

NAME: VEPCO-OLD DOMINION ELEC COOP-NORTH ANNA  
 ADDRESS: 5000 DOMINION BOULEVARD, VA 23060  
 GLEN ALLEN

VALLEY REGIONAL OFFICE  
 P.O. BOX 258  
 BRIDGEWATER, VA 22812  
 703-828-2895

DISCHARGE NUMBER: 001

PERMIT NUMBER: VA0052451

MONITORING PERIOD: FROM 92 06 01 TO 92 06 30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILE NO. 22P4740

PARAMETER	QUANTITY OR LOADING		UNITS		QUALITY OR CONCENTRATION		NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTED PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*	***	***
002 PH	REPORTED PERMIT REQUIREMENT	NL	NL		*****	*****	*	***	***
004 TOTAL SUS. SOLIDS	REPORTED PERMIT REQUIREMENT	*****	*****		*****	*****	*	***	***
500 OIL & GREASE	REPORTED PERMIT REQUIREMENT	*****	*****		*****	*****	*	***	***

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

No discharge for the month of June 1992.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD (P.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE	
				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	TELEPHONE
	n/a	n/a	n/a	K. L. Williamson	<i>K. L. Williamson</i>	1321	92 07 09
				A. C. Cooke	<i>A. C. Cooke</i>	703 894-2856	92 07 09

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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. SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 (b) AND (c) AND 40 CFR 140.101 (b) AND 140.102 (b) AND 140.103 (b) AND 140.104 (b) AND 140.105 (b) AND 140.106 (b) AND 140.107 (b) AND 140.108 (b) AND 140.109 (b) AND 140.110 (b).

9207170244 920709  
 ADDRESS 09000303B  
 PDR

COMMONWEALTH OF VIRGINIA STATE WATER CONTROL BOARD

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

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

INDUSTRIAL MAJOR

STATE WATER CONTROL BOARD (REGIONAL OFFICE) 09/25/90

NAME VEPCO-OLD DOMINION ELECT COOP-NORTH ANNA  
 ADDRESS 5000 DOMINION BOULEVARD, GLEN ALLEN VA 23060  
 FACILITY LOCATION FILE NO. 22-4740

VA0052451 PERMIT NUMBER

002 DISCHARGE NUMBER

VALLEY REGIONAL OFFICE  
 P.O. BOX 268  
 BRIDGEWATER, VA. 22812  
 703-828-2895

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
92	06	01		92	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. RX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTED	*****	*****	MGD	*****	*****	*****	*****	*	***	***
	PERMIT REQUIREMENT	NI	NI		*****	*****	*****				
002 PH	REPORTED	*****	*****	SU	6.0000	*****	9.0000	*****	*	***	***
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
004 TOTAL SUS. SOLIDS	REPORTED	*****	*****	MG/L	*****	30.0000	100.0000	*****	*	***	***
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
500 OIL & GREASE	REPORTED	*****	*****	MG/L	*****	15.0000	20.0000	*****	*	***	***
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

No discharge for the month of June 1992.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (KG)	OPERATOR IN RESPONSIBLE CHARGE			DATE			
	n/a	n/a	n/a	K. L. Williamson	<i>K. L. Williamson</i>	1321	92	07	09	
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of 6 months and 5 years.				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			DATE			
				A. C. Cooke	<i>A. C. Cooke</i>	703 894-2856	92	07	09	
				TYPED OR PRINTED NAME	SIGNATURE	AREA CODE	NUMBER	YEAR	MO	DAY

VEPCO-OLD DOMINION ELEC. COOP-NORTH ANNA  
 8000 DOMINION BOULEVARD  
 GLEN ALLEN VA 23060  
 VALLEY REGIONAL OFFICE  
 P.O. BOX 258  
 BRIDGEWATER VA 22812  
 703-828-2895

VA0052451  
 PERMIT NUMBER

003  
 DISCHARGE NUMBER

MONITORING PERIOD  
 YEAR MO DAY  
 92 06 01 TO 92 06 30

FROM FILE NO. 2274740

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
001 FLOW	0.14760	0.16560	MGD	*****	*****	*****	0	2/M	EST
002 PH	NI	NI		7.79	*****	7.88	0	2/M	EST
004 TOTAL SUS. SOLIDS	*****	*****		6.0000	*****	9.0000	0	2/M	GRAB
500 OIL & GREASE	*****	*****		2.80	*****	3.80	0	2/M	GRAB
	*****	*****		30.0000	*****	100.0000	0	2/M	GRAB
	*****	*****		1.25	*****	1.70	0	2/M	GRAB
	*****	*****		15.0000	*****	20.0000	0	2/M	GRAB
REPORTED PERMIT REQUIREMENT									
REPORTED PERMIT REQUIREMENT									
REPORTED PERMIT REQUIREMENT									
REPORTED PERMIT REQUIREMENT									
REPORTED PERMIT REQUIREMENT									

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL SOLIDS (K.G.)	OPERATOR IN RESPONSIBLE CHARGE		DATE	
	n/a	n/a	n/a	K. L. Williamson	1321	92	07
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY PERSONAL KNOWLEDGE OF THE SUBMITTED INFORMATION, I AM AWARE THAT THERE ARE SIGNIFICANT DISCREPANCIES AND COMPLETELY FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 18 U.S.C. 1001 AND 37 U.S.C. 9111) IF THE INFORMATION CONTAINED HEREIN IS FALSE OR MISLEADING.				TYPED OR PRINTED NAME		DATE	
				K. L. Williamson		92 07 09	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		CERTIFICATE NO.	
				A. C. Cooke		703 894-2856	
				TYPED OR PRINTED NAME		TELEPHONE	
				A. C. Cooke		703 894-2856	

