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

NAME Dominion - Possum Point Power Station
ADDRESS 5000 Dominion Blvd
Glen Allen VA 23060
FACILITY LOCATION 19000 Possum Point Rd

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0002071	010
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

Industrial Major 02/18/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

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	UNITS			
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	1/M	EST
002 pH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU	0	1/M	GRAB
004 TSS	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	30	100	MG/L	0	1/M	4HC
090 MOLYBDENUM, TOTAL (AS MO)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
137 HARDNESS, TOTAL (AS CACO3)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	MG/L	0	1/M	4HC
145 CHLORIDES	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	340000	340000	UG/L	0	1/M	4HC
185 NICKEL, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	19	19	UG/L	0	1/M	4HC
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	1.5	1.5	UG/L	0	1/M	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)

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.

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY