Dominion Generation
19000 Possum Point Road, Dumfries, VA 22026

Dominion®

VA DEPARTMENT OF ENVIRONMENTAL QUALITY
NORTHERN
FEB 10 2016
REGIONAL OFFICE
WOODBRIDGE, VA

February 10, 2016

HAND DELIVERED

Ms. Susan Mackert
Department of Environmental Quality
Water Regional Offices
13901 Crown Court
Woodbridge, VA. 22193

RE: Dominion Possum Point Power Station VA0002071
Discharge Monitoring Report for January 2016

Ms. Mackert:

Attached is the original January NPDES Discharge Monitoring Report (DMR) for Possum Point Power Station. The data reported reflect the requirements from the VPDES permit effective January 14, 2016. The reported values reflect the results of the first sample taken not the required duplicate sample.

The eDMR system was not set up to allow reporting of the sampling period starting after the major modification date of January 14, 2016. After discussing this issue with you and staff on February 3, 2016, it was decided to submit hardcopy DMR forms and then continue with eDMR for the February 2016 report period and beyond. A copy of this report will be attached to the eDMR for January 2016 required under the prior permit.

As you know, this report is required by and prepared specifically for the Virginia Department of Environmental Quality. It represents truly, accurately, and completely the observed results of the measurements and analyses required by the State to be performed or submitted, but only such results. It is not intended as an assertion of the accuracy of any instrument, reading or analytical results, nor is it an endorsement of the suitability of any analytical or measurement procedure.

If you have any questions or desire additional information concerning this submittal, please contact me at 703-441-3813.

Sincerely,

Jeffrey R. Marcell
Environmental Supervisor

Enclosure (2)

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.

Jeffrey R Marcell
Name of Authorized Agent

Environmental Supervisor
Title

Signature of Authorized Agent

02/10/16
Date

Additional Information Related to DMR Data for Outfall 010

Analytical Results for Samples Collected from the Toe Drain Portion of Outfall 010

The discharge from Outfall 010 consists of two components: stormwater runoff and the toe drain associated with Ash Pond D. These components enter the infrastructure associated with Outfall 010 at distinct locations, mix, and the combined flow passes under Possum Point road and discharges to the unnamed tributary to Quantico Creek. On December 14 and 18, 2015, duplicate samples of the toe drain portion of the discharge were collected at the point where the toe drain enters the collection system, prior to mixing with any stormwater. These samples were analyzed for the constituents for which DEQ had proposed monitoring in the draft VPDES permit. The results of these samples were provided to DEQ by email on January 6, 2016, and are attached.

Results for the two sets of toe drain samples are remarkably similar, indicating very little temporal variability in the characteristics of this portion of the Outfall 010 discharge. In addition, the concentrations of all measured parameters are well below the newly established VPDES limits and applicable water quality criteria, and are within the range of values measured in background groundwater samples at Possum Point.

Samples Collected from Outfall 010 on January 21, 2016

Samples reported with this DMR were collected from Outfall 010 on January 21, 2016, following the initial snowfall associated with a major winter storm event. The samples were collected at the point just prior to the discharge entering the unnamed tributary to Quantico Creek.

Path Forward

Dominion is undertaking efforts to stop all discharge from Outfall 010 and expects to complete this process before February 13, 2016. These efforts include installing a 72" inflated plug at the outlet of the 72" pipe. This plug will seal off any water movement out of the pipe. Pumps will be placed in the drop inlet feeding the 72" pipe to remove storm water and toe drain waters. The pump discharge will be routed to D Pond.

Table
Possum Point Toe Drain Data

Parameters	Units	Pond D Toe Drain			
		Pond D T D1	Pond D T D2	Pond D T D3	Pond D T D3 Duplicate
		12/14/15	12/14/15	12/18/15	12/18/15
pH (1)	S.U.	6.07	6.05	6.00	6.03
Total Suspended Solids (TSS)	mg/L	< 1.0	< 1.0	< 1.0	< 1.0
Oil and Grease (O&G)	mg/L	< 5.0	< 5.0	< 5.0	< 5.0
Specific Conductivity	uhoms/cm	NA	NA	NA	NA
Aluminum, Total	ug/L	NA	NA	NA	NA
Antimony, Total	ug/L	< 0.140	< 0.140	< 0.140	< 0.140
Antimony, Dissolved	ug/L	< 0.140	< 0.140	< 0.140	< 0.140
Arsenic, Total	ug/L	< 0.830	< 0.830	< 0.830	< 0.830
Arsenic, Dissolved	ug/L	< 0.830	< 0.830	< 0.830	< 0.830
Barium, Total	ug/L	40.2	40.4	40.3	37.9
Barium, Dissolved	ug/L	40.0	39.9	38.3	38.4
Beryllium, Total	ug/L	NA	NA	NA	NA
Beryllium, Dissolved	ug/L	NA	NA	NA	NA
Boron, Total	ug/L	NA	NA	NA	NA
Boron, Dissolved	ug/L	NA	NA	NA	NA
Cadmium, Total	ug/L	< 0.100	< 0.100	< 0.100	< 0.100
Cadmium, Dissolved	ug/L	< 0.100	< 0.100	< 0.100	< 0.100
Chloride	µg/L	41,800	38,600	42,900	40,000
Chromium III, Total	ug/L	< 5	< 5	NA	NA
Chromium III, Dissolved	ug/L	< 10	< 10	< 10	< 10
Chromium VI, Total	µg/L	< 3	< 3	NA	NA
Chromium VI, Dissolved	µg/L	< 5	< 5	< 5	< 5
Cobalt, Total	µg/L	NA	NA	NA	NA
Cobalt, Dissolved	µg/L	NA	NA	NA	NA
Copper, Total	µg/L	1.61	1.53	2.21	1.70
Copper, Dissolved	µg/L	1.52	1.53	1.74	1.74
Iron, Total	µg/L	6.5±	3.2±	9.2±	6.8±
Iron, Dissolved	µg/L	3.2±	3.2±	3.7±	7.1±
Lead, Total	µg/L	< 0.100	< 0.100	< 0.100	< 0.100
Lead, Dissolved	µg/L	< 0.100	< 0.100	< 0.100	< 0.100
Mercury, Total	µg/L	< 0.2	< 0.2	< 0.2	< 0.2
Mercury, Dissolved	µg/L	< 0.2	< 0.2	< 0.2	< 0.2
Molybdenum, Total	µg/L	NA	NA	NA	NA
Molybdenum, Dissolved	µg/L	NA	NA	NA	NA
Nickel, Total	µg/L	5.16	4.36	4.77	4.82
Nickel, Dissolved	µg/L	5.49	5.39	4.81	4.63
Selenium, Total	µg/L	0.819±	1.11	0.816±	0.801±
Selenium, Dissolved	µg/L	0.702±	0.932±	0.736±	0.523±
Silver, Total	µg/L	< 0.0300	< 0.0300	< 0.0300	< 0.0300
Silver, Dissolved	µg/L	< 0.0300	< 0.0300	< 0.0300	< 0.0300
Thallium, Total	µg/L	< 0.100	< 0.100	0.142±	< 0.100
Thallium, Dissolved	µg/L	< 0.100	< 0.100	< 0.100	< 0.100
Vanadium, Total	µg/L	< 5.00	< 5.00	< 5.00	< 5.00
Vanadium, Dissolved	µg/L	< 5.00	< 5.00	< 5.00	< 5.00
Zinc, Total	µg/L	7.67	7.60	8.37	7.84
Zinc, Dissolved	µg/L	7.91	8.78	7.83	7.74
Hardness, Total (as $CaCO_3$)	mg/L	77.9	80.5	76.5	77.5
Acute Toxicity – *C. dubia* (2)	% NOEC	NA	NA	NA	NA
Acute Toxicity – *P. promelas* (2)	% NOEC	NA	NA	NA	NA
Chronic Toxicity – *C. dubia* (3)	TU_c	NA	NA	NA	NA
Chronic Toxicity – *P. promelas* (3)	TU_c	NA	NA	NA	NA

Footnotes:

1) pH values measured in field.

2) Reported as percent No Observed Effect Concentration (NOEC).

3) Reported as Chronic Toxicity Units (TU_c).

4) Values preceded by "<" represent results not detected at the Reporting Detection Limit (RDL) and listed as < RDL.

5) Values with suffix "±" represent results with an estimated value between the Method Detection Limit (MDL) and the Practical Quantitation Limit (PQL) for the analyte.

6) NA = Not analyzed.

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

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

VA0002071	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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.

4517

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD	79.2	79.2	MGD	*********	*********	*********			1/M	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	1/M	EST
002 pH	REPORTD	*********	*********		7.69	*********	7.69	SU		1/M	Grab
	REQRMNT	*********	*********		6.0	*********	9.0	SU	0	1/M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*********	*********		*********	NR	*********	MG/L		1/3M	Grab
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/3M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*********	*********		*********	NR	*********	MG/L		1/3M	Calc
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/3M	CALC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	4.6	10.7	C		1/DAY	IS
	REQRMNT	*********	*********		*********	NL	NL	C	0	1/DAY	IS
082 HEAT REJ**8	REPORTD	*********	NR	BTU/H	*********	*********	*********			CONT	CALC
	REQRMNT	*********	5.58	BTU/H	*********	*********	*********		0	CONT	CALC
108 TEMP, RIVER INTAKE (DEG. C)	REPORTD	*********	*********		*********	4.4	9.9	C		1/DAY	IS
	REQRMNT	*********	*********		*********	NL	NL	C	0	1/DAY	IS
137 HARDNESS, TOTAL (AS CACO3)	REPORTD	*********	*********		*********	NR	*********	mg/L		1/6M	Grab
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/6M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
This outfall is considered 001/002. Unit 3 did not generate in 01/2016.

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		
Dana West	Dal	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Marcel	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

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

VA0002071	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	16	01	01	TO	16	01	31

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.

4518

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
158 CL2, TOTAL FINAL	REPORTD	*********	*********		*********	<QL	<QL	MG/L		2/M	GRAB
	REQRMNT	*********	*********		*********	0.022	0.032	MG/L	0	2/M	GRAB
227 PHOSPHORUS, TOTAL INTAKE	REPORTD	*********	*********		*********	NR	*********	MG/L		1/3M	GRAB
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/3M	GRAB
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*********	*********		*********	NR	*********	UG/L		1/6M	GRAB
	REQRMNT	*********	*********		*********	NL	*********	UG/L	0	1/6M	GRAB
622 TOTAL NITROGEN, INTAKE	REPORTD	*********	*********		*********	NR	*********	MG/L		1/3M	CALC
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/3M	CALC
720 TUc - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*********	*********		*********	*********	NR	TU-C		1/YR	GRAB
	REQRMNT	*********	*********		*********	*********	NL	TU-C	0	1/YR	GRAB
721 TUc - CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*********	*********		*********	*********	NR	TU-C		1/YR	GRAB
	REQRMNT	*********	*********		*********	*********	NL	TU-C	0	1/YR	GRAB
919 COPPER, DISSOLVED, INTAKE (UG/L AS CU)	REPORTD	*********	*********		*********	NR	*********	UG/L		1/6M	GRAB
	REQRMNT	*********	*********		*********	NL	*********	UG/L	0	1/6M	GRAB
920 HARDNESS, TOTAL, INTAKE (AS CACO3)	REPORTD	*********	*********		*********	NR	*********	MG/L		1/6M	GRAB
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/6M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
This outfall is considered 001/002. Unit 3 did not generate in 01/2016.

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		
Dana West	[signature]	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
JEFFREY R. MARCELL	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 02/02/2016

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
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DISCHARGE MONITORING REPORT(DMR)

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Glen Allen VA 23060

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VA0002071	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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.

4519

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	71.8	142.4	MGD	*********	*********	*********			1/M	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	1/M	EST
002 pH	REPORTD	*********	*********		8.00	*********	8.00	SU		1/M	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU	0	1/M	GRAB
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	4.6	10.7	C		1/W	IS
	REQRMNT	*********	*********		*********	NL	NL	C	0	1/W	IS
083 HEAT REJ**9	REPORTD	*********	NR	BTU/H	*********	*********	*********			CONT	CALC
	REQRMNT	*********	1.14	BTU/H	*********	*********	*********		0	CONT	CALC
158 CL2, TOTAL FINAL	REPORTD	*********	*********		*********	NR	NR	mg/L		2/M	GRAB
	REQRMNT	*********	*********		*********	0.022	0.032	MG/L	0	2/M	GRAB
720 TUc - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*********	*********		*********	*********	NR	TU-C		1/YR	GRAB
	REQRMNT	*********	*********		*********	*********	NL	TU-C	0	1/YR	GRAB
721 TUc - CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*********	*********		*********	*********	NR	TU-C		1/YR	GRAB
	REQRMNT	*********	*********		*********	*********	NL	TU-C	0	1/YR	GRAB
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS Unit 4 did not generate in 01/2016. Not Chlorinated.

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

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OPERATOR IN RESPONSIBLE CHARGE			DATE		
Dana West	Dw	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Marsh	Jeffrey R Marsh	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 02/02/2016

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
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VA0002071	004
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MONITORING PERIOD						
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4520

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	1.51	1.69	MGD	*********	*********	*********			2/M	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	2/M	EST
002 pH	REPORTD	*********	*********		7.57	*********	7.71	SU		2/M	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU	0	2/M	GRAB
004 TSS	REPORTD	*********	*********		*********	3.7	5.0	MG/L		2/M	GRAB
	REQRMNT	*********	*********		*********	30	100	MG/L	0	2/M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*********	*********		*********	NR	*********	MG/L		1/6M	GRAB
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/6M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*********	*********		*********	NR	*********	MG/L		1/6M	CALC
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/6M	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********	NR	*********	MG/L		1/6M	GRAB
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/6M	GRAB
068 TKN (N-KJEL)	REPORTD	*********	*********		*********	NR	*********	MG/L		1/6M	GRAB
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/6M	GRAB
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	10.9	11.2	C		1/W	IS
	REQRMNT	*********	*********		*********	NL	NL	C	0	1/W	IS

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Marcell	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

4521

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

VA0002071	004
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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			
082 HEAT REJ**8	REPORTD	*********	0.3	BTU/H	*********	*********	*********			2/M	CALC
	REQRMNT	*********	1.9	BTU/H	*********	*********	*********		0	2/M	CALC
159 CL2, TOTAL FINAL	REPORTD	*********	*********		*********	<QL	<QL	MG/L		1/W	GRAB
	REQRMNT	*********	*********		*********	0.026	0.038	MG/L	0	1/W	GRAB
389 NITRITE+NITRATE-N,TOTAL	REPORTD	*********	*********		*********	NR	*********	MG/L		1/6M	GRAB
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/6M	GRAB
500 OIL & GREASE	REPORTD	*********	*********		*********	<5.00	<5.00	MG/L		2/M	GRAB
	REQRMNT	*********	*********		*********	15	20	MG/L	0	2/M	GRAB
720 TUc - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*********	*********		*********	*********	NR	TU-C		1/YR	GRAB
	REQRMNT	*********	*********		*********	*********	NL	TU-C	0	1/YR	GRAB
721 TUc - CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*********	*********		*********	*********	NR	TU-C		1/YR	GRAB
	REQRMNT	*********	*********		*********	*********	NL	TU-C	0	1/YR	GRAB
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

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		
Dana West		NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Marell		703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

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

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VA0002071	005
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DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

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4522

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD	*********	No Disch.	MGD	*********	*********	*********			3D/W	EST
	REQRMNT	*********	2.88	MGD	*********	*********	*********		0	3D/W	EST
002 pH	REPORTD	*********	*********			*********		SU		3D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU	0	3D/W	GRAB
004 TSS	REPORTD	*********	*********		*********			MG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	30	100	MG/L	0	3D/W	4HC
013 NITROGEN, TOTAL (AS N)	REPORTD	*********	*********		*********		*********	MG/L		1/M	CALC
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/M	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********		*********	MG/L		1/M	4HC
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/M	4HC
068 TKN (N-KJEL)	REPORTD	*********	*********		*********		*********	MG/L		1/M	4HC
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/M	4HC
090 MOLYBDENUM, TOTAL (AS MO)	REPORTD	*********	*********		*********			UG/L		1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
137 HARDNESS, TOTAL (AS CACO3)	REPORTD	*********	*********		*********			MG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	NL	NL	MG/L	0	3D/W	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS No Discharge.

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OPERATOR IN RESPONSIBLE CHARGE			DATE		
Dana West	DW	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Marion	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

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

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VA0002071	005
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13901 Crown Court
Woodbridge VA 22193

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4523

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145 CHLORIDES	REPORTD	*********	*********		*********			UG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	180000	340000	UG/L	0	3D/W	4HC
185 NICKEL, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		30/W	4HC
	REQRMNT	*********	*********		*********	16	29	UG/L	0	3D/W	4HC
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		30/W	4HC
	REQRMNT	*********	*********		*********	1.8	3.4	UG/L	0	3D/W	4HC
193 THALLIUM, TOTAL (AS TL)	REPORTD	*********	*********		*********			UG/L		30/W	4HC
	REQRMNT	*********	*********		*********	0.47	0.47	UG/L	0	3D/W	4HC
196 ZINC, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		30/W	4HC
	REQRMNT	*********	*********		*********	65	120	UG/L	0	3D/W	4HC
202 CADMIUM, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		30/W	4HC
	REQRMNT	*********	*********		*********	0.88	1.6	UG/L	0	3D/W	4HC
203 COPPER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		30/W	4HC
	REQRMNT	*********	*********		*********	7.1	13	UG/L	0	3D/W	4HC
212 ARSENIC, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		30/W	4HC
	REQRMNT	*********	*********		*********	120	220	UG/L	0	3D/W	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS No Discharge.

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OPERATOR IN RESPONSIBLE CHARGE			DATE		
Dana West	Dwe	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Maxell	Jeffrey R Maxell	7034413813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
JEFFREY R MAXELL					

Industrial Major 02/02/2016

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

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

NAME Dominion - Possum Point Power Station
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Glen Allen VA 23060

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VA0002071	005
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
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FROM	2016	01	01	TO	2016	01	31

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Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

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4524

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
233 LEAD, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	11	20	UG/L	0	3D/W	4HC
235 MERCURY, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	0.61	1.1	UG/L	0	3D/W	4HC
237 COBALT, TOTAL (AS CO)	REPORTD	*********	*********		*********			UG/L		1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
314 CHROMIUM, HEXAVALENT TOTAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	8.7	16	UG/L	0	3D/W	4HC
361 IRON, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
372 BORON, TOTAL	REPORTD	*********	*********		*********			UG/L		1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
389 NITRITE+NITRATE-N,TOTAL	REPORTD	*********	*********		*********		*********	MG/L		1/M	4HC
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/M	4HC
408 SELENIUM, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	4.0	7.3	UG/L	0	3D/W	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS No Discharge.

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

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OPERATOR IN RESPONSIBLE CHARGE			DATE		
Dana West	Dwe	NA	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Marcus	Jeffrey R Marcus	703 941 3913	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 02/02/2016

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

4525

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PERMIT NUMBER	DISCHARGE NUMBER
VA0002071	005

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
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PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
409 VANADIUM, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			ug/L		1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
410 ALUMINUM, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			ug/L		1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
449 BARIUM, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			ug/L		1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
500 OIL & GREASE	REPORTD	*********	*********		*********			mg/L		3D/W	4HC
	REQRMNT	*********	*********		*********	15	20	MG/L	0	3D/W	4HC
704 NOAEC - ACUTE 48 HR STAT CERIODAPHNIA DUBIA	REPORTD	*********	*********			*********	*********	%		1/M	24HC
	REQRMNT	*********	*********		100	*********	*********	%	0	1/M	24HC
705 NOAEC - ACUTE 48 HR STAT PIMEPHALES PROMELAS	REPORTD	*********	*********			*********	*********	%		1/M	24HC
	REQRMNT	*********	*********		100	*********	*********	%	0	1/M	24HC
720 TUc - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*********	*********		*********	*********		TU-C		1/M	24HC
	REQRMNT	*********	*********		*********	*********	1.44	TU-C	0	1/M	24HC
721 TUc - CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*********	*********		*********	*********		TU-C		1/M	24HC
	REQRMNT	*********	*********		*********	*********	1.44	TU-C	0	1/M	24HC

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OPERATOR IN RESPONSIBLE CHARGE			DATE		
Dana West	[signature]	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Maurer	[signature]	703 741 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 02/02/2016

COMMONWEALTH OF VIRGINIA
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4526

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796 BERYLLIUM, TOTAL RECOVERABLE (AS BE)	REPORTD	*********	*********		*********			UG/L		1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
797 ANTIMONY, TOTAL RECOVERABLE (AS SB)	REPORTD	*********	*********		*********			UG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	640	640	UG/L	0	3D/W	4HC
939 CHROMIUM, TRIVALENT TOAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	59	110	UG/L	0	3D/W	4HC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS No Discharge.

