

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

Form Approved
OMB No. 2040-0004

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

NAME: P.S. OF NH-SCHILLER STATION
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001A
PERMIT NUMBER	DISCHARGE NUMBER

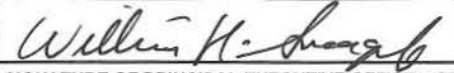
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2009	TO 07/31/2009

mm

DMR Mailing ZIP CODE: 03101
MAJOR
UNIT #3 CIRCULATING WATER
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit 00011 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	95 DAILY MX	deg F		Hourly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****	*****			
	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	Mgal/d	*****	*****	*****	*****		Continuous	CALCTD
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Daily	GRAB
Temp. diff. between intake and discharge 61576 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	25 DAILY MX	deg F		Hourly	CALCTD
Ferrous sulfate 82064 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 MO MAX	mg/L		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER William H. Smagula Director - Generation TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
			603-634-2851	8/14/09
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

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

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.

AR-214

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

Form Approved
OMB No. 2040-0004

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Manchester, NH 03101
FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2009	TO 07/31/2009

DMR Mailing ZIP CODE: 03101
MAJOR
UNIT #4 CIRCULATING WATER
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit 00011 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	90	DEGF	0	24/01	RC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	95 DAILY MX	deg F		Hourly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	7.9	40.8	MGD	*****	*****	*****	*****	0	01/01	PC
	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	Mgal/d	*****	*****	*****	*****		Continuous	CALCTD
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.13	MG/L	0	CL/0C	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Daily	GRAB
Temp. diff. between intake and discharge 61576 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19	DEGF	0	24/01	RC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	25 DAILY MX	deg F		Hourly	CALCTD
Ferrous sulfate 82064 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NOD1/9	MG/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 MO MAX	mg/L		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER William H. Smagula Director TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			603-634-2851	8/14/09
		AREA Code	NUMBER	MM/DD/YYYY

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

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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OMB No. 2040-0004

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Manchester, NH 03101
FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	022A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2009	TO 07/31/2009

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #6
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER William H. Smagula Director TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			603-634-2851	8/14/09	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA Code	NUMBER	MM/DD/YYYY

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

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU. ALL LIVE FISH, SHELL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021A
PERMIT NUMBER	DISCHARGE NUMBER

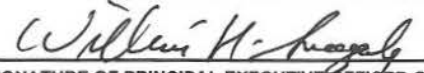
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	07/01/2009	TO	07/31/2009

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #5
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	11543	GPD	*****	*****	*****	*****	0	01/30	ES
	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER William H. Smagula Director TYPE PRINTED ON	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			603-634-2851	8/14/09
			AREA Code	NUMBER
				MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
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LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2009	TO 07/31/2009

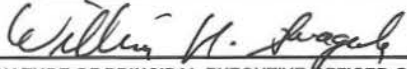
DMR Mailing ZIP CODE: 03101

MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	5880	GPD	*****	*****	*****	*****	0	01/30	ES
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA

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			602-2851	8/14/09	
			AREA Code	NUMBER	MM/DD/YYYY

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

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE WATER THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU. ALL LIVE FISH, SHELL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	019A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2009	TO 07/31/2009

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #3
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA

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		603-634-2851	8/14/09	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>William H. Smagula</i>		AREA Code	NUMBER	MM/DD/YYYY

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

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE WATER THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU. ALL LIVE FISH, SHELL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	018A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2009	TO 07/31/2009

DMR Mailing ZIP CODE: 03101
MAJOR

SCHILLER STATION YARD DRAINS
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	6.9	SU	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Monthly	GRAB-4
pH 00400 R 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	4.2	*****	5.4	SU	0	11/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB-4
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	24388	122342	GPD	*****	*****	*****	*****	0	01/01	ES
	PERMIT REQUIREMENT	30000 MO AVG	60000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA

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			603-634-2851	8/14/09
			AREA Code	NUMBER
				MM/DD/YYYY

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

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGES FOR OUTFALLS #016 & #017 THE FIRST PH PARAMETER IS FOR THE MONITORING AND REPORTING OF RAINFALL PH. THE DIS

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

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FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2009	TO 07/31/2009

DMR Mailing ZIP CODE: 03101
MAJOR

WWTF#2-BOILER CHEMICAL CLEAN'G
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	COMP24
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	COMP24
Iron, total (as Fe) 01045 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER William H. Smagula Director of Environmental Protection	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 08-14-09	DATE 8/14/09
			603-634-2851	
			AREA Code	NUMBER
				MM/DD/YYYY

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

IF BOILER CLEANING OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THE DMR FORM FOR OUTFALL #017 AND REPORT A "NO DISCHARGE" ON THE DMR FORM FOR OUTFALL #016. SAMPLES SHOULD BE

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ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016A
PERMIT NUMBER	DISCHARGE NUMBER

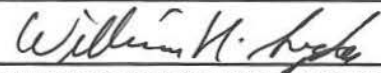
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
07/01/2009	FROM	07/31/2009	TO

DMR Mailing ZIP CODE: 03101
MAJOR

WWTF#2-NORMAL OPERATIONS
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	8.0	SU	0	99/99	RC
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.5	19.4	MG/L	0	01/07	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP24
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.05	MG/L	0	01/07	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Weekly	COMP24
Iron, total (as Fe) 01045 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.2	MG/L	0	01/07	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Weekly	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	62658	110675	GPD	*****	*****	*****	*****	0	01/01	TM
	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER William H. Smagula Director - Generation TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE		DATE
			AREA Code	NUMBER	MM/DD/YYYY
			603-634-2851	8/14/09	

