

October 6, 1998

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

Subject: Docket Nos. 50-361 and 50-362  
Amendment Application to Change NPDES Permits to Authorize Discharge of  
Waste Water from Non-Chemical Metal Cleaning of the Steam Generator and  
Feedwater Piping Sludge Lancing  
San Onofre Nuclear Generating Station Units 2 and 3

Reference: Letter to John H. Robertus, San Diego Regional Water Quality Control Board,  
from H.W. Newton, Southern California Edison, dated September 29, 1998

Gentlemen:

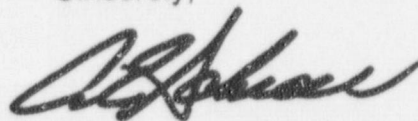
The referenced letter requests modification by the Regional Water Quality Control Board, San Diego region, of the existing NPDES permits for Units 2 and 3 (CA0108073 and CA0108181 respectively) to authorize the discharge of waste water from sludge lancing of the steam generators at San Onofre Nuclear Generating Station. As proposed, the waste water will be processed and discharged through an existing low volume waste stream and is not anticipated to result in any additional pollutants or concentrations of pollutants at the outfall.

In accordance with Appendix B, Section 3.2, Environmental Protection Plan, to Facility Operating Licenses NPF-10 and NPF-15 for Units 2 and 3 respectively, a copy of the amendment application is being provided to the NRC as an enclosure.

If you have any questions, please feel free to contact me or Mr. E. Scott Medling at (949) 368-7492.

Sincerely,

9810150295 981006  
PDR ADDCK 05000361  
P PDR



Enclosure

140080

IE23

cc: E. W. Merschhoff, Regional Administrator, NRC Region IV  
J. A. Sloan, NRC Senior Resident Inspector, San Onofre Units 2 & 3  
J. W. Clifford, NRC Project Manager, San Onofre Units 2 and 3  
H. Kokol, Department of Health Services, Sacramento

P. O. Box 128  
San Clemente, CA 92674-0128  
949-368-7501  
Fax 949-368-7575

September 29, 1998

Mr. John Robertus, Executive Officer  
California Regional Water Quality Control Board  
San Diego Region  
9771 Clairemont Mesa Boulevard, Suite B  
San Diego, CA 92124-1331

**SUBJECT: REQUEST FOR NPDES PERMIT AMENDMENT OR OTHER GRANT OF AUTHORIZATION FOR DISCHARGE OF WASTE WATER FROM NONCHEMICAL METAL CLEANING OF THE STEAM GENERATOR AND FEEDWATER PIPING SLUDGE LANCING -- SAN ONOFRE NUCLEAR GENERATION STATION UNIT 2 & 3**

Dear Mr. Robertus:

In accordance with your request an amendment application to the NPDES permit for Units 2 & 3 (Board Orders Nos. 94-49, 94-50) is enclosed. The scope of the change involves nonchemical metal cleaning of the steam generators and feedwater piping. The sludge lancing process uses high pressure water to remove particulate debris from the steam generator and feedwater piping. The waste water will be routed through diatomaceous earth and cartridge filters prior to discharge.

The waste water from this nonchemical process will be routed to the Full Flow Condensate Polisher Regenerant waste stream, a previously identified low volume waste stream. There will be no change in the low volume waste stream discharge flow because the sludge lancing will be performed during outages, at a time when the condensate polishers are not in service. There will be no change in the calculated pollutant concentrations at the outfall since the chemical composition of the steam generator blowdown water was previously approved by your office. The most likely impact to discharge conditions will be a slight reduction in Total Suspended Solids (TSS) at the Regenerant Waste discharge low volume waste stream because of the filtration processes.

We request that the discharge limitations remain unchanged for NPDES Permits CA0108073 and CA 0108181. Nonchemical Metal Cleaning wastes are listed in 40 CFR 423.13 (f). No special discharge limitations are identified in the federal regulations. Additionally, this process has been included in the NPDES permits of various competitor generating stations in the LA Region with no corresponding additional discharge limitations. In the newly deregulated electric generation market an equitable regulatory burden is an important factor.

It is our position that this process does not constitute a material change to the NPDES permit conditions. If you have questions please contact Robert Heckler at (949) 368-6816.