COMMONWEALTH OF VIRGINIA STATE WATER CONTROL BOARD

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

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

INDUSTRIAL MAJOR

STATE WATER CONTROL BOARD (REGIONAL OFFICE) 09/25/90

NAME  
ADDRESS  
FACILITY  
LOCATION

VEPCO-OLD DOMINION ELEC COOP-NORTH ANNA  
5000 DOMINION BOULEVARD  
GLEN ALLEN VA 23060

VA0052451  
PERMIT NUMBER

004  
DISCHARGE NUMBER

VALLEY REGIONAL OFFICE  
P.O. BOX 268  
BRIDGEWATER, VA. 22812  
703-828-2895

MONITORING PERIOD  
YEAR MO DAY YEAR MO D/Y  
92 06 01 TO 92 06 30

FILE NO. 22-4740

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. BK	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTED	0.28800	0.28800	MGD	*****				0	2/M	EST
	PERMIT REQUIREMENT	NL	NL		*****						
002 PH	REPORTED	*****			8.16	*****		9.25	5	10/M	GRAB
	PERMIT REQUIREMENT	*****			6.0000	*****		9.0000			
004 TOTAL SUS. SOLIDS	REPORTED	*****			*****		4.17	MG/L	0	2/M	GRAB
	PERMIT REQUIREMENT	*****			*****		30.0000				
500 OIL & GREASE	REPORTED	*****			*****		5.38	MG/L	0	2/M	GRAB
	PERMIT REQUIREMENT	*****			*****		15.0000				
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

pH Exceptions, See Cover Letter.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD <sub>5</sub> (KG)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
				TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO	DAY
	n/a	n/a	n/a	K. L. Williamson	<i>K. L. Williamson</i>	1321	92	07	09
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			DATE		
				A. C. Cooke	<i>A. C. Cooke</i>	703-894-2856	92	07	09
				TYPED OR PRINTED NAME SIGNATURE TELEPHONE			YEAR MO DAY		

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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. (SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years).)

NAME: VEPCO-OLD DOMINION ELEC. COOP-NORTH ANNA  
 ADDRESS: 5000 DOMINION BOULEVARD VA 23060  
 GLEN ALLEN  
 FACILITY: FILE NO. 22-4740  
 LOCATION:

VA0052451 PERMIT NUMBER  
 005 DISCHARGE NUMBER  
 VALLEY REGIONAL OFFICE  
 P.O. BOX 268  
 BRIDGEWATER, VA 22812  
 703-828-2595

MONITORING PERIOD			
YEAR	MO	DAY	TO
92	06	01	92 06 30

NOTE: READ PERMIT AND GENERAL INSTRUCT. DMS BEFORE COMPLETING THIS FORM.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
001 FLOW	*****	*****	MGD	*****	*****	*****	*	***	***
002 PH	NL	NL		*****	*****	*****	*	1/M	EST
003 BOD5	*****	*****	KG/D	6.0000	*****	9.0000 SU	*	1/M	GRAB
004 TOTAL SUS. SOLIDS	2.2700	3.4000	KG/D	*****	30.0000	45.0000 MG/L	*	1/M	GRAB
166 CL2. INST RES (MAX) TECH	2.2700	3.4000	KG/D	*****	30.0000	45.0000 MG/L	*	1/M	GRAB
REPORTED PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*	***	***
REPORTED PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*	1/M	GRAB
REPORTED PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*	1/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS		OPERATOR IN RESPONSIBLE CHARGE		DATE	
No discharge for the month of June 1992.		K. L. Williamson		92 07 09	
BYPASSES AND OVERFLOWS	n/a	TOTAL FLOW TOTAL BOD5 OCCURRENCES (M.G.)	n/a	CERTIFICATE NO.	1321
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUPPLIED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES IMPOSED FOR FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 (PWA) FOR FURTHER INFORMATION. MY INCLUSION HEREIN IS UP TO \$10,000 AND IMPRISONMENT OF UP TO 5 YEARS.		SIGNATURE		DATE	
		A. C. Cooke		92 07 09	
		K. L. Williamson		92 07 09	
		A. C. Cooke		92 07 09	
		K. L. Williamson		92 07 09	
		A. C. Cooke		92 07 09	

COMMONWEALTH OF VIRGINIA STATE WATER CONTROL BOARD

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

INDUSTRIAL MAJOR

STATE WATER CONTROL BOARD  
(REGIONAL OFFICE)

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME VEPCO-OLD DOMINION ELEC. COOP-NORTH ANNA  
ADDRESS 5000 DOMINION BOULEVARD  
GLEN ALLEN VA 23060  
FACILITY FILE NO. 22-4740  
LOCATION

VA0052451  
PERMIT NUMBER

006  
DISCHARGE NUMBER

09/25/90  
VALLEY REGIONAL OFFICE  
P.O. BOX 268  
BRIDGEWATER, VA. 22812  
703-828-2895

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
92	06	01		92	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTED	*****	*****	MGD	*****	*****	*****		1/M	EST	
	PERMIT REQUIREMENT	NI	NI		*****	*****	*****				
002 PH	REPORTED	*****	*****		6.0000	*****	9.0000	SU	1/M	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
003 BOD5	REPORTED	*****	*****	KG/D	*****	30.0000	45.0000	MG/L	1/M	GRAB	
	PERMIT REQUIREMENT	1.1300	1.7000		*****	*****	*****				
004 TOTAL SUS. SOLIDS	REPORTED	*****	*****	KG/D	*****	30.0000	45.0000	MG/L	1/M	GRAB	
	PERMIT REQUIREMENT	1.1300	1.7000		*****	*****	*****				
166 CL2 INST RES (MAX) TECH	REPORTED	*****	*****		*****	*****	4.0000	MG/L	1/M	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

No discharge for the month of June 1992.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (KG)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
				TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO	DAY
n/a	n/a	n/a	n/a	K. L. Williamson	<i>K. L. Williamson</i>	1321	92	07	09
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			DATE		
				A. C. Cooke	<i>A. C. Cooke</i>	703-894-2856	92	07	09
				TYPED OR PRINTED NAME	SIGNATURE	AREA CODE NUMBER	YEAR	MO	DAY

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY INDUSTRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

COMMONWEALTH OF VIRGINIA STATE WATER CONTROL BOARD

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

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

INDUSTRIAL MAJOR

09/25/90

STATE WATER CONTROL BOARD (REGIONAL OFFICE)

