Progress E

MAY 21 2004

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North Carolina Div
ATTN: Central Fil
1617 Mail Service
Raleigh, NC 2769

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PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-Z-0985

Subject: Bru
National Pollutant Discharge Elimination System
April 2004 Discharge Monitoring Report
Permit No. NC0007064

Dear Sir or Madam:

In accordance with 15A NCAC 2B.0506, Carolina Power & Light Company, now doing business as Progress Energy Carolinas, Inc.(PEC), has enclosed the National Pollutant Discharge Elimination System (NPDES), April 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

Enclosures:

1. Brunswick Steam Electric Plant April 2004 Discharge Monitoring Report NPDES Permit No. NC0007064, Discharge Nos. 001 through 006, 010, and 011.
2. Circulating Water Intake Pumps Screens Operation 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	FOR	5/21/04
Permittee	Signature of Permittee	Date

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

BRUNSWICK STEAM ELECTRIC PLANT

APRIL 2004 DISCHARGE MONITORING REPORT
NPDES PERMIT NO. NC0007064
DISCHARGE NOS. 001 THROUGH 006, 010, AND 011

EFFLUENT

NPDES Permit No. NC0007064 Discharge No 001 Month April 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 5-12-04
(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	Operator Arrival Time 2400 Clock Hrs	Operator Time On Site Hrs	* ORC On Site Y/N	50050 Flow Effluent Max CFS	50060 Total Residual Chlorine ug/L	Enter Parameter Code Above Name and Units Below								
1	0545	11.75	Y	1080										
2	0515	11.25	Y	1080										
3	0545	9.5	Y	1080										
4	0645	4	Y	1080										
5	0530	10	Y	1080	<100									
6	0545	9.75	Y	1080										
7	0545	10.25	Y	1080										
8	0545	9	B	1080										
9	0545	8	B	1080										
10	0545	5	B	1080										
11	0545	9.75	B	1080										
12	0530	10.5	Y	1080	<100									
13	0545	10.25	Y	1080										
14	0545	10.25	Y	1080										
15	0600	9.75	Y	1080										
16	0745	8	Y	1080										
17	N/A	N/A	N	1080										
18	1430	1	B	1080										
19	0530	10.5	Y	1080	<100									
20	0545	10.25	Y	1080										
21	0545	12.25	Y	1080										
22	0545	10.25	Y	1080										
23	0545	10.25	Y	1080										
24	0600	4.5	B	1080										
25	0545	4.5	B	1080										
26	0530	10	Y	1080	<100									
27	0600	9	Y	1080										
28	0600	10	Y	1080										
29	0600	10	Y	1080										
30	0600	10	Y	1080										
31														
Average				1080	0.0									
Maximum				1080	<100									
Minimum				1080	<100									
Comp?(C)/Grab (G)					G									
Monthly Limit				See Permit	0.0									

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** — Date 5/20/04

P. O. Box 10429, Southport, N C 28461 — Permittee Address

(910) 457 -3691 — Phone Number

November 30, 2006 — 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. 002 | Month April | 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 5-12-04
(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 Flow Effluent Max CFS	50060 Total Residual Chlorine ug/L	Enter Parameter Code Above Name and Units Below										
1	1080												
2	1080												
3	1080												
4	1080												
5	1080	<100											
6	1080												
7	1080												
8	1080												
9	1080												
10	1080												
11	1080												
12	1080	<100											
13	1080												
14	1080												
15	1080												
16	1080												
17	1080												
18	1080												
19	1080	<100											
20	1080												
21	1080												
22	1080												
23	1080												
24	1080												
25	1080												
26	1080	<100											
27	1080												
28	1080												
29	1080												
30	1080												
31													
Average	1080	0.0											
Maximum	1080	<100											
Minimum	1080	<100											
Comp (C)/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 [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 fine and imprisonment for knowing violations."

David H. Hinds — Permittee (Please print or type)

Signature of permittee ** — 5/20/04 Date

P. O. Box 10429, Southport, N C 28461 — Permittee Address

(910) 457 -3691 — Phone Number

November 30, 2006 — 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) (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 003 Month April 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 Labs (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 5-12-04
(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 Flow Effluent Daily Rate MGD	00530 Total Suspended Solids mg/L	00556 Oil & Grease mg/L	Enter Parameter Code Above Name And Units Below										
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15	Sampled March 2004 Due 2005													
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
Average														
Maximum														
Minimum														
Comp. (C)/Grab (G)		G	G											
Monthly Limit		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)

5/21/04 — Signature of Permittee** Date

P. O. Box 10429, Southport, N C 28461 — Permittee Address

(910) 457 -3691 — Phone Number

November 30, 2006 — 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.	004	Month	April	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 / Baird			

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 5-12-04
(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 Flow Effluent Daily Rate MGD	00310 BOD5 20 C mg/L	00530 Total Suspended Residue mg/L	Enter Parameter Codes Above And Units Below							
1											
2											
3											
4											
5											
6											
7	0.003	<2.0	<1.0								
8											
9											
10											
11											
12											
13											
14	0.003	<2.0	<1.0								
15											
16											
17											
18											
19											
20											
21	0.003	<2.0	<1.0								
22											
23											
24											
25											
26											
27											
28	0.003	<2.0	<1.0								
29											
30											
31											
Average	0.003	0.0	0.0								
Maximum	0.003	<2.0	<1.0								
Minimum	0.003	<2.0	<1.0								
Comp. (C) Grab (G)		G	G								
Monthly Limit	0.055	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	[signature]	5/20/04
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.

