

Crystal River Nuclear Plant Docket No. 50-302 Operating License No. DPR-72

Ref: ITS Appendix B

December 5, 2009 3F1209-09

U.S. Nuclear Regulatory Commission Attn: Document Control Desk Washington, DC 20555-0001

Subject:

Crystal River Unit 3 – Revision to the Crystal River Units 1, 2 and 3 Industrial

Wastewater Permit FL0000159

Reference:

PEF to FDEP letter dated September 11, 2009, "NPDES Permit No. FL0000159,

Major Permit Modification – Helper Cooling Tower South"

Dear Sir:

In accordance with the Environmental Protection Plan (Non-Radiological) Improved Technical Specifications (ITS) for Crystal River Unit 3 (CR-3), Section 3.2.4, Florida Power Corporation, doing business as Progress Energy Florida, Inc. (PEF), hereby provides a copy of a requested revision the National Pollutant Discharge Elimination System (NPDES) Permit that was submitted to the Florida Department of Environmental Protection (FDEP). The NPDES Permit encompasses Crystal River Units 1, 2 and 3.

As a result of the ongoing Extended Power Uprate (EPU) project at CR-3, an increase in thermal load to the discharge canal will occur. In order to maintain compliance with the existing permitted thermal limit at the point of discharge, PEF must construct and operate a new cooling tower at the location of an unused clarification pond. In the above referenced letter, PEF provided documentation to FDEP requesting a modification to the NPDES Permit to authorize two new outfalls to the site discharge canal and one relocated outfall to the site intake canal to allow construction of the Helper Cooling Tower South, and the associated stormwater system, to support the EPU project.

No new regulatory commitments are made in this letter.

If you have any questions regarding this submittal, please contact Mr. Brandon Barr at (352) 563-4778.

Sincerely,

James W. Holt

Plant General Manager Crystal River Nuclear Plant

JWH/ff

Attachment:

Major Permit Modification – Helper Cooling Tower South

xc:

Regional Administrator, Region II

Senior Resident Inspector NRR Project Manager

C'001



September 11, 2009

Mr. Marc Harris Florida Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Re:

Crystal River Units 1,2 & 3 NPDES Permit No. FL0000159 Major Permit Modification Helper Cooling Tower South

Dear Mr. Harris:

Progress Energy Florida Inc. (PEF) is in the process of performing an Extended Power Uprate (EPU) of the Crystal River Unit 3 nuclear plant. A result of this uprate will be an increase in thermal load to the discharge canal. In order to comply with the existing permitted thermal limit at the point of discharge, PEF must construct and operate a new cooling tower (Helper Cooling Tower South – HCTS) at the location of the unused clarification pond. A post certification submittal to the existing Crystal River Units 1,2 & 3 Conditions of Certification will be submitted to the Siting Office to allow construction of the HCTS and the associated stormwater system. Concurrently, PEF is requesting a modification to the NPDES permit referenced above to authorize two new outfalls to the site discharge canal and one relocated outfall to the site intake canal. The intake and discharge for the HCTS will be located on the site discharge canal. Additionally, associated with the new HCTS, there will be a new screen wash discharge outfall and a stormwater management system discharge outfall installed on the site discharge canal.

In order to facilitate the construction of the new tower at the site of the unused clarification pond, the existing industrial wastewater percolation pond emergency overflow (D-0C2) discharge will be moved from the existing location on the discharge canal to a location on the intake canal as indicated in the following documentation. Please see the attached FDEP required application forms and supporting documentation for specifics regarding the design and construction of the HCTS, the associated stormwater management system and the relocated industrial wastewater emergency overflow outfall. Also included is a check (#185481) for the required \$7500.00 administrative processing fee.

If you have any questions or require additional information regarding this request, please contact Mr. Michael Shrader at 727-820-5588.

Sincerely.

Michael Shrader

Lead Environmental Specialist Progress Energy Florida, Inc.

Enclosures



WASTEWATER FACILITY OR ACTIVITY PERMIT APPLICATION FORM 1 GENERAL INFORMATION

I - IDENTIFICATION NUMBER:

Facility ID	FL0000159

II - CHARACTERISTICS:

INSTRUCTIONS: Complete the questions below to determine whether you need to submit any permit application forms to the Department of Environmental Protection. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the blank in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements. See Section B of the instructions. See also, Section C of the instructions for definitions of the terms used here.

SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED
A. Is this facility a domestic wastewater facility which results in a discharge to surface or ground waters?		х	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters?		х	
C. Does or will this facility (other than those describe in A. or B.) discharge process wastewater, or non-process wastewater regulated by effluent guidelines or new source performance standards, to surface waters?	х		2CS
D. Does or will this facility (other than those described in A. or B.) discharge process wastewater to ground waters?	Х		N/A
E. Does or will this facility discharge non-process wastewater, not regulated by effluent guidelines or new source performance standards, to surface waters?		х	
F. Does or will this facility discharge non-process wastewater to ground waters?	х		N/A
G. Does or will this facility discharge stormwater associated with industrial activity to surface waters?	х		2F
H. Is this facility a non-discharging/closed loop recycle system?		х	
I. Is this facility a public water system whose primary purpose is the production of potable water for public consumption and which discharges demineralization concentrate to surface water or groundwater?		х	

III - NAME OF FACILITY: (80 characters and spaces)

Crystal River Power Plant Units 1, 2, 3	•	

					Facility ID		FL00001
- FACILITY CO	ONTACT: (A. 30 characters and	i space	es)				
	A. Name and Title (Last, first, &	title)			B. Pho	ne (are	a code & no.)
Shrader, Michael,	Lead Environ. Spec.				727-820-558	38	
- FACILITY MA	ILING ADDRESS: (A. 30 cha	iracters	s and spaces; B	. 25 c	haracters and	spaces	5)
A. Street or P.O. E	Box: P.O. Box 14042, PEF-903						
B. City or Town:	St. Petersburg			-	State: FL	Zip	Code: 33733
characters and spa	OCATION: (A. 30 characters aces; E. 2 spaces; F. 9 spaces)			aracte	rs and spaces	s; C. 3	spaces (if known);
B. County Name:	Other Specific Identifier: 157	60 W.	Powerline St.		C. County C	ode (ii	f known):
D. City or Town:					E. State: FL		Zip Code: 34428
1. Code #: 4911	(Specify) Electric Svc.		2. Code #:		(Specify)		
1 Code #: 4011	(Specify) Flectric Syc		2 Code #:		(Specify)		
3. Code #:	(Specify)		4. Code #:	(Specify)			
12 characters; E. 3 A. Name: Progres	a INFORMATION: (A. 40 cha 30 characters and spaces; F. 25 characters and s	charact	ters and spaces	B. I	s the name in	1. 9 cha	A. the owner?
C. Status of Operator: F = Federal; S = State; P = Private; O = Other; M = Public (other than F or S) (code) P			е)	(spe	cify) ity		D. Phone No.: 352-563-4484
E. Street or P. O. I	Box: 15760 W. Powerline St.						
F. City or Town:	Crystal River			G. 5	State: FL	H. Zip	Code: 34428
K - INDIAN LANI							N 2
A. Is the facility lo	ocated on Indian lands?				Yes		⊠ No

Facility ID	FL000015
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X - EXISTING ENVIRONMENTAL PERMITS:

A. NPDES Permit No.	B. UIC Permit No.	C. Other (specify)	D. Other (specify)
FL0000159	N/A	FLA016960 - IWW	FLA118753 - DWW

XI - MAP: Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII - NATURE OF BUSINESS (provide a brief description)

Crystal River Units 1 & 2 are coal-fired steam electric generating facilities.

Crystal River Unit 3 is a nuclear-powered steam electric generating facility.

XIII - CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the 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.

Larry Hatcher	Rolly A. Wow For CHRIST HATCHER
A. Name (type or print)	✓ B. Signature
CR Fossil Plant Manager	9/10/09
Official Title (type or print)	C. Date Signed

FORM 2CS



WASTEWATER APPLICATION FOR PERMIT TO DISCHARGE PROCESS WASTEWATER FROM NEW OR EXISTING INDUSTRIAL WASTEWATER FACILITIES TO SURFACE WATERS

Facility I.D. Number: FL0000159

Please print or type information in the appropriate areas.

I OUTFALL LOCATION For each outfall, list the X,Y coordinates and the name of the receiving water.