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

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OPERATOR IN RESPONSIBLE CHARGE			DATE		
Dana West	[signature]	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Mancil	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 02/02/2016

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
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(REGIONAL OFFICE)

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4527

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	NR	NR	MGD	*********	*********	*********			1/3M	MEAS
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	1/3M	MEAS
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
The permittee is authorized to discharge Intake Screen Backwash Water from Units 3 and 4 through Outfall 007 until such time that Outfall 009 is operationa

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		
Dana West	[signature]	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Maher	[signature]	703 441 2813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 02/02/2016

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

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

VA0002071	008
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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.

4528

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	NR	NR	MGD	*********	*********	*********			1/3M	MEAS
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	1/3M	MEAS
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

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		
Dana West	[signature]	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Maurer	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

Industrial Major 02/02/2016

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.

4529

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

VA0002071	009
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	NR	NR	MGD	*********	*********	*********			1/3M	MEAS
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	1/3M	MEAS
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
Until such time that Outfall 009 is operational, the permittee is authorized to discharge Intake Screen Backwash Water from Units 3 and 4 through Outfall 0

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		
Dana West	[signature]	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
JEFFREY R MARCELL	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

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

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

VA0002071	010
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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.

4530

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD	0.017	*********	MGD	*********	*********	*********			1/M	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	1/M	EST
002 pH (1)	REPORTD	*********	*********		6.14	*********	6.14	SU			
	REQRMNT	*********	*********		6.0	*********	9.0	SU	0	1/M	GRAB
004 TSS	REPORTD	*********	*********		<1.0	*********	<1.0	MG/L			
	REQRMNT	*********	*********		*********	30	100	MG/L	0	1/M	4HC
090 MOLYBDENUM, TOTAL (AS MO)	REPORTD	*********	*********		<50.0	*********	<50.0	UG/L			
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
137 HARDNESS, TOTAL (AS CACO3)	REPORTD	*********	*********		88.3	*********	88.3	MG/L			
	REQRMNT	*********	*********		*********	NL	NL	MG/L	0	1/M	4HC
145 CHLORIDES	REPORTD	*********	*********		57,600	*********	57,600	UG/L			
	REQRMNT	*********	*********		*********	340000	340000	UG/L	0	1/M	4HC
185 NICKEL, TOTAL RECOVERABLE	REPORTD	*********	*********		9.47	*********	9.47	UG/L			
	REQRMNT	*********	*********		*********	19	19	UG/L	0	1/M	4HC
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		<0.0750	*********	<0.0750	UG/L			
	REQRMNT	*********	*********		*********	1.5	1.5	UG/L	0	1/M	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
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(4) NR = Not Reported

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~~ SAMPLER			DATE		
TYPED OR PRINTED NAME BRIAN BULLOCK	SIGNATURE	CERTIFICATE NO. NB	YEAR 2016	MO. 02	DAY 05
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
JEFFREY R MARCUS		703 441 3513	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

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	2016	01	01	TO	2016	01	31

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.

4531

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
193 THALLIUM, TOTAL (AS TL)	REPORTD	*********	*********		<0.300	*********	<0.300	UG/L			
	REQRMNT	*********	*********		*********	0.47	0.47	UG/L	0	1/M	4HC
196 ZINC, TOTAL RECOVERABLE	REPORTD	*********	*********		35.2	*********	35.2	UG/L			
	REQRMNT	*********	*********		*********	77	77	UG/L	0	1/M	4HC
202 CADMIUM, TOTAL RECOVERABLE	REPORTD	*********	*********		<0.300	*********	<0.300	UG/L			
	REQRMNT	*********	*********		*********	1.1	1.1	UG/L	0	1/M	4HC
203 COPPER, TOTAL RECOVERABLE	REPORTD	*********	*********		14.1	*********	14.1	UG/L			
	REQRMNT	*********	*********		*********	8.4	8.4	UG/L	0	1/M	4HC
212 ARSENIC, TOTAL RECOVERABLE	REPORTD	*********	*********		<0.300	*********	<0.300	UG/L			
	REQRMNT	*********	*********		*********	220	220	UG/L	0	1/M	4HC
233 LEAD, TOTAL RECOVERABLE	REPORTD	*********	*********		<0.300	*********	<0.300	UG/L			
	REQRMNT	*********	*********		*********	11	11	UG/L	0	1/M	4HC
235 MERCURY, TOTAL RECOVERABLE	REPORTD	*********	*********		0.00945	*********	0.00945	UG/L			
	REQRMNT	*********	*********		*********	1.1	1.1	UG/L	0	1/M	4HC
237 COBALT, TOTAL (AS CO)	REPORTD	*********	*********		7.6	*********	7.6	UG/L			
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
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(4) NR = Not Reported

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~~ SAMPLER			DATE		
TYPED OR PRINTED NAME BRIAN BULLOCK	SIGNATURE	CERTIFICATE NO. NR	YEAR 2016	MO. 02	DAY 05
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
JEFFREY MANGEL		703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

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

VA0002071	010
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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.

4532

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
314 CHROMIUM, HEXAVALENT TOTAL RECOVERABLE	REPORTD	*********	*********		<3	*********	<3	UG/L			
	REQRMNT	*********	*********		*********	16	16	UG/L	0	1/M	4HC
361 IRON, TOTAL RECOVERABLE	REPORTD	*********	*********		2,150	*********	2,150	UG/L			
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
372 BORON, TOTAL	REPORTD	*********	*********		604	*********	604	UG/L			
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
408 SELENIUM, TOTAL RECOVERABLE	REPORTD	*********	*********		0.693±	*********	0.693±	UG/L			
	REQRMNT	*********	*********		*********	7.3	7.3	UG/L	0	1/M	4HC
409 VANADIUM, TOTAL RECOVERABLE	REPORTD	*********	*********		<2.0	*********	<2.0	UG/L			
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
410 ALUMINUM, TOTAL RECOVERABLE	REPORTD	*********	*********		113	*********	113	UG/L			
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
449 BARIUM, TOTAL RECOVERABLE	REPORTD	*********	*********		39.2	*********	39.2	UG/L			
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
500 OIL & GREASE	REPORTD	*********	*********		<5.0	*********	<5.0	MG/L			
	REQRMNT	*********	*********		*********	15	20	MG/L	0	1/M	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
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(4) NR = Not Reported

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~~
SAMPLER

TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	DATE YEAR	MO.	DAY
BRIAN BULLOCK			2016	02	05

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO.	DAY
Jeffrey R Marcus		703 941 3813	2016	02	10

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

Industrial Major

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

VA0002071	010
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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.

4533

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
704 NOAEC - ACUTE 48 HR STAT CERIODAPHNIA DUBIA	REPORTD	*********	*********		NR	*********	NR				
	REQRMNT	*********	*********		100	*********	*********	%	0	1/M	24HC
705 NOAEC - ACUTE 48 HR STAT PIMEPHALES PROMELAS	REPORTD	*********	*********		NR	*********	NR				
	REQRMNT	*********	*********		100	*********	*********	%	0	1/M	24HC
720 TUc - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*********	*********		NR	*********	NR				
	REQRMNT	*********	*********		*********	*********	1.44	TU-C	0	1/M	24HC
721 TUc - CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*********	*********		NR	*********	NR				
	REQRMNT	*********	*********		*********	*********	1.44	TU-C	0	1/M	24HC
796 BERYLLIUM, TOTAL RECOVERABLE (AS BE)	REPORTD	*********	*********		<2.0	*********	<2.0	UG/L			
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
797 ANTIMONY, TOTAL RECOVERABLE (AS SB)	REPORTD	*********	*********		<0.300	*********	<0.300	UG/L			
	REQRMNT	*********	*********		*********	640	640	UG/L	0	1/M	4HC
837 SPECIFIC CONDUCTANCE	REPORTD	*********	*********		376	*********	376	UM/CM			
	REQRMNT	*********	*********		*********	*********	NL	UM/CM	0	1/M	4HC
939 CHROMIUM, TRIVALENT TOAL RECOVERABLE	REPORTD	*********	*********		<5	*********	<5	UG/L			
	REQRMNT	*********	*********		*********	73	73	UG/L	0	1/M	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
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BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)

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~~OPERATOR IN RESPONSIBLE CHARGE~~ SAMPLER			DATE		
TYPED OR PRINTED NAME BRIAN BULLOCK	SIGNATURE	CERTIFICATE NO.	YEAR 2016	MO. 02	DAY 05
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Maciel	Jeffrey R Maciel	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 02/02/2016

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

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

VA0002071	201
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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.

4534

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	1.3	2.9	MGD	*********	*********	*********			1/D-M	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	1/D-M	EST
002 pH	REPORTD	*********	*********		8.14	*********	8.47	SU		1/D-W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU	0	1/D-W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*********	*********		*********	NR	*********	MG/L		1/3M	GRAB
	REQRMNT	*********	*********		*********	NL	*********	MG/L		1/3M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*********	*********		*********	NR	*********	MG/L		1/3M	CALC
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/3M	CALC
016 CHROMIUM, TOTAL (AS CR)	REPORTD	*********	*********		*********	<QL	<QL	MG/L		1/D-M	GRAB
	REQRMNT	*********	*********		*********	0.2	0.2	MG/L	0	1/D-M	GRAB
020 ZINC, TOTAL (AS ZN)	REPORTD	*********	*********		*********	<QL	<QL	MG/L		1/D-M	GRAB
	REQRMNT	*********	*********		*********	1.0	1.0	MG/L	0	1/D-M	GRAB
044 CL2, FREE	REPORTD	*********	*********		*********	NR	NR	MG/L		1/D-W	GRAB
	REQRMNT	*********	*********		*********	0.2	0.5	MG/L	0	1/D-W	GRAB
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS Not chlorinated.

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		
Dana West	Dwe	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Maiell	[signature]	703 441 3817	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

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

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

VA0002071	202
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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.

4535

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD	0.80	0.80	MGD	*********	*********	*********			1/D-M	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	1/D-M	EST
002 pH	REPORTD	*********	*********		6.68	*********	7.04	SU		1/D-W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU	0	1/D-W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*********	*********		*********	NR	*********	mg/L		1/3M	GRAB
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/3M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*********	*********		*********	NR	*********	mg/L		1/3M	CALC
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/3M	CALC
016 CHROMIUM, TOTAL (AS CR)	REPORTD	*********	*********		*********	<QL	<QL	mg/L		1/D-M	GRAB
	REQRMNT	*********	*********		*********	0.2	0.2	MG/L	0	1/D-M	GRAB
020 ZINC, TOTAL (AS ZN)	REPORTD	*********	*********		*********	<QL	<QL	mg/L		1/D-M	GRAB
	REQRMNT	*********	*********		*********	1.0	1.0	MG/L	0	1/D-M	GRAB
044 CL2, FREE	REPORTD	*********	*********		*********	<QL	<QL	mg/L		1/D-W	GRAB
	REQRMNT	*********	*********		*********	0.2	0.5	MG/L	0	1/D-W	GRAB
	REPORTD									*******	
	REQRMNT										

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		
Dana West	[signature]	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Marcus	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 02/02/2016

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

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

VA0002071	501
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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.

4536

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	No Disch.		MGD	*********	*********	*********			1/D-M	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	1/D-M	EST
004 TSS	REPORTD	*********	*********		*********			MG/L		1/D-M	GRAB
	REQRMNT	*********	*********		*********	30	100	MG/L	0	1/D-M	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*********	*********		*********			MG/L		1/D-M	GRAB
	REQRMNT	*********	*********		*********	1.0	1.0	MG/L	0	1/D-M	GRAB
031 IRON, TOTAL (AS FE)	REPORTD	*********	*********		*********			MG/L		1/D-M	GRAB
	REQRMNT	*********	*********		*********	1.0	1.0	MG/L	0	1/D-M	GRAB
500 OIL & GREASE	REPORTD	*********	*********		*********			MG/L		1/D-M	GRAB
	REQRMNT	*********	*********		*********	15	20	MG/L	0	1/D-M	GRAB
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS No Discharge.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BODS(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		
Dana West	[signature]	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
[illegible]	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

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

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

VA0002071	502
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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.

4537

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	0.567	0.567	MGD	*********	*********	*********			2/M	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	2/M	EST
004 TSS	REPORTD	*********	*********		*********	3.6	4.6	mg/L		2/M	GRAB
	REQRMNT	*********	*********		*********	30	100	MG/L	0	2/M	GRAB
257 PETROLEUM HYDROCARBONS, TOTAL RECOVI	REPORTD	*********	*********		*********	<QL	<QL	mg/L		2/M	GRAB
	REQRMNT	*********	*********		*********	NL	NL	MG/L		2/M	GRAB
500 OIL & GREASE	REPORTD	*********	*********		*********	<5.00	<5.00	mg/L		2/M	GRAB
	REQRMNT	*********	*********		*********	15	20	MG/L	0	2/M	GRAB
918 Total Petroleum Hydrocarbons-Oil (TPH-ORO)	REPORTD	*********	*********		*********	<1.1	<1.1	mg/L		2/M	GRAB
	REQRMNT	*********	*********		*********	NL	NL	MG/L	0	2/M	GRAB
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

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		
Dana West		NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
JEFFREY R MALICK		703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

4538

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

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

PERMIT NUMBER	DISCHARGE NUMBER
VA0002071	503

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD	*********	No Discharge	MGD	*********	*********	*********			3D/W	EST
	REQRMNT	*********	2.88	MGD	*********	*********	*********		0	3D/W	EST
002 pH	REPORTD	*********	*********			*********		SU		3D/W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU	0	3D/W	GRAB
004 TSS	REPORTD	*********	*********		*********			MG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	30	100	MG/L	0	3D/W	4HC
090 MOLYBDENUM, TOTAL (AS MO)	REPORTD	*********	*********		*********			UG/L		1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
137 HARDNESS, TOTAL (AS CACO3)	REPORTD	*********	*********		*********			MG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	NL	NL	MG/L	0	3D/W	4HC
145 CHLORIDES	REPORTD	*********	*********		*********			UG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	370000	670000	UG/L	0	3D/W	4HC
185 NICKEL, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	24	44	UG/L	0	3D/W	4HC
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	2.2	4.0	UG/L	0	3D/W	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
These effluent limitations are applicable when Internal Outfall 503 is routed through Outfall 001/002 or Outfall 004. . No Discharge.

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		
Dana West	Dwe	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
JEFFREY R MARCELL	Jeffrey R Marcell	703 441.3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

Industrial Major

4539

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

VA0002071	503
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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 AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
193 THALLIUM, TOTAL (AS TL)	REPORTD	*********	*********		*********			UG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	0.94	0.94	UG/L	0	3D/W	4HC
196 ZINC, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	98	180	UG/L	0	3D/W	4HC
202 CADMIUM, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	1.4	2.6	UG/L	0	3D/W	4HC
203 COPPER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	9.6	18	UG/L	0	3D/W	4HC
212 ARSENIC, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	240	440	UG/L	0	3D/W	4HC
233 LEAD, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	14	26	UG/L	0	3D/W	4HC
235 MERCURY, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	1.2	2.2	UG/L	0	3D/W	4HC
237 COBALT, TOTAL (AS CO)	REPORTD	*********	*********		*********			UG/L		1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
These effluent limitations are applicable when Internal Outfall 503 is routed through Outfall 001/002 or Outfall 004. . No Discharge.

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		
Dana West	[signature]	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R. Maurer	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 02/02/2016

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

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

VA0002071	503
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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.

4540

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
314 CHROMIUM, HEXAVALENT TOTAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	17	32	UG/L	0	3D/W	4HC
361 IRON, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
372 BORON, TOTAL	REPORTD	*********	*********		*********			UG/L		1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
408 SELENIUM, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	8.0	15	UG/L	0	3D/W	4HC
409 VANADIUM, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
410 ALUMINUM, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
449 BARIUM, TOTAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
500 OIL & GREASE	REPORTD	*********	*********		*********			MG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	15	20	MG/L	0	3D/W	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
These effluent limitations are applicable when Internal Outfall 503 is routed through Outfall 001/002 or Outfall 004. . No Discharge.

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		
Dana West	Dwe	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
JEFFREY R MARCH	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 02/02/2016

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

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

VA0002071	503
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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.

4541

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
704 NOAEC - ACUTE 48 HR STAT CERIODAPHNIA DUBIA	REPORTD	*********	*********			*********	*********	%		1/M	24HC
	REQRMNT	*********	*********		100	*********	*********	%	0	1/M	24HC
705 NOAEC - ACUTE 48 HR STAT PIMEPHALES PROMELAS	REPORTD	*********	*********			*********	*********	%		1/M	24HC
	REQRMNT	*********	*********		100	*********	*********	%	0	1/M	24HC
720 TUc - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*********	*********		*********	*********		TU-C		1/M	24HC
	REQRMNT	*********	*********		*********	*********	2.85	TU-C	0	1/M	24HC
721 TUc - CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*********	*********		*********	*********		TU-C		1/M	24HC
	REQRMNT	*********	*********		*********	*********	2.85	TU-C	0	1/M	24HC
796 BERYLLIUM, TOTAL RECOVERABLE (AS BE)	REPORTD	*********	*********		*********			UG/L		1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
797 ANTIMONY, TOTAL RECOVERABLE (AS SB)	REPORTD	*********	*********		*********			UG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	1300	1300	UG/L	0	3D/W	4HC
939 CHROMIUM, TRIVALENT TOAL RECOVERABLE	REPORTD	*********	*********		*********			UG/L		3D/W	4HC
	REQRMNT	*********	*********		*********	88	160	UG/L	0	3D/W	4HC
	REPORTD										
	REQRMNT									*******	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
These effluent limitations are applicable when Internal Outfall 503 is routed through Outfall 001/002 or Outfall 004. . No Discharge.

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		
Dana West	[signature]	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
JEFFREY R MARCH	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Dominion Generation
19000 Possum Point Road, Dumfries, VA 22026

Dominion®

March 2, 2016

HAND DELIVERED

VA DEPARTMENT OF ENVIRONMENTAL QUALITY
NORTHERN
MAR 02 2016
REGIONAL OFFICE
WOODBRIDGE, VA

Ms. Amy Dooley
Department of Environmental Quality
Water Regional Offices
13901 Crown Court
Woodbridge, VA. 22193

RE: Dominion Possum Point Power Station VA0002071
Discharge Monitoring Report for January 2016

Ms. Dooley:

Attached is the original January NPDES Discharge Monitoring Report (DMR) for Possum Point Power Station. The data reported reflect the requirements from the VPDES permit effective January 14, 2016. The reported values reflect the results of the first sample taken not the required duplicate sample.

At your request, we have revised the original DMR for January 2016. Please reference the submittal to your office on February 10, 2016.

As you know, this report is required by and prepared specifically for the Virginia Department of Environmental Quality. It represents truly, accurately, and completely the observed results of the measurements and analyses required by the State to be performed or submitted, but only such results. It is not intended as an assertion of the accuracy of any instrument, reading or analytical results, nor is it an endorsement of the suitability of any analytical or measurement procedure.

If you have any questions or desire additional information concerning this submittal, please contact me at 703-441-3813.

Sincerely,

Jeffrey R. Marcell
Environmental Supervisor

Enclosure (1)

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.

Jeffrey R Marcell
Name of Authorized Agent

Environmental Supervisor
Title

Signature of Authorized Agent

03/02/16
Date

Industrial Major

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

4544

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

VA0002071	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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	79.2	79.2	MGD	*********	*********	*********			1/M	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	1/M	EST
002 pH	REPORTD	*********	*********		7.69	*********	7.69	SU		1/M	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU	0	1/M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*********	*********		*********	NR	*********	MG/L		1/3M	GRAB
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/3M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*********	*********		*********	NR	*********	MG/L		1/3M	CALC
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/3M	CALC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	4.6	10.7	C		1/DAY	IS
	REQRMNT	*********	*********		*********	NL	NL	C	0	1/DAY	IS
082 HEAT REJ**8	REPORTD	*********	NR	BTU/H	*********	*********	*********			CONT	CALC
	REQRMNT	*********	5.58	BTU/H	*********	*********	*********		0	CONT	CALC
108 TEMP, RIVER INTAKE (DEG. C)	REPORTD	*********	*********		*********	4.4	9.9	C		1/DAY	IS
	REQRMNT	*********	*********		*********	NL	NL	C	0	1/DAY	IS
137 HARDNESS, TOTAL (AS CACO3)	REPORTD	*********	*********		*********	NR	*********	MG/L		1/6M	GRAB
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/6M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
This outfall is considered 001/002. Unit 3 did not generate in 01/2016.

