064 Discharge No. 005 Month November Year 2004  
 Facility Name Brunswick Steam Electric Plant Class II County Brunswick  
 Operator In Responsible Charge Charles David Nelson Grade II Phone (910) 457-3600  
 Certified Laboratories (1) Oxford Labs (2) Brunswick Steam Electric Plant  
 Check If ORC has Changed \_\_\_\_\_ Person (s) Collecting Samples Caylor / McGowan / Nelson

Mail ORIGINAL and ONE COPY to:  
 North Carolina Division of Water Quality  
 ATTN: Central Files  
 1617 Mail Service Center  
 Raleigh, NC 27699-1617

(X) Charles David Nelson 12-8-04  
 (SIGNATURE OF OPERATOR IN RESPONSIBLE CHARGE) DATE

By This Signature, I Certify That This Report Is  
 Accurate And Complete To The Best Of My Knowledge.

Because of documented variations in precision and bias of EPA procedures,  
 it is not possible to absolutely certify the precise accuracy of the data contained in this DMR.

Date	50050	00530	00556	Enter Parameter Code Above Name and Units Below										
	Flow Effluent Daily Rate	Total Suspended Solids	Oil & Grease											
	MGD	mg/l	mg/L											
2	0.0	No Flow												
4														
6														
8	0.0	No Flow												
10														
12														
14														
15	0.0	No Flow												
16														
18														
20														
22	0.0	No Flow												
23														
24														
26														
28														
30	0.0	No Flow												
Average	0.0													
Maximum	0.0													
Minimum	0.0													
Comp. (C)/Grab (G)														
Monthly Limit		30.0	15.0											

Facility Status: (Please Check one of the following)

All monitoring data and sampling frequencies meet permit requirements  
 All monitoring data and sampling frequencies do NOT meet permit requirements

"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 fines and imprisonment for knowing violations."

David H. Hinds  
 Permittee (Please print or type)

[Signature] 12/30/04  
 Signature of Permittee\*\* Date

P. O. Box 10429, Southport, N C 28461 (910) 457-3691 November 30, 2006  
 Permittee Address Phone Number Permit Exp. Date

\* ORC must visit facility and document violations of facility as required per 15A NCAC 2B .0202 (b) (5) (B).  
 \*\* If signed by other than the permittee, delegation of signatory authority must be on file with the state per 15A NCAC 2B .0506 (b) (2) (D).  
 The monthly average for fecal coliform is to be reported as a GEOMETRIC mean. Use only designated units in the reporting facility's permit for reporting data.

# EFFLUENT

NPDES Permit No. NC0007064 Discharge No. 006 Month November Year 2004  
 Facility Name Brunswick Steam Electric Plant Class II County Brunswick  
 Operator In Responsible Charge Charles David Nelson Grade II Phone (910) 457-3600  
 Certified Laboratories (1) \_\_\_\_\_ (2) \_\_\_\_\_  
 Check If ORC has Changed \_\_\_\_\_ Person (s) Collecting Samples Caylor  
 Mail ORIGINAL and ONE COPY to:  
 North Carolina Division of Water Quality  
 ATTN: Central Files (X) Charles David Nelson 12-8-04  
 1617 Mail Service Center (SIGNATURE OF OPERATOR IN RESPONSIBLE CHARGE) DATE  
 Raleigh, NC 27699-1617 By This Signature, I Certify That This Report Is  
 Accurate And Complete To The Best Of My Knowledge.

Because of documented variations in precision and bias of EPA procedures,  
 it is not possible to absolutely certify the precise accuracy of the data contained in this DMR.

Date	50050	00400	00530	00556	01042	01045	Enter Parameter Code Above Name and Units Below					
	Flow Effluent Daily Rate MGD	pH Units	Total Suspended Residue mg/L	Oil & Grease mg/L	Total Copper mg/L	Total Iron mg/L						
2												
4												
6												
8												
10												
12												
13												
14												
15	No Release Of Metal Cleaning Waste											
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
Average												
Maximum												
Minimum												
Comp. (C)/Grab (G)												
Monthly Limit		6-9	30.0	15.0								

Facility Status: (Please Check one of the following)  
 All monitoring data and sampling frequencies meet permit requirements  X  
 All monitoring data and sampling frequencies do NOT meet permit requirements

"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 fines and imprisonment for knowing violations."

\_\_\_\_\_  
 David H. Hinds Permittee (Please print or type) Signature of Permittee\*\* 12/29/04 Date

P. O. Box 10429, Southport, N C 28461 (910) 457-3691 November 30, 2006  
 Permittee Address Phone Number Permit Exp. Date

\* ORC must visit facility and document visitations of facility as required per 15A NCAC 8A .0202 (b) (5) (B).  
 \*\* If signed by other than the permittee, delegation of signatory authority must be on file with the state per 15A NCAC 2B .0506 (b) (2) (D).  
 The monthly average for fecal coliform is to be reported as a GEOMETRIC mean. Use only designated units in the reporting facility's permit for reporting data

**EFFLUENT**

NPDES Permit No. NC0007064 Discharge No 010 Month November Year 2004  
 Facility Name Brunswick Steam Electric Plant Support Facilities Class II County Brunswick  
 Operator In Responsible Charge Charles David Nelson Grade II Phone (910) 457-3600  
 Certified Laboratories (1) Oxford Labs (2) \_\_\_\_\_  
 Check If ORC Has Changed \_\_\_\_\_ Person (s) Collecting Samples Caylor / McGowan / Nelson

Mail ORIGINAL and ONE COPY to:  
 North Carolina Division of Water Quality  
 ATTN: Central Files  
 1617 Mail Service Center  
 Raleigh, NC 27699-1617

(X) Charles David Nelson 12-8-04  
 (SIGNATURE OF OPERATOR IN RESPONSIBLE CHARGE) DATE

By This Signature, I Certify That This Report Is  
 Accurate And Complete To The Best Of My Knowledge.