(latitude/longitude to the nearest 15 seconds)

				ie nearest 13							
A. Outfall		B. Latitude		C. Longitude		C. Longitude			D. Name of Receiving Water		
No. (List)	Deg.	Min.	Sec.	Deg.	Min.	Sec.					
HCTS	28	57	31	82	42	20	Discharge Canal				
D-0C2R	28	57	23	82	42	30	Intake Canal				
Screen Wash	28	57	32	82	42	30	Discharge Canal				
					-						

II OUTFALL DESIGN

A. Outfall No. (List)	B. Design Configuration and Construction Materials	C. Distance from shore	D. Diameter	E. Elevation of Discharge Invert (MSL)	F. Receiving Water Depth at POD (MSL)
HCTS	Concrete Flume	0	20'	0	-12'
D-0C2R	RCP	Approx. 60 ft.	24"	7.67'	-20'
Screen Wash	HDPE Pipe	0	24"	1'	-12'

Facility I.D. Number:	FL0000159
<u>₹</u>	

III RECEIVING WATER INFORMATION

For each surface water that will receive effluent, supply the following information:

A. Name of Receiving Water	B. Check One		C. Classification	D. Type of Receiving Water
	Fresh	Salt or Brackish	(See Ch. 62-302, F.A.C.)	(canal, river, lake, etc.)
Discharge Canal then to the Gulf of Mexico		\boxtimes	Class III	Canal
Intake Canal		\boxtimes	Class III	Canal
				·

- E. Minimum 7-day 10-year low flow of the receiving water at each outfall (if appropriate). N/A
- F. Identify and describe the flow of effluent from each outfall to a major body of water. A suitably marked map or aerial photograph may be used.

 See Attachments 1A and 1B
- G. Do you request a mixing zone under Rule 62-4.244, F.A.C.? If yes, for what parameters or pollutants?

IV FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of:
 - 1. All operations contributing wastewater to the effluent; including process wastewater, sanitary wastewater, cooling water, and stormwater runoff;
 - 2. The average flow contributed by each operation; and
 - 3. The treatment received by the wastewater.

See Attachment 2

Use the space on the next page. Continue on additional sheets, if necessary.

Facility I.D. Number:

FL0000159

(1)	(2) Operation(s) Contributing	g Flow	(3) Treatment			
Outfall No. (List)	(a) Operation (list)	(b) Avg. Flow & Units	(a) Description	(b) List Code Table 2CS	from -l	
нстѕ	Helper Cooling Tower South Once	460.8 MGD	See Attachement 2	4-A		
	through cooling water					
D-0C2R	Percolation Pond Emergency	0.0 MGD	See Attachement 2	4-A		
	Overflow					
Screen Wash	Screen Wash from HCTS	1.4 MGD	See Attachment 2	4-A		
		<u> </u>			•	
					·	
	·					
			·			
,						
						
						

V Contd.				Facili	ty I.D. Nun	nber: FLC	000159	
C. Excep		iks, or spills, are any of the Yes (complete the follow		described in l	Items II-A o	or B intermitte v)	ent or seaso	onal?
		(3) Fre	equency			(4) Flow		
(1) Outfall No. (List)	(2)Operation(s Contributing Flow((a) Days per	(a) Days per (b) Months (a) Flow Rate		` '		Volume ith units)	(c) Duration
		(specify avg.)	(specify avg.)	Long Term Avg.	Max. Daily	Long Term Avg.	Max. Daily	(in days)
E. List the PRODUCTION	ne method(s) and loca	tdown of pollution abater tion(s) of flow measurem See Attachment 2 e limitation promulgated	ent.		See Atta	achment 2		o your
·	X Yes (complete Ite	m V-B) 🔲 No (go to S	Section VI)					
		oplicable guideline expres		of production	ı (or other r	neasure of ope	eration)?	
	-	em V-C) X No (go to S				•	•	
		em V-B, list the quantity is used in the applicable e					vel of prod	uction,
		I. AVERAGE DAILY PI	RODUCTION	٧			2. Affe	cted Outfalls
a. Quantity per Day	b. Units of Measure	с. Оре	ration, Product,	Materials, Etc.	(specify)		(list	outfall nos.)

Facility I.D. Number:	FL0000159
•	

VI IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement order, enforcement compliance schedule letter, stipulations, court orders, and grant or loan conditions.

Yes (complete the following table) X No (go to Item VI-B)

1. Identification of Condition,	2.	Affected Outfalls	3. Brief Description	4. Final Compliance Date		
Agreement, Etc.	a. No. b. Source of Discharg		of Project	a. Required	B. Projected	

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

Mark "X" if description of additional control programs is attached.

VII INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding--Complete one set of tables for each outfall -- Annotate the outfall number in the space provided. NOTE: Tables VII-A, VII-B, and VII-C are included on separate sheets number VII-1 through VII-9.

D. Use the space below to list any of the pollutants listed in Table 2CS-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. Pollutant	2. Source	1. Pollutant	2. Source
None			
			·
·	·	,	

	Fac	cility I.D. Number:	FL0000159
NOT COVERED BY ANAL	YSIS		
n VII-C a substance or a compuct or by-product?	ponent of a substance v	which you currently	use or manufacture as
ts below) X NO (go to	IX)		
			•
	•		
TING DATA			
			has been made on any
and describe their purposes bel	ow) X NO (go to	Section X)	
d new discharges.	· · · · · · · · · · · · · · · · · · ·		
MATION			
orted in Item VII performed by	a contract laboratory of	or consulting firm?	
ress, telephone number, and NO (go to Section XI)	certification number of	of, and pollutants ar	nalyzed by each such
B. Address	C. Telephone	D. Pollutan	ts Analyzed (list)
	TING DATA or reason to believe that any believing water in relation to you and describe their purposes believe discharges. EMATION orted in Item VII performed by ress, telephone number, and NO (go to Section XI)	NOT COVERED BY ANALYSIS In VII-C a substance or a component of a substance valet or by-product? Its below) NO (go to IX) TING DATA Or reason to believe that any biological test for acute beiving water in relation to your discharge within the land describe their purposes below) NO (go to do new discharges. EMATION Orted in Item VII performed by a contract laboratory of the substance of the purposes in the laboratory of the substance of the purpose of the purpose in the purpose	TING DATA or reason to believe that any biological test for acute or chronic toxicity beiving water in relation to your discharge within the last 3 years? and describe their purposes below) NO (go to Section X) d new discharges. MATION orted in Item VII performed by a contract laboratory or consulting firm? ress, telephone number, and certification number of, and pollutants ar NO (go to Section XI) B. Address C. Telephone D. Pollutan

Facility I.D. Number:	FL0000159
I donney was I value of the	

Company Name

XI CONNECTION TO REGIONAL POTW

A. Indicate the relationship between this project and area regional planning for wastewater treatment. List steps to be taken for this industrial wastewater facility to become part of an area-wide wastewater treatment system.

N/A

XII-A CERTIFICATIONS FOR NEW OR MODIFIED FACILITIES

This is to certify the engineering features of this pollution control project have been designed by me and found to be in conformity with sound engineering principles, applicable to the treatment and disposal of pollutants characterized in the permit application. There is reasonable assurance, in my professional judgment, that the pollution control facilities, when properly maintained and operated, will discharge an effluent that complies with all applicable statutes of the State of Florida and the rules of the Department. It is also agreed that the undersigned, if authorized by the owner, will furnish the applicant a set of instructions for the proper maintenance and operation of the pollution control facilities and, if applicable, pollution

MISTY B- DAY	Address
Name (please type)	10004 MURDOCK DRIVE
,	KNOXVILLE TN 37932
(Affix Seal)	Florida Registration No.: #69469 COA #7981
•	Telephone No:: 865-671-5400
	Date 9/8/09
accordance with a system designed to assure that qua submitted. Based on ray inquiry of the person or persons	attachments were prepared under my direction or supervision in alified personnel properly gather and evaluate the information who manage the system or those persons directly responsible for s, to the best of my knowledge and belief, true, accurate, and
	for submitting false information, including the possibility of fine
Larry Hatcher, Crystal River Fossil Plant Manager	Fieldy A. bellow FOR LARRY HATCHER
Name & Official Title (Please type or print) 352-563-4484	Signature
Telephone No. (area code & No.)	Date Signed

FORM 2.F.



APPLICATION FOR PERMIT FOR STORMWATER DISCHARGE ASSOCIATED WITH INDUSTRIAL ACTIVITY

	Facility I.D. Number:	FL0000159	_
Please type or print in black ink	If additional space is needed for your answer, use plain sheets and attach to the application form.		