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		
Dana West		NK	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Maxell		7034413813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

4545

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

VA0002071	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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			
158 CL2, TOTAL FINAL	REPORTD	*********	*********		*********	<QL	<QL	MG/L		2/M	GRAB
	REQRMNT	*********	*********		*********	0.022	0.032	MG/L	0	2/M	GRAB
227 PHOSPHORUS, TOTAL INTAKE	REPORTD	*********	*********		*********	NR	*********	MG/L		1/3M	GRAB
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/3M	GRAB
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*********	*********		*********	NR	*********	UG/L		1/6M	GRAB
	REQRMNT	*********	*********		*********	NL	*********	UG/L	0	1/6M	GRAB
622 TOTAL NITROGEN, INTAKE	REPORTD	*********	*********		*********	NR	*********	MG/L		1/3M	CALC
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/3M	CALC
720 TUc - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*********	*********		*********	*********	NR	TU-C		1/YR	GRAB
	REQRMNT	*********	*********		*********	*********	NL	TU-C	0	1/YR	GRAB
721 TUc - CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*********	*********		*********	*********	NR	TU-C		1/YR	GRAB
	REQRMNT	*********	*********		*********	*********	NL	TU-C	0	1/YR	GRAB
919 COPPER, DISSOLVED, INTAKE (UG/L AS CU)	REPORTD	*********	*********		*********	NR	*********	UG/L		1/6M	GRAB
	REQRMNT	*********	*********		*********	NL	*********	UG/L	0	1/6M	GRAB
920 HARDNESS, TOTAL, INTAKE (AS CACO3)	REPORTD	*********	*********		*********	NR	*********	MG/L		1/6M	GRAB
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/6M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
This outfall is considered 001/002. Unit 3 did not generate in 01/2016.

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		
Dana West	[signature]	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey L. Maricle	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

4546

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

VA0002071	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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	71.8	142.4	MGD	*********	*********	*********			1/M	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	1/M	EST
002 pH	REPORTD	*********	*********		8.00	*********	8.00	SU		1/M	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU	0	1/M	GRAB
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	4.6	10.7	C		1/W	IS
	REQRMNT	*********	*********		*********	NL	NL	C	0	1/W	IS
083 HEAT REJ**9	REPORTD	*********	NR	BTU/H	*********	*********	*********			CONT	CALC
	REQRMNT	*********	1.14	BTU/H	*********	*********	*********		0	CONT	CALC
158 CL2, TOTAL FINAL	REPORTD	*********	*********		*********	NR	NR	MG/L		2/M	GRAB
	REQRMNT	*********	*********		*********	0.022	0.032	MG/L	0	2/M	GRAB
720 TUc - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*********	*********		*********	*********	NR	TU-C		1/YR	GRAB
	REQRMNT	*********	*********		*********	*********	NL	TU-C	0	1/YR	GRAB
721 TUc - CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*********	*********		*********	*********	NR	TU-C		1/YR	GRAB
	REQRMNT	*********	*********		*********	*********	NL	TU-C	0	1/YR	GRAB
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS Unit 4 did not generate in 01/2016. Not Chlorinated.

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		
Dana West	[signature]	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey A Maurer	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 02/10/2016

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

4547

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

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

PERMIT NUMBER	DISCHARGE NUMBER
VA0002071	004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD	1.51	1.69	MGD	*********	*********	*********			2/M	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	2/M	EST
002 pH	REPORTD	*********	*********		7.57	*********	7.71	SU		2/M	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU	0	2/M	GRAB
004 TSS	REPORTD	*********	*********		*********	3.7	5.0	MG/L		2/M	GRAB
	REQRMNT	*********	*********		*********	30	100	MG/L	0	2/M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*********	*********		*********	NR	*********	MG/L		1/6M	GRAB
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/6M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*********	*********		*********	NR	*********	MG/L		1/6M	CALC
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/6M	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********	NR	*********	MG/L		1/6M	GRAB
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/6M	GRAB
068 TKN (N-KJEL)	REPORTD	*********	*********		*********	NR	*********	MG/L		1/6M	GRAB
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/6M	GRAB
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	10.9	11.2	C		1/W	IS
	REQRMNT	*********	*********		*********	NL	NL	C	0	1/W	IS

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		
Dana West	[signature]	NA	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
JEFFREY R MAHEAL	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 02/18/2016

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

4548

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

VA0002071	004
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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			
082 HEAT REJ**8	REPORTD	*********	0.3	BTU/H	*********	*********	*********			2/M	CALC
	REQRMNT	*********	1.9	BTU/H	*********	*********	*********		0	2/M	CALC
158 CL2, TOTAL FINAL	REPORTD	*********	*********		*********	<QL	<QL	MG/L		1/W	GRAB
	REQRMNT	*********	*********		*********	0.026	0.038	MG/L	0	1/W	GRAB
389 NITRITE+NITRATE-N,TOTAL	REPORTD	*********	*********		*********	NL	*********	MG/L		1/6M	GRAB
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/6M	GRAB
500 OIL & GREASE	REPORTD	*********	*********		*********	<5.00	<5.00	MG/L		2/M	GRAB
	REQRMNT	*********	*********		*********	15	20	MG/L	0	2/M	GRAB
720 TUc - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*********	*********		*********	*********	NL	TU-C		1/YR	GRAB
	REQRMNT	*********	*********		*********	*********	NL	TU-C	0	1/YR	GRAB
721 TUc - CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*********	*********		*********	*********	NL	TU-C		1/YR	GRAB
	REQRMNT	*********	*********		*********	*********	NL	TU-C	0	1/YR	GRAB
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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OPERATOR IN RESPONSIBLE CHARGE			DATE		
Dana West		NL	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey A Mancell		703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

4549

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

PERMIT NUMBER	DISCHARGE NUMBER
VA0002071	005

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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	*********	No Disch.		*********	*********	*********				
	REQRMNT	*********	2.88	MGD	*********	*********	*********		0	3D/W	EST
002 pH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU	0	3D/W	GRAB
004 TSS	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	30	100	MG/L	0	3D/W	4HC
013 NITROGEN, TOTAL (AS N)	REPORTD	*********	*********		*********		*********				
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/M	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********		*********				
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/M	4HC
068 TKN (N-KJEL)	REPORTD	*********	*********		*********		*********				
	REQRMNT	*********	*********		*********	NL	*********	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	3D/W	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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OPERATOR IN RESPONSIBLE CHARGE			DATE		
Dana West	[signature]	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Marsh	Jeffrey R Marsh	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

4550

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

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

PERMIT NUMBER	DISCHARGE NUMBER
VA0002071	005

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
145 CHLORIDES	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	180000	340000	UG/L	0	3D/W	4HC
185 NICKEL, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	16	29	UG/L	0	3D/W	4HC
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	1.8	3.4	UG/L	0	3D/W	4HC
193 THALLIUM, TOTAL (AS TL)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	0.47	0.47	UG/L	0	3D/W	4HC
196 ZINC, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	65	120	UG/L	0	3D/W	4HC
202 CADMIUM, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	0.88	1.6	UG/L	0	3D/W	4HC
203 COPPER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	7.1	13	UG/L	0	3D/W	4HC
212 ARSENIC, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	120	220	UG/L	0	3D/W	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS No Discharge.

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

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OPERATOR IN RESPONSIBLE CHARGE			DATE		
Dana West		NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey A Marcus	Jeffrey A Marcus	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

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

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.

4551

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

VA0002071	005
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
233 LEAD, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	11	20	UG/L	0	3D/W	4HC
235 MERCURY, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	0.61	1.1	UG/L	0	3D/W	4HC
237 COBALT, TOTAL (AS CO)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
314 CHROMIUM, HEXAVALENT TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	8.7	16	UG/L	0	3D/W	4HC
361 IRON, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
372 BORON, TOTAL	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
389 NITRITE+NITRATE-N,TOTAL	REPORTD	*********	*********		*********		*********				
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/M	4HC
408 SELENIUM, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	4.0	7.3	UG/L	0	3D/W	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS No Discharge

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

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OPERATOR IN RESPONSIBLE CHARGE			DATE		
Dana West	[signature]	NL	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Marcell	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

4552

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

PERMIT NUMBER	DISCHARGE NUMBER
VA0002071	005

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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			
409 VANADIUM, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
410 ALUMINUM, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
449 BARIUM, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
500 OIL & GREASE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	15	20	MG/L	0	3D/W	4HC
704 NOAEC - ACUTE 48 HR STAT CERIODAPHNIA DUBIA	REPORTD	*********	*********			*********	*********				
	REQRMNT	*********	*********		100	*********	*********	%	0	1/M	24HC
705 NOAEC - ACUTE 48 HR STAT PIMEPHALES PROMELAS	REPORTD	*********	*********			*********	*********				
	REQRMNT	*********	*********		100	*********	*********	%	0	1/M	24HC
720 TUc - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	1.44	TU-C	0	1/M	24HC
721 TUc - CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	1.44	TU-C	0	1/M	24HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS No Discharge.

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

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OPERATOR IN RESPONSIBLE CHARGE			DATE		
Dana West		NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Maurer		703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 02/18/2016

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

4553

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

VA0002071	005
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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			
796 BERYLLIUM, TOTAL RECOVERABLE (AS BE)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
797 ANTIMONY, TOTAL RECOVERABLE (AS SB)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	640	640	UG/L	0	3D/W	4HC
939 CHROMIUM, TRIVALENT TOAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	59	110	UG/L	0	3D/W	4HC
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS No Discharge.

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

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OPERATOR IN RESPONSIBLE CHARGE			DATE		
Dana West	[signature]	NA	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey L. Maher	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 02/18/2016

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

4554

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

PERMIT NUMBER	DISCHARGE NUMBER
VA0002071	007

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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	NR	NR	MGD	*********	*********	*********			1/3M	MEAS
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	1/3M	MEAS
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
The permittee is authorized to discharge Intake Screen Backwash Water from Units 3 and 4 through Outfall 007 until such time that Outfall 009 is operationa

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		
Dana West	[signature]	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Mauck	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 02/18/2016

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

4555

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

PERMIT NUMBER	DISCHARGE NUMBER
VA0002071	008

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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			
					*********	*********	*********			1/3M	MEAS
001 FLOW	REPORTD	NL	NL	MGD	*********	*********	*********		0	1/3M	MEAS
	REQRMNT	NL	NL	MGD	*********	*********	*********				
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

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OPERATOR IN RESPONSIBLE CHARGE			DATE		
Dana West	[signature]	NL	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Marcil	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

4556

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

PERMIT NUMBER	DISCHARGE NUMBER
VA0002071	009

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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	NL	NL	MGD	*********	*********	*********		0	1/3M	MEAS
	REQRMNT	NL	NL	MGD	*********	*********	*********			1/3M	MEAS
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
Until such time that Outfall 009 is operational, the permittee is authorized to discharge Intake Screen Backwash Water from Units 3 and 4 through Outfall 0

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		
Dana West	[signature]	NL	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey A Maher	[signature]	703 441 3913	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 02/02/2016

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

4557

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

VA0002071	010
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	14	TO	2016	01	31

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	0.017	*********	MGD	*********	*********	*********		0	1/M	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	1/M	EST
002 pH (1)	REPORTD	*********	*********		6.14	*********	6.14	SU	0	1/M	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU	0	1/M	GRAB
004 TSS	REPORTD	*********	*********		*********	<1.0	<1.0	MG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	30	100	MG/L	0	1/M	4HC
090 MOLYBDENUM, TOTAL (AS MO)	REPORTD	*********	*********		*********	<50.0	<50.0	UG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
137 HARDNESS, TOTAL (AS CACO3)	REPORTD	*********	*********		*********	88.3	88.3	MG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	MG/L	0	1/M	4HC
145 CHLORIDES	REPORTD	*********	*********		*********	57,600	57,600	UG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	340000	340000	UG/L	0	1/M	4HC
185 NICKEL, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	9.47	9.47	UG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	19	19	UG/L	0	1/M	4HC
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	<0.0750	<0.0750	UG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	1.5	1.5	UG/L	0	1/M	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
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BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)

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~~OPERATOR IN RESPONSIBLE CHARGE~~ SAMPLER			DATE		
TYPED OR PRINTED NAME BRIAN BULLOCK	SIGNATURE	CERTIFICATE NO.	YEAR 2016	MO. ~~03~~ 02	DAY ~~01~~ 05
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
JEFFREY R. MARLIER		703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 02/02/2016

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

4558

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

VA0002071	010
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	14	TO	2016	01	31

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			
193 THALLIUM, TOTAL (AS TL)	REPORTD	*********	*********		*********	<0.300	<0.300	UG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	0.47	0.47	UG/L	0	1/M	4HC
196 ZINC, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	35.2	35.2	UG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	77	77	UG/L	0	1/M	4HC
202 CADMIUM, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	<0.300	<0.300	UG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	1.1	1.1	UG/L	0	1/M	4HC
203 COPPER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	14.1	14.1	UG/L	1	1/M	4HC
	REQRMNT	*********	*********		*********	8.4	8.4	UG/L	0	1/M	4HC
212 ARSENIC, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	<0.300	<0.300	UG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	220	220	UG/L	0	1/M	4HC
233 LEAD, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	<0.300	<0.300	UG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	11	11	UG/L	0	1/M	4HC
235 MERCURY, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	0.00945	0.00945	UG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	1.1	1.1	UG/L	0	1/M	4HC
237 COBALT, TOTAL (AS CO)	REPORTD	*********	*********		*********	7.6	7.6	UG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
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(4) NR = Not Reported

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~~ SAMPLER			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
BRIAN BULLOCK			2016	~~03~~ 02	~~01~~ 05
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Mosher	Jeffrey R Mosher	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 02/02/2016

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

4559

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

VA0002071	010
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	14	TO	2016	01	31

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			
314 CHROMIUM, HEXAVALENT TOTAL RECOVERABLE	REPORTD	*********	*********		*********	<3	<3	UG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	16	16	UG/L	0	1/M	4HC
361 IRON, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	2,150	2,150	UG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
372 BORON, TOTAL	REPORTD	*********	*********		*********	604	604	UG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
408 SELENIUM, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	0.693±	0.693±	UG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	7.3	7.3	UG/L	0	1/M	4HC
409 VANADIUM, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	<2.0	<2.0	UG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
410 ALUMINUM, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	113	113	UG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
449 BARIUM, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	39.2	39.2	UG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
500 OIL & GREASE	REPORTD	*********	*********		*********	<5.0	<5.0	MG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	15	20	MG/L	0	1/M	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
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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~~ SAMPLER			DATE		
TYPED OR PRINTED NAME BRIAN BULLOCK	SIGNATURE	CERTIFICATE NO.	YEAR 2016	MO. ~~03~~ 02	DAY ~~07~~ 05
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Marcel	Jeffrey R Marcel	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 02/02/2016

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

4560

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

VA0002071	010
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	14	TO	2016	01	31

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			
704 NOAEC - ACUTE 48 HR STAT CERIODAPHNIA DUBIA	REPORTD	*********	*********		NR	*********	*********	%	0	1/M	24HC
	REQRMNT	*********	*********		100	*********	*********	%	0	1/M	24HC
705 NOAEC - ACUTE 48 HR STAT PIMEPHALES PROMELAS	REPORTD	*********	*********		NR	*********	*********	%	0	1/M	24HC
	REQRMNT	*********	*********		100	*********	*********	%	0	1/M	24HC
720 TUc - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*********	*********		*********	*********	NR	TU-C	0	1/M	24HC
	REQRMNT	*********	*********		*********	*********	1.44	TU-C	0	1/M	24HC
721 TUc - CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*********	*********		*********	*********	NR	TU-C	0	1/M	24HC
	REQRMNT	*********	*********		*********	*********	1.44	TU-C	0	1/M	24HC
796 BERYLLIUM, TOTAL RECOVERABLE (AS BE)	REPORTD	*********	*********		*********	<2.0	<2.0	UG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
797 ANTIMONY, TOTAL RECOVERABLE (AS SB)	REPORTD	*********	*********		*********	<0.300	<0.300	UG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	640	640	UG/L	0	1/M	4HC
837 SPECIFIC CONDUCTANCE	REPORTD	*********	*********		*********	376	376	UM/CM	0	1/M	4HC
	REQRMNT	*********	*********		*********	*********	NL	UM/CM	0	1/M	4HC
939 CHROMIUM, TRIVALENT TOAL RECOVERABLE	REPORTD	*********	*********		*********	<5	<5	UG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	73	73	UG/L	0	1/M	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
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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~~ SAMPLER			DATE		
TYPED OR PRINTED NAME BRIAN BULLOCK	SIGNATURE	CERTIFICATE NO.	YEAR 2016	MO. ~~03~~ 02	DAY ~~01~~ 05
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Marsh		703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

4561

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

VA0002071	201
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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	1.3	2.9	MGD	*********	*********	*********			1/D-M	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	1/D-M	EST
002 pH	REPORTD	*********	*********		8.14	*********	8.47	SU		1/D-W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU	0	1/D-W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*********	*********		*********	NL	*********	MG/L		1/3M	GRAB
	REQRMNT	*********	*********		*********	NL	*********	MG/L		1/3M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*********	*********		*********	NR	*********	MG/L		1/3M	CALC
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/3M	CALC
016 CHROMIUM, TOTAL (AS CR)	REPORTD	*********	*********		*********	<QL	<QL	MG/L		1/D-M	GRAB
	REQRMNT	*********	*********		*********	0.2	0.2	MG/L	0	1/D-M	GRAB
020 ZINC, TOTAL (AS ZN)	REPORTD	*********	*********		*********	<QL	<QL	MG/L		1-D-M	GRAB
	REQRMNT	*********	*********		*********	1.0	1.0	MG/L	0	1/D-M	GRAB
044 CL2, FREE	REPORTD	*********	*********		*********	NR	NR	MG/L		1/D-W	GRAB
	REQRMNT	*********	*********		*********	0.2	0.5	MG/L	0	1/D-W	GRAB
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS Not chlorinated.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BODS(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		
Dana West	[signature]	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R. Maurer	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

4562

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

VA0002071	202
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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	0.80	0.80	MGD	*********	*********	*********			1/D-M	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	1/D-M	EST
002 pH	REPORTD	*********	*********		6.68	*********	7.04	SU		1/D-W	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU	0	1/D-W	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*********	*********		*********	NR	*********	MG/L		1/3M	GRAB
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/3M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*********	*********		*********	NR	*********	MG/L		1/3M	CALC
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/3M	CALC
016 CHROMIUM, TOTAL (AS CR)	REPORTD	*********	*********		*********	<QL	<QL	MG/L		1/D-M	GRAB
	REQRMNT	*********	*********		*********	0.2	0.2	MG/L	0	1/D-M	GRAB
020 ZINC, TOTAL (AS ZN)	REPORTD	*********	*********		*********	<QL	<QL	MG/L		1/D-M	GRAB
	REQRMNT	*********	*********		*********	1.0	1.0	MG/L	0	1/D-M	GRAB
044 CL2, FREE	REPORTD	*********	*********		*********	<QL	<QL	MG/L		1/D-W	GRAB
	REQRMNT	*********	*********		*********	0.2	0.5	MG/L	0	1/D-W	GRAB
	REPORTD									*******	
	REQRMNT										

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		
Dana West		NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Morell		703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

4563

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

VA0002071	501
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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	No Disch.			*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	1/D-M	EST
004 TSS	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	30	100	MG/L	0	1/D-M	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	1.0	1.0	MG/L	0	1/D-M	GRAB
031 IRON, TOTAL (AS FE)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	1.0	1.0	MG/L	0	1/D-M	GRAB
500 OIL & GREASE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	15	20	MG/L	0	1/D-M	GRAB
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BODS(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		
Dana West	[signature]	NA	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Maher	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

4564

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

VA0002071	502
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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	0.567	0.567	MGD	*********	*********	*********			2/M	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	2/M	EST
004 TSS	REPORTD	*********	*********		*********	3.6	4.6	mg/L		2/M	GRAB
	REQRMNT	*********	*********		*********	30	100	MG/L	0	2/M	GRAB
257 PETROLEUM HYDROCARBONS, TOTAL RECOVI	REPORTD	*********	*********		*********	<QL	<QL	mg/L		2/M	GRAB
	REQRMNT	*********	*********		*********	NL	NL	MG/L		2/M	GRAB
500 OIL & GREASE	REPORTD	*********	*********		*********	<5.00	<5.00	mg/L		2/M	GRAB
	REQRMNT	*********	*********		*********	15	20	MG/L	0	2/M	GRAB
918 Total Petroleum Hydrocarbons-Oil (TPH-ORO)	REPORTD	*********	*********		*********	<1.1	<1.1	mg/L		2/M	GRAB
	REQRMNT	*********	*********		*********	NL	NL	MG/L	0	2/M	GRAB
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

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		
Dana West	[signature]	NA	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
JEFFREY L MAUGE	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 02/18/2016

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

4565

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

PERMIT NUMBER	DISCHARGE NUMBER
VA0002071	503

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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	*********	No Disch.		*********	*********	*********				
	REQRMNT	*********	2.88	MGD	*********	*********	*********		0	3D/W	EST
002 pH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU	0	3D/W	GRAB
004 TSS	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	30	100	MG/L	0	3D/W	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	3D/W	4HC
145 CHLORIDES	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	370000	670000	UG/L	0	3D/W	4HC
185 NICKEL, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	24	44	UG/L	0	3D/W	4HC
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	2.2	4.0	UG/L	0	3D/W	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
These effluent limitations are applicable when Internal Outfall 503 is routed through Outfall 001/002 or Outfall 004. . No Discharge.