Because of documented variations in precision and bias of EPA procedures,  
 it is not possible to absolutely certify the precise accuracy of the data contained in this DMR.

Date	50050	00310	00530	Enter Parameter Code Above Name And Units Below																			
	Flow Effluent Daily Rate MGD	BOD 5 mg/l	Total Suspended Solids mg/l																				
2																							
4	0.012	3.0	<3.0																				
6																							
8																							
10	0.012	2.0	<3.0																				
12																							
14																							
16																							
18	0.012	<2.0	<3.0																				
20																							
22																							
24	0.010	<2.0	<3.0																				
26																							
28																							
30																							
Average	0.012	1.3	0.0																				
Maximum	0.012	3.0	<3.0																				
Minimum	0.010	<2.0	<3.0																				
Monthly Limit	0.036	30	30																				

Facility Status: (Please Check one of the following)

All monitoring data and sampling frequencies meet permit requirements  X  
 All monitoring data and sampling frequencies do NOT meet permit requirements

"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 fines and imprisonment for knowing violations."

David H. Hinds 12/20/04  
 Permittee (Please print or type) Signature of Permittee\*\* Date

P. O. Box 10429, Southport, N C 28461 (910) 457-3691 November 30, 2006  
 Permittee Address Phone Number Permit Exp. Date

\* ORC must visit facility and document violations of facility as required per 15A NCAC 8A 0202 (b) (5) (B).  
 \*\* If signed by other than the permittee, delegation of signatory authority must be on file with the state per 15A NCAC 2B 0506 (b) (1) (D).  
 The monthly average for fecal coliform is to be reported as a GEOMETRIC mean. Use only designated units in the reporting facility's permit for reporting data.

# EFFLUENT

NPDES Permit No. NC0007064 Discharge No. 011 Month November Year 2004  
 Facility Name Brunswick Steam Electric Plant Class II County Brunswick  
 Operator In Responsible Charge Charles David Nelson Grade II Phone (910) 457-3600  
 Certified Laboratories (1) \_\_\_\_\_ (2) \_\_\_\_\_  
 Check If ORC has Changed \_\_\_\_\_ Person (s) Collecting Samples \_\_\_\_\_

Mail ORIGINAL and ONE COPY to:  
 North Carolina Division of Water Quality  
 ATTN: Central Files  
 1617 Mail Service Center  
 Raleigh, NC 27699-1617

(x) Charles David Nelson 12-8-04  
 (SIGNATURE OF OPERATOR IN RESPONSIBLE CHARGE) DATE

By This Signature, I Certify That This Report Is  
 Accurate And Complete To The Best Of My Knowledge.

Because of documented variations in precision and bias of EPA procedures,  
 it is not possible to absolutely certify the precise accuracy of the data contained in this DMR.

Date	EPA Priority Pollutants	01034	01092	Enter Parameter Code Above Name and Units Below									
		Total Chromium ug/l	Total Zinc mg/l										
2													
4													
6													
8													
10													
11													
12													
13													
14													
15	Cooling towers not installed. No releases.												
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
Average													
Maximum													
Minimum													
Monthly Limit		200	1										

Facility Status: (Please Check one of the following)  
 All monitoring data and sampling frequencies meet permit requirements  X  
 All monitoring data and sampling frequencies do NOT meet permit requirements

"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 fines and imprisonment for knowing violations."

David H. Hinds [Signature] 12/20/04  
 Permittee (Please print or type) Signature of Permittee\*\* Date

P. O. Box 10429, Southport, N C 28461 (910) 457-3691 November 30, 2006  
 Permittee Address Phone Number Permit Exp. Date

\* ORC must visit facility and document visitations of facility as required per 15A NCAC 8A .0202 (b) (5) (B).  
 \*\* If signed by other than the permittee, delegation of signatory authority must be on file with the state per 15A NCAC 2B .0506 (b) (2) (D).  
 The monthly average for fecal coliform is to be reported as a GEOMETRIC mean. Use only designated units in the reporting facility's permit for reporting data

<b>Unit 1 - November 2004</b>				
<b>Circulating Water Intake Pumps Fine Mesh Screens Hours Report</b>				
<b>Date</b>		<b>Fine Mesh Screens Reportable Preventative Maintenance Hours</b>	<b>Fine Mesh Screens Reportable Maintenance Or Other Hours</b>	<b>Cause of Malfunction and Corrective Action</b>
11/01/2004	11/31/2004	None	None	

<b>Unit 2 – November 2004</b>				
<b>Circulating Water Intake Pumps Fine Mesh Screens Hours Report</b>				
<b>Date</b>		<b>Fine Mesh Screens Reportable Preventative Maintenance Hours</b>	<b>Fine Mesh Screens Reportable Maintenance Hours</b>	<b>Cause of Malfunction and Corrective Action</b>
11/15/2004	11/19/2004	2A had 54.7 hours	None	
11/28/2004	11/30/2004	2D had 26.9 hours	None	