1. Outfall Location:

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number (list)		B. Latitude			C. Longitu	de	D. Receiving Water (Name)
HCTS Stormwater Pond	28	57	31	82	42	28	Discharge Canal
	<u> </u>	+		- 			

II. Improvements:

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of stormwater or wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions?

I. Identification of	2. Affected Outfalls		3. Brief Description of Project	4. Final Cor	4. Final Compliance Date		
Conditions, Agreements	No.	Source of Discharge		a. required	b. projected		
None							
L	1						
	++			 			
	+-+						
	1 1						

B. You may attach additional sheets describing any additional water pollution or other environmental projects which may affect your discharge that you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

N/A

III. Site Drainage Map:

Attach a site map showing topography depicting the facility including each of its intake and discharge structures; the drainage area of each stormwater outfall; paved areas and buildings within the drainage area of each stormwater outfall; each known past or present areas used for outdoor storage or disposal of significant materials; each existing structural control measure to reduce pollutants in stormwater runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units; each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive stormwater discharges from the facility. Show hazardous waste storage or disposal areas that do not require a RCRA permit separate from those which do require a permit.

See Attachments - Note that the stormwater system is being authorized through a COC Post Certification Submittal.

Facility I.D.	Number:	FL0000159

IV. Narrative Description of Pollutant Sources:

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces, including paved areas and building roofs, drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall No.	Area of Impervious Surface (units)	Total Area Drained (units)	Outfall No.	Area of Impervious Surface (units)	Total Area Drained (units)
HCTS	3.25 Acres	6.02 Acres			

B. Provide a narrative description of significant materials that are currently, or in the past three years have been, treated, stored or disposed in a manner that allows exposure to stormwater; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact with stormwater runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

The facility has implemented a BMP which includes stormwater pollution prevention practices. There are no significant materials within this drainage area that will be exposed to stormwater.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in stormwater runoff, and a description of the treatment the stormwater receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall No.	Treatment	Table 2F-1 Code
нстѕ	The stormwater system will utilize a detention pond that discharges to the site discharge canal through a control structure.	1-V, 4-A

V. Non-stormwater Discharges:

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-stormwater discharges, and that all non-stormwater discharges from these outfall(s) are identified in either an accompanying DEP Form 62-620.910(5) or (7) (Forms 2CS or 2ES) application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Michael Shrader, Lead Environmental Specialist	Mrs. Jan	9/11/05

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

The proposed stormwater system is designed to receive non-contact	ct stormwater only. No non-stormwater discharges will be
released through this outfall.	

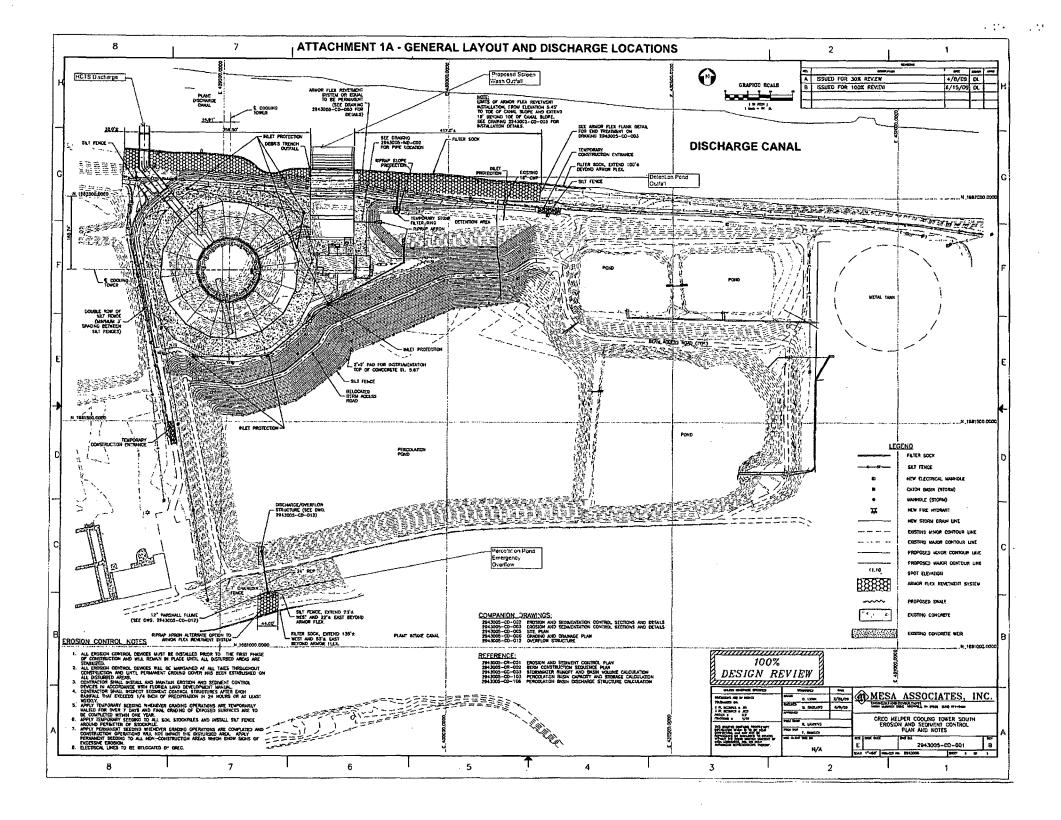
		Facility I.D. Number	r: FL0000159
VI. Significant Leaks or Spills:			
Provide existing information regardin including the approximate date and loc	g the history of significant leaks or spill ation of the spill or leak, and the type and a	s of toxic or hazardous pollutants at the mount of material released. N/A	facility in the last three years,
VII. Discharge Information:			
A, B, C, & D: See instructions before VII-A, VII-B, and VII-C are included o	proceeding. Complete one set of tables for in separate sheets numbered VII-1 and VII-2	r each outfall. Annotate the outfall number.	τ in the space provided. Tables
E. Potential discharges not covered by and currently use or manufacture as an interm Yes (list all such pollutants below)		2F-2, 2F-3, or 2F-4, a substance or a com	oonent of a substance which you
VIII. Biological Toxicity Testing Data			
Do you have any knowledge or reason to water in relation to your discharge within Yes (list results below)		chronic toxicity has been made on any of y	our discharges or on a receiving
		·	
IX. Contract Analysis Information			
	VII performed by a contract laboratory or content of the contract laboratory or content of the c		No (go to Section X)
A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
	·		

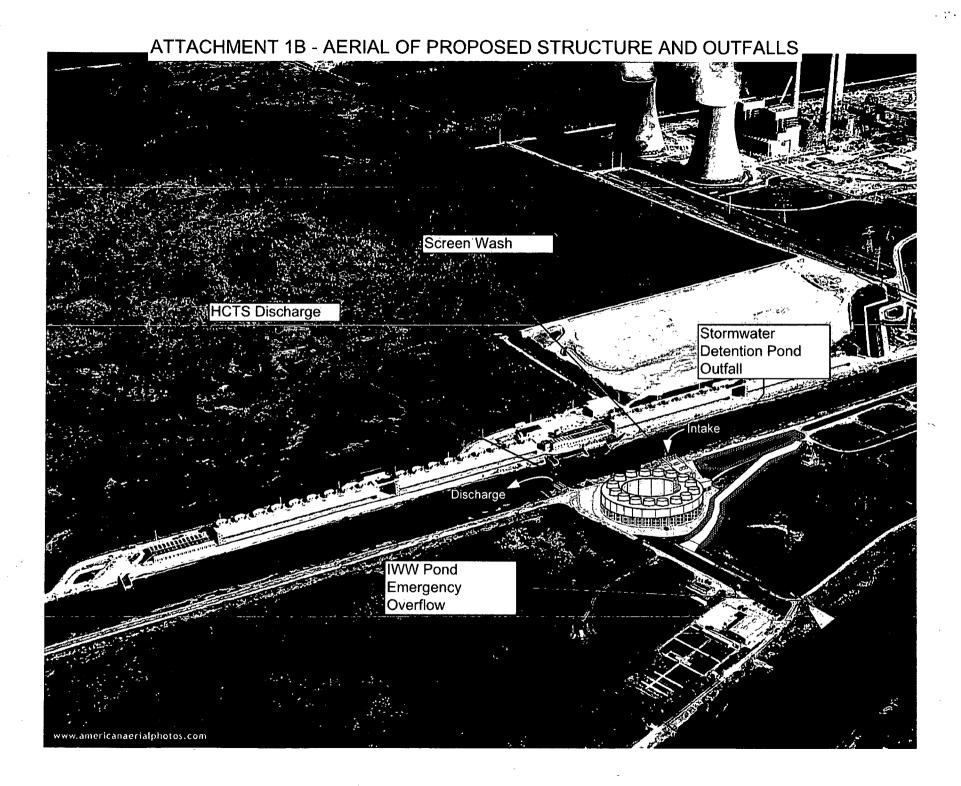
FL0000159

	in the permit application. There is reasonable assurance, in my professional					
, .	signed, if authorized by the owner, will furnish the applicant a set of instructions					
for the proper maintenance and operation of the pollution control facilities and, i	f applicable, pollution sources.					
11 lusty B Day	MESA ASSOCIATES					
Signature	Company Name:					
MISTY B. DAY	Address: Mana Milance Danie					
Name (please type):	KNOX VILLE TO 37772					
4 ,,						
(Affix Seal)	Florida Registration No.: #69469 COA #7981					
	Telephone No.: 865 - 671 - 5400					
	Date: 9 (8/09)					
I certify under penalty of law that this document and all attachments were preparassure that qualified personnel properly gather and evaluate the information substitutes persons directly responsible for gathering the information, the informatic complete. I am aware that there are significant penalties for submitting false violations. Larry Hatcher, Crystal River Fossil Plant Manager	mitted. Based on my inquiry of the person or persons who manage the system or ion submitted is, to the best of my knowledge and belief, true, accurate, and information, including the possibility of fine and imprisonment for knowing					
Name & Official Title (type or print)	Signature					
252 562 4494	9/10/05					
352-563-4484	Par Simul					
Telephone No. (area code & no.)	Date Signed					
principles, applicable to the treatment and disposal of pollutants characterized judgment, that the pollution control facilities, when properly maintained and ope State of Florida and the rules of the Department.						
Signature	the permit application. There is reasonable assurance, in my professional de, will discharge an effluent that complies with all applicable statutes of the dd, if authorized by the owner, will furnish the applicant a set of instructions of the dd, if authorized by the owner, will furnish the applicant a set of instructions of the dd, if authorized by the owner, will furnish the applicant a set of instructions of the dd, if authorized by the owner, will furnish the applicant a set of instructions of the dd, and the description of the descrip					
o.g.maio	Company Name.					
N	Address:					
Name (please type):						
(Affix Seal)	Florida Registration No.:					
	Telephone No.:					
	Date:					
I certify under penalty of law that this document and all attachments were prepa assure that qualified personnel properly gather and evaluate the information subr those persons directly responsible for gathering the information, the informati complete. I am aware that there are significant penalties for submitting false violations.	mitted. Based on my inquiry of the person or persons who manage the system or ion submitted is, to the best of my knowledge and belief, true, accurate, and					
Name & Official Title (type or print)	Signature					
	, 3					
Telephone No. (area code & no.)	Date Signed					

X-A. CERTIFICATIONS FOR NEW OR MODIFIED FACILITIES

Facility I.D. Number: FL0000159





ATTACHMENT 2

PROPOSED NEW DISCHARGE DESCRIPTION

HCTS

The new Helper Cooling Tower South (HCTS) will have an intake and discharge to the existing Crystal River Site discharge canal. Heated once through cooling water will be removed from the discharge canal via intake pumps. After cooling in the forced draft cooling tower, the water will then be discharged back into the discharge canal via a concrete flume structure. See the attached drawings for structural detail. No pollutants will be added to the discharge as the result of this process. The HCTS is designed for a maximum flow or 460.8 MGD.

- Method of Flow Measurement
 - o Flow will be measured by pump curves and timers.

D-0C2R

There currently is a permitted discharge point for the existing permitted industrial waste water (IWW) pond system. This discharge is located after the unused clarification pond and is identified as D-0C2. The clarification pond will be removed and the HCTS will be built on the site. This will necessitate to relocation of D-0C2 to the location shown on Attachment 1 and designated as D-0C2R.

- Method of Flow Measurement
 - The discharge structure will be designed with a calibrated weir, from which an operator can manually read the flow. A control room alarm will let operations know if the pond is nearing an overflow condition.

HCTS Screen Wash

This discharge is produced when the screen wash pumps utilize water from the discharge canal to wash debris from the rotating traveling screens that will be installed to protect the HCTS intake pumps. The screen wash water is collected and conveyed back to the discharge canal.

- Method of Flow Measurement
 - o Flow will be measured by pump curves and timers.

HCTS Stormwater Pond

The existing stormwater pond for the area will be enhanced and be designed as a detention pond. There will be intentional bleed off of the stormwater through a internal outfall structure and then through a pipe which discharges to the discharge canal. The pond receives non contact stormwater from impervious surfaces installed as part of HCTS construction. The design of the stormwater system will be reviewed and authorized through a Conditions of Certification – Post Certification Submittal.

- Method of Flow Measurement
 - o By calculation if needed.

Attachment 2 (cont.)

Additional Information

2CS IV.D

In the unlikely event of a total power failure, there would be a cessation of discharges.

2CS VII

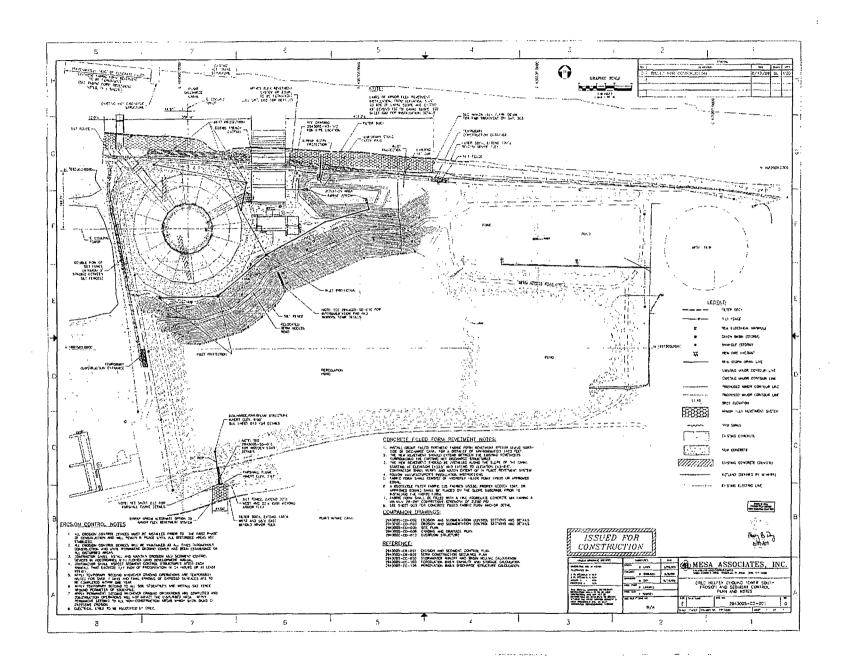
Constituent analysis for HCTS and HCTS Screen Wash discharges are estimates only. Estimates are based on previous analysis of outfall D-011. Neither the HCTS nor the HCTS Screen Wash discharges will introduce additional pollutants in to the receiving water body.

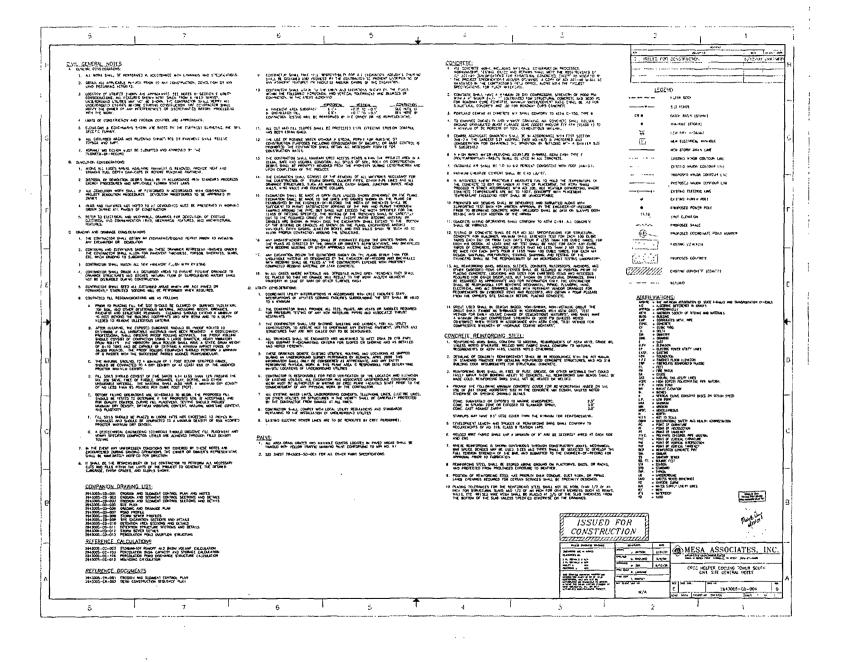
Since D-0C2R is a relocation of an existing outfall and is intended as an emergency outfall to the intake canal only, no 2CS VII form estimates are included.

