

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

NAME DUKE POWER COMPANY/W.A. HALLER
ADDRESS P.O. BOX 33189
CHARLOTTE, N.C. 28242

FACILITY CATAWBA NUCLEAR STATION
LOCATION YORK, S.C.

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

Form Approved
OMB No. 158-R0073

(2-16)	(17-19)
SC0004278	001
PERMIT NUMBER	DISCHARGE NUMBER

M 91 CT 08/01/84

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
91	03	01	91	03	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			UNITS	NO EX (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
00011 LAB ID:34617 TEMPERATURE DISCHG	SAMPLE MEASUREMENT				59.9	64.9	68.4	DEG F	0	24/1	RC
	PERMIT REQUIREMENT					RR	RR			1/1	RC000
00011 LAB ID:34617 TEMP INTAKE-AMB	SAMPLE MEASUREMENT				50.0	55.0	60.3	DEG F	0	24/1	RC
	PERMIT REQUIREMENT					RR	RR			1/1	RC000
00018 LAB ID:34617 TEMPERATURE CHANGE NNNNNNNNNNNN	SAMPLE MEASUREMENT					13.2		DEG F		24/1	CA
	PERMIT REQUIREMENT									1/1	CA000
00018 LAB ID:34617 TEMPERATURE CHANGE YYNNNNNNNNYYY	SAMPLE MEASUREMENT				3.6	9.9	16.3	DEG F	0	24/1	CA
	PERMIT REQUIREMENT					36.1				1/1	CA000
00400 LAB ID:34617 PH	SAMPLE MEASUREMENT				6.70	7.03	7.20	STD	0	4/30	GR
	PERMIT REQUIREMENT				6		9			1/7	GR000
50050 LAB ID:0000 FLOW	SAMPLE MEASUREMENT	62.3	79.7	MGD					0	24/1	RC
	PERMIT REQUIREMENT	RR	RR							1/1	RC000
50060 LAB ID:34617 RESIDUAL CHLORINE TOTAL	SAMPLE MEASUREMENT				.0	.0	.0	MG/L	0	4/30	GR
	PERMIT REQUIREMENT					RR	RR			1/7	GR000

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
TUCKER, H.B.
SENIOR V.P. NUCLEAR
TYPED OR PRINTED

THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE
CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY
TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES.
SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319
(Penalties under these statutes may be fines up to \$10,000 and/or maximum imprison-
ment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
704	373-8506	91	04	18
AREA CODE	NUMBER	YEAR	MO	DAY

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

9104300312 910426
PDR ADDCK 05000413
R PDR

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

NAME **DUKE POWER COMPANY/W.A. HALLER**
ADDRESS **P.O. BOX 33189**
CHARLOTTE, N.C. 28242

FACILITY **CATAWBA NUCLEAR STATION**
LOCATION **YORK, S.C.**

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

Form Approved
OMB No. 158-R0073

(C-16)	(17-19)
SC0004278	001
PERMIT NUMBER	DISCHARGE NUMBER

M 91 CT 08/01/84 F

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
91	03	01	91	03	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

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PARAMETER (32-37)	SAMPLE MEASUREMENT (46-53)	QUANTITY OR LOADING (54-61)			QUALITY OR CONCENTRATION (62-69)			UNITS (70-71)	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (68-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
50064 LAB ID:34617 RESIDUAL CHLORINE FREE AVAILABLE	SAMPLE MEASUREMENT				.0	.0	.0	MG/L		0 4/30	GR	
	PERMIT REQUIREMENT					0.2	0.5			1/7	GR000	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
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	PERMIT REQUIREMENT											
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TUCKER, H.B. SENIOR V.P. NUCLEAR TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		704	373-8536	91
								AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME DUKE POWER COMPANY/W.A. HALLER
ADDRESS P.O. BOX 33189
CHARLOTTE, N.C. 28242

FACILITY CATAWBA NUCLEAR STATION
LOCATION YORK, S.C.

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

Form Approved
OMB No. 158-R0073

(2-18) SC0004278
PERMIT NUMBER

(17-19) 002
DISCHARGE NUMBER

M 91 CT 08/01/84 F

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
91	03	01	91	03	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (54-61)			QUALITY OR CONCENTRATION (46-53)				NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (46-53)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)			
00400 LAB ID:34617 PH					7.30	6.10	8.70	STD	0	5/30	GR
					6		9			1/7	GR000
00530 LAB ID:34617 T. SUSPENDED SOLIDS					5.1	10.7	16.3	MG/L	0	2/30	GR
						30	100			2/30	GR000
00556 LAB ID:99005 OIL AND GREASE					.1	.2	.2	MG/L	0	2/30	GR
						15	20			2/30	GR000
50050 LAB ID:0000 FLOW		1.39	2.13	MGD					0	17/30	FI
		RR	RR							1/7	FI000
81313 LAB ID:34617 HYDRAZINE					< .01	< .01	< .01	MG/L	0	2/30	GR
							0.43			1/OCC	GR000
81688 LAB ID:34617 ETHYLENE GLYCOL						< 1.0	< 1.0	MG/L	0	1/30	GR
						11.9	23.8			1/OCC	GR000

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TUCKER, H.B. SENIOR V.P. NUCLEAR TYPE D OR PRINTED			704 373-8506 AREA CODE NUMBER	91 04 18 YEAR MO DAY		

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

*1/OCC BUT AT LEAST 2/MO
**1/OCC BUT NEED NOT EXCEED 2/MO

(REPLACES EPA FORM 740 WHICH MAY NOT BE USED)

PAGE OF

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

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ADDRESS P.O. BOX 33189
CHARLOTTE, N.C. 28242

FACILITY CATAWBA NUCLEAR STATION
LOCATION YORK, S.C

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

Form Approved
OMB No. 158-R0073

(2-16)
SC0004278
PERMIT NUMBER

(17-19)
003
DISCHARGE NUMBER

M 91 CT 08/01/84 F

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)
91 03 01 TO 91 03 31

NOTE Read Instructions before completing this form

PARAMETER (32-37)		(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	UNITS			
00310 LAB ID:99005 BOD	SAMPLE MEASUREMENT					7.9	7.9	MG/L	0	1/30	20HR
	PERMIT REQUIREMENT					30	60			1/30	20890
00400 LAB ID:34617 PH	SAMPLE MEASUREMENT				6.50	6.85	7.20	STD	0	4/30	GR
	PERMIT REQUIREMENT				6		9			1/7	GR000
00530 LAB ID:34617 T. SUSPENDED SOLIDS	SAMPLE MEASUREMENT					21.7	21.7	MG/L	0	1/30	20HR
	PERMIT REQUIREMENT					90	135			1/30	20890
50050 LAB ID:0000 FLOW	SAMPLE MEASUREMENT	.040	.093	MGD					0	31/30	FI
	PERMIT REQUIREMENT		RR							1/30	FI000
74055 LAB ID:87065 FECAL COLIFORM	SAMPLE MEASUREMENT					170	170	NO./ 100ML	0	1/30	GR
	PERMIT REQUIREMENT					200	400			1/30	GR000
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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SENIOR V.P. NUCLEAR
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SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
704 373-8506 91 04 18
AREA NUMBER YEAR MO DAY

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

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

Form Approved
OMB No. 158-R0073

(2-16) SC0004278 (17-19) 004
PERMIT NUMBER DISCHARGE NUMBER

M 91 CT 08/01/84 F

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
91 03 01 91 03 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE Read Instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (48-53)			UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
00530 LAB ID:99005 T. SUSPENDED SOLIDS								MG/L	0	0/30	GR
						30	100			1/365	GR0000
00556 LAB ID:99005 OIL AND GREASE								MG/L	0	0/30	GR
						15	20			1/365	GR0000
01022 LAB ID:99005 BORON (B)								MG/L	0	0/30	30DA
							RR			1/90	30410
01042 LAB ID:99005 COPPER (CU)								MG/L	0	0/30	GR
						1.0	1.0			1/0CC	GR0000
01045 LAB ID:99005 IRON (FE)								MG/L	0	0/30	GR
						1.0	1.0			1/0CC	GR0000
81313 LAB ID:34617 HYDRAZINE								MG/L	0	0/30	GR
							RR			1/0CC	GR0000
81688 LAB ID:34617 ETHYLENE GLYCOL								MG/L	0	0/30	GR
							RR			1/0CC	GR0000
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*1/0CC BUT NEED NOT EXCEED 1/MO

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FACILITY **CATAWBA NUCLEAR STATION**
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 158-R0073

(2-16) **SC0004278**
PERMIT NUMBER
(17-19) **005**
DISCHARGE NUMBER

M 91 CT 08/01/84 F

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)
91 03 01 91 03 31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
GC400 LAB ID:34617 PH										0 0/30	GR
					6			9	STD	1/0CC	GR000
01042 LAB ID:99005 COPPER (CU)										0 0/30	GR
						1.0		1.0	MG/L	1/0CC	GR000
01045 LAB ID:99005 IRON (FE)										0 0/30	GR
						1.0		1.0	MG/L	1/0CC	GR000
50050 LAB ID:0000 FLOW										0/30	FI
			RR	MGD						1/0CC	FI000
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TUCKER, H.B. SENIOR V.P. NUCLEAR TYPED OR PRINTED		THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may be fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE 704 373-8506 AREA CODE NUMBER		DATE 91 04 18 YEAR MO DAY	

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