Sincerely,



H. W. Newton  
Manager, Site Support Services

cc: A. E. Scherer / K. C. Yhip  
R. V. D. Reid / D. W. Kay  
N. Mascolo  
M. J. Johnson  
R. K. Heckler / N. A. Hansen  
IDB - NPDES  
CDM



APPLICATION/REPORT OF WASTE DISCHARGE  
GENERAL INFORMATION FORM FOR  
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT

I. FACILITY INFORMATION

A. Facility:

Name: San Onofre Nuclear Generating Station			
Address: 5000 Pacific Coast Hwy			
City: San Clemente	County: San Diego	State: CA	Zip Code: 92672
Contact Person: Howard W. Newton		Telephone Number: (949) 368-9940	

B. Facility Owner:

Name: Edison International			Owner Type (Check One)	
Address: 2244 Walnut Grove Avenue			1. <input type="checkbox"/> Individual	2. <input checked="" type="checkbox"/> Corporation
City: Rosemead	State: CA	Zip Code: 91770	3. <input type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership
Contact Person:		Telephone Number:	Federal Tax ID: 95-1240335	

C. Facility Operator (The agency or business, not the person):

Name: Southern California Edison			Operator Type (Check One)	
Address: 5000 Pacific Coast Hwy; P. O. Box 128			1. <input type="checkbox"/> Individual	2. <input checked="" type="checkbox"/> Corporation
City: San Clemente	State: CA	Zip Code: 92672	3. <input type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership
Contact Person: Robert K. Heckler		Telephone Number: (949) 368-6816	5. <input type="checkbox"/> Other:	

D. Owner of the Land:

Name: Department of the Navy - Southwest Division			Owner Type (Check One)	
Address: Naval Facilities Engineering Command			1. <input type="checkbox"/> Individual	2. <input type="checkbox"/> Corporation
City: 1220 Pacific Hwy. - San Diego	State: CA	Zip Code: 92132	3. <input checked="" type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership
Contact Person: Ms. Susan Anoba		Telephone Number: 619-532-2231	5. <input type="checkbox"/> Other:	

E. Address Where Legal Notice May Be Served:

Address: 2244 Walnut Grove Avenue; P. O. Box 800			
City: Rosemead	State: CA	Zip Code: 91770	
Contact Person: Nino Mascolo		Telephone Number: (626) 302-4459	

F. Billing Address:

Address: P. O. Box 128 (W-44)			
City: San Clemente	State: CA	Zip Code: 92674-0128	
Contact Person: Robert K. Heckler		Telephone Number: (949) 368-6816	



APPLICATION/REPORT OF WASTE DISCHARGE GENERAL INFORMATION FORM FOR WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT

II. TYPE OF DISCHARGE

Check Type of Discharge(s) Described in this Application (A or B):

- A. WASTE DISCHARGE TO LAND B. WASTE DISCHARGE TO SURFACE WATER

Check all that apply:

- Domestic/Municipal Wastewater Treatment and Disposal, Cooling Water, Mining, Waste Pile, Wastewater Reclamation, Other: Steam electric generating station discharges, Animal Waste Solids, Land Treatment Unit, Dredge Material Disposal, Surface Impoundment, Industrial Process Wastewater, Animal or Aquacultural Wastewater, Biosolids/Residual, Hazardous Waste, Landfill, Storm Water

III. LOCATION OF THE FACILITY

Describe the physical location of the facility.

1. Assessor's Parcel Number(s) Facility: Discharge Point: 2. Latitude 33° 22' 3" Facility: Discharge Point: 3. Longitude 117° 32' 57" Facility: Discharge Point:

IV. REASON FOR FILING

New Discharge or Facility, Change in Design or Operation, Change in Quantity/Type of Discharge, Changes in Ownership/Operator, Waste Discharge Requirements Update or NPDES Permit Reissuance, Other: Application filed per Regional Water Board Request

V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Name of Lead Agency: Has a public agency determined that the proposed project is exempt from CEQA? Basis for Exemption/Agency: Has a "Notice of Determination" been filed under CEQA? Expected CEQA Documents: EIR Negative Declaration Expected CEQA Completion Date:



APPLICATION/REPORT OF WASTE DISCHARGE  
GENERAL INFORMATION FORM FOR  
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT



VI. OTHER REQUIRED INFORMATION

Please provide a COMPLETE characterization of your discharge. A complete characterization includes, but is not limited to, a list of constituents and the discharge concentration of each constituent, a list of other appropriate waste discharge characteristics, a description and schematic drawing of all treatment processes, a description of any Best Management Practices (BMFs) used, and a description of disposal methods.