DRAWINGS

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PROCESS FLOW DIAGRAMS

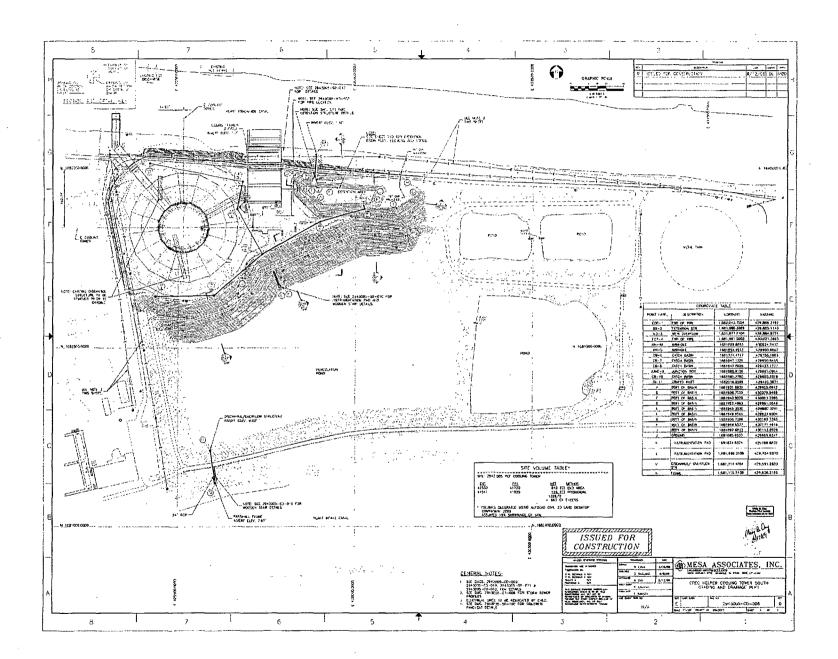




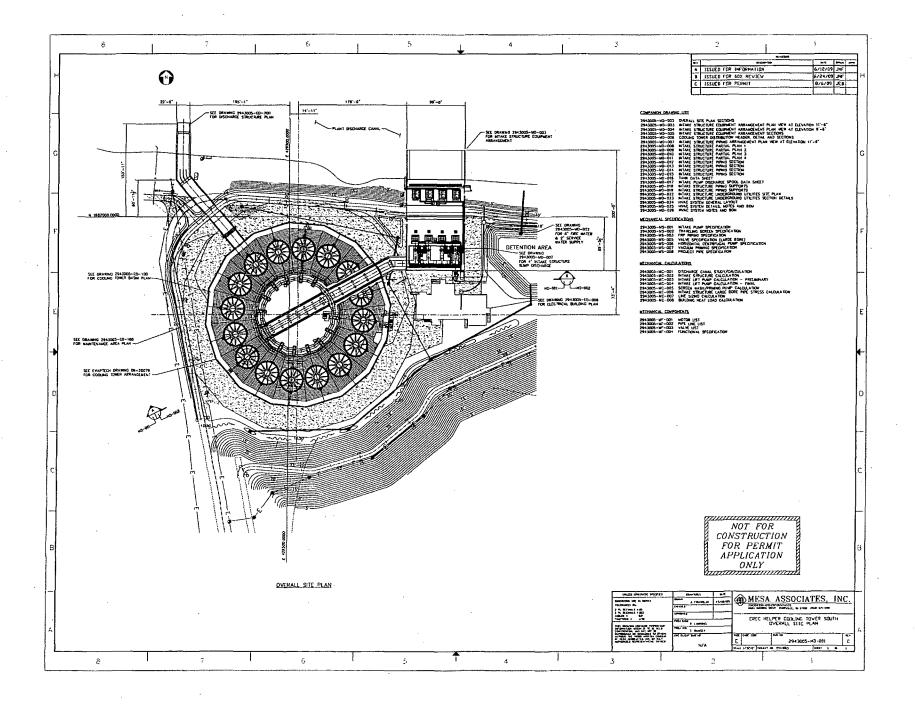
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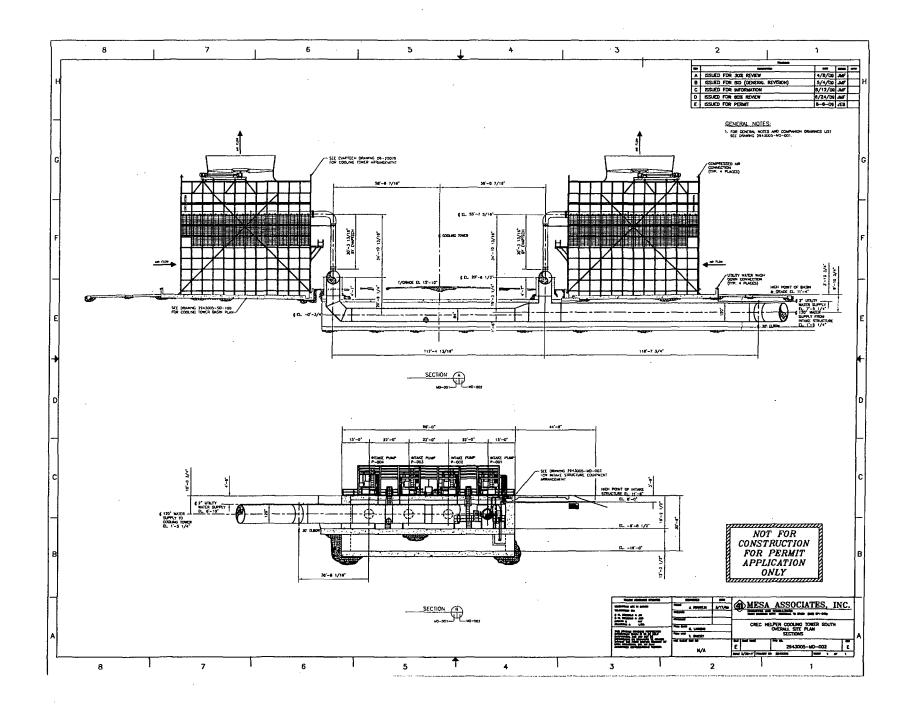
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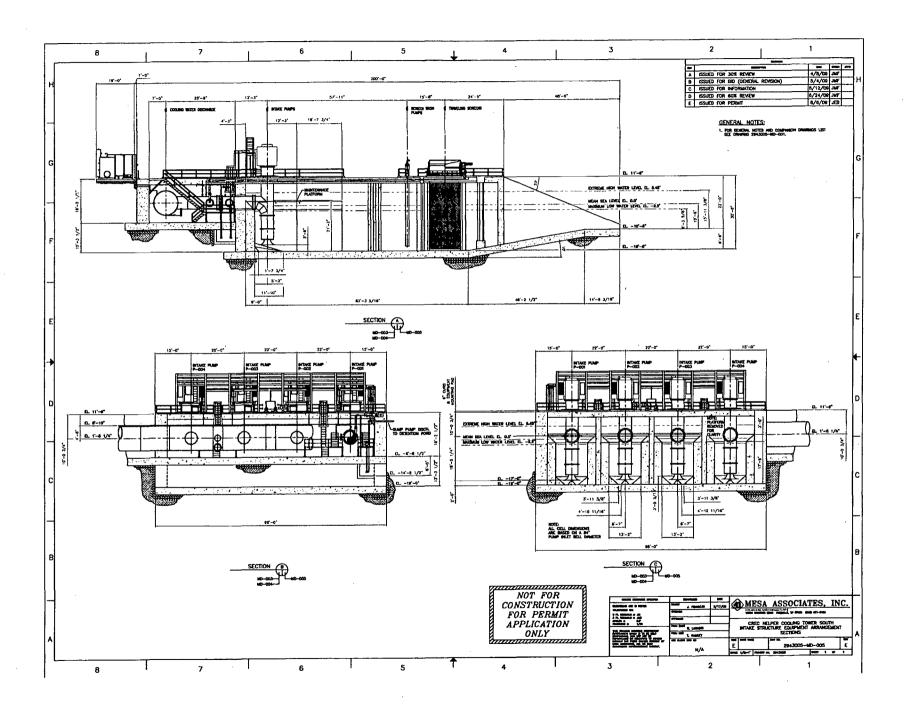
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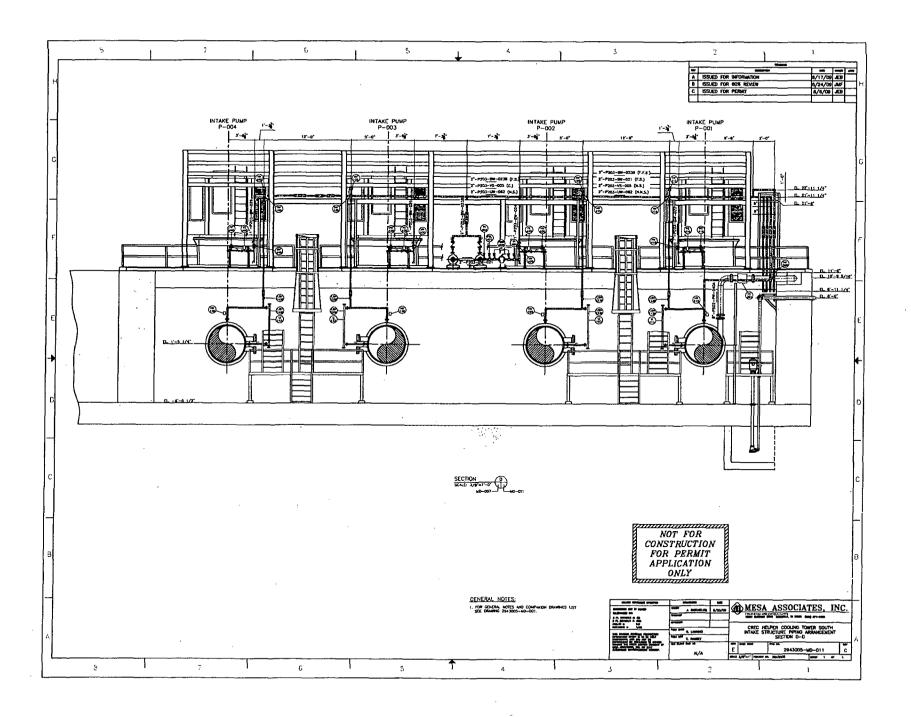


