

**Craver, Patti**

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**From:** Logan, Dennis  
**Sent:** Friday, June 08, 2012 2:50 PM  
**To:** 'Richard Domingue'  
**Cc:** Cooper, Paula  
**Attachments:** NPDES.ZIP

Rich,

I am enclosing the NPDES reports from Columbia Generating Station that you requested for review of the biological assessment. I believe that this constitutes the last of the new information that you requested.

Please call or e-mail if you have any questions.

Dennis

Dennis Logan, Ph.D.  
Ecologist  
U.S. Nuclear Regulatory Commission  
One White Flint North, Mail Stop O-11F1  
11555 Rockville Pike  
Rockville, MD 20852-2738

Phone: 301.415.0490  
Fax: 301.415.2002



Dale K. Atkinson  
Vice President, Employee Development/Corporate Services  
P.O. Box 968, Mail Drop PE03  
Richland, WA 99352-0868  
Ph. 509-377-4302 F. 509-377-4098  
dkatkinson@energy-northwest.com

September 12, 2011  
GO2-11-153

EFSEC Manager  
Energy Facility Site Evaluation Council  
P.O. Box 43172  
Olympia, WA 98504-3172

Subject: **COLUMBIA GENERATING STATION  
NPDES DISCHARGE MONITORING REPORT**

Reference: NPDES Permit No. WA-002515-1, Condition S3.A

In accordance with the referenced permit condition, the NPDES Discharge Monitoring Report (DMR) for August 2011 is enclosed. The Columbia Generating Station refueling and maintenance outage (R20) was in progress throughout the reporting period, with the primary focus area being the condenser replacement project. Installation of the new condenser was completed in late August and preliminary testing is scheduled for early September. If you have any questions regarding this report, please contact BC Barfuss at (509) 377-4541.

Respectfully,

A handwritten signature in cursive script, appearing to read "Dale K. Atkinson".

DK Atkinson  
Vice President, Employee Development/Corporate Services

Enclosure

cc: J. Ayres (WDOE)  
J. La Spina (EFSEC)

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

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

NAME Energy Northwest  
ADDRESS P.O. Box 968  
Richland, WA 99352-0968  
FACILITY Columbia Generating Station

WA-002515-1	001
PERMIT NUMBER	DISCHARGE NUMBER

LOCATION USDOE Hanford Site

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
11	08	01	11	08	31	

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
Recirculating Cooling Water Blowdown Flow	SAMPLE MEASUREMENT	2.2	2.2	MGD				0	Continuous	N/A	
	PERMIT REQUIREMENT	5.6	9.4								
pH	SAMPLE MEASUREMENT				7.1		7.4	0	Continuous	N/A	
	PERMIT REQUIREMENT				6.5		9.0				
Temperature	SAMPLE MEASUREMENT					26.3	28.6		Continuous	N/A	
	PERMIT REQUIREMENT					**	**				
Turbidity	SAMPLE MEASUREMENT						0.7		1	Grab	
	PERMIT REQUIREMENT						**				
Total Residual Halogen	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						≤ 0.1				
Copper (Dec-Feb) (Total Recoverable)	SAMPLE MEASUREMENT						N/A		N/A		
	PERMIT REQUIREMENT					70	108				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						TELEPHONE		DATE		
D.K. Atkinson Vice President, Employee Development/Corporate Services							(509) 377-4302		2011	09	12
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

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

\* Maintenance outage in progress, no halogenation periods during August. \*\* No specific limits, monitoring requirement only.

NAME Energy Northwest  
ADDRESS P.O. Box 968  
Richland, WA 99352-0968  
FACILITY Columbia Generating Station

WA-002515-1	001
PERMIT NUMBER	DISCHARGE NUMBER

LOCATION USDOE Hanford Site

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
11	08	01	11	08	31	

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Copper (Mar-Nov) (Total Recoverable)	SAMPLE MEASUREMENT						62	µg/l	0	1	Grab	
	PERMIT REQUIREMENT					223	345					
Chromium (Total Recoverable)	SAMPLE MEASUREMENT						<1.0	µg/l		1	Grab	
	PERMIT REQUIREMENT						**					
Zinc (Total Recoverable)	SAMPLE MEASUREMENT						13	µg/l		1	Grab	
	PERMIT REQUIREMENT						**					
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							TELEPHONE		DATE		
D.K. Atkinson Vice President, Employee Development/Corporate Services								(509) 377-4302		2011	09	10
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

\*\* No specific limits, monitoring requirement only.



# ENERGY NORTHWEST

Dale K. Atkinson  
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February 14, 2012  
GO2-12-024

EFSEC Manager  
Energy Facility Site Evaluation Council  
P.O. Box 43172  
Olympia, WA 98504-3172

**Subject: COLUMBIA GENERATING STATION  
NPDES DISCHARGE MONITORING REPORT**

**Reference: NPDES Permit No. WA-002515-1, Condition S3.A**

In accordance with the referenced permit condition, the NPDES Discharge Monitoring Report (DMR) for January 2012 is enclosed. If you have any questions regarding this report, please contact BC Barfuss at (509) 377-4541.

Respectfully,

DK Atkinson  
Vice President, Employee Development/Corporate Services

Enclosure

cc: J. Ayres (WDOE)  
J. La Spina (EFSEC)

NAME Energy Northwest  
ADDRESS P.O. Box 968  
Richland, WA 99352-0968  
FACILITY Columbia Generating Station

WA-002515-1	001
PERMIT NUMBER	DISCHARGE NUMBER

LOCATION USDOE Hanford Site

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
12	01	01	TO	12	01	31

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Recirculating Cooling Water Blowdown Flow	SAMPLE MEASUREMENT	1.6	2.1	MGD					0	Continuous	N/A	
	PERMIT REQUIREMENT	5.6	9.4									
pH	SAMPLE MEASUREMENT				7.8		8.5	pH	0	Continuous	N/A	
	PERMIT REQUIREMENT				6.5		9.0					
Temperature	SAMPLE MEASUREMENT					22.7	29.0	°C		Continuous	N/A	
	PERMIT REQUIREMENT					**	**					
Turbidity	SAMPLE MEASUREMENT						5.4	NTU		1	Grab	
	PERMIT REQUIREMENT						**					
Total Residual Halogen	SAMPLE MEASUREMENT						≤ 0.1	mg/l	0		Grab	
	PERMIT REQUIREMENT						≤ 0.1					
Copper (Dec-Feb) (Total Recoverable)	SAMPLE MEASUREMENT						12	µg/l	0	1	Grab	
	PERMIT REQUIREMENT					70	108					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							TELEPHONE		DATE		
D.K. Atkinson Vice President, Employee Development/Corporate Services								(509) 377-4302		2012	02	13
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

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

\* Sampled prior to discharge. \*\* No specific limits, monitoring requirement only.

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

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

NAME Energy Northwest  
ADDRESS P.O. Box 968  
Richland, WA 99352-0968  
FACILITY Columbia Generating Station

WA-002515-1	001
PERMIT NUMBER	DISCHARGE NUMBER

LOCATION USDOE Hanford Site

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	01	01		12	01	31

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS	
Copper (Mar-Nov) (Total Recoverable)	SAMPLE MEASUREMENT						N/A		N/A			
	PERMIT REQUIREMENT					223	345					
Chromium (Total Recoverable)	SAMPLE MEASUREMENT						< 1.0		1	Grab		
	PERMIT REQUIREMENT						**					
Zinc (Total Recoverable)	SAMPLE MEASUREMENT						29		1	Grab		
	PERMIT REQUIREMENT						**					
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							TELEPHONE		DATE		
D.K. Atkinson Vice President, Employee Development/Corporate Services								(509) 377-4302		2012	02	B
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

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

\*\* No specific limits, monitoring requirement only.



Dale K. Atkinson  
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dkatkinson@energy-northwest.com

November 15, 2011  
GO2-11-183

EFSEC Manager  
Energy Facility Site Evaluation Council  
P.O. Box 43172  
Olympia, WA 98504-3172

**Subject: COLUMBIA GENERATING STATION  
NPDES DISCHARGE MONITORING REPORT**

**Reference: NPDES Permit No. WA-002515-1, Condition S3.A**

In accordance with the referenced permit condition, the NPDES Discharge Monitoring Report (DMR) for October 2011 is enclosed. If you have any questions regarding this report, please contact BC Barfuss at (509) 377-4541.

Respectfully,

A handwritten signature in black ink, appearing to read "Dale K. Atkinson".

DK Atkinson  
Vice President, Employee Development/Corporate Services

Enclosure

cc: J. Ayres (WDOE)  
J. La Spina (EFSEC)

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

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

NAME Energy Northwest  
ADDRESS P.O. Box 968  
Richland, WA 99352-0968  
FACILITY Columbia Generating Station

WA-002515-1	001
PERMIT NUMBER	DISCHARGE NUMBER

LOCATION USDOE Hanford Site

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	10	01		11	10	31

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Recirculating Cooling Water Blowdown Flow	SAMPLE MEASUREMENT	1.6	4.3	MGD					0	Continuous	N/A	
	PERMIT REQUIREMENT	5.6	9.4									
pH	SAMPLE MEASUREMENT				7.8		8.4	pH	0	Continuous	N/A	
	PERMIT REQUIREMENT				6.5		9.0					
Temperature	SAMPLE MEASUREMENT					25.1	31.1	°C		Continuous	N/A	
	PERMIT REQUIREMENT					**	**					
Turbidity	SAMPLE MEASUREMENT						2.1	NTU		1	Grab	
	PERMIT REQUIREMENT						**					
Total Residual Halogen	SAMPLE MEASUREMENT						≤ 0.1	mg/l	0	.	Grab	
	PERMIT REQUIREMENT						≤ 0.1					
Copper (Dec-Feb) (Total Recoverable)	SAMPLE MEASUREMENT						N/A	µg/l		N/A		
	PERMIT REQUIREMENT					70	108					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							TELEPHONE		DATE		
D.K. Atkinson Vice President, Employee Development/Corporate Services								(509) 377-4302		2011	11	15
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

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

\* Sampled prior to discharge. \*\* No specific limits, monitoring requirement only.

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

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

NAME Energy Northwest  
ADDRESS P.O. Box 968  
Richland, WA 99352-0968  
FACILITY Columbia Generating Station

WA-002515-1	001
PERMIT NUMBER	DISCHARGE NUMBER

LOCATION USDOE Hanford Site

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	10	01		11	10	31

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS						
Copper (Mar-Nov) (Total Recoverable)	SAMPLE MEASUREMENT						16	µg/l	0	1	Grab			
	PERMIT REQUIREMENT					223	345							
Chromium (Total Recoverable)	SAMPLE MEASUREMENT						<1.0	µg/l		1	Grab			
	PERMIT REQUIREMENT						**							
Zinc (Total Recoverable)	SAMPLE MEASUREMENT						29	µg/l		1	Grab			
	PERMIT REQUIREMENT						**							
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							TELEPHONE		DATE				
D.K. Atkinson Vice President, Employee Development/Corporate Services								(509) 377-4302		2011	11	15		
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

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

\*\* No specific limits, monitoring requirement only.



Dale K. Atkinson  
Vice President, Employee Development/Corporate Services  
P.O. Box 968, Mail Drop PE03  
Richland, WA 99352-0968  
Ph. 509-377-4302 F. 509-377-4098  
dkatkinson@energy-northwest.com

October 13, 2011  
GO2-11-168

EFSEC Manager  
Energy Facility Site Evaluation Council  
P.O. Box 43172  
Olympia, WA 98504-3172

**Subject: COLUMBIA GENERATING STATION  
NPDES DISCHARGE MONITORING REPORT**

**Reference: NPDES Permit No. WA-002515-1, Condition S3.A**

In accordance with the referenced permit condition, the NPDES Discharge Monitoring Report (DMR) for September 2011 is enclosed. The Columbia Generating Station refueling and maintenance outage (R20) concluded during the reporting period, with Columbia re-connecting to the power grid on September 27<sup>th</sup>. If you have any questions regarding this report, please contact BC Barfuss at (509) 377-4541.

Respectfully,

A handwritten signature in black ink, appearing to read "D. K. Atkinson".

DK Atkinson  
Vice President, Employee Development/Corporate Services

Enclosure

cc: J. Ayres (WDOE)  
J. La Spina (EFSEC)

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

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

NAME Energy Northwest  
ADDRESS P.O. Box 968  
Richland, WA 99352-0968  
FACILITY Columbia Generating Station

WA-002515-1	001
PERMIT NUMBER	DISCHARGE NUMBER

LOCATION USDOE Hanford Site

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	09	01		11	09	30

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Recirculating Cooling Water Blowdown Flow	SAMPLE MEASUREMENT	2.5	5.1	MGD					0	Continuous	N/A	
	PERMIT REQUIREMENT	5.6	9.4									
pH	SAMPLE MEASUREMENT				6.7		8.5	pH	0	Continuous	N/A	
	PERMIT REQUIREMENT				6.5		9.0					
Temperature	SAMPLE MEASUREMENT					18.1	27.2	°C		Continuous	N/A	
	PERMIT REQUIREMENT					**	**					
Turbidity	SAMPLE MEASUREMENT					3.9	7.3	NTU		2	Grab	
	PERMIT REQUIREMENT						**					
Total Residual Halogen	SAMPLE MEASUREMENT						*	mg/l			.	
	PERMIT REQUIREMENT						≤ 0.1					
Copper (Dec-Feb) (Total Recoverable)	SAMPLE MEASUREMENT						N/A	µg/l		N/A		
	PERMIT REQUIREMENT					70	108					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						TELEPHONE		DATE		
D.K. Atkinson Vice President, Employee Development/Corporate Services								(509) 377-4302		2011	10	12
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

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

\* Maintenance outage in progress, no halogenation periods during September. \*\* No specific limits, monitoring requirement only.

NAME Energy Northwest  
ADDRESS P.O. Box 968  
Richland, WA 99352-0968  
FACILITY Columbia Generating Station

WA-002515-1	001
PERMIT NUMBER	DISCHARGE NUMBER

LOCATION USDOE Hanford Site

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
11	09	01	11	09	30	

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Copper (Mar-Nov) (Total Recoverable)	SAMPLE MEASUREMENT					44	76	µg/l	0	2	Grab	
	PERMIT REQUIREMENT					223	345					
Chromium (Total Recoverable)	SAMPLE MEASUREMENT					<1.0	<1.0	µg/l		2	Grab	
	PERMIT REQUIREMENT						**					
Zinc (Total Recoverable)	SAMPLE MEASUREMENT					11	14	µg/l		2	Grab	
	PERMIT REQUIREMENT						**					
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							TELEPHONE		DATE		
D.K. Atkinson Vice President, Employee Development/Corporate Services								(509) 377-4302		2011	10	12
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

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

\*\* No specific limits, monitoring requirement only.



Dale K. Atkinson  
Vice President, Employee Development/Corporate Services  
P.O. Box 988, Mail Drop PE03  
Richland, WA 99352-0988  
Ph. 509-377-4302 F. 509-377-4098  
dkatkinson@energy-northwest.com

May 14, 2012  
GO2-12-070

EFSEC Manager  
Energy Facility Site Evaluation Council  
P.O. Box 43172  
Olympia, WA 98504-3172

Subject: **COLUMBIA GENERATING STATION  
NPDES DISCHARGE MONITORING REPORT**

Reference: NPDES Permit No. WA-002515-1, Condition S3.A

In accordance with the referenced permit condition, the NPDES Discharge Monitoring Report (DMR) for April 2012 is enclosed. If you have any questions regarding this report, please contact BC Barfuss at (509) 377-4541.

Respectfully,

A handwritten signature in black ink, appearing to read "D.K. Atkinson".

DK Atkinson  
Vice President, Employee Development/Corporate Services

Enclosure

cc: J. Ayres (WDOE)  
J. La Spina (EFSEC)

PERMITTEE NAME/ADDRESS (include Facility Name, Location if Different)

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

NAME Energy Northwest  
ADDRESS P.O. Box 968  
Richland, WA 99352-0968  
FACILITY Columbia Generating Station

WA-002515-1	001
PERMIT NUMBER	DISCHARGE NUMBER

LOCATION USDOE Hanford Site

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	04	01		12	04	30

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Recirculating Cooling Water Blowdown Flow	SAMPLE MEASUREMENT	1.5	2.3	MGD					0	Continuous	N/A	
	PERMIT REQUIREMENT	5.6	9.4									
pH	SAMPLE MEASUREMENT				7.9		8.4	pH	0	Continuous	N/A	
	PERMIT REQUIREMENT				6.5		9.0					
Temperature	SAMPLE MEASUREMENT					24.2	31.2	°C		Continuous	N/A	
	PERMIT REQUIREMENT				**	**	**					
Turbidity	SAMPLE MEASUREMENT						6.6	NTU		1	Grab	
	PERMIT REQUIREMENT						**					
Total Residual Halogen	SAMPLE MEASUREMENT						≤ 0.1	mg/l	0		Grab	
	PERMIT REQUIREMENT						≤ 0.1					
Copper (Dec-Feb) (Total Recoverable)	SAMPLE MEASUREMENT						N/A	µg/l		N/A		
	PERMIT REQUIREMENT					70	108					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							TELEPHONE		DATE		
D.K. Atkinson Vice President, Employee Development/Corporate Services								(509) 377-4302		2012	5	14
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

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

\* Sampled prior to discharge. \*\* No specific limits, monitoring requirement only.

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

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

NAME Energy Northwest  
ADDRESS P.O. Box 968  
Richland, WA 99352-0968  
FACILITY Columbia Generating Station

WA-002515-1	001
PERMIT NUMBER	DISCHARGE NUMBER

LOCATION USDOE Hanford Site

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	04	01		12	04	30

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS	
Copper (Mar-Nov) (Total Recoverable)	SAMPLE MEASUREMENT						12	µg/l	0	1	Grab	
	PERMIT REQUIREMENT					223	345					
Chromium (Total Recoverable)	SAMPLE MEASUREMENT						1.0	µg/l		1	Grab	
	PERMIT REQUIREMENT						**					
Zinc (Total Recoverable)	SAMPLE MEASUREMENT						26	µg/l		1	Grab	
	PERMIT REQUIREMENT						**					
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							TELEPHONE		DATE		
D.K. Atkinson Vice President, Employee Development/Corporate Services								(509) 377-4302		2012	5	14
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY

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

\*\* No specific limits, monitoring requirement only.



Dale K. Atkinson  
Vice President, Employee Development/Corporate Services  
P.O. Box 968, Mail Drop PE03  
Richland, WA 99352-0968  
Ph. 509-377-4302 F. 509-377-4098  
dkatkinson@energy-northwest.com

April 12, 2012  
GO2-12-058

EFSEC Manager  
Energy Facility Site Evaluation Council  
P.O. Box 43172  
Olympia, WA 98504-3172

**Subject: COLUMBIA GENERATING STATION  
NPDES DISCHARGE MONITORING REPORT**

**Reference: NPDES Permit No. WA-002515-1, Condition S3.A**

In accordance with the referenced permit condition, the NPDES Discharge Monitoring Report (DMR) for March 2012 is enclosed. If you have any questions regarding this report, please contact BC Barfuss at (509) 377-4541.

Respectfully,

*for* 

DK Atkinson  
Vice President, Employee Development/Corporate Services

Enclosure

cc: J. Ayres (WDOE)  
J. La Spina (EFSEC)

PERMITTEE NAME/ADDRESS (include Facility Name, Location & Delineation)

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

NAME Energy Northwest  
ADDRESS P.O. Box 968  
Richland, WA 99352-0968  
FACILITY Columbia Generating Station

WA-002515-1	001
PERMIT NUMBER	DISCHARGE NUMBER

LOCATION USDOE Hanford Site

MONITORING PERIOD							
FROM				TO			
YEAR	MO	DAY		YEAR	MO	DAY	
12	03	01		12	03	31	

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Recirculating Cooling Water Blowdown Flow	SAMPLE MEASUREMENT	1.6	2.0	MGD					0	Continuous	N/A
	PERMIT REQUIREMENT	5.6	9.4								
pH	SAMPLE MEASUREMENT				8.0		8.5	pH	0	Continuous***	N/A
	PERMIT REQUIREMENT				6.5		9.0				
Temperature	SAMPLE MEASUREMENT					24.2	30.1	°C		Continuous	N/A
	PERMIT REQUIREMENT					**	**				
Turbidity	SAMPLE MEASUREMENT						3.9	NTU		1	Grab
	PERMIT REQUIREMENT						**				
Total Residual Halogen	SAMPLE MEASUREMENT						≤ 0.1	mg/l	0		Grab
	PERMIT REQUIREMENT						≤ 0.1				
Copper (Dec-Feb) (Total Recoverable)	SAMPLE MEASUREMENT						N/A	µg/l		N/A	
	PERMIT REQUIREMENT					70	108				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE			
D.K. Atkinson Vice President, Employee Development/Corporate Services		(509) 377-4302	2012	4	12	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

\* Sampled prior to discharge. \*\* No specific limits, monitoring requirement only. \*\*\* pH recorder out-of-service 0230 hrs to 1330 hrs on 3/4/12. Manual monitoring performed during this period.