Also include a site map showing the location of the facility and, if you are submitting this application for an NPDES permit, identify the surface water to which you propose to discharge. Please try to limit your maps to a scale of 1:24,000 (7.5' USGS Quadrangle) or a street map, if more appropriate.

VII. OTHER

Attach additional sheets to explain any responses which need clarification. List attachments with titles and dates below:

\_\_\_\_\_  
\_\_\_\_\_

You will be notified by a representative of the RWQCB within 30 days of receipt of your application. The notice will state if your application is complete or if there is additional information you must submit to complete your Application/Report of Waste Discharge, pursuant to Division 7, Section 13260 of the California Water Code.

VIII. CERTIFICATION

"I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and 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 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."

Print Name: H. W. Newton

Title: Manager, Site Support Services

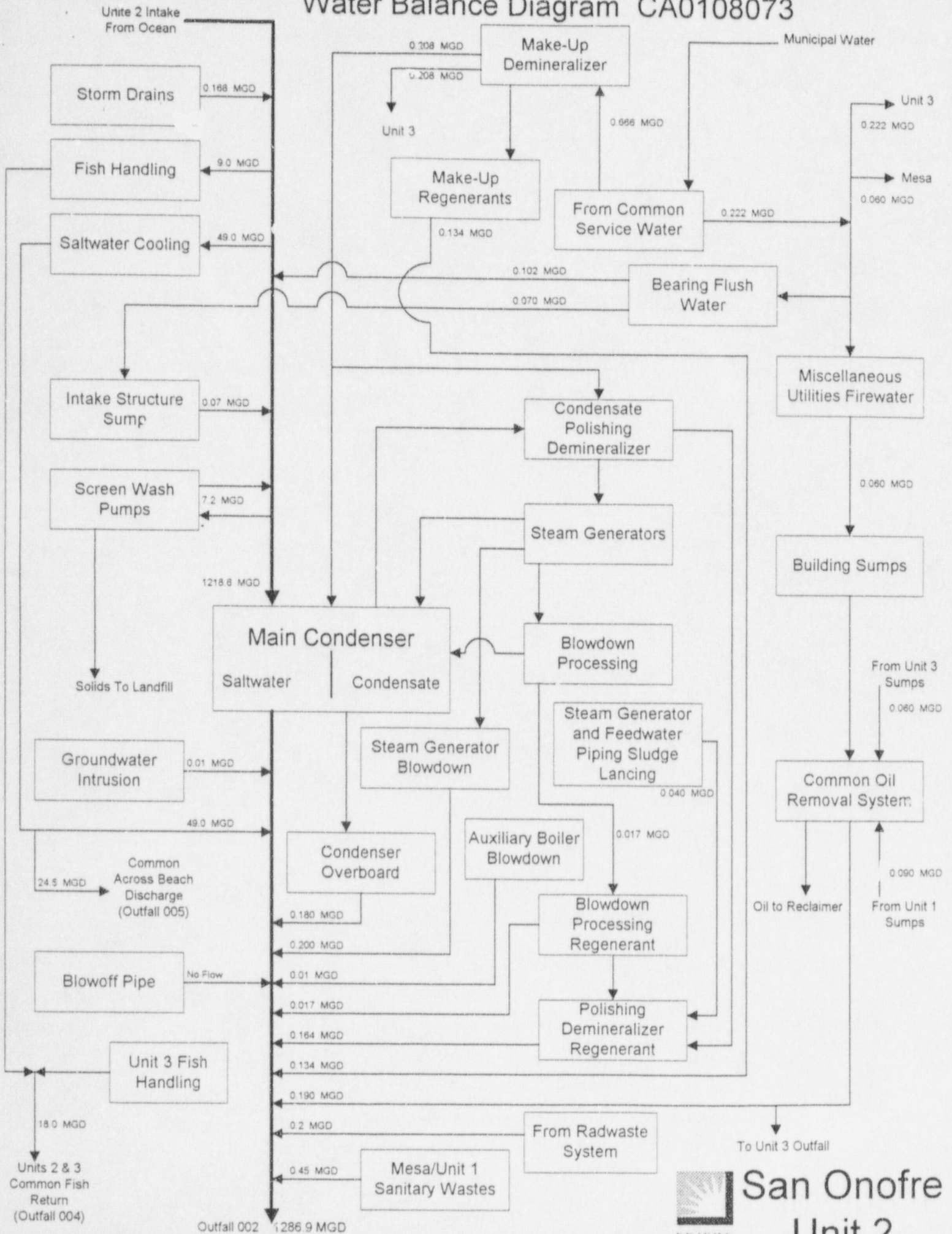
Signature: *H. W. Newton*

Date: 9/29/98

FOR OFFICE USE ONLY

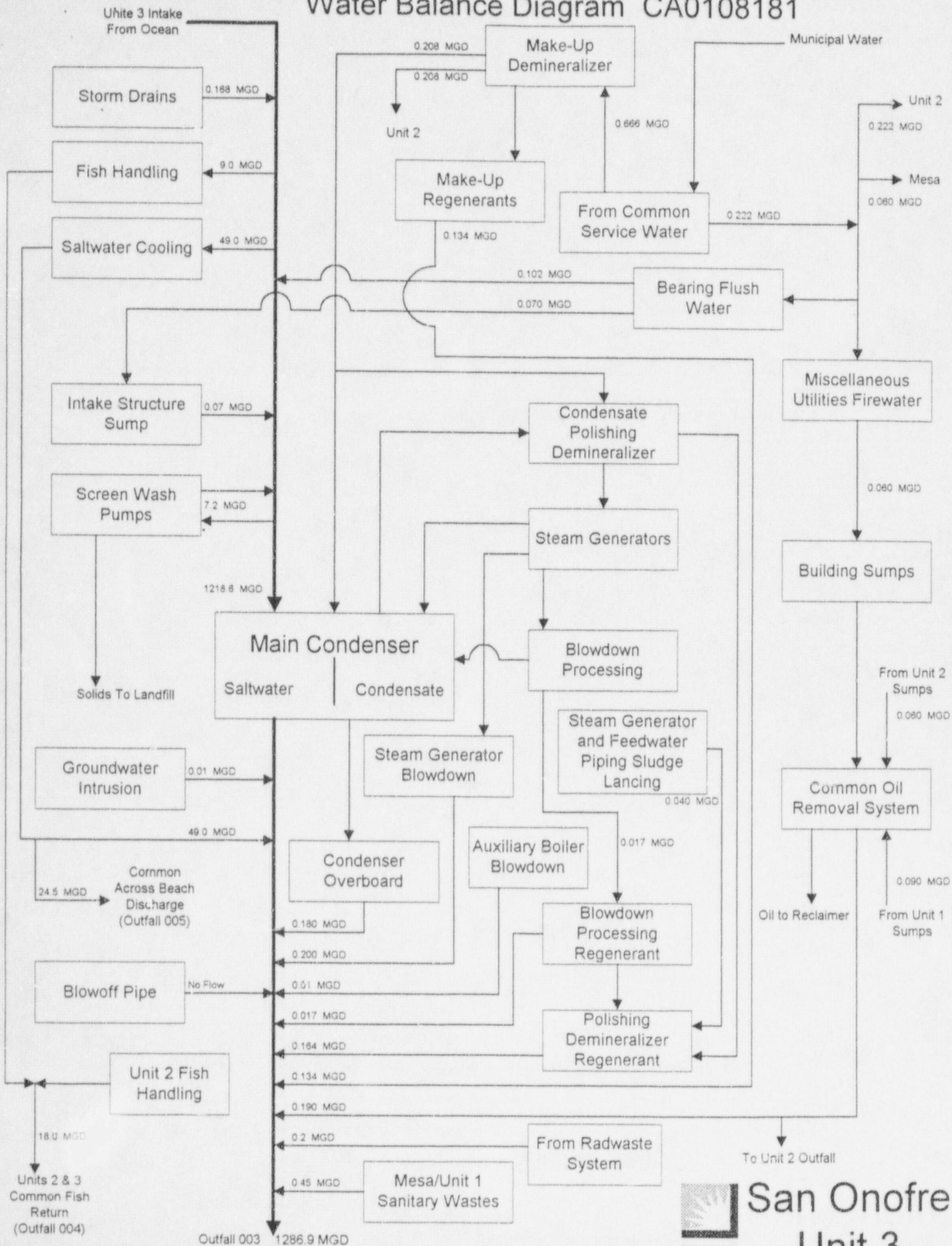
Date Form 200 Received:	Letter to Discharger	Fee Amount Received:	Check #:
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# Water Balance Diagram CA0108073