NAME VEPCO-OLD DOMINION ELEC. COOP-NORTH ANNA

ADDRESS 5000 DOMINION BOULEVARD GLEN ALLEN VA 23060

VA0052451 PERMIT NUMBER

007 DISCHARGE NUMBER

VALLEY REGIONAL OFFICE P.O. BOX 268 BRIDGEWATER, VA. 22812 703-828-2895

FACILITY LOCATION FILE NO. 22-4740

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
92	06	01		92	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTED	0.00288	0.00288		*****	*****	*****		0	1/M	EST
	PERMIT REQUIREMENT	NL	NL	MGD	*****	*****	*****			1/M	EST
002 PH	REPORTED	*****	*****		6.90	*****	6.90		0	1/M	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0000	*****	9.0000	SU		1/M	GRAB
003 BOD5	REPORTED	0.022673	0.022673		*****	2.08	2.08		0	1/M	GRAB
	PERMIT REQUIREMENT	1.1300	1.7000	KG/D	*****	30.0000	45.0000	MG/L		1/M	GRAB
004 TOTAL SUS. SOLIDS	REPORTED	0.023981	0.023981		*****	2.20	2.20		0	1/M	GRAB
	PERMIT REQUIREMENT	1.1300	1.7000	KG/D	*****	30.0000	45.0000	MG/L		1/M	GRAB
166 CL2 INST RES (MAX) TECH	REPORTED	*****	*****		*****	*****	1.9		0	1/M	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	4.0000	MG/L		1/M	GRAB
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (KG)	OPERATOR IN RESPONSIBLE CHARGE			DATE			
	n/a	n/a	n/a	K. L. Williamson	<i>K.L. Williamson</i>	1321	92	07	09	
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1315. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO	DAY	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE				
				A. C. Cooke	<i>A.C. Cooke</i>	703-894-2856	92	07	09	
				TYPED OR PRINTED NAME	SIGNATURE	AREA CODE	NUMBER	YEAR	MO	DAY

COMMONWEALTH OF VIRGINIA STATE WATER CONTROL BOARD

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

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

INDUSTRIAL MAJOR 09/25/90 STATE WATER CONTROL BOARD (REGIONAL OFFICE)

NAME VEPCO-OLD DOMINION ELECT COOP-NORTH ANNA  
 ADDRESS 5000 DOMINION BOULEVARD GLEN ALLEN VA 23060  
 FACILITY  
 LOCATION FILE NO. 22-4740.

VA0052451 PERMIT NUMBER

008 DISCHARGE NUMBER

VALLEY REGIONAL OFFICE  
 P.O. BOX 258 BRIDGEWATER, VA. 22812  
 703-828-2595

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
92	06	01	TO	92	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. M	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTED	*****	*****	MGD	*****	*****	*****	*****	*	***	***
	PERMIT REQUIREMENT	NL	NL		*****	*****	*****		*****	1/M	EST
002 PH	REPORTED	*****	*****	SU	*****	*****	*****	*****	*	***	***
	PERMIT REQUIREMENT				6.0000	*****	9.0000		SU	1/M	GRAB
003 BOD5	REPORTED	*****	*****	KG/D	*****	*****	*****	*****	*	***	***
	PERMIT REQUIREMENT	1.1300	1.7000		30.0000	*****	45.0000		MG/L	1/M	GRAB
004 TOTAL SUS. SOLIDS	REPORTED	*****	*****	KG/D	*****	*****	*****	*****	*	***	***
	PERMIT REQUIREMENT	1.1300	1.7000		30.0000	*****	45.0000		MG/L	1/M	GRAB
166 CL2 INST RES (MAX) TECH	REPORTED	*****	*****		*****	*****	*****	*****	*	***	***
	PERMIT REQUIREMENT	*****	*****		4.0000	*****	*****		MG/L	1/M	GRAB
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

No discharge for the month of June 1992.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (KG)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
	n/a	n/a	n/a	TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO	DAY
				K. L. Williamson	<i>K.L. Williamson</i>	1321	92	07	09
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE	TELEPHONE	DATE		
				A. C. Cooke	<i>A.C. Cooke</i>	703 894-2856	92	07	09

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (Penalty for under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)



COMMONWEALTH OF VIRGINIA STATE WATER CONTROL BOARD

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

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

INDUSTRIAL MAJOR 09/25/90 STATE WATER CONTROL BOARD (REGIONAL OFFICE)

NAME VEPCO-OLD DOMINION ELEC. COOP-NORTH ANNA  
 ADDRESS 5000 DOMINION BOULEVARD: VA 23060  
 FACILITY LOCATION GLEN ALLEN  
 FILE NO. 22-4740

VA0052451  
 PERMIT NUMBER

009  
 DISCHARGE NUMBER

VALLEY REGIONAL OFFICE  
 P.O. BOX 258  
 BRIDGEWATER, VA. 22812  
 703-828-2895

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
92	06	01	92	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. SK	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTED	0.50400	0.50400	MGD	*****	*****	*****	0	1/M	EST	
	PERMIT REQUIREMENT	NL	NL		*****	*****	*****				
002 PH	REPORTED	*****	*****	SU	7.46	*****	7.73	0	2/M	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0000	*****	9.0000				
004 TOTAL SUS. SOLIDS	REPORTED	*****	*****	MG/L	*****	5.15	5.80	0	2/M	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	30.0000	100.0000				
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD <sub>5</sub> (KG)	OPERATOR IN RESPONSIBLE CHARGE			DATE			
				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO	DAY	
n/a	n/a	n/a	n/a	K. L. Williamson	<i>K. L. Williamson</i>	1321	92	07	09	
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE				
				A. C. Cooke	<i>A. C. Cooke</i>	703-894-2856	92	07	09	
				TYPED OR PRINTED NAME	SIGNATURE	AREA CODE	NUMBER	YEAR	MO	DAY

COMMONWEALTH OF VIRGINIA STATE WATER CONTROL BOARD

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

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

INDUSTRIAL MAJOR

10/31/90

STATE WATER CONTROL BOARD (REGIONAL OFFICE)