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		
Dana West	[signature]	NK	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R. Maciel	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 02/16/2016

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

4566

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

PERMIT NUMBER	DISCHARGE NUMBER
VA0002071	503

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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			
193 THALLIUM, TOTAL (AS TL)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	0.94	0.94	UG/L	0	3D/W	4HC
196 ZINC, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	98	180	UG/L	0	3D/W	4HC
202 CADMIUM, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	1.4	2.6	UG/L	0	3D/W	4HC
203 COPPER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	9.6	18	UG/L	0	3D/W	4HC
212 ARSENIC, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	240	440	UG/L	0	3D/W	4HC
233 LEAD, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	14	26	UG/L	0	3D/W	4HC
235 MERCURY, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	1.2	2.2	UG/L	0	3D/W	4HC
237 COBALT, TOTAL (AS CO)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
These effluent limitations are applicable when Internal Outfall 503 is routed through Outfall 001/002 or Outfall 004. . No Discharge.

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		
Dana West		NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey A Morrell		703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 02/10/2016

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

4567

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

VA0002071	503
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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			
314 CHROMIUM, HEXAVALENT TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	17	32	UG/L	0	3D/W	4HC
361 IRON, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
372 BORON, TOTAL	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
408 SELENIUM, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	8.0	15	UG/L	0	3D/W	4HC
409 VANADIUM, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
410 ALUMINUM, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
449 BARIUM, TOTAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
500 OIL & GREASE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	15	20	MG/L	0	3D/W	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
These effluent limitations are applicable when Internal Outfall 503 is routed through Outfall 001/002 or Outfall 004. . No Discharge.

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		
Dana West	[signature]	NL	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Maher	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Industrial Major 02/18/2016

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

4568

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

VA0002071	503
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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			
704 NOAEC - ACUTE 48 HR STAT CERIODAPHNIA DUBIA	REPORTD	*********	*********			*********	*********				
	REQRMNT	*********	*********		100	*********	*********	%	0	1/M	24HC
705 NOAEC - ACUTE 48 HR STAT PIMEPHALES PROMELAS	REPORTD	*********	*********			*********	*********				
	REQRMNT	*********	*********		100	*********	*********	%	0	1/M	24HC
720 TUc - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	2.85	TU-C	0	1/M	24HC
721 TUc - CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	2.85	TU-C	0	1/M	24HC
796 BERYLLIUM, TOTAL RECOVERABLE (AS BE)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
797 ANTIMONY, TOTAL RECOVERABLE (AS SB)	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	1300	1300	UG/L	0	3D/W	4HC
939 CHROMIUM, TRIVALENT TOAL RECOVERABLE	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	88	160	UG/L	0	3D/W	4HC
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
These effluent limitations are applicable when Internal Outfall 503 is routed through Outfall 001/002 or Outfall 004. . No Discharge.

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		
Dana West	[signature]	NL	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey L Maurer	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Dominion Generation
19000 Possum Point Road, Dumfries, VA 22026

Dominion®

March 11, 2016

VA DEPARTMENT OF ENVIRONMENTAL QUALITY
NORTHERN
MAR 11 2016
REGIONAL OFFICE
WOODBRIDGE, VA

HAND DELIVERED

Ms. Amy Dooley
Department of Environmental Quality
Water Regional Offices
13901 Crown Court
Woodbridge, VA. 22193

RE: Dominion Possum Point Power Station VA0002071

Discharge Monitoring Report for January 2016

Ms. Dooley:

Attached is the original January NPDES Discharge Monitoring Report (DMR) for Possum Point Power Station. The data reported reflect the requirements from the VPDES permit effective January 14, 2016. The reported values reflect the results of the first sample taken not the required duplicate sample.

At your request, we have revised the original DMR for Outfall 010 for January 2016. Please reference the submittal to your office on February 10, 2016.

As you know, this report is required by and prepared specifically for the Virginia Department of Environmental Quality. It represents truly, accurately, and completely the observed results of the measurements and analyses required by the State to be performed or submitted, but only such results. It is not intended as an assertion of the accuracy of any instrument, reading or analytical results, nor is it an endorsement of the suitability of any analytical or measurement procedure.

If you have any questions or desire additional information concerning this submittal, please contact me at 703-441-3813.

Sincerely,

Jeffrey R. Marcell
Environmental Supervisor

Enclosure (1)

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.

Jeffrey R Marcell
Name of Authorized Agent

Environmental Supervisor
Title

Signature of Authorized Agent

03/11/16
Date

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

Industrial Major 02/02/2016

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge VA 22193

4571

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

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

VA0002071	010
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	14	TO	2016	01	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	0.017	0.017	MGD	*********	*********	*********		0	1/M	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	1/M	EST
002 pH (1)	REPORTD	*********	*********		6.14	*********	6.14	SU	0	1/M	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU	0	1/M	GRAB
004 TSS	REPORTD	*********	*********		*********	<1.0	<1.0	MG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	30	100	MG/L	0	1/M	4HC
090 MOLYBDENUM, TOTAL (AS MO)	REPORTD	*********	*********		*********	<50.0	<50.0	UG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	UG/L	0	1/M	4HC
137 HARDNESS, TOTAL (AS CACO3)	REPORTD	*********	*********		*********	88.3	88.3	MG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	NL	NL	MG/L	0	1/M	4HC
145 CHLORIDES	REPORTD	*********	*********		*********	57,600	57,600	UG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	340000	340000	UG/L	0	1/M	4HC
185 NICKEL, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	9.47	9.47	UG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	19	19	UG/L	0	1/M	4HC
186 SILVER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	<0.0750	<0.0750	UG/L	0	1/M	4HC
	REQRMNT	*********	*********		*********	1.5	1.5	UG/L	0	1/M	4HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
(1) Ph value measured in the field.
(2) Values preceded by "<" represent results not detected at the Reporting Detection Limit (RDL) and listed as < RDL.
(3) Values with suffix +/- represent results with an estimated value between the Method Detection Limit (MDL) and the Practical Quantitation Limit (PQL) for analyte.
(4) NR = Not Reported

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~~ SAMPLER			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
BRIAN BULLOCK			2016	~~03~~ 02	~~08~~ 10
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
JEFFREY R MARCEL		703 441 3813	2016	02	10

Table 1. Analytical Results for Samples Cc

Parameters	Units
	MGD
pH [1]	S.U.
Total Suspended Solids (TSS)	mg/L
Oil and Grease (O&G)	mg/L
Specific Conductivity	umhos/cm
Aluminum, Total	µg/L
Antimony, Total	µg/L
Arsenic, Total	µg/L
Barium, Total	µg/L
Beryllium, Total	µg/L
Boron, Total	µg/L
Cadmium, Total	µg/L
Chloride	µg/L
Chromium III, Total	µg/L
Chromium VI, Total	µg/L
Cobalt, Total	µg/L
Copper, Total	µg/L
Iron, Total	µg/L
Lead, Total	µg/L
Mercury, Total	µg/L
Molybdenum, Total	µg/L
Nickel, Total	µg/L
Selenium, Total	µg/L
Silver, Total	µg/L
Thallium, Total	µg/L
Vanadium, Total	µg/L
Zinc, Total	µg/L
Hardness, Total (as $CaCO_3$)	mg/L

Additional Information Related to DMR Data for Outfall 010

Analytical Results for Samples Collected from the Toe Drain Portion of Outfall 010

The discharge from Outfall 010 consists of two components: stormwater runoff and the toe drain associated with Ash Pond D. These components enter the infrastructure associated with Outfall 010 at distinct locations, mix, and the combined flow passes under Possum Point road and discharges to the unnamed tributary to Quantico Creek. On February 8, 2016, four-hour composite samples of the toe drain portion of the discharge were collected at the point where the toe drain enters the collection system, prior to mixing with any stormwater. These samples were collected concurrent with the four-hour composite samples collected from Outfall 010 for DMR compliance and were analyzed for all Outfall 010 parameters except whole effluent toxicity.

Results for the February 8, 2015 toe-drain samples were remarkably similar to the results for previous samples from this location (provided by email dated January 6, 2016) indicating very little temporal variability in the characteristics of this portion of the Outfall 010 discharge (see Table 1 attached). In addition, the concentrations of all measured parameters are well below the newly established VPDES limits and applicable water quality criteria, and are within the range of values measured in background groundwater samples at Possum Point.

Relationship to Samples Collected from Outfall 010 on January 21, 2016

Permit compliance samples from Outfall 010 were collected on February 8, 2016 concurrent with collection of the samples from the toe-drain portion of the discharge. The samples were collected at the point just prior to the discharge entering the unnamed tributary to Quantico Creek, and were analyzed for all DMR parameters except chronic toxicity. Each 7-day chronic test requires the collection of three (3) 24-hour composite samples over a 5-day period. As reported to DEQ by email dated February 18, 2016, all flow from Outfall 010 was stopped on Friday, February 12, 2016. Therefore, Dominion was unable to collect a sufficient number of samples to conduct the chronic tests.

Path Forward

As noted above, all flow from Outfall 010 was stopped on Friday, February 12, 2016 following the insertion of an inflatable plug in the downstream end of the 72 inch discharge pipe. Insertion of the plug isolated the toe drain and stormwater contributions to Outfall 010, which have been collected and pumped to Ash Pond D. Since February 12, Dominion has initiated efforts to permanently plug the 72" discharge pipe. This will be accomplished by construction of a one-foot wide concrete plug in the downstream end of the pipe. Following installation and curing of the plug the remainder of the pipe will be backfilled with concrete. All accumulated sediment has been removed from the 72" pipe and pouring of the concrete plug was initiated on March 2, 2016.

Client: GAI Consultants, Inc.
Project ID: GAIC1603
Client Sample ID: Possum Point Power Station Outfall 010
Permit No: VA0002071
Sample Period: 2/8/16

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	**Prepared By:**
Mr. John D. DeBarbieri, PE Senior Project Engineer GAI Consultants, Inc. 385 East Waterfront Drive, Homestead, PA 15120-5005 412-399-5212 J.DeBarbieri@gaiconsultants.com	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Acute Test Results*-Untreated Sample				
Species-Test Method	**48-h LC50**	**95% C.L.**	**$T.U._{Ac}$**	**NOAEC**
C. dubia EPA 2002.0	>100	N/A	**1.00**	100
P. promelas EPA 2000.0	>100	N/A	**1.00**	100

Acute Test Results*-UV Irradiated Sample				
Species-Test Method	**48-h LC50**	**95% C.L.**	**$T.U._{Ac}$**	**NOAEC**
C. dubia EPA 2002.0	>100	N/A	**1.00**	100
P. promelas EPA 2000.0	>100	N/A	**1.00**	100

For each test method record the $T.U._{Ac}$ value (bold) on the DMR.
*Details regarding test conduct and data analysis provided in attached bench sheets and printouts.

Acute Test QA/QC	**Reference Toxicant: KCl**	**Units: mg/l**	**Test Organism Source: CBI Stock Cultures**		
Species-Method (Ref. Test Date)	**Data Source**	**% Control Survival**	**48-h LC50**	**95% C.L./A.L. For LC50**	**RTT in Control?**
C. dubia 2002.0	RTT	100	482	446-522	Yes
(2/10/16-2/12/16)	CC	100	562	461-663	
P. promelas 2000.0	RTT	100	1171	1115-1230	Yes
(2/10/16-2/12/16)	CC	100	1026	875-1177	

Note: RTT = Reference Toxicant Test, CC = Control Chart.

The results of analysis contained within this report relate only to the sample as received in the laboratory. This report shall not be reproduced except in full without written approval from the laboratory. Unless noted below, these test results meet all requirements of NELAP.

APPROVED:

Peter F. De Lisle, Ph.D.
Technical Director

2/17 /16
Date

Deviations from, additions to, or exclusions from the test method, non-standard conditions or data qualifiers and, as appropriate, a statement of compliance/non-compliance: **NONE**

VELAP# 460030
EPA# VA01116

4574

Coastal Bioanalysts, Inc.

GLOSSARY OF TERMS AND ABBREVIATIONS

A.L. (Acceptance Limits): The results of a given reference toxicant test are compared to the control chart mean value ± 2 standard deviations. These limits approximate the 95% probability limits for the "true" reference toxicant value.

Chronic Value (ChrV): The geometric mean of the NOEC and LOEC. Units are same as test concentration units.

C.L. (Confidence Limits): These are the probability limits, based on the data set and statistical model employed, that the "true value" lies within the limits specified. Typically limits are based on 95% or 99% probabilities.

Control chart: A cumulative summary chart of results from QC tests with reference toxicants. The results of a given reference toxicant test are compared to the control chart mean value and 95% Acceptance Limits (A.L.) (mean ± 2 standard deviations).

IC25: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 25% reduction in test organism growth, reproduction, etc. The lower the IC25, the more toxic the chemical or sample. Units are same as test concentration units.

LC50: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 50% reduction in test organism survival. The lower the LC50, the more toxic the chemical or sample. Units are same as test concentration units. Note: The LC50 value must always be associated with the duration of exposure. Thus 48-h LC50, 96-h LC50, etc. are calculated.

LOEC: Lowest-observable-effect-concentration. The lowest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit a statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Units are same as test concentration units.

PMSD: Percent Minimum Significant Difference: The minimum difference which can exist between a test treatment and the controls in a particular test and be statistically significant; a measure of test sensitivity. The lower the PMSD the more sensitive the test.

N/A: Not applicable.

N/D: Not determined or measured.

NOAEC: No-observable-acute-effect-concentration. The highest concentration of sample or chemical in an acute test dilution series in which the test organisms exhibit no statistically significant reduction in the test end point (e.g. survival) compared to control organisms. Units are same as test concentration units.

NOEC: No-observable-effect-concentration. The highest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit no statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Some regulatory definitions also require that the NOEC be less than the LOEC. Units are same as test concentration units.

Q.L.: Quantitation Limit. Level, concentration, or quantity of a target variable (analyte) that can be reported at a specified degree of confidence.

T.U.: Toxic units. Expresses the relative toxicity of an effluent in such a manner that the larger the toxic unit value the more toxic the effluent. $T.U._{Ac} = 100/LC50$. $T.U._{Chr} = 100/NOEC$. A dimensionless unit.

VELAP# 460030
EPA# VA01116

C. dubia daily biological measurements (EPA 2002.0) Template ACD-STAT-NOAEC2-061113

TRTMNT (% Effl)	Rep	#Live Day 0	#Live Day 1	#Live Day 2	Final Mean % Live		
C	A	5	5	5	100.0		
	B	5	5	5			
Lab	C	5	5	5			
Control	D	5	5	5			
X	A	5	5	5	100.0		
100	B	5	5	5			
% Effl	C	5	5	5		Test Duration:	47h 58m
	D	5	5	5			TAC 48+/-0.5h
INITIALS:		GB	RCD	RCD	% CONTROL SURVIVAL:		100.0
DATE & TIME:		2/9/16 15:58	2/10/16 9:19	2/11/16 15:57			TAC = 90%
CHANGES & NOTES (INITIALS, DATE, SPECIFIC CHANGE MADE							

SPECIES:	Ceriodaphnia dubia		
ACCLIMATION WATER:	Mod. Hard Synthetic Freshwater		
FEEDING PRIOR TO TEST:	YCT + Selenastrum capricornutum		
FEEDING DURING TEST:	None -YCT + Selenastrum 2+ h before test		
SOURCE:	CBI Stock cultures		
ACCLIMATION TEMP (o C):	25		
BROOD RELEASE START DATE & TIME:	2/8/16 21:00		
BROOD RELEASE END DATE & TIME:	2/9/16 10:00		
DATE/TIME WATER ADDED:	2/9/16 15:30		
DATE/TIME ANIMALS ADDED:	2/9/16 15:58		
ANIMAL AGE WINDOW:	13h 0m		
MAX AGE AT TEST START:	18h 59m		TAC Max. 24 h
TEST SET UP BY:		GB	
SAMPLE COLLECTION DATE &TIME:	2/8/16 11:00	SAMPLE USED	A
SAMPLE AGE AT TEST START:	28h 59m	TAC Max 36 h	
PEER REVIEW BY (INITIALS/DATE):		PB	2/16/16 11:45

TEST ID: GAIC1603ACD

Ceriodaphnia daily water quality bench sheet (EPA METHOD 2002.0) Template ACD-STAT-NOAEC2-061113

TRTMNT		Day 0 Initial	Day 1	Day 2 Final	SUMMARY WATER QUALITY DATA MEAN	S.D.	MIN.	MAX.
pH (S.U.)	C	7.93	7.97	8.06	7.99	0.07	7.93	8.06
	X	7.39	7.49	7.96	7.61	0.30	7.39	7.96
Temp. (o C)	C	25	24	24	24	0.6	24	25
	X	25	24	24	24	0.6	24	25
D.O. (mg/l)	C	8.2	7.7	7.9	7.9	0.3	7.7	8.2
	X	8.2	7.7	8.1	8.0	0.3	7.7	8.2
Cond. (uS/cm)	C	292		296	294	2.8	292	296
	X	333		324	329	6.4	324	333
Replicate measured		Flask	Surrogate	A				
Initials		GB	RCD	RCD				
		TRC (mg/l) in highest conc. at end of test:		N/A				

Changes & Notes (Initials, date, specific change or notes)

Test chamber:	30 ml glass vial:	✓
	Other:	
Test solution vol. (15 ml min):	15 ml:	✓
	Other (ml):	
Illumination & photoperiod:	50-100 ft-c 16L:8D	
Number of replicates/treatment:	4	
Initial number animals/replicate:	5	
Test Aerated?	N/A	

Template Number: 2

Date & Time Air Start: N/A

TEST ID	TRT ID:	C	X
GAIC1603ACD	CONC(%):	Control	100

4577

C. dubia daily biological measurements (EPA 2002.0) Template ACD-STAT-NOAEC2-061113

TRTMNT (% Effl)	Rep	#Live Day 0	#Live Day 1	#Live Day 2	Final Mean % Live		
C	A	5	5	5	100.0		
	B	5	5	5			
Lab	C	5	5	5			
Control	D	5	5	5			
X	A	5	5	5	100.0		
100	B	5	5	5			
% Effl	C	5	5	5		Test Duration:	48h 8m
	D	5	5	5			TAC 48+/-0.5h
INITIALS:		GB	RCD	RCD	% CONTROL SURVIVAL:		100.0
DATE & TIME:		2/9/16 15:49	2/10/16 9:21	2/11/16 15:58			TAC = 90%
CHANGES & NOTES (INITIALS, DATE, SPECIFIC CHANGE MADE		SAMPLE AND CONTROL WATER UV TREATED AT 8 WATTS/20 min/liter					

	SPECIES:	Ceriodaphnia dubia	
	ACCLIMATION WATER:	Mod. Hard Synthetic Freshwater	
	FEEDING PRIOR TO TEST:	YCT + Selenastrum capricornutum	
	FEEDING DURING TEST:	None -YCT + Selenastrum 2+ h before test	
	SOURCE:	CBI Stock cultures	
	ACCLIMATION TEMP (o C):	25	
	BROOD RELEASE START DATE & TIME:	2/8/16 21:00	
	BROOD RELEASE END DATE & TIME:	2/9/16 10:00	
	DATE/TIME WATER ADDED:	2/9/16 15:38	
	DATE/TIME ANIMALS ADDED:	2/9/16 15:49	
	ANIMAL AGE WINDOW:	13h 0m	
	MAX AGE AT TEST START:	18h 50m	TAC Max. 24 h
	TEST SET UP BY:	GB	
	SAMPLE COLLECTION DATE &TIME:	2/8/16 11:00 SAMPLE USED	A
TEST ID:	SAMPLE AGE AT TEST START:	28h 50m TAC Max 36 h	
GAIC1603ACDUV	PEER REVIEW BY (INITIALS/DATE):	PB	2/16/16 11:46

Ceriodaphnia daily water quality bench sheet (EPA METHOD 2002.0) Template ACD-STAT-NOAEC2-061113

TRTMNT		Day 0 Initial	Day 1	Day 2 Final	SUMMARY WATER QUALITY DATA MEAN	S.D.	MIN.	MAX.
pH (S.U.)	C	8.05	7.95	8.02	8.01	0.05	7.95	8.05
	X	7.43	7.52	7.65	7.53	0.11	7.43	7.65
Temp. (o C)	C	25	24	24	24	0.6	24	25
	X	25	24	24	24	0.6	24	25
D.O. (mg/l)	C	8.2	7.8	8.0	8.0	0.2	7.8	8.2
	X	8.2	7.9	8.0	8.0	0.2	7.9	8.2
Cond. (uS/cm)	C	291		291	291	0.0	291	291
	X	335		324	330	7.8	324	335
Replicate measured		Flask	Surrogate	B				
Initials		GB	RCD	RCD				
		TRC (mg/l) in highest conc. at end of test:		N/A				

Changes & Notes (Initials, date, specific change or notes)

Test chamber:	30 ml glass vial:	✓	
	Other:		
Test solution vol. (15 ml min):	15 ml:	✓	
	Other (ml):		
Illumination & photoperiod:	50-100 ft-c 16L:8D	Template Number:	1
Number of replicates/treatment:	4		
Initial number animals/replicate:	5		
Test Aerated?	N/A	Date & Time Air Start:	N/A