San Onofre  
Unit 2

# Water Balance Diagram CA0108181



**San Onofre  
Unit 3**



San Onofre Nuclear  
Generating Station  
NPDES Discharge locations

Units 2/3 Midpoint

★ Facility Entrance

⊙ Outfall Locations

--- COUNTY BOUNDARY

--- MILITARY BOUNDARY

— Interstate I-5

— STREET

8/27/98

File mapinfo/ NPDES

Basilone Rd Exit

I-5

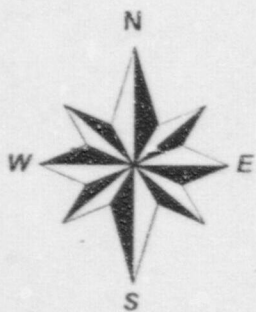
San Onofre Nuclear  
Generating Station

SONGS Main  
Entrance Gate

Outfall 005

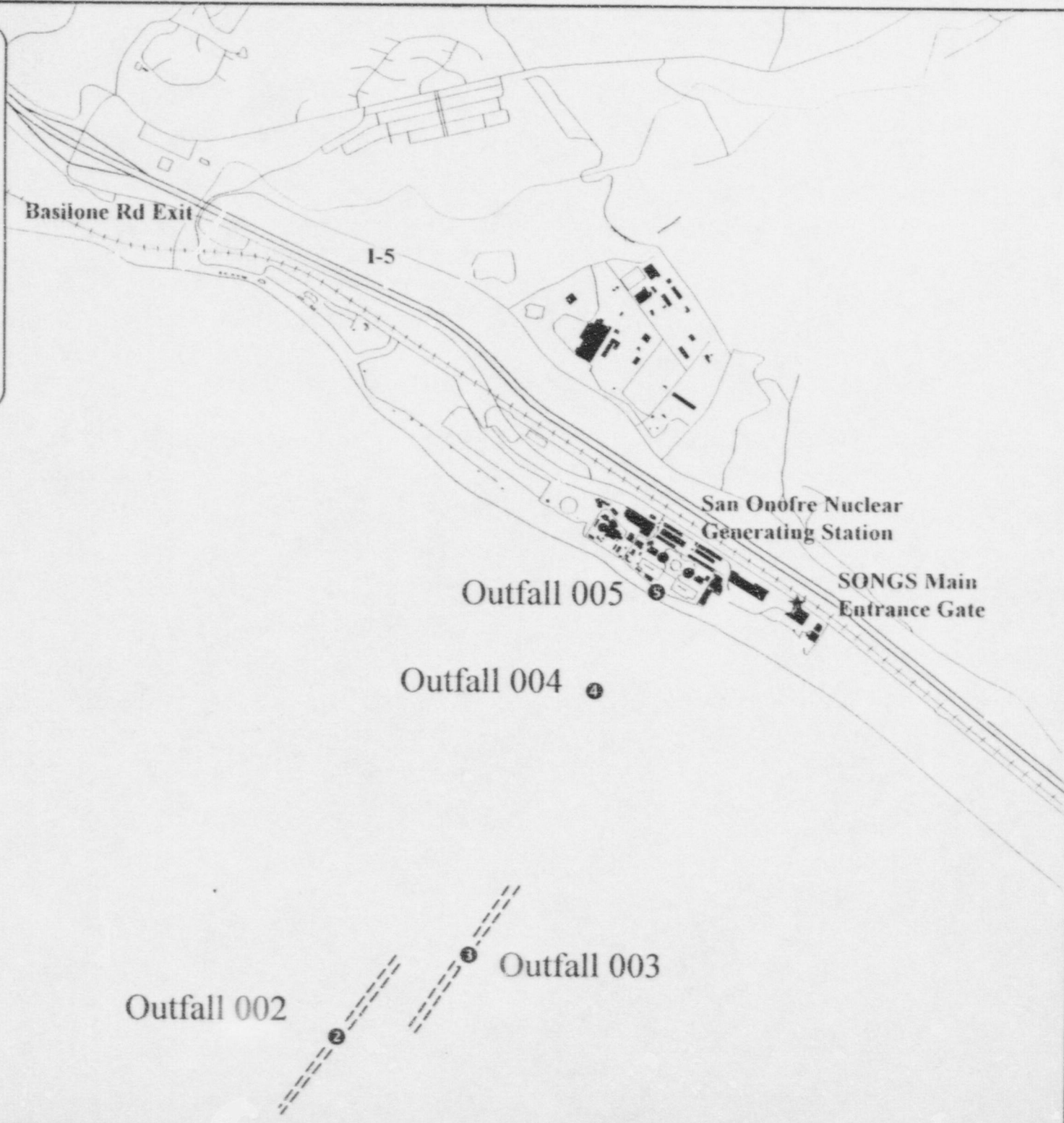
Outfall 004

PACIFIC OCEAN



Outfall 002

Outfall 003



<b>FORM 1</b>	<b>EPA</b>	U.S. ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> Consolidated Permits Program (Read the "General Instructions" before starting.)	I. EPA I.D. NUMBER FCA0108073
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LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION	PLEASE PLACE LABEL IN THIS SPACE
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**GENERAL INSTRUCTIONS**

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) Site has interim status		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1 SKIP SAN ONOFRE NUCLEAR GENERATING STATION

**IV. FACILITY CONTACT**

<b>A. NAME &amp; TITLE (last, first, &amp; title)</b>	<b>B. PHONE (area code &amp; no.)</b>
2 HECKLER ROBERT - ENV SPECIALIST	949 368 6816

**V. FACILITY MAILING ADDRESS**

<b>A. STREET OR P.O. BOX</b>	<b>B. CITY OR TOWN</b>
3 PO BOX 108 (W-44)	SAN CLEMENTE
<b>C. STATE D. ZIP CODE</b>	
CA	92674 - 0128

**VI. FACILITY LOCATION**

<b>A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</b>	<b>B. COUNTY NAME</b>
5 5000 PACIFIC COAST HWY	SAN DIEGO
<b>C. CITY OR TOWN</b>	
6 SAN CLEMENTE	CA 92672

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	4	9	11	(specify)	7		(specify)
C. THIRD				D. FOURTH			
7				(specify)	7		(specify)

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?	
8 S O U T H E R N C A L I F O R N I A E D I S O N												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 66	