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

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

NAME Energy Northwest  
ADDRESS P.O. Box 968  
Richland, WA 99352-0968  
FACILITY Columbia Generating Station

WA-002515-1	001
PERMIT NUMBER	DISCHARGE NUMBER

LOCATION USDOE Hanford Site

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	03	01		12	03	31

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS						
Copper (Mar-Nov) (Total Recoverable)	SAMPLE MEASUREMENT						9.9	µg/l	0	1	Grab			
	PERMIT REQUIREMENT					223	345							
Chromium (Total Recoverable)	SAMPLE MEASUREMENT						< 1.0	µg/l		1	Grab			
	PERMIT REQUIREMENT						**							
Zinc (Total Recoverable)	SAMPLE MEASUREMENT						23	µg/l		1	Grab			
	PERMIT REQUIREMENT						**							
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							TELEPHONE		DATE				
D.K. Atkinson Vice President, Employee Development/Corporate Services								(509) 377-4302		2012 4 12				
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

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

\*\* No specific limits, monitoring requirement only.



Dale K. Atkinson  
Vice President, Employee Development/Corporate Services  
P.O. Box 968, Mail Drop FE03  
Richland, WA 99352-0968  
Ph. 509-377-4302 F. 509-377-4098  
dkatkinson@energy-northwest.com

March 13, 2012  
GO2-12-036

EFSEC Manager  
Energy Facility Site Evaluation Council  
P.O. Box 43172  
Olympia, WA 98504-3172

Subject: **COLUMBIA GENERATING STATION  
NPDES DISCHARGE MONITORING REPORT**

Reference: NPDES Permit No. WA-002515-1, Condition S3.A

In accordance with the referenced permit condition, the NPDES Discharge Monitoring Report (DMR) for February 2012 is enclosed. If you have any questions regarding this report, please contact BC Barfuss at (509) 377-4541.

Respectfully,

A handwritten signature in black ink, appearing to read "D.K. Atkinson".

DK Atkinson  
Vice President, Employee Development/Corporate Services

Enclosure

cc: J. Ayres (WDOE)  
J. La Spina (EFSEC)

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

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

NAME Energy Northwest  
ADDRESS P.O. Box 968  
Richland, WA 99352-0968  
FACILITY Columbia Generating Station

WA-002515-1	001
PERMIT NUMBER	DISCHARGE NUMBER

LOCATION USDOE Hanford Site

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
12	02	01	TO	12	02	29

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Recirculating Cooling Water Blowdown Flow	SAMPLE MEASUREMENT	1.6	2.0	MGD				0	Continuous	N/A
	PERMIT REQUIREMENT	5.6	9.4							
pH	SAMPLE MEASUREMENT				8.1		8.4	0	Continuous	N/A
	PERMIT REQUIREMENT				6.5		9.0			
Temperature	SAMPLE MEASUREMENT					23.2	31.8		Continuous	N/A
	PERMIT REQUIREMENT					**	**			
Turbidity	SAMPLE MEASUREMENT						3.9		1	Grab
	PERMIT REQUIREMENT						**			
Total Residual Halogen	SAMPLE MEASUREMENT						≤ 0.1	0	1	Grab
	PERMIT REQUIREMENT						≤ 0.1			
Copper (Dec-Feb) (Total Recoverable)	SAMPLE MEASUREMENT						10	0	1	Grab
	PERMIT REQUIREMENT					70	108			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
		(509) 377-4302		10/12	02	10
D.K. Atkinson Vice President, Employee Development/Corporate Services	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED						

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

\* Sampled prior to discharge. \*\* No specific limits, monitoring requirement only.