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

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM FOR OUTFALL #017. SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE

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

Form Approved
OMB No. 2040-0004

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

NAME: P.S. OF NH-SCHILLER STATION
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2009	TO 07/31/2009

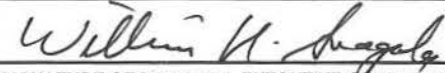
DMR Mailing ZIP CODE: 03101
MAJOR

WASTE TREATMENT PLT#1 EFFLUENT
External Outfall



No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	CONTIN
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****	*****			
	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER William H. Smagula Director of Environmental Protection	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			603-634-2851	8/14/09
			AREA Code	NUMBER
				MM/DD/YYYY

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

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

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

Form Approved
OMB No. 2040-0004

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

NAME: P.S. OF NH-SCHILLER STATION
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

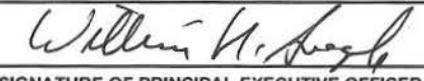
NH0001473	013A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2009	TO 07/31/2009

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY SPILLWAY OVERFLOW
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	5.7	*****	5.7	SU	0	WH/DS	GR
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		When Discharging	GRAB
pH 00400 R 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	5.4	*****	5.4	SU	0	WH/DS	GR
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		When Discharging	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	11500	GPD	*****	*****	*****	*****	0	WH/DS	ES
	PERMIT REQUIREMENT	*****	Req. Mon. INST MAX	gal/d	*****	*****	*****	*****		When Discharging	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER William H. Smagula Director Generation TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
			603-634-2851	8/14/09
		AREA Code	NUMBER	MM/DD/YYYY

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

IF NO EMERGENCY STORMWATER OVERFLOW THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THERE SHALL BE NO DISCHARGES OF PROCESS WASTES, CLEANING WASTES OR SANITARY WASTES FROM THIS OUTFALL.

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

Form Approved
OMB No. 2040-0004

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

NAME: P.S. OF NH-SCHILLER STATION
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 490 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	011A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2009	TO 07/31/2009

DMR Mailing ZIP CODE: 03101
MAJOR
SCHILLER TANK FARM DRAINS
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	6.8	SU	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Monthly	GRAB-4
pH 00400 R 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	4.2	*****	5.4	SU	0	11/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB-4
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	51511	51870	GPD	*****	*****	*****	*****	0	01/01	ES
	PERMIT REQUIREMENT	115000 MO AVG	230000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER William H. Smagala Director - Generation TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			603-634-2851	08/14/09	
			AREA Code	NUMBER	MM/DD/YYYY

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

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER. THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAM

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

Form Approved
OMB No. 2040-0004

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

NAME: P.S. OF NH-SCHILLER STATION
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2009	TO 07/31/2009

DMR Mailing ZIP CODE: 03101
MAJOR
EMERGENCY BOILER BLOWDOWN
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8.9	*****	8.9	SU	0	WH/DS	GR
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	200	GPD	*****	*****	*****	*****	0	WH/DS	ES
	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER William H. Smagula Director - Generation TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			603-634-2851	8/14/09	
			AREA Code	NUMBER	MM/DD/YYYY

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

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

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

Form Approved
OMB No. 2040-0004

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

NAME: P.S. OF NH-SCHILLER STATION
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 490 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

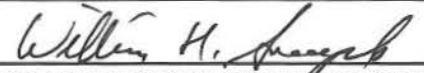
NH0001473	004A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2009	TO 07/31/2009

DMR Mailing ZIP CODE: 03101
MAJOR
UNIT #6 CIRCULATING WATER
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit 00011 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	93	DEGF	0	24/01	RC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	95 DAILY MX	deg F		Hourly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	37.8	41.8	MGD	*****	*****	*****	*****	0	01/01	PC
	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	Mgal/d	*****	*****	*****	*****		Continuous	CALCTD
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.19	MG/L	0	04/00	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Daily	GRAB
Temp. diff. between intake and discharge 61576 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	23*	DEGF	0	24/01	RC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	25 DAILY MX	deg F		Hourly	CALCTD
Ferrous sulfate 82064 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NOD 1/9	MG/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 MO MAX	mg/L		Monthly	CALCTD

* THE 25-DEGREE DAILY MAX DELTA-T LIMIT WAS EXCEEDED FOR TWO HOURS (20:00 - 22:00) ON JULY 7 (26°F) TO PERFORM CONDENSER CLEANING AND REPAIR A SALT LEAK AS ALLOWED PER THE PERMIT.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER William H. Smagula Director - Generation TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
			603-634-2851	8/14/09
			AREA Code	NUMBER
				MM/DD/YYYY

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

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREES FARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.

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

Form Approved
OMB No. 2040-0004

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

NAME: P.S. OF NH-SCHILLER STATION
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: PUBLIC SERVICE OF N.H.
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 03101
MAJOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2009	TO 07/31/2009

UNIT #5 CIRCULATING WATER
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit 00011 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	93	DEGF	0	24/01	RC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	95 DAILY MX	deg F		Hourly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	41.8	41.8	MGD	*****	*****	*****	*****	0	01/01	PC
	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	Mgal/d	*****	*****	*****	*****		Continuous	CALCTD
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.13	MG/L	0	CL/0C	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Daily	GRAB
Temp. diff. between intake and discharge 61576 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	22	DEGF	0	24/01	RC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	25 DAILY MX	deg F		Hourly	CALCTD
Ferrous sulfate 82064 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NOD1/9	MG/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 MO MAX	mg/L		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER William H. Smagula Director - Generation TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons 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.		TELEPHONE	DATE
			603-634-2851	8/14/09
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

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

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.