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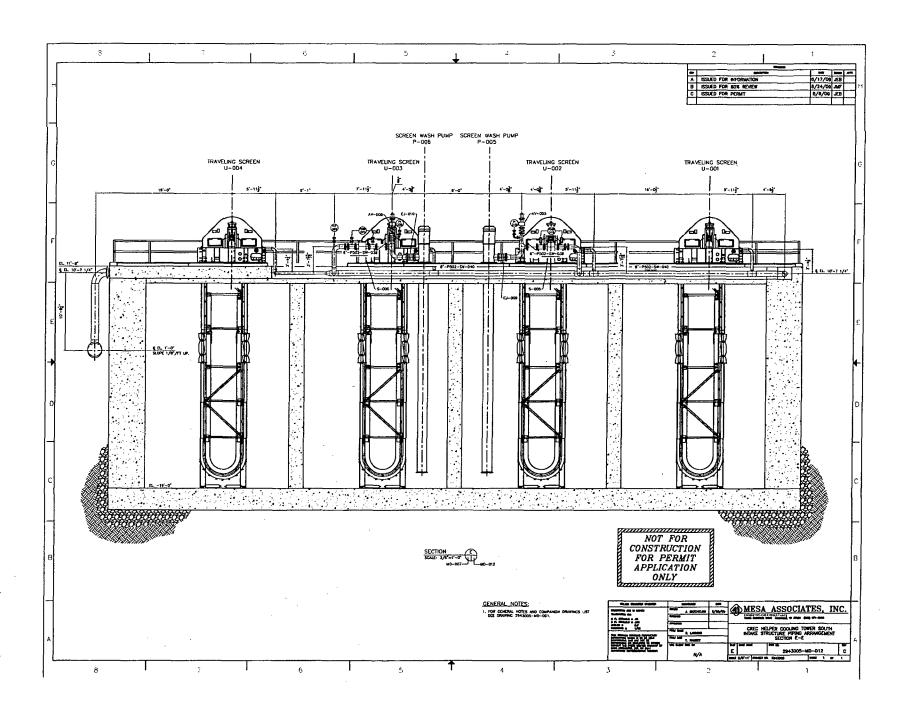