TEST ID	TRT ID:	C	X
GAIC1603ACDUV	CONC(%):	Control	100

4579

P. promelas daily biological measurements (EPA 2000.0) Template version APP-STAT-48h-NOAEC2-061313

TRTMNT (%Effl)	Rep	#Live Day 0	#Live Day 1	#Live Day 2	Final Mean % Live		
C Lab Control	A	5	5	5	100.0		
	B	5	5	5			
	C	5	5	5			
	D	5	5	5			
X 100	A	5	5	5	100.0		
	B	5	5	5			
	C	5	5	5		Test Duration:	47h 53m
	D	5	5	5			TAC 48+/-0.5h
INITIALS:		GB	RCD	RCD	% CONTROL SURVIVAL:		100.0
DATE & TIME:		2/9/16 16:02	2/10/16 9:15	2/11/16 15:54			TAC = 90%
CHANGES & NOTES (INITIALS, DATE, SPECIFIC CHANGE MADE							

SPECIES:	Pimephales promelas		
ACCLIMATION WATER:	Mod. Hard Synthetic Freshwater		
FEEDING PRIOR TO TEST:	Artemia nauplii ad libitum		
FEEDING DURING TEST:	None		
SOURCE:	CBI Stock cultures		
ACCLIMATION TEMP (o C):	25		
HATCH START DATE & TIME:	1/27/16 17:00		
HATCH END DATE & TIME:	1/28/16 11:40		
DATE/TIME WATER ADDED:	2/9/16 15:30		
DATE/TIME ANIMALS ADDED:	2/9/16 16:02		
ANIMAL AGE WINDOW:	18h 40m	TAC Max. 24 h	
MAX AGE AT TEST START:	13d	TAC Max. 14 d	
TEST SET UP BY:		GB	
SAMPLE COLLECTION DATE & TIME:	2/8/16 11:00	SAMPLE USED	A
SAMPLE AGE AT TEST START:	29h 2m	TAC MAX 36 h	
PEER REVIEW BY (INITIALS/DATE):		PB	2/16/16 11:47

TEST ID: GAIC1603APP

4580

P. promelas daily water quality sheet (EPA METHOD 2002.0) Template version APP-STAT-48h-NOAEC2-061313

TRTMNT		Day 0 Initial	Day 1	Day 2 Final	SUMMARY WATER QUALITY DATA MEAN	S.D.	MIN.	MAX.
pH (S.U.)	C	7.93	7.78	7.80	7.84	0.08	7.78	7.93
	X	7.39	7.38	7.43	7.40	0.03	7.38	7.43
Temp. (o C)	C	25	24	24	24	0.6	24	25
	X	25	24	24	24	0.6	24	25
D.O. (mg/l)	C	8.2	7.5	6.8	7.5	0.7	6.8	8.2
	X	8.2	7.6	6.8	7.5	0.7	6.8	8.2
Cond. (uS/cm)	C	292		303	298	7.8	292	303
	X	333		329	331	2.8	329	333
Replicate measured		B	A	D				
Initials		GB	RCD	GB				
		TRC (mg/l) in highest conc. at end of test:		N/A				

Changes & Notes (Initials, date, specific change or notes)

Test chamber:	400 ml Tri-pour bkr:	✓		
	Other:			
Test solution vol. (200 ml min):	400 ml:			
	Other (ml):	200 ml		
Illumination & photoperiod:		50-100 ft-c 16L:8D		
Number of replicates/treatment:		4		
Initial number animals/replicate:		5		
Test Aerated?		No	Date & Time Air Start:	
			D.O. Highest conc. @ aeration:	
			Total live highest conc.@ aeration	

TEST ID	TRT ID:	C	X
GAIC1603APP	CONC (%):	Control	100

4581

P. promelas daily biological measurements (EPA 2000.0) Template version APP-STAT-48h-NOAEC2-061313

TRTMNT (%Effl)	Rep	#Live Day 0	#Live Day 1	#Live Day 2	Final Mean % Live		
C Lab Control	A	5	5	5	100.0		
	B	5	5	5			
	C	5	5	5			
	D	5	5	5			
X 100	A	5	5	5	100.0		
	B	5	5	5			
	C	5	5	5		Test Duration:	48h 0m
	D	5	5	5			TAC 48+/-0.5h
	INITIALS:	GB	RCD	RCD		% CONTROL SURVIVAL:	100.0
	DATE & TIME:	2/9/16 15:55	2/10/16 9:17	2/11/16 15:55			TAC = 90%
CHANGES & NOTES (INITIALS, DATE, SPECIFIC CHANGE MADE		SAMPLE AND CONTROL WATER UV TREATED AT 8 WATTS/20 min/liter					

	SPECIES:	Pimephales promelas	
	ACCLIMATION WATER:	Mod. Hard Synthetic Freshwater	
	FEEDING PRIOR TO TEST:	Artemia nauplii ad libitum	
	FEEDING DURING TEST:	None	
	SOURCE:	CBI Stock cultures	
	ACCLIMATION TEMP (o C):	25	
	HATCH START DATE & TIME:	1/27/16 17:00	
	HATCH END DATE & TIME:	1/28/16 11:40	
	DATE/TIME WATER ADDED:	2/9/16 15:38	
	DATE/TIME ANIMALS ADDED:	2/9/16 15:55	
	ANIMAL AGE WINDOW:	18h 40m	TAC Max. 24 h
	MAX AGE AT TEST START:	13d	TAC Max. 14 d
	TEST SET UP BY:	GB	
	SAMPLE COLLECTION DATE & TIME:	2/8/16 11:00 SAMPLE USED	A
TEST ID:	SAMPLE AGE AT TEST START:	28h 56m TAC MAX 36 h	
GAIC1603APPUV	PEER REVIEW BY (INITIALS/DATE):	PB	2/16/16 11:48

P. promelas daily water quality sheet (EPA METHOD 2002.0) Template version APP-STAT-48h-NOAEC2-061313

TRTMNT		Day 0 Initial	Day 1	Day 2 Final	SUMMARY WATER QUALITY DATA MEAN	S.D.	MIN.	MAX.
pH (S.U.)	C	8.05	7.76	7.57	7.79	0.24	7.57	8.05
	X	7.43	7.41	7.33	7.39	0.05	7.33	7.43
Temp. (o C)	C	25	24	24	24	0.6	24	25
	X	25	24	24	24	0.6	24	25
D.O. (mg/l)	C	8.2	7.7	6.9	7.6	0.7	6.9	8.2
	X	8.2	7.8	6.7	7.6	0.8	6.7	8.2
Cond. (uS/cm)	C	291		304	298	9.2	291	304
	X	335		330	333	3.5	330	335
Replicate measured		B	D	C				
Initials		GB	RCD	GB				
		TRC (mg/l) in highest conc. at end of test:		N/A				

Changes & Notes (Initials, date, specific change or notes)

Test chamber: 400 ml Tri-pour bkr:	✓
Other:	
Test solution vol. (200 ml min): 400 ml:	
Other (ml):	200 ml
Illumination & photoperiod:	50-100 ft-c 16L:8D
Number of replicates/treatment:	4
Initial number animals/replicate:	5
Test Aerated?	No

Date & Time Air Start:

D.O. Highest conc. @ aeration:

Total live highest conc.@ aeration

TEST ID	TRT ID:	C	X
GAIC1603APPUV	CONC (%):	Control	100

4583

Effluent and Dilution Water Log (Freshwater Tests). FWEFFL061013

											SUMMARY WATER QUALITY DATA				
											MEAN	S.D.	MIN.	MAX.	PARAMETER
Initial sample charac-terization	Bottle(1):	A1													
	Arrival Temp. (oC, from CoC):	1									1		1	1	Arrival Temp.
	TRC (mg/l)(2):	<DL													
	TRC Corrected(2):														
	Hardness (mg/l):	254									254		254	254	Hardness (mg/l)
	Alkalinity (mg/l):	26									26		26	26	Alkalinity (mg/l)
	NH3-N (mg/l):	<1.0													
	Color/Appearance(3):	C													
	Obvious odor?	NO													
	Date & Time:	2/8/16 15:15													
	Initials:	GB													
Sample prep measure-ments	Test Day:	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7		MEAN	S.D.	MIN.	MAX.	
	Bottle(s):	A1													
	Prep. Temp. (oC):	25									25		25	25	Temp. (oC)
	D.O. (mg/l) After Warming:	11.7													
	Aeration Time (min):	2.5													
	Adjusted D.O. (mg/l):	8.2									8.2		8.2	8.2	D.O. (mg/l)
	Final pH (S.U.):	7.20									7.20		7.20	7.20	pH (S.U.)
	Conductivity (uS/cm)(4):	336									336		336	336	Cond. (uS/cm)
	Final TRC (mg/l)(5):	N.D.													
	Sample Filtered (60 um)?														
	Date & Time:	2/9/16 14:57													
	Initials:	GB													
Dilution water	Test Day:	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7		MEAN	S.D.	MIN.	MAX.	
	Vat Number:	2													
	Temperature (oC):	25									25		25	25	Temp. (oC)
	Conductivity (uS/cm):	303									303		303	303	Cond. (uS/cm)
	D.O. (mg/l):	8.2									8.2		8.2	8.2	D.O. (mg/l)
	pH (S.U.):	8.10									8.10		8.10	8.10	pH (S.U.)
	Hardness (mg/l):	88									88		88	88	Hardness (mg/l)
	Alkalinity (mg/l):	58									58		58	58	Alkalinity (mg/l)
	Date & Time:	2/9/16 9:50													
	Initials:	BJA													
	Changes & Notes (Initials, date, specific change or notes)														
	Peer review Initial/Date:	PB	2/16/16 11:43	DILUTION WATER TYPE:	Mod. Hard Synthetic Freshwater (EPA)										
PROJECT ID:	GAIC1603	ADDITIONAL EFFLUENT TREATMENT:													

ND=Not Determined/Measured, NA=Not Applicable. 1) Ninth character of lab sample ID on chain of custody AND bottle number in collection series. Together with Project ID constitutes entire sample bottle ID. 2) TRC MDL 0.02 mg/l; QL 0.22 mg/l. Corrected value if Mn, Cr potential positive interference. Corrected using KI and NaAsO2. 3) C-clear, O-opaque, T-turbid, S-solids (Sl-slight, M-moderate, H-heavy), Y-yellow, B-brown, Bl-black, G-green, P-pink, Gr-grey, Or-orange. 4) Measured on first use of sample only. 5) Final TRC measured only if chlorine present in initial characterization.

Coastal Bioanalysts
6400 Enterprise Court, Gloucester, VA 23061
PH: 804-694-8285, FAX: 804-695-1129
www.coastalbio.com

SAMPLE INFORMATION/CHAIN-OF-CUSTODY (FORM ETF2011I Rev. 8/7/13)

Lab Sample ID (Lab Use Only): G A I C 1 6 0 3 - A
A A A A Y Y N N — Project ID; A — Spl

CBI Login # 16-0216

FACILITY INFORMATION

CLIENT/FACILITY NAME	GAI Consultants, Inc.	CONTACT & PHONE #	John DeBarbieri 412-399-5212
NPDES PERMIT NO		OUTFALL # OR LOCATION	Outfall 010 24-hr acute composite
SAMPLE CHLORINATED? NO	SAMPLE DECHLORINATED? NO	IF CHLORINE PRESENT UPON ARRIVAL AT LAB, DOES PERMIT SPECIFY DECHLORINATION OF SAMPLES?	

TESTS REQUESTED:	SPECIES OR EPA METH #			
	C. DUBIA	100% NOAEL	ACUTE ☑	CHRONIC ☐
	P. PROMELAS	" "	ACUTE ☑	CHRONIC ☐

OTHER TESTS:

A SPECIFIC DILUTION SERIES MAY BE REQUIRED IN THE PERMIT. A DEFAULT SERIES OF 100, 50, 25, 12.5 AND 6.3%, OR CONCENTRATIONS USED IN PRIOR TESTING, WILL BE USED UNLESS INDICATED OTHERWISE. **IF IN DOUBT PLEASE ATTACH A COPY OF APPLICABLE PERMIT PAGES.**

GRAB SAMPLE INFORMATION

SAMPLE DATE	SAMPLE TIME	SAMPLE VOLUME

COMPOSITE SAMPLE INFORMATION

SAMPLE START DATE & TIME 2/7/16 1100 AM	SAMPLE END DATE & TIME 2/8/16 1100AM	AUTOSAMPLER TEMP. (°C)
TIME OR FLOW PROPORTIONAL COMPOSITE INFORMATION*	NUMBER SUBSAMPLES 24 / VOL (ml) SUBSAMPLES 5.3 fl oz.	TIME INCREMENT 1 hr.
	SET VOLUME SUBSAMPLE / SET VOLUME FLOW	TOTAL VOLUME 1 Gallon

*FOR VARIABLE VOLUME SUBSAMPLES BASED ON FLOW (COMPOSITING "BY HAND") ATTACH SAMPLE AND FLOW INFORMATION ON SEPARATE SHEET

FIELD MEASUREMENTS

DISCHARGE TEMP (°C)	DISCHARGE pH (S.U.)	SAMPLE TEMP (°C)	SAMPLE pH (S.U.)	SAMPLE TRC (mg/l)	DATE/TIME (e.g. 02/23/00 1835)	INITIALS
		7.9	5.96		2/8/16 12:01AM	AGM

MEASUREMENTS MUST BE TAKEN WITHIN 15 MINUTES OF SAMPLE OR LAST SUBSAMPLE COLLECTION.

COMMENTS: one minute after midnight, monday 2/8/16 morning

(PRINTED NAME/AFFILIATION SAMPLER/ANALYST) (SIGNATURE) (DATE)

RELINQUISHED BY	DATE	TIME	RECEIVED BY
[illegible]	2/8/16	12:11 PM	Dmitry Semenov
Dmitry Semenov	2/8/16	3:05pm	[illegible]

SHIPPING METHOD: UPS____ FEDEX____ HAND DELIVERY X

DO NOT SHIP FEDEX STANDARD OVERNIGHT. SAMPLES MUST ARRIVE AT LAB BY NOON.

CONDITION ON ARRIVAL: ACCEPTABLE ✓ OTHER____

SAMPLE TEMP: (°C) 1 ARRIVED ON ICE? Y ✓ N___ CUSTODY SEAL: INTACT ✓ BROKEN___ ABSENT___

NOTE: It is the responsibility of the sampler to insure that samples are properly collected, preserved (>0-6° C) and shipped. Sample hold time is 36 h. Additional costs may be incurred by improper preservation, shipping or receipt of samples after 3 p.m. or on weekends and holidays.

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	02	01	TO	2016	02	29

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

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	74.3	79.2	MGD	*****	*****	*****			1/M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/M	EST	
pH	REPORTD	*****	*****		7.65	*****	7.65	SU	0	1/M	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			1/M	GRAB	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	3.9	7.1	C		1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			1/DAY	IS	
HEAT REJ**8	REPORTD	*****	NR	BTU/H	*****	*****	*****		0	CONT	CALC	
PARAM CODE: 082	REQRMNT	*****	5.58		*****	*****	*****			CONT	CALC	
TEMP, RIVER INTAKE (DEG. C)	REPORTD	*****	*****		*****	3.3	5.8	C		1/DAY	IS	
PARAM CODE: 108	REQRMNT	*****	*****		*****	NL	NL			1/DAY	IS	
CL2, TOTAL FINAL	REPORTD	*****	*****		*****	<QL	<QL	MG/L	0	2/M	GRAB	
PARAM CODE: 158	REQRMNT	*****	*****		*****	0.022	0.032			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:: Unit 3 did not generate in 02/2016.
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BODS(K.G.)
	0	0	0

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

TYPED OR PRINTED NAME	CERTIFICATE NUMBER
Dana West	NR

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT — TELEPHONE: 7036670539

TYPED OR PRINTED NAME	SIGNATURE	Date
		2016-03-09 10:53:34

Page 1

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	02	01	TO	2016	02	29

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

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	81.9	142.4	MGD	*****	*****	*****			1/M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/M	EST	
pH	REPORTD	*****	*****		7.92	*****	7.92	SU	0	1/M	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			1/M	GRAB	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	3.8	7.0	C		1/W	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			1/W	IS	
HEAT REJ**9	REPORTD	*****	NR	BTU/H	*****	*****	*****		0	CONT	CALC	
PARAM CODE: 083	REQRMNT	*****	1.14		*****	*****	*****			CONT	CALC	
CL2, TOTAL FINAL	REPORTD	*****	*****		*****	NR	NR	MG/L	0	2/M	GRAB	
PARAM CODE: 158	REQRMNT	*****	*****		*****	0.022	0.032			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:: Unit 4 did not generate in 02/2016. Not chlorinated.
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BODS(K.G.)
	0	0	0

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

TYPED OR PRINTED NAME	CERTIFICATE NUMBER
Dana West	NR

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT — TELEPHONE: 7036670539

TYPED OR PRINTED NAME	SIGNATURE	Date
		2016-03-09 10:53:34

Page 2

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

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office

13901 Crown Court

Woodbridge, VA 22193

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	004
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	02	01	TO	2016	02	29

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

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	1.18	1.33	MGD	*****	*****	*****			2/M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			2/M	EST	
pH	REPORTD	*****	*****		7.71	*****	7.72	SU	0	2/M	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			2/M	GRAB	
TSS	REPORTD	*****	*****		*****	5.9	8.1	MG/L	0	2/M	GRAB	
PARAM CODE: 004	REQRMNT	*****	*****		*****	30	100			2/M	GRAB	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	7.4	10.6	C		1/W	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			1/W	IS	
HEAT REJ**8	REPORTD	*****	0.2	BTU/H	*****	*****	*****		0	2/M	CALC	
PARAM CODE: 082	REQRMNT	*****	1.9		*****	*****	*****			2/M	CALC	
CL2, TOTAL FINAL	REPORTD	*****	*****		*****	<QL	<QL	MG/L	0	1/W	GRAB	
PARAM CODE: 158	REQRMNT	*****	*****		*****	0.026	0.038			1/W	GRAB	
OIL & GREASE	REPORTD	*****	*****		*****	<5.00	<5.00	MG/L	0	2/M	GRAB	
PARAM CODE: 500	REQRMNT	*****	*****		*****	15	20			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS::
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0	0	0

OPERATOR IN RESPONSIBLE CHARGE

Dana West	NR
TYPED OR PRINTED NAME	CERTIFICATE NUMBER
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 7036670539
	2016-03-09 10:53:34
TYPED OR PRINTED NAME / SIGNATURE	Date

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.

Page 3

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

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	005
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	02	01	TO	2016	02	29

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	*****		MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	*****	2.88		*****	*****	*****			3D/W	EST	
pH	REPORTD	*****	*****			*****		SU				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			3D/W	GRAB	
TSS	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 004	REQRMNT	*****	*****		*****	30	100			3D/W	4HC	
NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****		*****	MG/L				
PARAM CODE: 013	REQRMNT	*****	*****		*****	NL	*****			1/M	CALC	
AMMONIA, AS N	REPORTD	*****	*****		*****		*****	MG/L				
PARAM CODE: 039	REQRMNT	*****	*****		*****	NL	*****			1/M	4HC	
TKN (N-KJEL)	REPORTD	*****	*****		*****		*****	MG/L				
PARAM CODE: 068	REQRMNT	*****	*****		*****	NL	*****			1/M	4HC	
MOLYBDENUM, TOTAL (AS MO)	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 090	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS::
PARAMETER-SPECIFIC COMMENTS:

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

OPERATOR IN RESPONSIBLE CHARGE

Dana West	NR
TYPED OR PRINTED NAME	CERTIFICATE NUMBER
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 7036670539
	2016-03-09 10:53:34
TYPED OR PRINTED NAME / SIGNATURE	Date

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Page 4

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

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

4587

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

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	005
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	02	01	TO	2016	02	29

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Parameter		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	NO DISCHARGE: X QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
HARDNESS, TOTAL (AS CACO3)	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 137	REQRMNT	*****	*****		*****	NL	NL			3D/W	4HC	
CHLORIDES	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 145	REQRMNT	*****	*****		*****	180000	340000			3D/W	4HC	
NICKEL, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 185	REQRMNT	*****	*****		*****	16	29			3D/W	4HC	
SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 186	REQRMNT	*****	*****		*****	1.8	3.4			3D/W	4HC	
THALLIUM, TOTAL (AS TL)	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 193	REQRMNT	*****	*****		*****	0.47	0.47			3D/W	4HC	
ZINC, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 196	REQRMNT	*****	*****		*****	65	120			3D/W	4HC	
CADMIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 202	REQRMNT	*****	*****		*****	0.88	1.6			3D/W	4HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS::
PARAMETER-SPECIFIC COMMENTS:

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

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OPERATOR IN RESPONSIBLE CHARGE	
Dana West	NR
TYPED OR PRINTED NAME	CERTIFICATE NUMBER
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 7036670539
	2016-03-09 10:53:34
TYPED OR PRINTED NAME / SIGNATURE	Date

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	005
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	02	01	TO	2016	02	29

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
COPPER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 203	REQRMNT	*****	*****		*****	7.1	13			3D/W	4HC	
ARSENIC, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 212	REQRMNT	*****	*****		*****	120	220			3D/W	4HC	
LEAD, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 233	REQRMNT	*****	*****		*****	11	20			3D/W	4HC	
MERCURY, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 235	REQRMNT	*****	*****		*****	0.61	1.1			3D/W	4HC	
COBALT, TOTAL (AS CO)	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 237	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
CHROMIUM, HEXAVALENT TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 314	REQRMNT	*****	*****		*****	8.7	16			3D/W	4HC	
IRON, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 361	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS::
PARAMETER-SPECIFIC COMMENTS:

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

OPERATOR IN RESPONSIBLE CHARGE	
Dana West	NR
TYPED OR PRINTED NAME	CERTIFICATE NUMBER

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PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	7036670539
		2016-03-09 10:53:34	
TYPED OR PRINTED NAME	SIGNATURE	Date	

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	005
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	02	01	TO	2016	02	29

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

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
BORON, TOTAL	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 372	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
NITRITE+NITRATE-N,TOTAL	REPORTD	*****	*****		*****		*****	MG/L				
PARAM CODE: 389	REQRMNT	*****	*****		*****	NL	*****			1/M	4HC	
SELENIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 408	REQRMNT	*****	*****		*****	4.0	7.3			3D/W	4HC	
VANADIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 409	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
ALUMINUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 410	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
BARIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 449	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
OIL & GREASE	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 500	REQRMNT	*****	*****		*****	15	20			3D/W	4HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS::
PARAMETER-SPECIFIC COMMENTS:

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

OPERATOR IN RESPONSIBLE CHARGE

Dana West	NR
TYPED OR PRINTED NAME	CERTIFICATE NUMBER

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.

