

REGULATORY INFORMATION DISTRIBUTION SYSTEM (RIDS)

ACCESSION NBR: 9011200287 DOC. DATE: 90/09/30 NOTARIZED: NO DOCKET #
 FACIL: 50-335 St. Lucie Plant, Unit 1, Florida Power & Light Co. 05000335
 AUTH. NAME AUTHOR AFFILIATION
 SAGER, D.A. Florida Power & Light Co.
 RECIP. NAME RECIPIENT AFFILIATION

SUBJECT: "NPDES Discharge Monitoring Rept for Sept 1990." W/901114
 ltr.

DISTRIBUTION CODE: IE23D COPIES RECEIVED: LTR 1 ENCL 1 SIZE: 3
 TITLE: Environmental Event Report (per Tech Specs)

NOTES:

	RECIPIENT		COPIES			RECIPIENT		COPIES	
	ID CODE/NAME		LTR	ENCL		ID CODE/NAME		LTR	ENCL
	PD2-2 LA		3	3		PD2-2 PD		1	1
	NORRIS, J		1	1					
INTERNAL:	ACRS		5	5		AEOD/DSP/TPAB		1	1
	AEOD/PTB		1	1		NRR/DREP/PEPB9D		1	1
	NRR/PMAS/ILRB12		1	1		OGC/HDS2		1	1
	REG FILE 01		1	1		RGN2		1	1
	RGN2/DRSS/EPRPB		1	1					
EXTERNAL:	NRC PDR		1	1		NSIC		1	1

2nd distribution due to incorrect Rids Sheet

TOTAL NUMBER OF COPIES REQUIRED: LTR 20 ENCL 20



NOV 14 1990

L-90-398

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

Gentlemen:

Re: St. Lucie Unit 1
Docket 50-335
Environmental Protection Plan Report - National Pollutant
Discharge Elimination System (NPDES) Reportable Event

In accordance with Section 3.2.1 of the St. Lucie Unit 1
Environmental Protection Plan, attached is a copy of the Discharge
Monitoring Report (DMR) required by the St. Lucie Plant NPDES
Permit with respect to a reportable event. Additionally, a
description of the event is provided.

Very truly yours,

D A SAGER

By H.J. Boissy
D. A. Sager
Vice President
St. Lucie Plant

DAS:JJB:kw

cc: Stewart D. Ebnetter, Regional Administrator, Region II, USNRC
Senior Resident Inspector, USNRC, St. Lucie Plant

DAS/PSL #282

9011200287 900930
PDR ADOCK 05000335
R PDC

*Coat
11 IE23*



12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

101
102
103
104
105
106
107
108
109
110
111
112
113
114
115
116
117
118
119
120
121
122
123
124
125
126
127
128
129
130
131
132
133
134
135
136
137
138
139
140
141
142
143
144
145
146
147
148
149
150
151
152
153
154
155
156
157
158
159
160
161
162
163
164
165
166
167
168
169
170
171
172
173
174
175
176
177
178
179
180
181
182
183
184
185
186
187
188
189
190
191
192
193
194
195
196
197
198
199
200

201
202
203
204
205
206
207
208
209
210
211
212
213
214
215
216
217
218
219
220
221
222
223
224
225
226
227
228
229
230
231
232
233
234
235
236
237
238
239
240
241
242
243
244
245
246
247
248
249
250
251
252
253
254
255
256
257
258
259
260
261
262
263
264
265
266
267
268
269
270
271
272
273
274
275
276
277
278
279
280
281
282
283
284
285
286
287
288
289
290
291
292
293
294
295
296
297
298
299
300

ATTACHMENT

DESCRIPTION OF THE EVENT

Flow readings for the Unit 1 sewage treatment plant were not recorded between 9/15/90 and 9/30/90. These readings are required weekly by EPA.

The plant was inspected at least once daily during this time frame and no abnormal flows were observed. The flow meter indicated flow properly, but the chart recorder did not advance, and the totalizer did not register the flow.

The problem was corrected on 10/1/90. It was discovered that the flow meter had two separate power supplies. One breaker powered the flow indicator, and a breaker labeled "Aux. Receptacle" breaker had been placed in the OFF position. This breaker has been relabeled "Effl. Flow Meter." It is not expected this situation will recur.

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

NAME FL PWR & LT - ST LUCIE
 ADDRESS ENVIRONMENTAL AFFAIRS
PO BOX 14000
JUNO BEACH FL 33408

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

(2-16) (17-19)

FLO002208
 PERMIT NUMBER

004 1
 DISCHARGE NUMBER

F - FINAL
 SEWAGE TRTMT PLANT

FACILITY _____
 LOCATION _____
 ATTN: T. R. FAIR

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	09	01		90	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUBR JA)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BOD, 5-DAY (20 DEG. C) 00310 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	No requirement this month								QTRLY GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	15	15		0	Monthly Grab
	PERMIT REQUIREMENT	*****	*****		*****	DAILY AV	DAILY MX	MG/L		QTRLY GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.70		7.60		0	Daily Grab
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM		9.0 MAXIMUM	SU		WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED 00530 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	No requirement this month								QTRLY GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	3	3		0	Monthly Grab
	PERMIT REQUIREMENT	*****	*****		*****	DAILY AV	DAILY MX	MG/L		QTRLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.004	0.012		*****				0	Daily * Inter
	PERMIT REQUIREMENT	0.017 DAILY AV	REPORT DAILY MX	MGD	*****					WEEKLY INST
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	No requirement this month								QTRLY GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
J.H. Goldberg
Exec Vice President
 TYPED OR PRINTED

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.

[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 407 465-3558
 DATE: 90 10 10

COMMENT AND EXPLANATION OF ANY VIOLATIONS:
 ALL MONITORING ONCE PER BATCH. EFFLUENT SHALL BE AEROBIC AT ALL TIMES. * See Attached Letter