PERMITTEE NAME/ADDRESS (Include Facility Name, Location & Diferent)

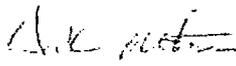
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

NAME Energy Northwest  
ADDRESS P.O. Box 968  
Richland, WA 99352-0968  
FACILITY Columbia Generating Station

WA-002515-1	001
PERMIT NUMBER	DISCHARGE NUMBER

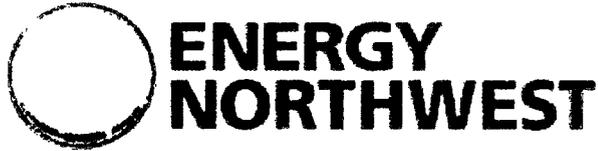
LOCATION USDOE Hanford Site

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	02	01		12	02	29

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
Copper (Mar-Nov) (Total Recoverable)	SAMPLE MEASUREMENT						N/A		N/A		
	PERMIT REQUIREMENT					223	345				
Chromium (Total Recoverable)	SAMPLE MEASUREMENT						< 1.0		1	Grab	
	PERMIT REQUIREMENT						**				
Zinc (Total Recoverable)	SAMPLE MEASUREMENT						25		1	Grab	
	PERMIT REQUIREMENT						**				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						TELEPHONE		DATE		
D.K. Atkinson Vice President, Employee Development/Corporate Services							(509) 377-4302		2012	02	15
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

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

\*\* No specific limits, monitoring requirement only.



Dale K. Atkinson  
Vice President, Employee Development/Corporate Services  
P.O. Box 968, Mail Drop PE03  
Richland, WA 99352-0968  
Ph. 509-377-4302 F. 509-377-4098  
dkatkinson@energy-northwest.com

December 14, 2011  
GO2-11-198

EFSEC Manager  
Energy Facility Site Evaluation Council  
P.O. Box 43172  
Olympia, WA 98504-3172

Subject: **COLUMBIA GENERATING STATION  
NPDES DISCHARGE MONITORING REPORT**

Reference: NPDES Permit No. WA-002515-1, Condition S3.A

In accordance with the referenced permit condition, the NPDES Discharge Monitoring Report (DMR) for November 2011 is enclosed. If you have any questions regarding this report, please contact BC Barfuss at (509) 377-4541.

Respectfully,

A handwritten signature in black ink, appearing to read "D. K. Atkinson".

DK Atkinson  
Vice President, Employee Development/Corporate Services

Enclosure

cc: J. Ayres (WDOE)  
J. La Spina (EFSEC)

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

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

NAME Energy Northwest  
ADDRESS P.O. Box 968  
Richland, WA 99352-0968  
FACILITY Columbia Generating Station

WA-002515-1	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
11	11	01	11	11	30	

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Recirculating Cooling Water Blowdown Flow	SAMPLE MEASUREMENT	1.4	2.2	MGD					0	Continuous	N/A	
	PERMIT REQUIREMENT	5.6	9.4									
pH	SAMPLE MEASUREMENT				8.1		8.6	pH	0	Continuous	N/A	
	PERMIT REQUIREMENT				6.5		9.0					
Temperature	SAMPLE MEASUREMENT					24.5	32.0	°C		Continuous	N/A	
	PERMIT REQUIREMENT					**	**					
Turbidity	SAMPLE MEASUREMENT						7.0	NTU		1	Grab	
	PERMIT REQUIREMENT						**					
Total Residual Halogen	SAMPLE MEASUREMENT						≤ 0.1	mg/l	0		Grab	
	PERMIT REQUIREMENT						≤ 0.1					
Copper (Dec-Feb) (Total Recoverable)	SAMPLE MEASUREMENT						N/A	µg/l		N/A		
	PERMIT REQUIREMENT					70	108					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							TELEPHONE		DATE		
D.K. Atkinson Vice President, Employee Development/Corporate Services								(509) 377-4302		2011	12	14
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

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

\* Sampled prior to discharge. \*\* No specific limits, monitoring requirement only.