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)							
F = FEDERAL		M = PUBLIC (other than federal or state)		P = PRIVATE		O = OTHER (specify)		P		A		9 4 9		3 6 8		6 8 1 6	

E. STREET OR P.O. BOX											
P O B O X 1 2 8											

F. CITY OR TOWN						G. STATE		H. ZIP CODE		IX. INDIAN LAND			
B S A N C L E M E N T E						C A		9 2 6 7 2		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 32			

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)					
9 N C A 0 1 0 8 1 8 1						9 P					
E. UIC (Underground Injection of Fluids)						E. OTHER (specify)					
9 U						C A 0 0 0 1 2 8 (specify)					
C. RCRA (Hazardous Wastes)						E. OTHER (specify)					
9 R						(specify)					

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

XII. NATURE OF BUSINESS (provide a brief description)

To provide electricity to customers in Central and Southern California

\* Item VIII B. - Ownership of SONGS is as follows:

SONGS Unit 1:	Southern California Edison	80%
	San Diego Gas & Electric	20%
SONGS Units 2/3:	Southern California Edison	76.55%
	San Diego Gas & Electric	20%
	City of Riverside	1.79%
	City of Anaheim	1.66%

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Howard W. Newton Manager, Site Support Services		<i>Howard W. Newton</i>		9/29/98	

COMMENTS FOR OFFICIAL USE ONLY											

<b>FORM 1</b> GENERAL		<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> F C A 0 1 0 8 1 8 1
<b>LABEL ITEMS</b>		<b>GENERAL INSTRUCTIONS</b>	
I. EPA I.D. NUMBER  III. FACILITY NAME  V. MAILING ADDRESS  VI. FACILITY LOCATION	<b>PLEASE PLACE LABEL IN THIS SPACE</b>		If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

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A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S., other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) Site has interim status		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
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**III. NAME OF FACILITY**