EFFLUENT

NPDES Permit No.	NC0007064	Discharge No.	005	Month	April	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 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 — 5-12-04
(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 Flow Effluent Daily Rate MGD	00530 Total Suspended Solids mg/l	00556 Oil & Grease mg/L								
				Enter Parameter Code Above Name and Units Below							
1	1.447	<1.32	<1.34								
2	1.020										
3	0.784										
4	0.539										
5	0.456										
6	1.447										
7	0.0	No Flow									
8											
9											
10											
11											
12	0.0	No Flow									
13											
14											
15											
16											
17											
18											
19	0.0	No Flow									
20											
21											
22											
23											
24											
25											
26	0.0	No Flow									
27											
28											
29											
30											
31											
Average	0.569	1.32	0.0								
Maximum	1.447	1.32	<1.34								
Minimum	0.0	1.32	<1.34								
Comp (C)/Grab (G)		G	G								
Monthly Limit		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** — Date 5/20/04

P. O. Box 10429, Southport, N C 28461 — Permittee Address

(910) 457 -3691 — Phone Number

November 30, 2006 — 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.	006	Month	April	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
1617 Mail Service Center
Raleigh, NC 27699-1617

(x) Charles David Nelson 5-12-04
(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 Flow Effluent Daily Rate MGD	00400 pH Units	00530 Total Suspended Residue mg/L	00556 Oil & Grease mg/L	01042 Total Copper mg/L	01045 Total Iron mg/L	Enter Parameter Code Above Name and Units Below				
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
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											
31											
Average											
Maximum											
Minimum											
Comp. (C)/Grab (G)		G	G	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** — Date 5/20/04

P. O. Box 10429, Southport, N C 28461 — Permittee Address

(910) 457 -3691 — Phone Number

November 30, 2006 — 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 April 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 / Baird
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 5-12-04
(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 Flow Effluent Daily Rate MGD	00310 BOD 5 mg/l	00530 Total Suspended Solids mg/l	Enter Parameter Code Above Name And Units Below										
1														
2														
4														
6														
8	0.006	<2.0	<1.0											
10														
12														
14	0.012	3.0	<1.0											
16														
18														
20														
22	0.008	3.0	<1.0											
24														
26														
28	0.005	<2.0	<1.0											
30														
31														
Average	0.008	1.5	0.5											
Maximum	0.012	3.0	<1.0											
Minimum	0.005	<2.0	<1.0											
Comp (C)/Grab (G)	C	C	C											
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 — Permittee (Please print or type)

5/20/04 — Signature of Permittee** — Date

P. O. Box 10429, Southport, N C 28461 — Permittee Address

(910) 457 -3691 — Phone Number

November 30, 2006 — Permit Exp. Date

* ORC must visit facility and document variations 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.	011	Month	March	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 5-12-04
(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		01034	01092								
	EPA Priority Pollutants	Total Chromium	Total Zinc	Enter Parameter Code Above Name and Units Below							
		ug/l	mg/l								
1											
2											
3											
4											
5											
6											
7											
8											
9											
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											
31											
Average											
Maximum											
Minimum											
Comp.(C)/Grab(G)		G	G								
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 — Permittee (Please print or type)

Signature of Permittee** — Date 5/20/04

P. O. Box 10429, Southport, N C 28461 — Permittee Address

(910) 457 -3691 — Phone Number

November 30, 2006 — 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.

Unit 1 – April 2004 Circulating Water Intake Pumps Screens Operation Report				
Date		Pumps Operated with * 100% Fine Mesh Screens	Pumps Operated with 50% Fine Mesh Screens	Reason
From	To			
04/1/04	04/03/04	1A, 1B	1C	
04/04/04	04/09/04	1B	1C, 1D	1D placed in service and 1A removed for preventative maintenance (PM).
04/10/04	04/15/04	1A, 1B	1D	1A placed in service and 1C removed. 1A had a reportable 63 hours for PM.
04/16/04	04/17/04	1A, 1B	1C	1D removed from service and 1C placed in service.
04/18/04	04/23/04	1A	1C, 1D	1D placed in service and 1B removed for PM.
04/24/04	04/30/04	1A, 1B	1C	1B placed in service and 1D removed. 1B had 65.3 hours for maintenance

* see Part I Page 2 of NPDES permit

Unit 2 – April 2004 Circulating Water Intake Pumps Screens Operation Report				
Date		Pumps Operated with 100% Fine Mesh Screens	Pumps Operated with 50% Fine Mesh Screens	Reason
From	To			
04/1/04	04/12/04	2B, 2D	2C	
04/13/04	04/13/04	2D	2A, 2C	2A placed in service and 2B removed from service for maintenance.
04/14/04	04/30/04	2B, 2D	2C	2B placed in service and 2A removed from service. 2A had 24.1 hours for maintenance.