NAME VEPCO-OLD DOMINION ELEC. COOP-NORTH ANNA

ADDRESS 5000 DOMINION BOULEVARD GLEN ALLEN VA 23060

VA0052451 PERMIT NUMBER

010 DISCHARGE NUMBER

VALLEY REGIONAL OFFICE P.O. BOX 268 BRIDGEWATER, VA. 22812 703-828-2595

FACILITY LOCATION FILE NO. 22-4740 FROM

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
92	06	01	TO	92	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. OF	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTED	2.30x10 <sup>3</sup>	2.30x10 <sup>3</sup>	MGD	*****	*****	*****		0	1/M	CALC
	PERMIT REQUIREMENT				*****	*****	*****			1/M	CALC
002 PH	REPORTED	*****	*****		N/A	*****	N/A		0	1/Y	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0000	*****	9.0000	SU		1/YR	GRAB
083 HEAT REJ(10**9)	REPORTED	*****	13.41x10 <sup>9</sup>	BTU/H	*****	*****	*****		0	1/D	CALC
	PERMIT REQUIREMENT	*****	13.5400		*****	*****	*****			1/D	CALC
	REPORTED	S.W.C.B.	REG. 11								
	PERMIT REQUIREMENT										
	REPORTED	MON. TOTAL	7.67x10 <sup>10</sup>								
	PERMIT REQUIREMENT										
	REPORTED	RUN TOTAL	6.22x10 <sup>12</sup>								
	PERMIT REQUIREMENT										
	REPORTED	1992 RUN TOTAL			2.71x10 <sup>11</sup>						
	PERMIT REQUIREMENT										
	REPORTED	UNIT 1 RUN TIME	2827 hrs.								
	PERMIT REQUIREMENT										
	REPORTED	UNIT 2 RUN TIME	2855 hrs.								
	PERMIT REQUIREMENT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Annual pH data normally supplied in ovember of each year.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD <sub>5</sub> (K G)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
				TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE NO.	YEAR	MO	DAY
	n/a	n/a	n/a	K. L. Williamson	<i>KL Williamson</i>	1321	92	07	09
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			DATE		
				A. C. Cooke	<i>AC Cooke</i>	703 894-2856	92	07	09
				TYPED OR PRINTED NAME	SIGNATURE	AREA CODE NUMBER	YEAR	MO	DAY

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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. (SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (Penalty for false information under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years).)

COMMONWEALTH OF VIRGINIA STATE WATER CONTROL BOARD

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

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

INDUSTRIAL MAJOR

09/25/90

STATE WATER CONTROL BOARD (REGIONAL OFFICE)

NAME VEPCO-OLD DOMINION ELEC. COOP-NORTH ANNA

ADDRESS 5000 DOMINION BOULEVARD; GLEN ALLEN VA 23060

VA0052451 PERMIT NUMBER

011 DISCHARGE NUMBER

VALLEY REGIONAL OFFICE P.O. BOX 258 BRIDGEWATER, VA. 22812 703-828-2595

FACILITY LOCATION FILE NO. 22-4740

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
92	06	01		92	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTED	0.007260	0.026769	MGD	*****	*****	*****		0	CONT	MEAS
	PERMIT REQUIREMENT	NL	NL		*****	*****	*****		0	CONT	MEAS
002 PH	REPORTED	*****	*****		7.13	*****	7.13	SU	0	1/M	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0000	*****	9.0000		0	1/M	GRAB
003 BOD5	REPORTED	0.243169	0.243169	KG/D	*****	2.40	2.40	MG/L	0	1/M	GRAB
	PERMIT REQUIREMENT	3.4050	5.1100		*****	30.0000	45.0000		0	1/M	GRAB
004 TOTAL SUS. SOLIDS	REPORTED	0.263433	0.263433	KG/D	*****	2.60	2.60	MG/L	0	1/M	GRAB
	PERMIT REQUIREMENT	3.4050	5.1100		*****	30.0000	45.0000		0	1/M	GRAB
005 TOTAL CL2	REPORTED	*****	*****		1.4	*****	2.3	MG/L	1	1/D	GRAB
	PERMIT REQUIREMENT	*****	*****		1.0000	*****	2.0000		12	1/D	GRAB
166 CL2 INST RES (MAX) TECH	REPORTED	*****	*****		*****	*****	2.3	MG/L	0	1/D	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	4.0000		0	1/D	GRAB
REPORTED	PERMIT REQUIREMENT										
REPORTED	PERMIT REQUIREMENT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

24 hour flow date of sampling was 0.026769 mgd.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M. G.)	TOTAL BOD5 (K G)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
	n/a	n/a	n/a	K. L. Williamson	<i>K. L. Williamson</i>	1321	92	07	09
<small>TYPED OR PRINTED NAME</small>				<small>SIGNATURE</small>			<small>CERTIFICATE NO.</small>		
<small>PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</small>				<small>TELEPHONE</small>			<small>DATE</small>		
<small>TYPED OR PRINTED NAME</small>				<small>SIGNATURE</small>			<small>AREA CODE NUMBER</small>		
<small>TYPED OR PRINTED NAME</small>				<small>SIGNATURE</small>			<small>YEAR MO DAY</small>		

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1315. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

COMMONWEALTH OF VIRGINIA STATE WATER CONTROL BOARD

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

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

INDUSTRIAL MAJOR

09/25/90  
STATE WATER CONTROL BOARD (REGIONAL OFFICE)

NAME: VEPCO-OLD DOMINION ELEC. COOP-NORTH ANNA  
ADDRESS: 5000 DOMINION BOULEVARD, VA 23060  
FACILITY LOCATION: GLEN ALLEN  
FILE NO. 22-4740

VA0052451  
PERMIT NUMBER

012  
DISCHARGE NUMBER

VALLEY REGIONAL OFFICE  
P.O. BOX 268  
BRIDGEWATER, VA. 22812  
703-828-2595

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
92	06	01	92	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTED	*****	*****	MGD	*****	*****	*****	SU	1/M	EST	
	PERMIT REQUIREMENT	NL	NL		*****	*****	*****				
002 PH	REPORTED	*****	*****		6.0000	*****	9.0000	SU	1/M	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
004 TOTAL SUS & SOLIDS	REPORTED	*****	*****		*****	30.0000	100.0000	MG/LI	1/M	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
500 OIL & GREASE	REPORTED	*****	*****		*****	15.0000	20.0000	MG/LI	1/M	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