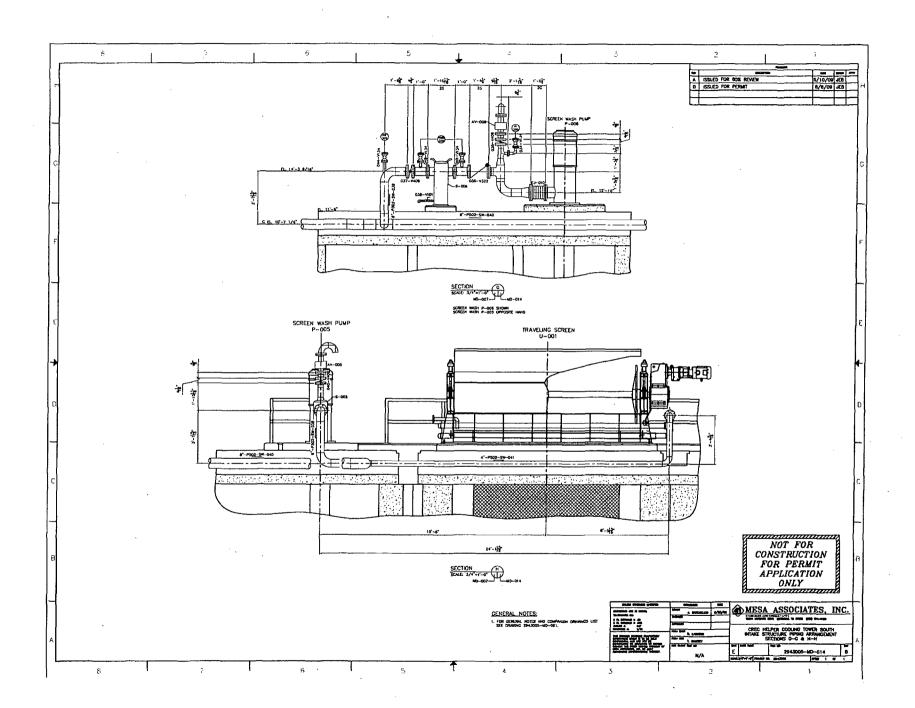


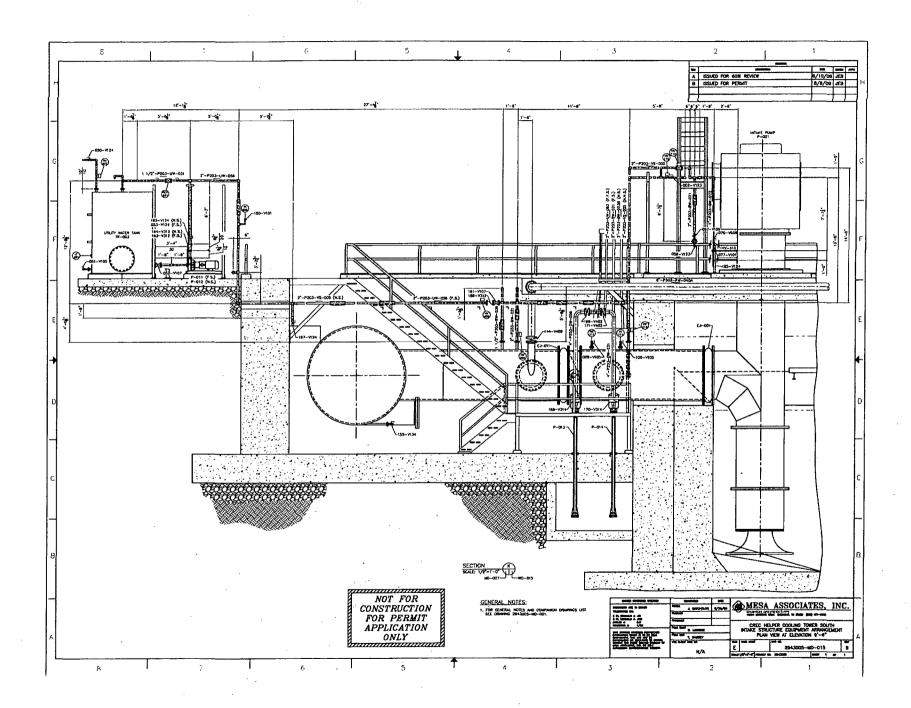


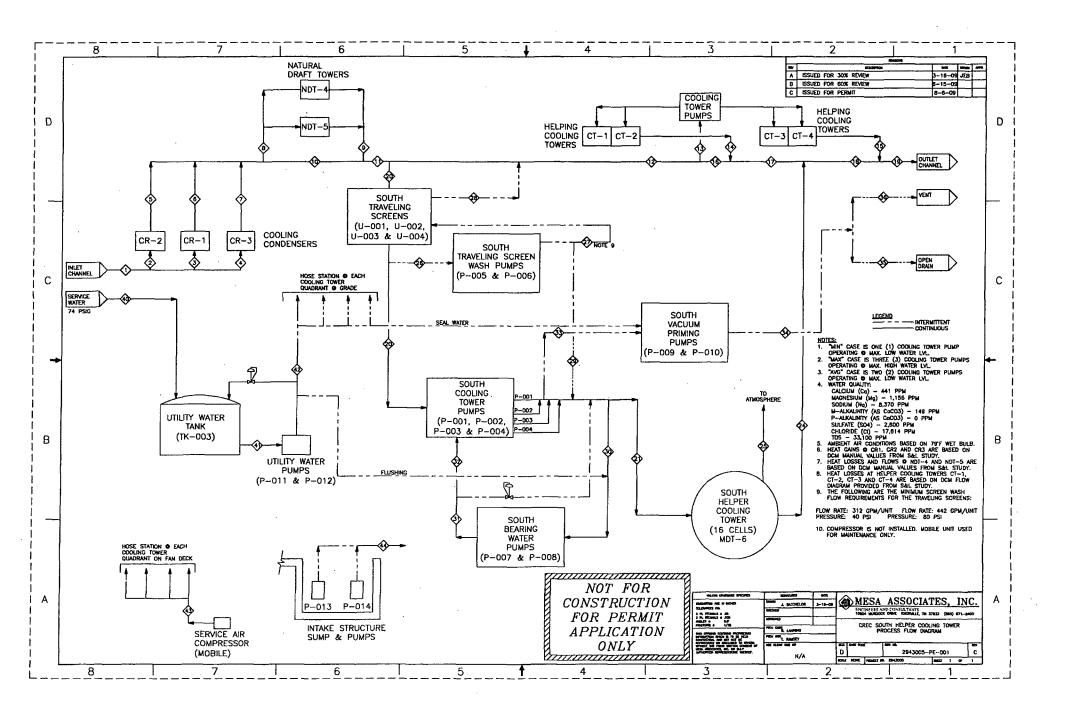


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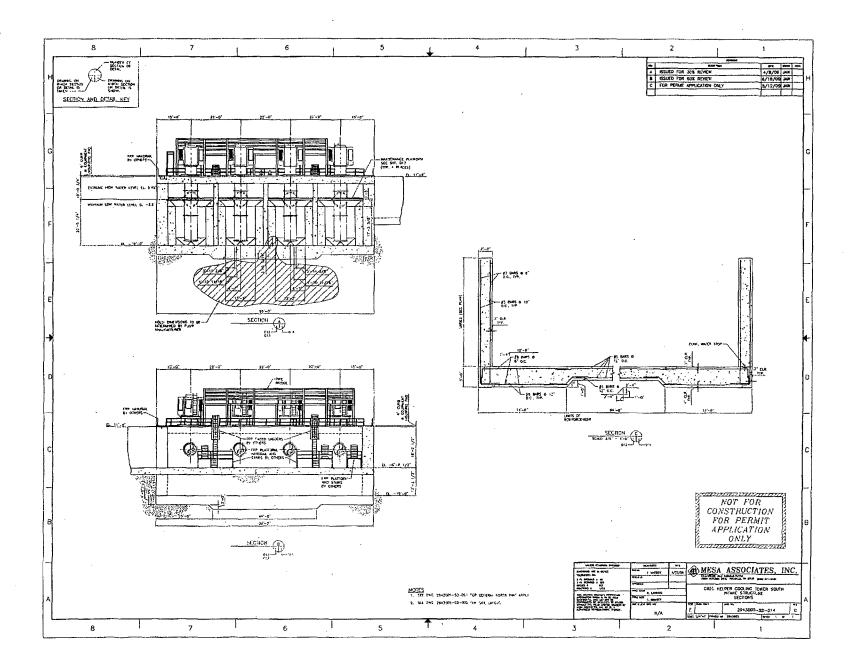