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	7036670539
		2016-03-09 10:53:34	
TYPED OR PRINTED NAME	SIGNATURE	Date	

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	005
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	02	01	TO	2016	02	29

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

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
NOAEC - ACUTE 48 HR STAT CERIODAPHNIA DUBIA	REPORTD	*****	*****			*****	*****	%				
PARAM CODE: 704	REQRMNT	*****	*****		100	*****	*****			1/M	24HC	
NOAEC - ACUTE 48 HR STAT PIMEPHALES PROMELAS	REPORTD	*****	*****			*****	*****	%				
PARAM CODE: 705	REQRMNT	*****	*****		100	*****	*****			1/M	24HC	
TUc - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*****	*****		*****	*****		TU-C				
PARAM CODE: 720	REQRMNT	*****	*****		*****	*****	1.44			1/M	24HC	
TUc - CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*****	*****		*****	*****		TU-C				
PARAM CODE: 721	REQRMNT	*****	*****		*****	*****	1.44			1/M	24HC	
BERYLLIUM, TOTAL RECOVERABLE (AS BE)	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 796	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
ANTIMONY, TOTAL RECOVERABLE (AS SB)	REPORTD	*****	*****		*****			UG/L				

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS::
PARAMETER-SPECIFIC COMMENTS:

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

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OPERATOR IN RESPONSIBLE CHARGE	
Dana West	NR
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PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE: 7036670539
	2016-03-09 10:53:34
TYPED OR PRINTED NAME / SIGNATURE	Date

Page 8

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	010
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	02	01	TO	2016	02	29

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

Parameter		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
FLOW	REPORTD	0.017	0.017	MGD	*****	*****	*****			1/M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/M	EST	
pH	REPORTD	*****	*****		5.96	*****	5.96	SU	0	1/M	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			1/M	GRAB	
TSS	REPORTD	*****	*****		*****	2.2	2.2	MG/L	0	1/M	4HC	
PARAM CODE: 004	REQRMNT	*****	*****		*****	30	100			1/M	4HC	
MOLYBDENUM, TOTAL (AS MO)	REPORTD	*****	*****		*****	<50.0	<50.0	UG/L		1/M	4HC	
PARAM CODE: 090	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
HARDNESS, TOTAL (AS CACO3)	REPORTD	*****	*****		*****	91.8	91.8	MG/L		1/M	4HC	
PARAM CODE: 137	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
CHLORIDES	REPORTD	*****	*****		*****	35700	35700	UG/L	0	1/M	4HC	
PARAM CODE: 145	REQRMNT	*****	*****		*****	340000	340000			1/M	4HC	
NICKEL, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	6.16	6.16	UG/L	0	1/M	4HC	
PARAM CODE: 185	REQRMNT	*****	*****		*****	19	19			1/M	4HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:: * See attached explanation for Outfall 010 No discharge for Outfall 010 starting 2/12/16
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0	0	0

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OPERATOR IN RESPONSIBLE CHARGE	
Dana West	NR
TYPED OR PRINTED NAME	CERTIFICATE NUMBER
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE: 7036670539
	2016-03-09 10:53:34
TYPED OR PRINTED NAME / SIGNATURE	Date

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	010
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	02	01	TO	2016	02	29

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

Parameter		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	<0.03	<0.03	UG/L	0	1/M	4HC	
	REQRMNT	*****	*****		*****	1.5	1.5			1/M	4HC	
THALLIUM, TOTAL (AS TL)	REPORTD	*****	*****		*****	<0.19	<0.19	UG/L	0	1/M	4HC	
PARAM CODE: 102	REQRMNT	*****	*****		*****	0.47	0.47			1/M	4HC	
ZINC, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	31	31	UG/L	0	1/M	4HC	
PARAM CODE: 106	REQRMNT	*****	*****		*****	77	77			1/M	4HC	
CADMIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	<0.1	<0.1	UG/L	0	1/M	4HC	
	REQRMNT	*****	*****		*****	1.1	1.1			1/M	4HC	
COPPER, TOTAL 202 RECOVERABLE	REPORTD	*****	*****		*****	10.4	10.4	UG/L	0	1/M	4HC	
	REQRMNT	*****	*****		*****	8.4	8.4			1/M	4HC	
PARAM CODE: 203 RECOVERABLE	REPORTD	*****	*****		*****	<0.83	<0.83	UG/L	0	1/M	4HC	
	REQRMNT	*****	*****		*****	220	220			1/M	4HC	

PARAM CODE: 212												
LEAD, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	0.21	0.21	UG/L	0	1/M	4HC	
	REQRMNT	*****	*****		*****	11	11			1/M	4HC	
PARAM CODE: 211												

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS: * See attached explanation for Outfall 010 No discharge for Outfall 010 starting 2/12/16
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Dana West		NR	
				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
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.				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	7036670539
						2016-03-09 10:53:34	
				TYPED OR PRINTED NAME	SIGNATURE	Date	

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

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Dumfries, VA 22026

VA0002071	010
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	02	01	TO	2016	02	29

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

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
MERCURY, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	<0.1	<0.1	UG/L	0	1/M	4HC	
PARAM CODE: 235	REQRMNT	*****	*****		*****	1.1	1.1			1/M	4HC	
COBALT, TOTAL (AS CO)	REPORTD	*****	*****		*****	5.9	5.9	UG/L		1/M	4HC	
PARAM CODE: 237	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
CHROMIUM, HEXAVALENT TOTAL RECOVERABLE	REPORTD	*****	*****		*****	<3	<3	UG/L	0	1/M	4HC	
PARAM CODE: 314	REQRMNT	*****	*****		*****	16	16			1/M	4HC	
IRON, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	1690	1690	UG/L		1/M	4HC	
PARAM CODE: 361	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
BORON, TOTAL	REPORTD	*****	*****		*****	451	451	UG/L		1/M	4HC	
PARAM CODE: 372	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
SELENIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	0.85	0.85	UG/L	0	1/M	4HC	
PARAM CODE: 408	REQRMNT	*****	*****		*****	7.3	7.3			1/M	4HC	
VANADIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	<2.0	<2.0	UG/L		1/M	4HC	
PARAM CODE: 409	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS: * See attached explanation for Outfall 010 No discharge for Outfall 010 starting 2/12/16
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Dana West		NR	
				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
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.				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	7036670539
						2016-03-09 10:53:34	
				TYPED OR PRINTED NAME	SIGNATURE	Date	

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	010
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	02	01	TO	2016	02	29

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

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
ALUMINUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	108	108	UG/L		1/M	4HC	
	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
BARIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	42.6	42.6	UG/L		1/M	4HC	
PARAM CODE: 410	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
BORON, TOTAL	REPORTD	*****	*****		*****	<5.00	<5.00	MG/L	0	1/M	4HC	
PARAM CODE: 449	REQRMNT	*****	*****		*****	15	20			1/M	4HC	
PARAM CODE: 500												
NOAEC - ACUTE 48 HR STAT CERIODAPHNIA DUBIA	REPORTD	*****	*****		100	*****	*****	%	0	1/M	24HC	
	REQRMNT	*****	*****		100	*****	*****			1/M	24HC	

4591

PARAM CODE: 704												
NOAEC - ACUTE 48 HR STAT PIMEPHALES PROMELAS	REPORTD	*****	*****		100	*****	*****	%	0	1/M	24HC	
	REQRMNT	*****	*****		100	*****	*****			1/M	24HC	
PARAM CODE: 711												
TOX - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*****	*****		*****	*****	0.0	TU-C	0	1/M	24HC	
	REQRMNT	*****	*****		*****	*****	1.44			1/M	24HC	
PARAM CODE: 720												
TOX - CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*****	*****		*****	*****	0.0	TU-C	0	1/M	24HC	
	REQRMNT	*****	*****		*****	*****	1.44			1/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS: * See attached explanation for Outfall 010 No discharge for Outfall 010 starting 2/12/16
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0	0	0

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	
Dana West	NR
TYPED OR PRINTED NAME	CERTIFICATE NUMBER
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE: 7036670539
	2016-03-09 10:53:34
TYPED OR PRINTED NAME / SIGNATURE	Date

Page 12

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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
Dumfries, VA 22026

VA0002071	010
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	02	01	TO	2016	02	29

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

Parameter		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
BERYLLIUM, TOTAL RECOVERABLE (AS BE)	REPORTD	*****	*****		*****	<2.0	<2.0	UG/L		1/M	4HC	
PARAM CODE: 796	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
ANTIMONY, TOTAL RECOVERABLE (AS SB)	REPORTD	*****	*****		*****	<0.14	<0.14	UG/L	0	1/M	4HC	
PARAM CODE: 797	REQRMNT	*****	*****		*****	640	640			1/M	4HC	
SPECIFIC CONDUCTANCE	REPORTD	*****	*****		*****	*****	324	UM/CM		1/M	4HC	
PARAM CODE: 837	REQRMNT	*****	*****		*****	*****	NL			1/M	4HC	
CHROMIUM, TRIVALENT TOAL RECOVERABLE	REPORTD	*****	*****		*****	<5	<5	UG/L	0	1/M	4HC	
PARAM CODE: 939	REQRMNT	*****	*****		*****	73	73			1/M	4HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS: * See attached explanation for Outfall 010 No discharge for Outfall 010 starting 2/12/16
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0	0	0

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	
Dana West	NR
TYPED OR PRINTED NAME	CERTIFICATE NUMBER
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE: 7036670539
	2016-03-09 10:53:34
TYPED OR PRINTED NAME / SIGNATURE	Date

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	201
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	02	01	TO	2016	02	29

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

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
FLOW	REPORTD			MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/D-M	EST	
pH	REPORTD	*****	*****			*****		SU				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			1/D-W	GRAB	
CHROMIUM, TOTAL (AS CR)	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 016	REQRMNT	*****	*****		*****	0.2	0.2			1/D-M	GRAB	
ZINC, TOTAL (AS ZN)	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 020	REQRMNT	*****	*****		*****	1.0	1.0			1/D-M	GRAB	
CL2, FREE	REPORTD	*****	*****		*****			MG/L				
	REQRMNT	*****	*****		*****	0.2	0.5			1/D-W	GRAB	

4592

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS::
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	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	
Dana West	NR
TYPED OR PRINTED NAME	CERTIFICATE NUMBER
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 7036670539
	2016-03-09 10:53:34
TYPED OR PRINTED NAME / SIGNATURE	Date

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	202
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	02	01	TO	2016	02	29

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

Parameter		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
FLOW	REPORTD	0.85	0.85	MGD	*****	*****	*****			1/D-M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/D-M	EST	
pH	REPORTD	*****	*****		7.04	*****	7.30	SU	0	1/D-W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			1/D-W	GRAB	
CHROMIUM, TOTAL (AS CR)	REPORTD	*****	*****		*****	<QL	<QL	MG/L	0	1/D-M	GRAB	
PARAM CODE: 016	REQRMNT	*****	*****		*****	0.2	0.2			1/D-M	GRAB	
ZINC, TOTAL (AS ZN)	REPORTD	*****	*****		*****	<QL	<QL	MG/L	0	1/D-M	GRAB	
PARAM CODE: 020	REQRMNT	*****	*****		*****	1.0	1.0			1/D-M	GRAB	
CL2, FREE	REPORTD	*****	*****		*****	<QL	<QL	MG/L	0	1/D-W	GRAB	
PARAM CODE: 044	REQRMNT	*****	*****		*****	0.2	0.5			1/D-W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS::
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0	0	0

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	
Dana West	NR
TYPED OR PRINTED NAME	CERTIFICATE NUMBER
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 7036670539
	2016-03-09 10:53:34
TYPED OR PRINTED NAME / SIGNATURE	Date

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	501
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	02	01	TO	2016	02	29

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

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
FLOW	REPORTD			MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/D-M	EST	
TSS	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 004	REQRMNT	*****	*****		*****	30	100			1/D-M	GRAB	
COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 019	REQRMNT	*****	*****		*****	1.0	1.0			1/D-M	GRAB	
IRON, TOTAL (AS FE)	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 031	REQRMNT	*****	*****		*****	1.0	1.0			1/D-M	GRAB	
OIL & GREASE	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 500	REQRMNT	*****	*****		*****	15	20			1/D-M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS::
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	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	
Dana West	NR
TYPED OR PRINTED NAME	CERTIFICATE NUMBER
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 7036670539
	2016-03-09 10:53:34

TYPED OR PRINTED NAME	SIGNATURE	Date

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	502
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	02	01	TO	2016	02	29

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

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD			MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			2/M	EST	
TSS	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 004	REQRMNT	*****	*****		*****	30	100			2/M	GRAB	
PETROLEUM HYDROCARBONS, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 257	REQRMNT	*****	*****		*****	NL	NL			2/M	GRAB	
OIL & GREASE	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 500	REQRMNT	*****	*****		*****	15	20			2/M	GRAB	
Total Petroleum Hydrocarbons-Oil (TPH-ORO)	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 918	REQRMNT	*****	*****		*****	NL	NL			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS::
PARAMETER-SPECIFIC COMMENTS:

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

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OPERATOR IN RESPONSIBLE CHARGE	
Dana West	NR
TYPED OR PRINTED NAME	CERTIFICATE NUMBER
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 7036670539
	2016-03-09 10:53:34
TYPED OR PRINTED NAME / SIGNATURE	Date

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	503
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	02	01	TO	2016	02	29

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

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	*****		MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	*****	2.88		*****	*****	*****			3D/W	EST	
pH	REPORTD	*****	*****			*****		SU				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			3D/W	GRAB	
TSS	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 004	REQRMNT	*****	*****		*****	30	100			3D/W	4HC	
MOLYBDENUM, TOTAL (AS MO)	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 090	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
HARDNESS, TOTAL (AS CACO3)	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 137	REQRMNT	*****	*****		*****	NL	NL			3D/W	4HC	
CHLORIDES	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 145	REQRMNT	*****	*****		*****	370000	670000			3D/W	4HC	
NICKEL, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 185	REQRMNT	*****	*****		*****	24	44			3D/W	4HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS::
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	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

OPERATOR IN RESPONSIBLE CHARGE	
Dana West	NR
TYPED OR PRINTED NAME	CERTIFICATE NUMBER
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 7036670539

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	TYPED OR PRINTED NAME	SIGNATURE	2016-03-09 10:53:34 Date

Page 18

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	503
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	02	01	TO	2016	02	29

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

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 186	REQRMNT	*****	*****		*****	2.2	4.0			3D/W	4HC	
THALLIUM, TOTAL (AS TL)	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 193	REQRMNT	*****	*****		*****	0.94	0.94			3D/W	4HC	
ZINC, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 196	REQRMNT	*****	*****		*****	98	180			3D/W	4HC	
CADMIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 202	REQRMNT	*****	*****		*****	1.4	2.6			3D/W	4HC	
COPPER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 203	REQRMNT	*****	*****		*****	9.6	18			3D/W	4HC	
ARSENIC, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 212	REQRMNT	*****	*****		*****	240	440			3D/W	4HC	
LEAD, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 233	REQRMNT	*****	*****		*****	14	26			3D/W	4HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS::
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	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			
Dana West		NR	
TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	7036670539
		2016-03-09 10:53:34	
TYPED OR PRINTED NAME	SIGNATURE	Date	

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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VA0002071	503
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MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	02	01	TO	2016	02	29

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

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
MERCURY, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 235	REQRMNT	*****	*****		*****	1.2	2.2			3D/W	4HC	
COBALT, TOTAL (AS CO)	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 237	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
CHROMIUM, HEXAVALENT TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 314	REQRMNT	*****	*****		*****	17	32			3D/W	4HC	
IRON, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 361	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
BORON, TOTAL	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 372	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
SELENIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 408	REQRMNT	*****	*****		*****	8.0	15			3D/W	4HC	
VANADIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 409	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS::
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Dana West		NR	
				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
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.				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	7036670539
						2016-03-09 10:53:34	
				TYPED OR PRINTED NAME	SIGNATURE	Date	

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

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MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	02	01	TO	2016	02	29

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
ALUMINUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 410	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
BARIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 449	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
OIL & GREASE	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 500	REQRMNT	*****	*****		*****	15	20			3D/W	4HC	
NOAEC - ACUTE 48 HR STAT CERIODAPHNIA DUBIA	REPORTD	*****	*****			*****	*****	%				
PARAM CODE: 704	REQRMNT	*****	*****		100	*****	*****			1/M	24HC	
NOAEC - ACUTE 48 HR STAT PIMEPHALES PROMELAS	REPORTD	*****	*****			*****	*****	%				
PARAM CODE: 705	REQRMNT	*****	*****		100	*****	*****			1/M	24HC	
TUc - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*****	*****		*****	*****		TU-C				
PARAM CODE: 720	REQRMNT	*****	*****		*****	*****	2.85			1/M	24HC	
TUc - CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*****	*****		*****	*****		TU-C				
PARAM CODE: 721	REQRMNT	*****	*****		*****	*****	2.85			1/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS::
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Dana West		NR	
				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
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.				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	7036670539
						2016-03-09 10:53:34	
				TYPED OR PRINTED NAME	SIGNATURE	Date	

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

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	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	02	01	TO	2016	02	29

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
BERYLLIUM, TOTAL RECOVERABLE (AS BE)	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 796	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
ANTIMONY, TOTAL RECOVERABLE (AS SB)	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 797	REQRMNT	*****	*****		*****	1300	1300			3D/W	4HC	
CHROMIUM, TRIVALENT TOAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 939	REQRMNT	*****	*****		*****	88	160			3D/W	4HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS::
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Dana West		NR	
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.				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	7036670539
						2016-03-09 10:53:34	
				TYPED OR PRINTED NAME	SIGNATURE	Date	

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Client: GAI Consultants, Inc.
Project ID: GAIC1603
Client Sample ID: Possum Point Power Station Outfall 010
Permit No: VA0002071
Sample Period: 2/8/16

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	**Prepared By:**
Mr. John D. DeBarbieri, PE Senior Project Engineer GAI Consultants, Inc. 385 East Waterfront Drive, Homestead, PA 15120-5005 412-399-5212 J.DeBarbieri@gaiconsultants.com	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Acute Test Results*-Untreated Sample				
Species-Test Method	**48-h LC50**	**95% C.L.**	**$T.U._{Ac}$**	**NOAEC**
C. dubia EPA 2002.0	>100	N/A	**1.00**	100
P. promelas EPA 2000.0	>100	N/A	**1.00**	100

Acute Test Results*-UV Irradiated Sample				
Species-Test Method	**48-h LC50**	**95% C.L.**	**$T.U._{Ac}$**	**NOAEC**
C. dubia EPA 2002.0	>100	N/A	**1.00**	100
P. promelas EPA 2000.0	>100	N/A	**1.00**	100

For each test method record the $T.U._{Ac}$ value (bold) on the DMR.
*Details regarding test conduct and data analysis provided in attached bench sheets and printouts.

Acute Test QA/QC	**Reference Toxicant: KCl**	**Units: mg/l**	**Test Organism Source: CBI Stock Cultures**		
Species-Method (Ref. Test Date)	**Data Source**	**% Control Survival**	**48-h LC50**	**95% C.L./A.L. For LC50**	**RTT in Control?**
C. dubia 2002.0	RTT	100	482	446-522	Yes
(2/10/16-2/12/16)	CC	100	562	461-663	
P. promelas 2000.0	RTT	100	1171	1115-1230	Yes
(2/10/16-2/12/16)	CC	100	1026	875-1177	

Note: RTT = Reference Toxicant Test, CC = Control Chart.

The results of analysis contained within this report relate only to the sample as received in the laboratory. This report shall not be reproduced except in full without written approval from the laboratory. Unless noted below, these test results meet all requirements of NELAP.