No discharge for the month of June 1992.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD <sub>5</sub> (K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO	DAY
	n/a	n/a	n/a	K. L. Williamson	<i>K.L. Williamson</i>	1321	92	07	09
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			DATE		
				A. C. Cooke	<i>A.C. Cooke</i>	703-894-2856	92	07	09
				TYPED OR PRINTED NAME	SIGNATURE	A78A CODE NUMBER	YEAR	MO	DAY

COMMONWEALTH OF VIRGINIA STATE WATER CONTROL BOARD

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

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

INDUSTRIAL MAJOR: 09/25/90  
STATE WATER CONTROL BOARD (REGIONAL OFFICE)

NAME VEPCO-OLD DOMINION ELEC. COOP-NORTH ANNA

ADDRESS

5000 DOMINION BOULEVARD  
GLEN ALLEN VA 23060

VA0052451  
PERMIT NUMBER

013  
DISCHARGE NUMBER

VALLEY REGIONAL OFFICE:  
P.O. BOX 288  
BRIDGEWATER, VA. 22812  
703-828-2595

FACILITY

LOCATION

FILE NO. 22-4740 FROM 92 06 01 TO 92 06 30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. OF	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTED	*****	*****	MGD	*****	*****	*****		*	***	***
	PERMIT REQUIREMENT	NL	NL		*****	*****	*****				
002 PH	REPORTED	*****	*****		*****	*****	SU		*	***	***
	PERMIT REQUIREMENT	*****	*****		6.0000	*****					
004 TOTAL SUS & SOLIDS	REPORTED	*****	*****		*****	*****	MG/L		*	***	***
	PERMIT REQUIREMENT	*****	*****		*****	30.0000					
500 OIL & GREASE	REPORTED	*****	*****		*****	*****	MG/L		*	***	***
	PERMIT REQUIREMENT	*****	*****		*****	15.0000					
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

No discharge for the month of June 1992.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD <sub>5</sub> (K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
	n/a	n/a	n/a	K. L. Williamson	<i>K. L. Williamson</i>	1321	92	07	09
			TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO	DAY	
			PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE			
			A. C. Cooke	<i>A. C. Cooke</i>	703 894-2856	92	07	09	
			TYPED OR PRINTED NAME	SIGNATURE	AREA CODE	NUMBER	YEAR	MO	DAY

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY INDUSTRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

COMMONWEALTH OF VIRGINIA STATE WATER CONTROL BOARD

PERMITTED NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

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

INDUSTRIAL MAJOR 09/25/90  
STATE WATER CONTROL BOARD (REGIONAL OFFICE)

NAME VEPCO-OLD DOMINION ELEC. COOP-NORTH ANNA  
ADDRESS 5000 DOMINION BOULEVARD, GLEN ALLEN VA 23060  
FACILITY  
LOCATION FILE NO. 22-4740

VA0052451  
PERMIT NUMBER

014  
DISCHARGE NUMBER

VALLEY REGIONAL OFFICE  
P.O. BOX 268  
BRIDGEWATER, VA. 22812  
703-828-2595

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
92	06	01	TO	92	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER	X	QUANTITY OR LOADINGS			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTED	*****	*****		*****	*****	*****		*	***	***
	PERMIT REQUIREMENT	NL	NL	MGD	*****	*****	*****			1/M	EST
002 PH	REPORTED	*****	*****		*****	*****	*****		*	***	***
	PERMIT REQUIREMENT	*****	*****		6.0000	*****	9.0000	S.I.		1/M	GRAB
004 TOTAL SUS. SOLIDS	REPORTED	*****	*****		*****	*****	*****		*	***	***
	PERMIT REQUIREMENT	*****	*****		*****	30.0000	100.0000	MG/L		1/M	GRAB
500 OIL & GREASE	REPORTED	*****	*****		*****	*****	*****		*	***	***
	PERMIT REQUIREMENT	*****	*****		*****	15.0000	20.0000	MG/L		1/M	GRAB
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

No discharge for the month of June 1992.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW [M.G.]	TOTAL BOD <sub>5</sub> [KG]	OPERATOR IN RESPONSIBLE CHARGE			DATE		
	n/a	n/a	n/a	K. L. Williamson	<i>K. L. Williamson</i>	1321	92	07	09
			TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO	DAY	
			PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE			
			A. C. Cooke	<i>A. C. Cooke</i>	703 894-2856	92	07	09	
			TYPED OR PRINTED NAME	SIGNATURE	AREA CODE NUMBER	YEAR	MO	DAY	

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalty has under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

COMMONWEALTH OF VIRGINIA STATE WATER CONTROL BOARD

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

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

INDUSTRIAL MAJOR

09/25/90

STATE WATER CONTROL BOARD (REGIONAL OFFICE)

NAME VEPCO-OLD DOMINION ELEC. COOP-NORTH ANNA

ADDRESS 5000 DOMINION BOULEVARD  
GLEN ALLEN VA 23060

FACILITY LOCATION FILE NO. 22-4740

VA0052461  
PERMIT NUMBER

015  
DISCHARGE NUMBER

VALLEY REGIONAL OFFICE  
P.O. BOX 208  
BRIDGEWATER, VA. 22812  
703-828-2595

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
92	06	01	TO	92	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTED	*****	*****	MGD	*****	*****	*****	*	***	***	
	PERMIT REQUIREMENT	NL	NL		*****	*****	*****		1/MI	EST	
002 PH	REPORTED	*****	*****		*****	*****	*****	*	***	***	
	PERMIT REQUIREMENT	*****	*****		6.0000	*****	9.0000		SU	1/MI	GRAB
005 TOTAL CL2	REPORTED	*****	*****		*****	*****	*****	*	***	***	
	PERMIT REQUIREMENT	*****	*****		*****	*****	4.0000		MG/L	1/MI	GRAB
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

No discharge for the month of June 1992.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
	n/a	n/a	n/a	K. L. Williamson	<i>K. L. Williamson</i>	1321	92	07	09
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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. (SEE 18 U.S.C. 11001 AND 13 U.S.C. 11319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS).)				TYPED OR PRINTED NAME			DATE		
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			DATE		
				A. C. Cooke	<i>A. C. Cooke</i>	703-894-2856	92	07	09
				TYPED OR PRINTED NAME			DATE		
				SIGNATURE			DATE		
				AREA CODE			NUMBER		