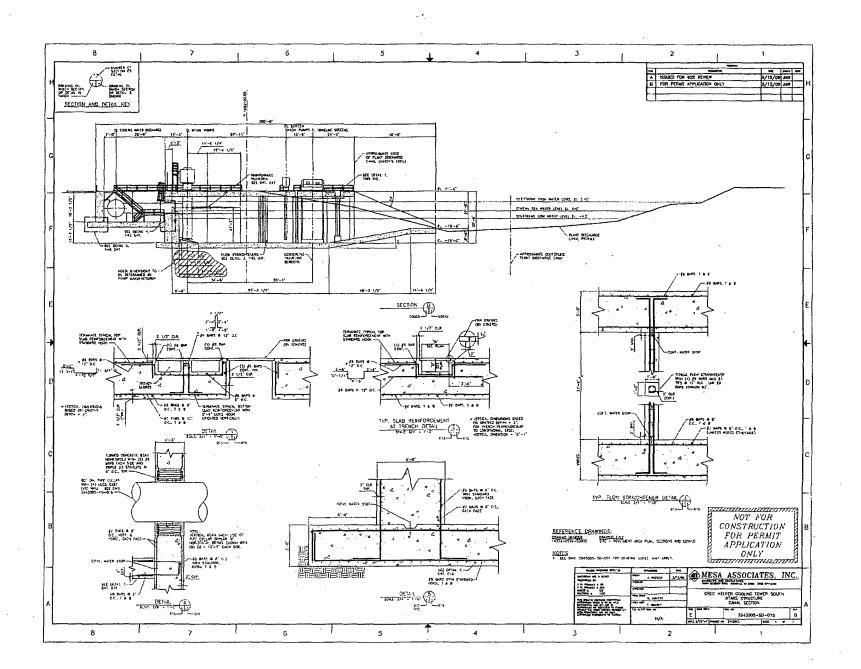


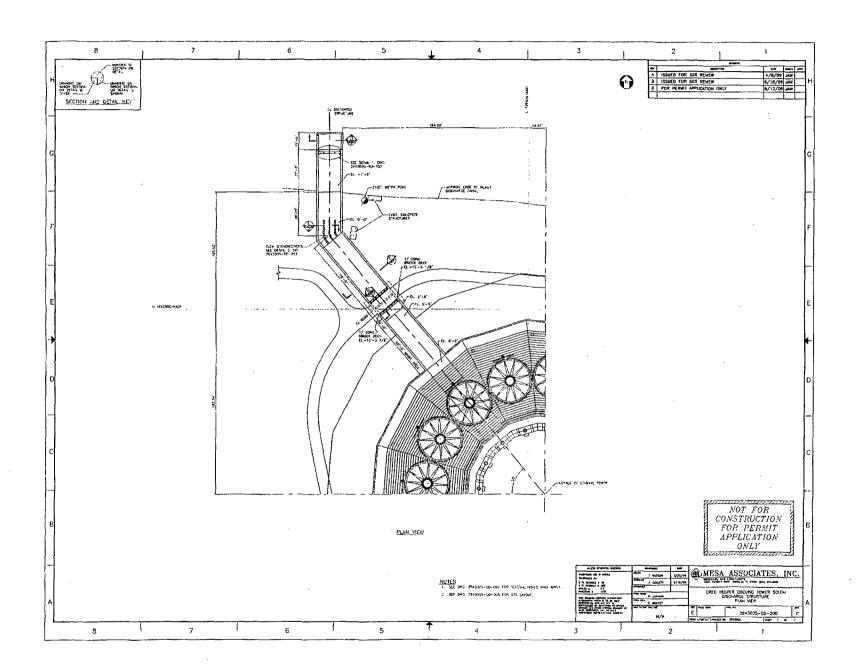


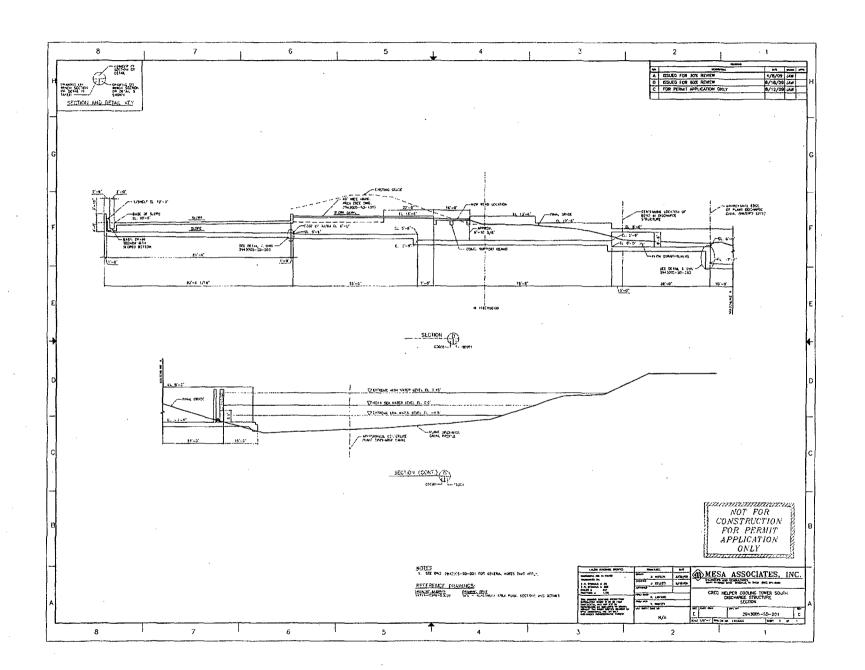


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	ITEM NO.	,	2	3	•	5	6	7	В	9	10	11	12]
	DESCRIPTION	INLET CHANNEL	INTAKE CR-2 FROM INLET CHANNEL	INTAKE CR-1 FROM DILET CHANNEL	INTAKE CR-3 FROM INLET CHANNEL	DISCHARGE CR-2 TO OUTLET CHANNE	DISCHARGE CR-1 TO OUTLET CHANN	DISCHARGE CR-	3 INTAKE NOT-4/NOT-	-5 DISCHARGE NDT-4/NDT-5	OUTLET CHANNEL BETWEED NDT INTAKE AND NDT DISCHARGE	OUTLET CHANNEL BETWEE NOT DISCHARGE & SOUT TRAVELING SCREEN WAS	EN OUTLET CHANNEL BETWEED TH SOUTH TRAVELING SCREEN TH DISCHARGE & COOLING	NS D
J	FLUID	SEA WATER	SEA WATER	SEA WATER	SEA WATER	SEA WATER	SEA WATER	SEA WATER	SEA WATER	SEA WATER	SEA WATER	PUMPS INTAKE SEA WATER	TOWER PUMPS INTAKE SEA WATER	<u> </u>
	FLOW (LIQUID GPM)	MAX. 1,318,000	MAX. 328,000	MAX. 310,000	MAX. 880,000	329,000	311,000	MAX. 683,000	20,000	WAX. 7,000	MAX. 1,302,000	MAX. 1,309,000	977,900	41
	FLOW (GAS ACFIN)													11
\dashv	FLOW (LB/HOUR) PRESSURE (PSIG)	658,300,000	153,300,000	154,400,000	338,600,000	163,320,000	154,360,000	338,590,000	9,940,000	3,480,000	646,340,000	649,800,000 D	485,300,000	┨├
	TEMPERATURE (°F) SPECIFIC GRAVITY	91 1.025	91 1.025	91 1.025	91 1.025	105 1.022	1.02279	111	1.022	94 1,022	107.32 1.022	1.022	106 1,022	11
	DENSITY (PCF)	1.025	1.025	1,025	1.025	1.022	1.02278	1.021	1.022	1.022	1.022	1.022	1.022	<u> </u>
	ITEM NO.	13	14	15	16	17		18	19	20	21			
	DESCRIPTION	INTAKE COOLING PUMPS FRO OUTLET CHAN	TOWER DISCHARGE CT-1/CT-2 TO OUTLET CHANNEL	DISCHARGE CT-3/CT-4 TO OUTLET CHANNEL	COOLING TOWER P INTAKE AND CT-1/ DISCHARGE	TWEEN OUTLET CHANF UMPS CT-1/CT-2 'CT-2 & SOUTH HEL TOWER MDT-6	IEL BETWEEN OUTLET : DISCHARGE SOUTH PER COOLING TOWER I DISCHARGE & CT-3	HELPER COOLING NOT-8 DISCHARGE /CT-4 DISCHARGE	UTLET CHANNEL. TER CT-3/CT-4 DISCHARGE	INTAKE SOUTH COOLING TOWER PUMPS FROM OUTLET CHANNEL	INTAKE SOUTH HELP TOWER MOT-6 FROM SOUTH COOLING TO	M DISCHARGE		C
	FLUID	SEA WATER	SEA WATER	SEA WATER SEA WATER MAX. MAX.		SEA W		MAX.	SEA WATER	SEA WATER	SEA WATE	I MAX.		
	FLOW (LIQUID GPM) FLOW (GAS ACFM)	PM) 680,000 338,900		338,900 297,900		638,800		963,200 1,302,000		346,B12		346,812		
	FLOW (LB/HOUR)	337,500,00		168,700,000	147,800,000	315,60		79,100,000	647,900,000	164,500,00	0	184,500,000		
	PRESSURE (PSIG) TEMPERATURE (°F)	106	92	92	. 0	96		96	95 .	106		30.4 108		
7	SPECIFIC GRAVITY	1,022	. 1.025	1.025	1.022	1.03	23	1.024	1.024	1.022		1.022		-
	DENSITY (PCF)	 	24	25	<u> </u>		<u>_</u>	<u> </u>	27		<u> </u>	·		-
	DESCRIPTION	DISCHARGE SOU TOWER MDT-6	TH HELPER COOLING . TO OUTLET CHANNEL	DISCHARGE SOUTH H TOWER MOT6 TO	IELPER COOLING ATMOSPHERE	WASH PUMPS FRO	INTAKE SOUTH TRAVELING SCREEN WASH PUMPS FROM SOUTH COOLING TOWER PUMPS INTAKE		AUTH TRAVELING SCREENS OUTH TRAVELING SCREEN I PUMPS DISCHARGE					
,	FLUID	SEA	WATER	WATER VA		SEA 1			A WATER	•		* * * * * * * * * * * * * * * * * * * *	,	В
'	FLOW (LIQUID GPM)		MAX. 341,712		5,100		988		MAX. 988			. •		
	FLOW (GAS ACFW) FLOW (LB/HOUR)	 	162,600,000		2,530,000							-	,	
	PRESSURE (PSIG)		0		0		45		45					
	TEMPERATURE (°F) SPECIFIC GRAVITY	 	1,02176	<u> </u>	90		106		106		1	NOT FOR		
	DENSITY (PCF)										βc	ONSTRUCT.		<u>_</u>
	ITEM NO.		28	29		. 30	. 30		31		VI	FOR PERM	IIT	
	DESCRIPTION	<u> </u>	OUTH TRAVELING OUTLET CHANNEL	INTERMITTENT LINE SOUTH TRAVELING SCI PUMPS DISCHARGE COOLING TOWER PUMP	REEN WASH & SOUTH DISCHARGE	BEARING WATER PUM			ATER PUMP DISCHARGE		Ø	APPLICATI ONLY		
ł	FLUID				SEA WATER	MAX.		EA WATER MA	x					
	FLOW (LIQUID GPM)		988	3,000		1 1	36		30	5		MESA A	SSOCIATES, INC	- A
	FLOW (GAS ACFM) FLOW (LB/HOUR)	 - -				++-				SUPPLIES AND WINDOWS TOURNESS AND 2 of COURSES A AND 3 of COURSES A AND	Details 7 BATCHELOR 3	ENGINEERS AND CO	DISULTATES, INC. UNSULTATE THE STREET (845) 671-0400	; - ^
	PRESSURE (PSIG) TEMPERATURE (°F)		0.	5			30.4		4		MCA CHANGE TWOCHE	CREC HELPES	R COOLING TOWER SOUTH	7
	SPECIFIC GRAVITY		1.03	1.03		++-	106		1.0	CONFOCUTIVE AND UNIT HET TO	MAN AND F MANDELS.	NEXT CHARLOUSE MAN I		-
<u> </u>	DENSITY (PCF)									Application achicaloguest New	H/A	D BOAR HOME PROMOTE NO. CO.	2943005-PE-002 SHT 1	<u> </u>
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