PERMITTEE NAME/ADDRESS (Include Facility Name, Location & Diferent)

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

NAME Energy Northwest  
ADDRESS P.O. Box 968  
Richland, WA 99352-0968  
FACILITY Columbia Generating Station

WA-002515-1	001
PERMIT NUMBER	DISCHARGE NUMBER

LOCATION USDOE Hanford Site

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
11	11	01	FROM	TO	11	11	30

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS						
Copper (Mar-Nov) (Total Recoverable)	SAMPLE MEASUREMENT						19	µg/l	0	1	Grab			
	PERMIT REQUIREMENT					223	345							
Chromium (Total Recoverable)	SAMPLE MEASUREMENT						1.4	µg/l		1	Grab			
	PERMIT REQUIREMENT						**							
Zinc (Total Recoverable)	SAMPLE MEASUREMENT						33	µg/l		1	Grab			
	PERMIT REQUIREMENT						**							
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							TELEPHONE		DATE				
D.K. Atkinson Vice President, Employee Development/Corporate Services								(509) 377-4302		2011	12	14		
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

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

\*\* No specific limits, monitoring requirement only.



Dale K. Atkinson  
Vice President, Employee Development/Corporate Services  
P.O. Box 968, Mail Drop PE03  
Richland, WA 99352-0968  
Ph. 509-377-4302 F. 509-377-4088  
dkatkinson@energy-northwest.com

January 11, 2012  
GO2-12-005

EFSEC Manager  
Energy Facility Site Evaluation Council  
P.O. Box 43172  
Olympia, WA 98504-3172

**Subject: COLUMBIA GENERATING STATION  
NPDES DISCHARGE MONITORING REPORT**

**Reference: NPDES Permit No. WA-002515-1, Condition S3.A**

In accordance with the referenced permit condition, the NPDES Discharge Monitoring Report (DMR) for December 2011 is enclosed. If you have any questions regarding this report, please contact BC Barfuss at (509) 377-4541.

Respectfully,

A handwritten signature in black ink, appearing to read "Dale K. Atkinson".

DK Atkinson  
Vice President, Employee Development/Corporate Services

Enclosure

cc: J. Ayres (WDOE)  
J. La Spina (EFSEC)

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

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

NAME Energy Northwest  
ADDRESS P.O. Box 968  
Richland, WA 99352-0968  
FACILITY Columbia Generating Station

WA-002515-1	001
PERMIT NUMBER	DISCHARGE NUMBER

LOCATION USDOE Hanford Site

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
11	12	01	TO	11	12	31

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Recirculating Cooling Water Blowdown Flow	SAMPLE MEASUREMENT	1.4	2.0	MGD				0	Continuous	N/A		
	PERMIT REQUIREMENT	5.6	9.4									
pH	SAMPLE MEASUREMENT				8.1		8.5	0	Continuous	N/A		
	PERMIT REQUIREMENT				6.5		9.0					
Temperature	SAMPLE MEASUREMENT					23.7	33.7	0	Continuous	N/A		
	PERMIT REQUIREMENT				**	**	**					
Turbidity	SAMPLE MEASUREMENT						3.3	0	1	Grab		
	PERMIT REQUIREMENT						**					
Total Residual Halogen	SAMPLE MEASUREMENT						≤ 0.1	0	1	Grab		
	PERMIT REQUIREMENT						≤ 0.1					
Copper (Dec-Feb) (Total Recoverable)	SAMPLE MEASUREMENT						14	0	1	Grab		
	PERMIT REQUIREMENT					70	108					
NAME/TITLE-PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							TELEPHONE		DATE		
D.K. Atkinson Vice President, Employee Development/Corporate Services								(509) 377-4302		2012	1	11
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

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

\* Sampled prior to discharge. \*\* No specific limits, monitoring requirement only.

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

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

NAME Energy Northwest  
ADDRESS P.O. Box 968  
Richland, WA 99352-0968  
FACILITY Columbia Generating Station

WA-002515-1	001
PERMIT NUMBER	DISCHARGE NUMBER

LOCATION USDOE Hanford Site

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	12	01		11	12	31

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
Copper (Mar-Nov) (Total Recoverable)	SAMPLE MEASUREMENT						N/A	µg/l		N/A			
	PERMIT REQUIREMENT					223	345						
Chromium (Total Recoverable)	SAMPLE MEASUREMENT						< 1.0	µg/l		1	Grab		
	PERMIT REQUIREMENT						**						
Zinc (Total Recoverable)	SAMPLE MEASUREMENT						29	µg/l		1	Grab		
	PERMIT REQUIREMENT						**						
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.								TELEPHONE		DATE		
D.K. Atkinson Vice President, Employee Development/Corporate Services									(509) 377-4302		2012	1	11
TYPED OR PRINTED									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

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

\*\* No specific limits, monitoring requirement only.