1 SKIP SAN ONOFRE NUCLEAR GENERATING STATION

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 HECKLER ROBERT - ENV SPECIALIST	9 4 9 3 6 8 6 8 1 6

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX			
3 PO BOX 128 (W-44)			
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4 SAN CLEMENTE		CA	9 2 6 7 4 - 0 1 2 8

**VI. FACILITY LOCATION**

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B. COUNTY NAME					
SAN DIEGO					
C. CITY OR TOWN			D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6 SAN CLEMENTE			CA	9 2 6 7 2	

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	4	9	1	7			
C. THIRD				D. FOURTH			
7				7			

VIII. OPERATOR INFORMATION

A. NAME  
 B SOUTHERN CALIFORNIA EDISON

B. Is the name listed in Item VIII-A also the owner?  
 YES  NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)  
 F = FEDERAL M = PUBLIC (other than federal or state)  
 S = STATE O = OTHER (specify)  
 P = PRIVATE

D. PHONE (area code & no.)  
 9 4 9 3 6 8 6 8 1 6

E. STREET OR P.O. BOX  
 P O B O X 1 2 8

F. CITY OR TOWN  
 B S A N C L E M E N T E

G. STATE  
 C A

H. ZIP CODE  
 9 2 6 7 2

IX. INDIAN LAND  
 Is the facility located on Indian lands?  
 YES  NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)  
 C A 0 1 0 8 0 7 3

D. PSD (Air Emissions from Proposed Sources)  
 9 P

B. UIC (Underground Injection of Fluids)  
 9 U

E. OTHER (specify)  
 C A 0 0 0 1 2 8

C. RCRA (Hazardous Wastes)  
 9 R

E. OTHER (specify)  
 NPDES

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

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San Diego Gas & Electric	20%
SONGS Units 2/3: Southern California Edison	75.05%
San Diego Gas & Electric	20%
City of Riverside	1.79%
City of Anaheim	3.16%

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print) Howard W. Newton Manager, Site Support Services	B. SIGNATURE 	C. DATE SIGNED 9/30/98
--	------------------	---------------------------

COMMENTS FOR OFFICIAL USE ONLY

Please type or print in the unshaded areas only

EPA ID Number (copy from Item 1 of Form 1)

CA0108073

CA0108181

Form  
**2D**  
NPOES**EPA**New Sources and New Dischargers  
Application for Permit to Discharge Process Wastewater

## I. Outfall Location

For each outfall, list the latitude and longitude, and the name of the receiving water

Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	
002	33	21	00	117	34	14	Pacific Ocean
003	33	21	12	117	33	52	Pacific Ocean
004	33	21	50	117	33	31	Pacific Ocean
005	33	22	0	117	33	21	Pacific Ocean (San Onofre Beach)

## II. Discharge Date (When do you expect to begin discharging?)

## III. Flows, Sources of Pollution, and Treatment Technologies

A. For each outfall, provide a description of (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

Outfall Number	1. Operations Contributing Flow (list)	2. Average Flow (include units)	3. Treatment (Description or List Codes from Table 2D-1)
002	Main Condenser Cooling	847,000 gpm	4-B
"	Screen Wash	5,000 gpm	4-B
"	Pump Bearing Flush	170 gpm	4-B
"	Steam Generator Blowdown Processing Sys.	400 gpm	4-B, 2-K
"	Steam Generator and Feedwater Piping Sludge Lancing	40,000 gpd	1-Q
"	Mesa/Unit 1 Domestic Waste	145,000 gpd	3-A, 1-U, 4-B
"	Saltwater Cooling	17,000 gpm	4-B
"	Turbine Plant Cooling	15,300 gpm	4-B
"	Polishing Demineralizer	600 gpm	1-N, 1-T, 2-K, 4-B
"	Auxboiler Blowdown	10,000 gpd	4-B
"	Makeup Demineralizer Sumps /Reverse Osmosis	1,800 gpm	4-B, 2-K
"	Intake Structure Sump	100 gpm	4-B
"	Radwaste System	140 gpm	4-B, 2-K, 2-J
"	Plant Drains	200 gpm	4-B, 2-D, 1-H
"	Yard Drains	4,000 gpm	4-B
"	Condenser Overboard	400 gpm	4-B