COMMONWEALTH OF VIRGINIA STATE WATER CONTROL BOARD

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

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

INDUSTRIAL MAJOR

09/25/90  
STATE WATER CONTROL BOARD (REGIONAL OFFICE)

NAME VEPCO-GLD DOMINION ELEC COOP-NORTH ANNA

ADDRESS

5000 DOMINION BOULEVARD  
GLEN ALLEN VA 23060

VA0052451  
PERMIT NUMBER

016  
DISCHARGE NUMBER

VALLEY REGIONAL OFFICE  
P.O. BOX 258  
BRIDGEWATER, VA. 22812  
703-828-2595

FACILITY

LOCATION

FILE NO. 22-4740

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
92	06	01		92	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW		*****	*****	MGD	*****	*****	*****	*****	*	***	***
REPORTED	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****	*****		1/YR
REPORTED	PERMIT REQUIREMENT										
REPORTED	PERMIT REQUIREMENT										
REPORTED	PERMIT REQUIREMENT										
REPORTED	PERMIT REQUIREMENT										
REPORTED	PERMIT REQUIREMENT										
REPORTED	PERMIT REQUIREMENT										
REPORTED	PERMIT REQUIREMENT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Annual flow data normally supplied in November of each year.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD <sub>5</sub> (KG)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
	n/a	n/a	n/a	K. L. Williamson	<i>K.L. Williamson</i>	1321	92	07	09
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SEVERAL PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				A. C. Cooke			92 07 09		
				703 894-2856					



COMMONWEALTH OF VIRGINIA STATE WATER CONTROL BOARD

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

INDUSTRIAL MAJOR

01/23/91

STATE WATER CONTROL BOARD  
(REGIONAL OFFICE)

PERMITTEE NAME/ADDRESS (INCLUDE  
FACILITY NAME/LOCATION IF DIFFERENT)

NAME VEPCO-OLD DOMINION ELEC. COOP-NORTH ANNA  
ADDRESS 5000 DOMINION BOULEVARD  
GLEN ALLEN VA 23060  
FACILITY LOCATION  
FILE NO. 22-4740.

VA0052451  
PERMIT NUMBER

017  
DISCHARGE  
NUMBER

VALLEY REGIONAL OFFICE  
P.O. BOX 268  
BRIDGEWATER, VA. 22812  
703-828-2595

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
92	06	01	TO	92	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS  
BEFORE COMPLETING THIS FORM.

PARAMETER	QUALITY OR LOADING	QUALITY OR CONCENTRATION			NO. OF	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTED PERMIT REQUIREMENT	*****	*****	MGD	*	***	EST
005 TOTAL CL2	REPORTED PERMIT REQUIREMENT	*****	*****	MG/L	*	***	GRAB
	REPORTED PERMIT REQUIREMENT						
	REPORTED PERMIT REQUIREMENT						
	REPORTED PERMIT REQUIREMENT						
	REPORTED PERMIT REQUIREMENT						
	REPORTED PERMIT REQUIREMENT						
	REPORTED PERMIT REQUIREMENT						
	REPORTED PERMIT REQUIREMENT						

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

No discharge for the month of June 1992

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOO (KG)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
				TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO	DAY
n/a	n/a	n/a		K. L. Williamson	<i>K. L. Williamson</i>	1321	92	07	09
				A. C. Cooke	<i>A. C. Cooke</i>	703 894-2856	92	07	09

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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. SEE 15 U.S.C. 1 1001 AND 33 U.S.C. 1 1313. (Penalty for under these sections may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

COMMONWEALTH OF VIRGINIA STATE WATER CONTROL BOARD

PERMITTEE NAME/ADDRESS (INCLUDES FACILITY NAME/LOCATION IF DIFFERENT)

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

INDUSTRIAL MAJOR STATE WATER CONTROL BOARD (REGIONAL OFFICE)

09/25/90

NAME: VEPCO-OLD DOMINION ELEC. COOP-NORTH ANNA  
 ADDRESS: 5000 DOMINION BOULEVARD: GLEN ALLEN VA 23060  
 FACILITY LOCATION: FILE NO. 22-4740

VA0052651  
 PERMIT NUMBER

018  
 DISCHARGE NUMBER

VALLEY REGIONAL OFFICE  
 P.O. BOX 268  
 BRIDGEWATER, VA. 22812  
 703-828-2895

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
92	06	01	92	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTED	*****	*****	MGD	*****	*****	*****		*	***	***
	PERMIT REQUIREMENT	*****	NL		*****	*****	*****				
002 PH	REPORTED	*****	*****		*****	*****	*****	SU	*	***	***
	PERMIT REQUIREMENT	*****	*****		6.0000	*****	9.0000				
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

No discharge for the month of June 1992.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD <sub>5</sub> (KG)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO	DAY
	n/a	n/a	n/a	K. L. Williamson	<i>K.L. Williamson</i>	1321	92	07	09
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY INDUSTRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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. SEE 18 U.S.C. § 1001 AND 23 U.S.C. § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
				A. C. Cooke	<i>A.C. Cooke</i>	703 894-2856	92	07	09

COMMONWEALTH OF VIRGINIA STATE WATER CONTROL BOARD

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

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

INDUSTRIAL MAJOR

09/25/90

STATE WATER CONTROL BOARD (REGIONAL OFFICE)

NAME WEPCO-OLD DOMINION ELEC COOP-NORTH ANNA

ADDRESS 5000 DOMINION BOULEVARD  
GLEN ALLEN VA 23060

VA0052451  
PERMIT NUMBER

019  
DISCHARGE NUMBER

VALLEY REGIONAL OFFICE  
P.O. BOX 258  
BRIDGEWATER, VA. 22812  
703-828-2595

FACILITY LOCATION FILE NO. 22-4740

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
92	06	01	TO	92	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTED	*****	*****	MGD	*****	*****	*****		*	***	***
	PERMIT REQUIREMENT	NL	NL		*****	*****	*****				
002 PH	REPORTED	*****	*****		*****	*****	*****	SU	*	***	***
	PERMIT REQUIREMENT	*****	*****		6.0000	*****	9.0000				
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										
	REPORTED										
	PERMIT REQUIREMENT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