APPROVED:

Peter F. De Lisle, Ph.D.
Technical Director

2/17 /16
Date

Deviations from, additions to, or exclusions from the test method, non-standard conditions or data qualifiers and, as appropriate, a statement of compliance/non-compliance: **NONE**

VELAP# 460030
EPA# VA01116

NELAP ACCREDITED TNI LABORATORY

4598

Coastal Bioanalysts, Inc.

GLOSSARY OF TERMS AND ABBREVIATIONS

A.L. (Acceptance Limits): The results of a given reference toxicant test are compared to the control chart mean value ± 2 standard deviations. These limits approximate the 95% probability limits for the "true" reference toxicant value.

Chronic Value (ChrV): The geometric mean of the NOEC and LOEC. Units are same as test concentration units.

C.L. (Confidence Limits): These are the probability limits, based on the data set and statistical model employed, that the "true value" lies within the limits specified. Typically limits are based on 95% or 99% probabilities.

Control chart: A cumulative summary chart of results from QC tests with reference toxicants. The results of a given reference toxicant test are compared to the control chart mean value and 95% Acceptance Limits (A.L.) (mean ± 2 standard deviations).

IC25: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 25% reduction in test organism growth, reproduction, etc. The lower the IC25, the more toxic the chemical or sample. Units are same as test concentration units.

LC50: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 50% reduction in test organism survival. The lower the LC50, the more toxic the chemical or sample. Units are same as test concentration units. Note: The LC50 value must always be associated with the duration of exposure. Thus 48-h LC50, 96-h LC50, etc. are calculated.

LOEC: Lowest-observable-effect-concentration. The lowest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit a statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Units are same as test concentration units.

PMSD: Percent Minimum Significant Difference: The minimum difference which can exist between a test treatment and the controls in a particular test and be statistically significant; a measure of test sensitivity. The lower the PMSD the more sensitive the test.

N/A: Not applicable.

N/D: Not determined or measured.

NOAEC: No-observable-acute-effect-concentration. The highest concentration of sample or chemical in an acute test dilution series in which the test organisms exhibit no statistically significant reduction in the test end point (e.g. survival) compared to control organisms. Units are same as test concentration units.

NOEC: No-observable-effect-concentration. The highest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit no statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Some regulatory definitions also require that the NOEC be less than the LOEC. Units are same as test concentration units.

Q.L.: Quantitation Limit. Level, concentration, or quantity of a target variable (analyte) that can be reported at a specified degree of confidence.

T.U.: Toxic units. Expresses the relative toxicity of an effluent in such a manner that the larger the toxic unit value the more toxic the effluent. $T.U._{Ac} = 100/LC50$. $T.U._{Chr} = 100/NOEC$. A dimensionless unit.

VELAP# 460030
EPA# VA01116

C. dubia daily biological measurements (EPA 2002.0) Template ACD-STAT-NOAEC2-061113

TRTMNT (% Effl)	Rep	#Live Day 0	#Live Day 1	#Live Day 2	Final Mean % Live		
C	A	5	5	5	100.0		
	B	5	5	5			
Lab	C	5	5	5			
Control	D	5	5	5			
X	A	5	5	5	100.0		
100	B	5	5	5			
% Effl	C	5	5	5		Test Duration:	47h 58m
	D	5	5	5			TAC 48+/-0.5h
INITIALS:		GB	RCD	RCD	% CONTROL SURVIVAL:		100.0
DATE & TIME:		2/9/16 15:58	2/10/16 9:19	2/11/16 15:57			TAC = 90%
CHANGES & NOTES (INITIALS, DATE, SPECIFIC CHANGE MADE							

SPECIES:	Ceriodaphnia dubia		
ACCLIMATION WATER:	Mod. Hard Synthetic Freshwater		
FEEDING PRIOR TO TEST:	YCT + Selenastrum capricornutum		
FEEDING DURING TEST:	None -YCT + Selenastrum 2+ h before test		
SOURCE:	CBI Stock cultures		
ACCLIMATION TEMP (o C):	25		
BROOD RELEASE START DATE & TIME:	2/8/16 21:00		
BROOD RELEASE END DATE & TIME:	2/9/16 10:00		
DATE/TIME WATER ADDED:	2/9/16 15:30		
DATE/TIME ANIMALS ADDED:	2/9/16 15:58		
ANIMAL AGE WINDOW:	13h 0m		
MAX AGE AT TEST START:	18h 59m		TAC Max. 24 h
TEST SET UP BY:		GB	
SAMPLE COLLECTION DATE &TIME:	2/8/16 11:00	SAMPLE USED	A
SAMPLE AGE AT TEST START:	28h 59m	TAC Max 36 h	
PEER REVIEW BY (INITIALS/DATE):		PB	2/16/16 11:45

TEST ID: GAIC1603ACD

Ceriodaphnia daily water quality bench sheet (EPA METHOD 2002.0) Template ACD-STAT-NOAEC2-061113

TRTMNT		Day 0 Initial	Day 1	Day 2 Final	SUMMARY WATER QUALITY DATA MEAN	S.D.	MIN.	MAX.
pH (S.U.)	C	7.93	7.97	8.06	7.99	0.07	7.93	8.06
	X	7.39	7.49	7.96	7.61	0.30	7.39	7.96
Temp. (o C)	C	25	24	24	24	0.6	24	25
	X	25	24	24	24	0.6	24	25
D.O. (mg/l)	C	8.2	7.7	7.9	7.9	0.3	7.7	8.2
	X	8.2	7.7	8.1	8.0	0.3	7.7	8.2
Cond. (uS/cm)	C	292		296	294	2.8	292	296
	X	333		324	329	6.4	324	333
Replicate measured		Flask	Surrogate	A				
Initials		GB	RCD	RCD				
		TRC (mg/l) in highest conc. at end of test:		N/A				

Changes & Notes (Initials, date, specific change or notes)

Test chamber:	30 ml glass vial:	✓
	Other:	
Test solution vol. (15 ml min):	15 ml:	✓
	Other (ml):	
Illumination & photoperiod:	50-100 ft-c 16L:8D	
Number of replicates/treatment:	4	
Initial number animals/replicate:	5	
Test Aerated?	N/A	

Template Number: 2

Date & Time Air Start: N/A

TEST ID	TRT ID:	C	X
GAIC1603ACD	CONC(%):	Control	100

4601

C. dubia daily biological measurements (EPA 2002.0) Template ACD-STAT-NOAEC2-061113

TRTMNT (% Effl)	Rep	#Live Day 0	#Live Day 1	#Live Day 2	Final Mean % Live		
C	A	5	5	5	100.0		
	B	5	5	5			
Lab	C	5	5	5			
Control	D	5	5	5			
X	A	5	5	5	100.0		
100	B	5	5	5			
% Effl	C	5	5	5		Test Duration:	48h 8m
	D	5	5	5			TAC 48+/-0.5h
INITIALS:		GB	RCD	RCD	% CONTROL SURVIVAL:		100.0
DATE & TIME:		2/9/16 15:49	2/10/16 9:21	2/11/16 15:58			TAC = 90%
CHANGES & NOTES (INITIALS, DATE, SPECIFIC CHANGE MADE		SAMPLE AND CONTROL WATER UV TREATED AT 8 WATTS/20 min/liter					

	SPECIES:	Ceriodaphnia dubia	
	ACCLIMATION WATER:	Mod. Hard Synthetic Freshwater	
	FEEDING PRIOR TO TEST:	YCT + Selenastrum capricornutum	
	FEEDING DURING TEST:	None -YCT + Selenastrum 2+ h before test	
	SOURCE:	CBI Stock cultures	
	ACCLIMATION TEMP (o C):	25	
	BROOD RELEASE START DATE & TIME:	2/8/16 21:00	
	BROOD RELEASE END DATE & TIME:	2/9/16 10:00	
	DATE/TIME WATER ADDED:	2/9/16 15:38	
	DATE/TIME ANIMALS ADDED:	2/9/16 15:49	
	ANIMAL AGE WINDOW:	13h 0m	
	MAX AGE AT TEST START:	18h 50m	TAC Max. 24 h
	TEST SET UP BY:	GB	
	SAMPLE COLLECTION DATE &TIME:	2/8/16 11:00 SAMPLE USED	A
TEST ID:	SAMPLE AGE AT TEST START:	28h 50m TAC Max 36 h	
GAIC1603ACDUV	PEER REVIEW BY (INITIALS/DATE):	PB	2/16/16 11:46

Ceriodaphnia daily water quality bench sheet (EPA METHOD 2002.0) Template ACD-STAT-NOAEC2-061113

TRTMNT		Day 0 Initial	Day 1	Day 2 Final	SUMMARY WATER QUALITY DATA MEAN	S.D.	MIN.	MAX.
pH (S.U.)	C	8.05	7.95	8.02	8.01	0.05	7.95	8.05
	X	7.43	7.52	7.65	7.53	0.11	7.43	7.65
Temp. (o C)	C	25	24	24	24	0.6	24	25
	X	25	24	24	24	0.6	24	25
D.O. (mg/l)	C	8.2	7.8	8.0	8.0	0.2	7.8	8.2
	X	8.2	7.9	8.0	8.0	0.2	7.9	8.2
Cond. (uS/cm)	C	291		291	291	0.0	291	291
	X	335		324	330	7.8	324	335
Replicate measured		Flask	Surrogate	B				
Initials		GB	RCD	RCD				
		TRC (mg/l) in highest conc. at end of test:		N/A				

Changes & Notes (Initials, date, specific change or notes)

Test chamber:	30 ml glass vial:	✓
	Other:	
Test solution vol. (15 ml min):	15 ml:	✓
	Other (ml):	
Illumination & photoperiod:	50-100 ft-c 16L:8D	Template Number: 1
Number of replicates/treatment:	4	
Initial number animals/replicate:	5	
Test Aerated?	N/A	Date & Time Air Start: N/A

TEST ID	TRT ID:	C	X
GAIC1603ACDUV	CONC(%):	Control	100

4603

P. promelas daily biological measurements (EPA 2000.0) Template version APP-STAT-48h-NOAEC2-061313

TRTMNT (%Effl)	Rep	#Live Day 0	#Live Day 1	#Live Day 2	Final Mean % Live		
	A	5	5	5	100.0		
C	B	5	5	5			
Lab Control	C	5	5	5			
	D	5	5	5			
	A	5	5	5	100.0		
X	B	5	5	5			
100	C	5	5	5		Test Duration:	47h 53m
	D	5	5	5			TAC 48+/-0.5h
INITIALS:		GB	RCD	RCD	% CONTROL SURVIVAL:		100.0
DATE & TIME:		2/9/16 16:02	2/10/16 9:15	2/11/16 15:54			TAC = 90%
CHANGES & NOTES (INITIALS, DATE, SPECIFIC CHANGE MADE							

SPECIES:	Pimephales promelas		
ACCLIMATION WATER:	Mod. Hard Synthetic Freshwater		
FEEDING PRIOR TO TEST:	Artemia nauplii ad libitum		
FEEDING DURING TEST:	None		
SOURCE:	CBI Stock cultures		
ACCLIMATION TEMP (o C):	25		
HATCH START DATE & TIME:	1/27/16 17:00		
HATCH END DATE & TIME:	1/28/16 11:40		
DATE/TIME WATER ADDED:	2/9/16 15:30		
DATE/TIME ANIMALS ADDED:	2/9/16 16:02		
ANIMAL AGE WINDOW:	18h 40m	TAC Max. 24 h	
MAX AGE AT TEST START:	13d	TAC Max. 14 d	
TEST SET UP BY:		GB	
SAMPLE COLLECTION DATE & TIME:	2/8/16 11:00	SAMPLE USED	A
SAMPLE AGE AT TEST START:	29h 2m	TAC MAX 36 h	
PEER REVIEW BY (INITIALS/DATE):		PB	2/16/16 11:47

TEST ID: GAIC1603APP

P. promelas daily water quality sheet (EPA METHOD 2002.0) Template version APP-STAT-48h-NOAEC2-061313

TRTMNT		Day 0 Initial	Day 1	Day 2 Final	SUMMARY WATER QUALITY DATA MEAN	S.D.	MIN.	MAX.
pH (S.U.)	C	7.93	7.78	7.80	7.84	0.08	7.78	7.93
	X	7.39	7.38	7.43	7.40	0.03	7.38	7.43
Temp. (o C)	C	25	24	24	24	0.6	24	25
	X	25	24	24	24	0.6	24	25
D.O. (mg/l)	C	8.2	7.5	6.8	7.5	0.7	6.8	8.2
	X	8.2	7.6	6.8	7.5	0.7	6.8	8.2
Cond. (uS/cm)	C	292		303	298	7.8	292	303
	X	333		329	331	2.8	329	333
Replicate measured		B	A	D				
Initials		GB	RCD	GB				
		TRC (mg/l) in highest conc. at end of test:		N/A				

Changes & Notes (Initials, date, specific change or notes)

Test chamber:	400 ml Tri-pour bkr:	✓	
	Other:		
Test solution vol. (200 ml min):	400 ml:		
	Other (ml):	200 ml	
Illumination & photoperiod:		50-100 ft-c 16L:8D	
Number of replicates/treatment:		4	
Initial number animals/replicate:		5	
Test Aerated?		No	Date & Time Air Start:
			D.O. Highest conc. @ aeration:
			Total live highest conc.@ aeration

TEST ID	TRT ID:	C	X
GAIC1603APP	CONC (%):	Control	100

4605

P. promelas daily biological measurements (EPA 2000.0) Template version APP-STAT-48h-NOAEC2-061313

TRTMNT (%Effl)	Rep	#Live Day 0	#Live Day 1	#Live Day 2	Final Mean % Live		
C Lab Control	A	5	5	5	100.0		
	B	5	5	5			
	C	5	5	5			
	D	5	5	5			
X 100	A	5	5	5	100.0		
	B	5	5	5			
	C	5	5	5		Test Duration:	48h 0m
	D	5	5	5			TAC 48+/-0.5h
INITIALS:		GB	RCD	RCD	% CONTROL SURVIVAL:		100.0
DATE & TIME:		2/9/16 15:55	2/10/16 9:17	2/11/16 15:55			TAC = 90%
CHANGES & NOTES (INITIALS, DATE, SPECIFIC CHANGE MADE		SAMPLE AND CONTROL WATER UV TREATED AT 8 WATTS/20 min/liter					

SPECIES:	Pimephales promelas		
ACCLIMATION WATER:	Mod. Hard Synthetic Freshwater		
FEEDING PRIOR TO TEST:	Artemia nauplii ad libitum		
FEEDING DURING TEST:	None		
SOURCE:	CBI Stock cultures		
ACCLIMATION TEMP (o C):	25		
HATCH START DATE & TIME:	1/27/16 17:00		
HATCH END DATE & TIME:	1/28/16 11:40		
DATE/TIME WATER ADDED:	2/9/16 15:38		
DATE/TIME ANIMALS ADDED:	2/9/16 15:55		
ANIMAL AGE WINDOW:	18h 40m	TAC Max. 24 h	
MAX AGE AT TEST START:	13d	TAC Max. 14 d	
TEST SET UP BY:		GB	
SAMPLE COLLECTION DATE & TIME:	2/8/16 11:00	SAMPLE USED	A
SAMPLE AGE AT TEST START:	28h 56m	TAC MAX 36 h	
PEER REVIEW BY (INITIALS/DATE):		PB	2/16/16 11:48

TEST ID: GAIC1603APPUV

P. promelas daily water quality sheet (EPA METHOD 2002.0) Template version APP-STAT-48h-NOAEC2-061313

TRTMNT		Day 0 Initial	Day 1	Day 2 Final	SUMMARY WATER QUALITY DATA MEAN	S.D.	MIN.	MAX.
pH (S.U.)	C	8.05	7.76	7.57	7.79	0.24	7.57	8.05
	X	7.43	7.41	7.33	7.39	0.05	7.33	7.43
Temp. (o C)	C	25	24	24	24	0.6	24	25
	X	25	24	24	24	0.6	24	25
D.O. (mg/l)	C	8.2	7.7	6.9	7.6	0.7	6.9	8.2
	X	8.2	7.8	6.7	7.6	0.8	6.7	8.2
Cond. (uS/cm)	C	291		304	298	9.2	291	304
	X	335		330	333	3.5	330	335
Replicate measured		B	D	C				
Initials		GB	RCD	GB				
		TRC (mg/l) in highest conc. at end of test:		N/A				

Changes & Notes (Initials, date, specific change or notes)

Test chamber: 400 ml Tri-pour bkr:	✓
Other:	
Test solution vol. (200 ml min): 400 ml:	
Other (ml):	200 ml
Illumination & photoperiod:	50-100 ft-c 16L:8D
Number of replicates/treatment:	4
Initial number animals/replicate:	5
Test Aerated?	No

Date & Time Air Start:			
D.O. Highest conc. @ aeration:			
Total live highest conc.@ aeration			

TEST ID	TRT ID:	C	X
GAIC1603APPUV	CONC (%):	Control	100

4607

Effluent and Dilution Water Log (Freshwater Tests). FWEFFL061013

											SUMMARY WATER QUALITY DATA				
											MEAN	S.D.	MIN.	MAX.	PARAMETER
Initial sample charac-terization	Bottle(1):	A1													
	Arrival Temp. (oC, from CoC):	1									1		1	1	Arrival Temp.
	TRC (mg/l)(2):	<DL													
	TRC Corrected(2):														
	Hardness (mg/l):	254									254		254	254	Hardness (mg/l)
	Alkalinity (mg/l):	26									26		26	26	Alkalinity (mg/l)
	NH3-N (mg/l):	<1.0													
	Color/Appearance(3):	C													
	Obvious odor?	NO													
	Date & Time:	2/8/16 15:15													
	Initials:	GB													
Sample prep measure-ments	Test Day:	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7		MEAN	S.D.	MIN.	MAX.	
	Bottle(s):	A1													
	Prep. Temp. (oC):	25									25		25	25	Temp. (oC)
	D.O. (mg/l) After Warming:	11.7													
	Aeration Time (min):	2.5													
	Adjusted D.O. (mg/l):	8.2									8.2		8.2	8.2	D.O. (mg/l)
	Final pH (S.U.):	7.20									7.20		7.20	7.20	pH (S.U.)
	Conductivity (uS/cm)(4):	336									336		336	336	Cond. (uS/cm)
	Final TRC (mg/l)(5):	N.D.													
	Sample Filtered (60 um)?														
	Date & Time:	2/9/16 14:57													
	Initials:	GB													
Dilution water	Test Day:	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7		MEAN	S.D.	MIN.	MAX.	
	Vat Number:	2													
	Temperature (oC):	25									25		25	25	Temp. (oC)
	Conductivity (uS/cm):	303									303		303	303	Cond. (uS/cm)
	D.O. (mg/l):	8.2									8.2		8.2	8.2	D.O. (mg/l)
	pH (S.U.):	8.10									8.10		8.10	8.10	pH (S.U.)
	Hardness (mg/l):	88									88		88	88	Hardness (mg/l)
	Alkalinity (mg/l):	58									58		58	58	Alkalinity (mg/l)
	Date & Time:	2/9/16 9:50													
	Initials:	BJA													
	Changes & Notes (Initials, date, specific change or notes)														
	Peer review Initial/Date:	PB	2/16/16 11:43	DILUTION WATER TYPE:	Mod. Hard Synthetic Freshwater (EPA)										
PROJECT ID:	GAIC1603	ADDITIONAL EFFLUENT TREATMENT:													

ND=Not Determined/Measured, NA=Not Applicable. 1) Ninth character of lab sample ID on chain of custody AND bottle number in collection series. Together with Project ID constitutes entire sample bottle ID. 2) TRC MDL 0.02 mg/l; QL 0.22 mg/l. Corrected value if Mn, Cr potential positive interferences. Corrected using KI and NaAsO2. 3) C-clear, O-opaque, T-turbid, S-solids (Sl-slight, M-moderate, H-heavy), Y-yellow, B-brown, Bl-black, G-green, P-pink, Gr-grey, Or-orange. 4) Measured on first use of sample only. 5) Final TRC measured only if chlorine present in initial characterization.

4608

Coastal Bioanalysts
6400 Enterprise Court, Gloucester, VA 23061
PH: 804-694-8285, FAX: 804-695-1129
www.coastalbio.com

SAMPLE INFORMATION/CHAIN-OF-CUSTODY (FORM ETF2011I Rev. 8/7/13)

Lab Sample ID (Lab Use Only): G A I C 1 6 0 3 - A
A A A A Y Y N N — Project ID; A — Spl

CBI Login # 16-0216

FACILITY INFORMATION

CLIENT/FACILITY NAME	GAI Consultants, Inc.	CONTACT & PHONE #	John DeBarbieri 412-399-5212
NPDES PERMIT NO		OUTFALL # OR LOCATION	Outfall 010 24-hr acute composite
SAMPLE CHLORINATED? NO	SAMPLE DECHLORINATED? NO	IF CHLORINE PRESENT UPON ARRIVAL AT LAB, DOES PERMIT SPECIFY DECHLORINATION OF SAMPLES?	