## EPA Form 3510-2D

## III. A continued

Outfall Number	Operations Contributing Flow 1.	Average Flow 2.	Treatment 3.
003	Main Condenser Cooling	847,000 gpm	4-B
"	Screen Wash	5,000 gpm	4-B
"	Pump Bearing Flush	170 gpm	4-B
"	Steam Generator Blowdown Processing System	400 gpm	4-B
"	Saltwater Cooling	17,000 gpm	4-B
"	Turbine Plant Cooling	15,300 gpm	4-B
"	Polishing Demineralizer	600 gpd	1-N, 1-T, 2-K, 4-B
"	Mesa/Unit 1 Domestic Waste	145,000 gpd	3-A, 1-U, 4-B
"	Radwaste System	140 gpm	4-B, 2-K, 2-J
"	Plant Drains	200 gpm	4-B, 2-D, 1-H
"	Yard Drains	9,300 gpm	4-B
"	Intake Structure Sump	100 gpm	4-B
"	Makeup Demineralizer Sumps/Reverse Osmosis	1,800 gpm	4-B, 2-K
"	Condenser Overboard	400 gpm	4-B
"	Auxboiler-Blowdown	10,000gpd	4-B
"	Steam Generator and Feedwater Piping Sludge Lancing	40,000 gpd	
004	Fish Handling System	30,000 gpm	4-B
005	Saltwater Cooling System (Across the Beach)	34,000 gpm	4-A

B. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item III-A. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

C. Except for storm runoff, leaks, or spills, will any of the discharges described in item III-A be intermittent or seasonal?

Yes (complete the following table)

No (go to item IV)

Outfall Number	1. Frequency		2. Flow		
	a. Days Per Week (specify average)	b. Months Per Year (specify average)	a. Maximum Daily Flow Rate (in mgd)	b. Maximum Total Volume (specify with units)	c. Duration (in days)
002 Steam Generator and Feedwater Piping Sludge Lancing		1		40,000 gpd	30
003 Steam Generator and Feedwater Piping Sludge Lancing		1		40,000 gpd	30

IV. Production

If there is an applicable production-based effluent guideline or NSPS, for each outfall list the estimated level of production (projection of actual production level, not design), expressed in the terms and units used in the applicable effluent guideline or NSPS, for each of the first 3 years of operation. If production is likely to vary, you may also submit alternative estimates (attach a separate sheet)

Year	a. Quantity Per Day	b. Units of Measure	c. Operation, Product, Material, etc (specify)





CONTINUED FROM THE FRONT

EPA ID Number (copy from Item 1 of Form 1)

CA0108181 / CA0108073

C. Use the space below to list any of the pollutants listed in Table 2D-3 of the instructions which you know or have reason to believe will be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it will be present.

1. Pollutant

2. Reason for Discharge

Refer to Orders 94-49 and 94-50  
No changes from existing NPDES  
permitted discharges as measured  
at the outfall.

VI. Engineering Report on Wastewater Treatment

A. If there is any technical evaluation concerning your wastewater treatment, including engineering reports or pilot plant studies, check the appropriate box below.

Report Available

No Report

B. Provide the name and location of any existing plant(s) which, to the best of your knowledge, resembles this production facility with respect to production processes, wastewater constituents, or wastewater treatments.

Name

Location

El Segundo Generating Station      El Segundo, CA

(refer to order 94-129, CA0001147)

**VII. Other Information (Optional)**

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations for the proposed facility. Attach additional sheets if necessary.

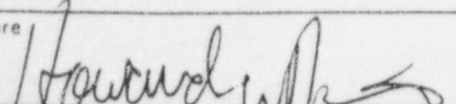
The sludge lancing is a mechanical non-chemical metal cleaning process. No change in pollutant discharge limitations is being requested. No change in existing outfall pollutant concentrations or total mass is expected. No change in monitoring or discharge specifications is requested.

Sludge Lancing of the steam generators and feedwater piping is expected to occur once every two years during refueling outages.

Discharge from sludge lancing will be routed to the full flow condensate polishing demineralizer regenerants waste stream. This waste stream is identified in orders 94-49 and 94-50. No change in this low volume waste stream discharge specifications or monitoring requirements is requested.

**VIII. Certification**

*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.*

A. Name and Official Title (type or print) Howard W. Newton      Manager, Site Support Services	B. Phone No (949) 368-9940
C. Signature 	D. Date Signed 9/29/98