No discharge for the month of June 1992.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD <sub>5</sub> (K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
	n/a	n/a	n/a	K. L. Williamson	<i>K.L. Williamson</i>	1321	92	07	09
			TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO	DAY	
			PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE			
			A. C. Cooke	<i>A.C. Cooke</i>	703-894-2856	92	07	09	
			TYPED OR PRINTED NAME	SIGNATURE	AREA CODE NUMBER	YEAR	MO	DAY	

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

COMMONWEALTH OF VIRGINIA STATE WATER CONTROL BOARD

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

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

INDUSTRIAL MAJOR DISCHARGE 09/25/90 STATE WATER CONTROL BOARD (REGIONAL OFFICE)

NAME: VEPCO-OLD DOMINION ELEC COOP-NORTH ANNA  
 ADDRESS: 5000 DOMINION BOULEVARD, GLEN ALLEN, VA 23060  
 FACILITY LOCATION: FILE NO. 22-4740

VA0052451 PERMIT NUMBER  
 020 DISCHARGE NUMBER

VALLEY REGIONAL OFFICE  
 P.O. BOX 268  
 BRIDGEWATER, VA. 22812  
 703-828-2895

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
92	06	01	TO	92	06	30

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTED	0.187200	0.216000	MGD	*****				0	2/M	EST
	PERMIT REQUIREMENT	NL	NL		*****						
002 PH	REPORTED	*****			7.16	*****		7.41	0	2/M	GRAB
	PERMIT REQUIREMENT	*****			6.0000	*****		9.0000 SU			
004 TOTAL SUS. SOLIDS	REPORTED	*****			*****		2.20	2.80	0	2/M	GRAB
	PERMIT REQUIREMENT	*****			*****		30.0000	100.0000 MG/L			
REPORTED	PERMIT REQUIREMENT										
REPORTED	PERMIT REQUIREMENT										
REPORTED	PERMIT REQUIREMENT										
REPORTED	PERMIT REQUIREMENT										
REPORTED	PERMIT REQUIREMENT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD <sub>5</sub> (K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE			
				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO	DAY	
n/a	n/a	n/a	K. L. Williamson	<i>K.L. Williamson</i>	1321	92	07	09		
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			DATE			
				TYPED OR PRINTED NAME	SIGNATURE	AREA CODE	NUMBER	YEAR	MO	DAY
				A. C. Cooke	<i>A.C. Cooke</i>	703	894-2856	92	07	09

COMMONWEALTH OF VIRGINIA STATE WATER CONTROL BOARD  
 WASTE ELIMINATION SYSTEM (WES) INDUSTRIAL MAJOR STATE WATER CONTROL BOARD  
 AUTORIZING REPORT (DMR) (REGIONAL OFFICE)

09/25/90

NAME VEPCO-OLD DOMINION ELEC. COOP-NORTH ANNA

ADDRESS 5000 DOMINION BOULEVARD VA 23060  
 GLEN ALLEN VA

VA0052451  
 PERMIT NUMBER

021  
 DISCHARGE NUMBER

MONITORING PERIOD  
 YEAR MO DAY YEAR MO DAY  
 FROM 92 06 01 TO 92 06 30

VALLEY REGIONAL OFFICE  
 P.O. BOX 268  
 BRIDGEWATER VA. 22812  
 703-828-2595

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS  
 BEFORE COMPLETING THIS FORM.

FILE NO. 20-4740

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSES	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		
COI FLOW	REPORTED PERMIT REQUIREMENT	*****	MGD	*****	*****	*****	***	***
	REPORTED PERMIT REQUIREMENT	NL		NL	*****	*****	1/M	EST
REPORTED PERMIT REQUIREMENT								
REPORTED PERMIT REQUIREMENT								
REPORTED PERMIT REQUIREMENT								
REPORTED PERMIT REQUIREMENT								
REPORTED PERMIT REQUIREMENT								
REPORTED PERMIT REQUIREMENT								
REPORTED PERMIT REQUIREMENT								

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

No discharge for the month of June 1992.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	n/a	TOTAL FLOW (M.G.)	n/a	TOTAL SOLS (K.G.)	n/a	OPERATOR IN RESPONSIBLE CHARGE		DATE
							K. L. Williamson	1321	92 07 09
							TYPED OR PRINTED NAME	SIGNATURE	DATE
							K. L. Williamson	<i>K. L. Williamson</i>	
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
							A. C. Cooke	<i>A. C. Cooke</i>	
							TYPED OR PRINTED NAME	SIGNATURE	DATE
							A. C. Cooke	<i>A. C. Cooke</i>	92 07 09
							CERTIFICATE NO.	AREA NUMBER	YEAR MO DAY
							703	894-2856	92 07 09
							TELEPHONE		

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHED PERMITS AND THAT I AM AN EMPLOYEE OF THE COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES. I BELIEVE THE INFORMATION SUBMITTED IS TRUE AND ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT THE STATE OF VIRGINIA HAS STATUTES FOR SUBMITTING FALSE INFORMATION AND THAT I AM AWARE OF THE PENALTY FOR SUCH VIOLATIONS. SEE 18 U.S.C. 9101 AND 31 U.S.C. 1315. I AM AWARE THAT THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 PER VIOLATION AND IMPRISONMENT UP TO 5 YEARS.

VIRGINIA POWER - NORTH ANNA POWER STATION  
 MISCELLANEOUS DISCHARGES - DISCHARGE 011 REPORT AS 011  
 SAMPLE POINT DESCRIPTION: SEWAGE - FINAL EFFLUENT

Date (Month & Day) 1992	Initials	Average Daily pH	Average Daily Residual Chlorine (mg/l)	Average Daily BOD <sub>5</sub> (mg/l)	Average Daily Suspended Solids (mg/l)	Average Daily Flow (MGD)	Maximum Daily Flow (MGD)	Minimum Daily Flow (MGD)
6-1	K-	1.9				0.007357	0.01600	0.00000
6-2	K-	1.4				0.014321	0.02600	0.00000
6-3	K-	1.8				0.00972	0.02400	0.00000
6-4	K-	1.6				0.01168	0.02200	0.00000
6-5	K-	1.4				0.007126	0.01700	0.00000
6-6	K-	2.0				0.004403	0.01300	0.00000
6-7	GC	2.0				0.002070	0.01000	0.00000
6-8	K-	2.2				0.002287	0.04000	0.00000
6-9	K-	1.6				0.006001	0.01700	0.00000
6-10	K-	1.7				0.005153	0.01700	0.00000
6-11	DA	1.6				0.011182	0.04000	0.00000
6-12	PA	1.6				0.007063	0.01700	0.00000
6-13	TD	1.4				0.002700	0.00900	0.00000
6-14	TD	1.3				0.002117	0.01000	0.00000
6-15	DC	1.7				0.005448	0.06000	0.00000
6-16	K-	1.8				0.006013	0.01700	0.00000
6-17	K-	1.5				0.011448	0.02800	0.00000
6-18	K-	1.6				0.006741	0.02600	0.00000
6-19	K-	1.7				0.004887	0.01500	0.00000
6-20	K-	1.6				0.000703	0.00700	0.00000
6-21	RM	1.9				D	0.00000	0.00000
6-22	K-	1.6				0.012143	0.05800	0.00000
6-23	K-	1.7				0.005439	0.02200	0.00000
6-24	K-	1.6		2.40	2.60	0.026767	0.01700	0.00000
6-25	K-	1.6				0.008109	0.01700	0.00000
6-26	K-	1.4				0.008091	0.02400	0.00000
6-27	K-	1.4				0.006644	0.01700	0.00000
6-28	K-	1.6				0.005577	0.01600	0.00000
6-29	K-	1.6				0.004470	0.02900	0.00000
6-30	K-	2.0				0.005701	0.02100	0.00000
Total	N/A	2.10	48.7	2.40	3.00	0.210570	1.01900	0.00000
Average	N/A	1.68	1.68	2.40	3.00	0.007260	0.035137	0.00000

Reviewed by: *AC Cook* Date: 7/9/92

\* No Discharge Fee 1 day  
 Comments: *Q ueejaer Computer Fee 25 day.*

Note: Station performs all collections and tests for Discharge 011 except tests for BOD which are performed by the System Laboratory. Initials indicate individual recording data.

VIRGINIA POWER - NORTH ANNA POWER STATION  
 MISCELLANEOUS DISCHARGES - DISCHARGE 011 REPORT AS 011  
 SAMPLE POINT DESCRIPTION: SEWAGE - FINAL EFFLUENT

Date/Time Collected	Initials	Date/Time Tested	Initials	Total flow per day (GPD)	Flow at time of sample (GPD)	Residual Chlorine (mg/l)	Suspended Solids (mg/l)	Oven Temp. (C) for Suspended Solids only	BOD <sub>5</sub> (mg/l)	pH (SU)	pH >6 <7.1 adj. made Yes or No	Temp (C) for pH only
6-1-0705	KW	6-1-0715	KW	7597	2000	1.9					∩	
6-2-0650	KW	6-2-0700	KW	12351	8000	1.4					∩	
6-3-0830	KW	6-3-0840	KW	9512	3000	1.8					∩	
6-4-0850	KW	6-4-0500	KW	11655	2000	1.6					∩	
6-5-0630	KW	6-5-0640	KW	9136	7000	1.4					∩	
6-6-0650	KW	6-6-0700	JR	4403	2000	2.0					∩	
6-7-0950	GC	6-7-1000	GC	2074	1000	2.0					∩	
6-8-0800	KW	6-8-0810	KW	3284	4000	2.3					∩	
6-9-1315	KW	6-9-1325	KW	6001	6000	1.6					∩	
6-10-0710	KW	6-10-0720	KW	5153	5000	1.7					∩	
6-11-0745	MB	6-11-0800	MB	11182	6000	1.6					∩	
6-12-0750	MB	6-12-0800	MB	5062	1000	1.5					∩	
6-13-0700	TD	6-13-0715	TD	2710	1000	1.4					∩	
6-14-0650	TD	6-14-0700	TD	2154	1000	1.7					∩	
6-15-0715	DC	6-15-0730	DC	5448	1000	1.7					∩	
6-16-0630	KW	6-16-0740	KW	6015	2000	1.8					∩	
6-17-0835	KW	6-17-0645	KW	11978	2000	1.9					∩	
6-18-0650	KW	6-18-0700	KW	6795	9000	1.6					∩	
6-19-0920	KW	6-19-0810	KW	4847	2000	1.7					∩	
6-20-0445	KM	6-20-0655	KM	413	30	1.6					∩	
* 6-21-0645	KM	0	KM	0	0	0.9					∩	
6-22-1100	KW	6-22-1110	KW	12163	2000	1.8					∩	
6-23-1020	KW	6-23-1030	KW	5435	1000	1.4					∩	
6-24-0825	KW	6-24-0805	KW	26749	6000	1.6	2.00	1042	2.40	7.10	∩	7.10
6-25-0900	KW	6-25-0910	KW	8109	4000	1.5					∩	
6-26-1020	KW	6-26-1020	KW	8095	5000	1.4					∩	
6-27-0850	KW	6-27-0900	KW	8144	5000	1.4					∩	
6-28-0920	KW	6-28-0930	KW	5884	6000	1.6					∩	
6-29-0940	KW	6-29-0900	KW	4440	9000	1.8					∩	
6-30-0820	KW	6-30-0830	KW	5505	5000	2.0					∩	

Maximum	N/A	N/A	N/A	26769	9000	2.30	2.60	1042	2.40	7.10	N/A	N/A
Minimum	N/A	N/A	N/A	413	1000	1.40					N/A	N/A
Average	N/A	N/A	N/A	7260	4379.3	1.68	2.60	1042	2.40		N/A	N/A

\* No discharge for one day, average

Comments: computed for 29 days.

Reviewed by: AK Carter

Date: 7/8/92

Note: Station performs all collections and tests for Discharge 011 except tests for BOD which are performed by the System Laboratory