TESTS REQUESTED:	SPECIES OR EPA METH # C. DUBIA	100% NOAEL	ACUTE ☑	CHRONIC ☐
	SPECIES OR EPA METH # P. PROMELAS	" "	ACUTE ☑	CHRONIC ☐
OTHER TESTS:				

A SPECIFIC DILUTION SERIES MAY BE REQUIRED IN THE PERMIT. A DEFAULT SERIES OF 100, 50, 25, 12.5 AND 6.3%, OR CONCENTRATIONS USED IN PRIOR TESTING, WILL BE USED UNLESS INDICATED OTHERWISE. **IF IN DOUBT PLEASE ATTACH A COPY OF APPLICABLE PERMIT PAGES.**

GRAB SAMPLE INFORMATION

SAMPLE DATE	SAMPLE TIME	SAMPLE VOLUME

COMPOSITE SAMPLE INFORMATION

SAMPLE START DATE & TIME 2/7/16 1100 AM		SAMPLE END DATE & TIME 2/8/16 1100AM	AUTOSAMPLER TEMP. (°C)
TIME OR FLOW PROPORTIONAL COMPOSITE INFORMATION*	NUMBER SUBSAMPLES 24	VOL (ml) SUBSAMPLES 5.3 fl oz.	TIME INCREMENT 1 hr.
	SET VOLUME SUBSAMPLE	SET VOLUME FLOW	TOTAL VOLUME 1 Gallon

*FOR VARIABLE VOLUME SUBSAMPLES BASED ON FLOW (COMPOSITING "BY HAND") ATTACH SAMPLE AND FLOW INFORMATION ON SEPARATE SHEET

FIELD MEASUREMENTS

DISCHARGE TEMP (°C)	DISCHARGE pH (S.U.)	SAMPLE TEMP (°C)	SAMPLE pH (S.U.)	SAMPLE TRC (mg/l)	DATE/TIME (e.g. 02/23/00 1835)	INITIALS
		7.9	5.96		2/8/16 12:01AM	AGM

MEASUREMENTS MUST BE TAKEN WITHIN 15 MINUTES OF SAMPLE OR LAST SUBSAMPLE COLLECTION.

COMMENTS: one minute after midnight, monday 2/8/16 morning

(PRINTED NAME/AFFILIATION SAMPLER/ANALYST) (SIGNATURE) (DATE)

RELINQUISHED BY	DATE	TIME	RECEIVED BY
[illegible]	2/8/16	12:11 PM	Dmitry Sechenov
Dmitry Sechenov	2/8/16	3:05pm	[illegible]

SHIPPING METHOD: UPS____ FEDEX____ HAND DELIVERY X

DO NOT SHIP FEDEX STANDARD OVERNIGHT. SAMPLES MUST ARRIVE AT LAB BY NOON.

CONDITION ON ARRIVAL: ACCEPTABLE ✓ OTHER____

SAMPLE TEMP: (°C) 1 ARRIVED ON ICE? Y ✓ N___ CUSTODY SEAL: INTACT ✓ BROKEN___ ABSENT___

NOTE: It is the responsibility of the sampler to insure that samples are properly collected, preserved (>0-6° C) and shipped. Sample hold time is 36 h. Additional costs may be incurred by improper preservation, shipping or receipt of samples after 3 p.m. or on weekends and holidays.

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	79.2	79.2	MGD	*****	*****	*****			1/M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/M	EST	
pH	REPORTD	*****	*****		7.69	*****	7.69	SU	0	1/M	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			1/M	GRAB	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	4.6	10.7	C		1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			1/DAY	IS	
HEAT REJ**8	REPORTD	*****	NR	BTU/H	*****	*****	*****		0	CONT	CALC	
PARAM CODE: 082	REQRMNT	*****	5.58		*****	*****	*****			CONT	CALC	
TEMP, RIVER INTAKE (DEG. C)	REPORTD	*****	*****		*****	4.4	9.9	C		1/DAY	IS	
PARAM CODE: 108	REQRMNT	*****	*****		*****	NL	NL			1/DAY	IS	
CL2, TOTAL FINAL	REPORTD	*****	*****		*****	<QL	<QL	MG/L	0	2/M	GRAB	
PARAM CODE: 158	REQRMNT	*****	*****		*****	0.022	0.032			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: January 2016 DMR paper copies attached for permit effective 01/14/16 and include attachments discussing Outfall 010 sampling. Originals hand delivered to DEQ-NRO on 02/10/16 @1530 hrs.
OUTFALL-SPECIFIC COMMENTS:: Unit 3 did not generate in 01/2016
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE	
	0	0	0	Dana West	NR
				TYPED OR PRINTED NAME	CERTIFICATE NUMBER
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 703-667-0539
					2016-02-10 15:23:59
				TYPED OR PRINTED NAME / SIGNATURE	Date

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.

Page 1

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	71.8	142.4	MGD	*****	*****	*****			1/M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/M	EST	
pH	REPORTD	*****	*****		8.00	*****	8.00	SU	0	1/M	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			1/M	GRAB	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	4.6	10.7	C		1/W	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			1/W	IS	
HEAT REJ**9	REPORTD	*****	NR	BTU/H	*****	*****	*****		0	CONT	CALC	
PARAM CODE: 083	REQRMNT	*****	1.14		*****	*****	*****			CONT	CALC	
CL2, TOTAL FINAL	REPORTD	*****	*****		*****	NR	NR	MG/L	0	2/M	GRAB	
PARAM CODE: 158	REQRMNT	*****	*****		*****	0.022	0.032			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: January 2016 DMR paper copies attached for permit effective 01/14/16 and include attachments discussing Outfall 010 sampling. Originals hand delivered to DEQ-NRO on 02/10/16 @1530 hrs.
OUTFALL-SPECIFIC COMMENTS:: Unit 4 did not generate in 01/2016. Not chlorinated.
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE	
	0	0	0	Dana West	NR
				TYPED OR PRINTED NAME	CERTIFICATE NUMBER
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 703-667-0539
					2016-02-10 15:23:59
				TYPED OR PRINTED NAME / SIGNATURE	Date

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.

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office

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

4610

13901 Crown Court

Woodbridge, VA 22193

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	004
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	1.51	1.69	MGD	*****	*****	*****			2/M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			2/M	EST	
pH	REPORTD	*****	*****		7.57	*****	7.71	SU	0	2/M	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			2/M	GRAB	
TSS	REPORTD	*****	*****		*****	3.7	5.0	MG/L	0	2/M	GRAB	
PARAM CODE: 004	REQRMNT	*****	*****		*****	30	100			2/M	GRAB	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	10.9	11.2	C		1/W	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			1/W	IS	
HEAT REJ**8	REPORTD	*****	0.3	BTU/H	*****	*****	*****		0	2/M	CALC	
PARAM CODE: 082	REQRMNT	*****	1.9		*****	*****	*****			2/M	CALC	
CL2, TOTAL FINAL	REPORTD	*****	*****		*****	<QL	<QL	MG/L	0	1/W	GRAB	
PARAM CODE: 158	REQRMNT	*****	*****		*****	0.026	0.038			1/W	GRAB	
OIL & GREASE	REPORTD	*****	*****		*****	<5.00	<5.00	MG/L	0	2/M	GRAB	
PARAM CODE: 500	REQRMNT	*****	*****		*****	15	20			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: January 2016 DMR paper copies attached for permit effective 01/14/16 and include attachments discussing Outfall 010 sampling. Originals hand delivered to DEQ-NRO on 02/10/16 @1530 hrs.
OUTFALL-SPECIFIC COMMENTS::
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0	0	0

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			
Dana West		NR	
TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	703-667-0539
		2016-02-10 15:23:59	
TYPED OR PRINTED NAME	SIGNATURE	Date	

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	005
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD			MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			2/M	EST	
pH	REPORTD	*****	*****			*****		SU				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			2/M	GRAB	
TSS	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 004	REQRMNT	*****	*****		*****	30	100			2/M	GRAB	
OIL & GREASE	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 500	REQRMNT	*****	*****		*****	15	20			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: January 2016 DMR paper copies attached for permit effective 01/14/16 and include attachments discussing Outfall 010 sampling. Originals hand delivered to DEQ-NRO on 02/10/16 @1530 hrs.
OUTFALL-SPECIFIC COMMENTS::
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	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			
Dana West		NR	
TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	703-667-0539
		2016-02-10 15:23:59	
TYPED OR PRINTED NAME	SIGNATURE	Date	

Page 4

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	201
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

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

2016	01	01	2016	01	31

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	1.3	2.9	MGD	*****	*****	*****			1/D-M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/D-M	EST	
pH	REPORTD	*****	*****		8.14	*****	8.47	SU	0	1/D-W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			1/D-W	GRAB	
CHROMIUM, TOTAL (AS CR)	REPORTD	*****	*****		*****	<QL	<QL	MG/L	0	1/D-M	GRAB	
PARAM CODE: 016	REQRMNT	*****	*****		*****	0.2	0.2			1/D-M	GRAB	
ZINC, TOTAL (AS ZN)	REPORTD	*****	*****		*****	<QL	<QL	MG/L	0	1/D-M	GRAB	
PARAM CODE: 020	REQRMNT	*****	*****		*****	1.0	1.0			1/D-M	GRAB	
CL2, FREE	REPORTD	*****	*****		*****	NR	NR	MG/L	0	1/D-W	GRAB	
PARAM CODE: 044	REQRMNT	*****	*****		*****	0.2	0.5			1/D-W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: January 2016 DMR paper copies attached for permit effective 01/14/16 and include attachments discussing Outfall 010 sampling. Originals hand delivered to DEQ-NRO on 02/10/16 @1530 hrs.
OUTFALL-SPECIFIC COMMENTS:: Not chlorinated
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE	
	0	0	0	Dana West	NR
				TYPED OR PRINTED NAME	CERTIFICATE NUMBER
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 703-667-0539
					2016-02-10 15:23:59
				TYPED OR PRINTED NAME / SIGNATURE	Date

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.

Page 5

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	202
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
2016	01	01	2016	01	31

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

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	0.80	0.80	MGD	*****	*****	*****			1/D-M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/D-M	EST	
pH	REPORTD	*****	*****		6.68	*****	7.04	SU	0	1/D-W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			1/D-W	GRAB	
CHROMIUM, TOTAL (AS CR)	REPORTD	*****	*****		*****	<QL	<QL	MG/L	0	1/D-M	GRAB	
PARAM CODE: 016	REQRMNT	*****	*****		*****	0.2	0.2			1/D-M	GRAB	
ZINC, TOTAL (AS ZN)	REPORTD	*****	*****		*****	<QL	<QL	MG/L	0	1/D-M	GRAB	
PARAM CODE: 020	REQRMNT	*****	*****		*****	1.0	1.0			1/D-M	GRAB	
CL2, FREE	REPORTD	*****	*****		*****	<QL	<QL	MG/L	0	1/D-W	GRAB	
PARAM CODE: 044	REQRMNT	*****	*****		*****	0.2	0.5			1/D-W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: January 2016 DMR paper copies attached for permit effective 01/14/16 and include attachments discussing Outfall 010 sampling. Originals hand delivered to DEQ-NRO on 02/10/16 @1530 hrs.
OUTFALL-SPECIFIC COMMENTS::
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE	
	0	0	0	Dana West	NR
				TYPED OR PRINTED NAME	CERTIFICATE NUMBER
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 703-667-0539
					2016-02-10 15:23:59
				TYPED OR PRINTED NAME / SIGNATURE	Date

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.

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	501
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
2016	01	01	2016	01	31

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

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD			MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/D-M	EST	
TSS	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 004	REQRMNT	*****	*****		*****	30	100			1/D-M	GRAB	

4612

COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 010	REQRMNT	*****	*****		*****	1.0	1.0			1/D-M	GRAB	
IRON, TOTAL (AS FE)	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 031	REQRMNT	*****	*****		*****	1.0	1.0			1/D-M	GRAB	
OIL & GREASE	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 500	REQRMNT	*****	*****		*****	15	20			1/D-M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: January 2016 DMR paper copies attached for permit effective 01/14/16 and include attachments discussing Outfall 010 sampling. Originals hand delivered to DEQ-NRO on 02/10/16 @1530 hrs.
OUTFALL-SPECIFIC COMMENTS::
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE	
				Dana West	NR
				TYPED OR PRINTED NAME	CERTIFICATE NUMBER
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 703-667-0539
					2016-02-10 15:23:59
				TYPED OR PRINTED NAME / SIGNATURE	Date

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.

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	502
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	01	01	TO	2016	01	31

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

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	0.567	0.567	MGD	*****	*****	*****			2/M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			2/M	EST	
TSS	REPORTD	*****	*****		*****	3.6	4.6	MG/L	0	2/M	GRAB	
PARAM CODE: 004	REQRMNT	*****	*****		*****	30	100			2/M	GRAB	
PETROLEUM HYDROCARBONS, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	<QL	<QL	MG/L		2/M	GRAB	
PARAM CODE: 257	REQRMNT	*****	*****		*****	NL	NL			2/M	GRAB	
OIL & GREASE	REPORTD	*****	*****		*****	<5.00	<5.00	MG/L	0	2/M	GRAB	
PARAM CODE: 500	REQRMNT	*****	*****		*****	15	20			2/M	GRAB	
Total Petroleum Hydrocarbons-Oil (TPH-ORO)	REPORTD	*****	*****		*****	<1.1	<1.1	MG/L		2/M	GRAB	
PARAM CODE: 918	REQRMNT	*****	*****		*****	NL	NL			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: January 2016 DMR paper copies attached for permit effective 01/14/16 and include attachments discussing Outfall 010 sampling. Originals hand delivered to DEQ-NRO on 02/10/16 @1530 hrs.
OUTFALL-SPECIFIC COMMENTS::
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE	
	0	0	0	Dana West	NR
				TYPED OR PRINTED NAME	CERTIFICATE NUMBER
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 703-667-0539
					2016-02-10 15:23:59
				TYPED OR PRINTED NAME / SIGNATURE	Date

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.

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	03	01	TO	2016	03	31

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

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	77.6	79.2	MGD	*****	*****	*****			1/M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/M	EST	
pH	REPORTD	*****	*****		7.78	*****	7.78	SU	0	1/M	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			1/M	GRAB	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	11.2	14.1	C		1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			1/DAY	IS	
HEAT REJ**8	REPORTD	*****	NR	BTU/H	*****	*****	*****		0	CONT	CALC	
PARAM CODE: 082	REQRMNT	*****	5.58		*****	*****	*****			CONT	CALC	
TEMP, RIVER INTAKE (DEG. C)	REPORTD	*****	*****		*****	9.7	12.4	C		1/DAY	IS	
PARAM CODE: 108	REQRMNT	*****	*****		*****	NL	NL			1/DAY	IS	
CL2, TOTAL FINAL	REPORTD	*****	*****		*****	<QL	<QL	MG/L	0	2/M	GRAB	
PARAM CODE: 158	REQRMNT	*****	*****		*****	0.022	0.032			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:: Unit 3 did not generate in 03/2016
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0	0	0

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	
Dana West	NR
TYPED OR PRINTED NAME	CERTIFICATE NUMBER
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 703-667-0539
	2016-04-05 15:59:30
TYPED OR PRINTED NAME / SIGNATURE	Date

Page 1

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	03	01	TO	2016	03	31

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

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	59.4	74.9	MGD	*****	*****	*****			1/M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/M	EST	
pH	REPORTD	*****	*****		7.72	*****	7.72	SU	0	1/M	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			1/M	GRAB	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	11.3	15.8	C		1/W	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			1/W	IS	
HEAT REJ**9	REPORTD	*****	NR	BTU/H	*****	*****	*****		0	CONT	CALC	
PARAM CODE: 083	REQRMNT	*****	1.14		*****	*****	*****			CONT	CALC	
CL2, TOTAL FINAL	REPORTD	*****	*****		*****	NR	NR	MG/L	0	2/M	GRAB	
PARAM CODE: 158	REQRMNT	*****	*****		*****	0.022	0.032			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:: Unit 4 did not generate in 03/2016. Not chlorinated.
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0	0	0

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	
Dana West	NR
TYPED OR PRINTED NAME	CERTIFICATE NUMBER
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 703-667-0539
	2016-04-05 15:59:30
TYPED OR PRINTED NAME / SIGNATURE	Date

Page 2

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

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office

13901 Crown Court

Woodbridge, VA 22193

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	004
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	03	01	TO	2016	03	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	1.18	1.33	MGD	*****	*****	*****			2/M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			2/M	EST	
pH	REPORTD	*****	*****		7.66	*****	7.77	SU	0	2/M	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			2/M	GRAB	
TSS	REPORTD	*****	*****		*****	6.1	7.3	MG/L	0	2/M	GRAB	
PARAM CODE: 004	REQRMNT	*****	*****		*****	30	100			2/M	GRAB	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	14.6	17.4	C		1/W	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			1/W	IS	
HEAT REJ**8	REPORTD	*****	0.2	BTU/H	*****	*****	*****		0	2/M	CALC	
PARAM CODE: 082	REQRMNT	*****	1.9		*****	*****	*****			2/M	CALC	
CL2, TOTAL FINAL	REPORTD	*****	*****		*****	<QL	<QL	MG/L	0	1/W	GRAB	
PARAM CODE: 158	REQRMNT	*****	*****		*****	0.026	0.038			1/W	GRAB	
OIL & GREASE	REPORTD	*****	*****		*****	<5.00	<5.00	MG/L	0	2/M	GRAB	
PARAM CODE: 500	REQRMNT	*****	*****		*****	15	20			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0	0	0

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	
Dana West	NR
TYPED OR PRINTED NAME	CERTIFICATE NUMBER
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 703-667-0539
TYPED OR PRINTED NAME / SIGNATURE	2016-04-05 15:59:30 Date

Page 3

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

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	005
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	03	01	TO	2016	03	31

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

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	*****		MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	*****	2.88		*****	*****	*****			3D/W	EST	
pH	REPORTD	*****	*****			*****		SU				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			3D/W	GRAB	
TSS	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 004	REQRMNT	*****	*****		*****	30	100			3D/W	4HC	
NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****		*****	MG/L				
PARAM CODE: 013	REQRMNT	*****	*****		*****	NL	*****			1/M	CALC	
AMMONIA, AS N	REPORTD	*****	*****		*****		*****	MG/L				
PARAM CODE: 039	REQRMNT	*****	*****		*****	NL	*****			1/M	4HC	
TKN (N-KJEL)	REPORTD	*****	*****		*****		*****	MG/L				
PARAM CODE: 068	REQRMNT	*****	*****		*****	NL	*****			1/M	4HC	
MOLYBDENUM, TOTAL (AS MO)	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 090	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:: No discharge
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	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	
Dana West	NR
TYPED OR PRINTED NAME	CERTIFICATE NUMBER
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 703-667-0539
TYPED OR PRINTED NAME / SIGNATURE	2016-04-05 15:59:30 Date

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

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

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

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	005
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	03	01	TO	2016	03	31

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

Parameter		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	NO DISCHARGE: X QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
HARDNESS, TOTAL (AS CACO3)	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 137	REQRMNT	*****	*****		*****	NL	NL			3D/W	4HC	
CHLORIDES	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 145	REQRMNT	*****	*****		*****	180000	340000			3D/W	4HC	
NICKEL, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 185	REQRMNT	*****	*****		*****	16	29			3D/W	4HC	
SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 186	REQRMNT	*****	*****		*****	1.8	3.4			3D/W	4HC	
THALLIUM, TOTAL (AS TL)	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 193	REQRMNT	*****	*****		*****	0.47	0.47			3D/W	4HC	
ZINC, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 196	REQRMNT	*****	*****		*****	65	120			3D/W	4HC	
CADMIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 202	REQRMNT	*****	*****		*****	0.88	1.6			3D/W	4HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:: No discharge
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE	
				Dana West	NR
				TYPED OR PRINTED NAME	CERTIFICATE NUMBER

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.

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	703-667-0539
			2016-04-05 15:59:30
TYPED OR PRINTED NAME	SIGNATURE	Date	

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	005
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	03	01	TO	2016	03	31

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

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
COPPER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 203	REQRMNT	*****	*****		*****	7.1	13			3D/W	4HC	
ARSENIC, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 212	REQRMNT	*****	*****		*****	120	220			3D/W	4HC	
LEAD, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 233	REQRMNT	*****	*****		*****	11	20			3D/W	4HC	
MERCURY, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 235	REQRMNT	*****	*****		*****	0.61	1.1			3D/W	4HC	
COBALT, TOTAL (AS CO)	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 237	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
CHROMIUM, HEXAVALENT TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 314	REQRMNT	*****	*****		*****	8.7	16			3D/W	4HC	
IRON, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 361	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:: No discharge
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE	
				Dana West	NR
				TYPED OR PRINTED NAME	CERTIFICATE NUMBER

4616

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.	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	703-667-0539
			2016-04-05 15:59:30	
	TYPED OR PRINTED NAME	SIGNATURE	Date	

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	005
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	03	01	TO	2016	03	31

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

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
BORON, TOTAL	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 372	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
NITRITE+NITRATE-N,TOTAL	REPORTD	*****	*****		*****		*****	MG/L				
PARAM CODE: 389	REQRMNT	*****	*****		*****	NL	*****			1/M	4HC	
SELENIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 408	REQRMNT	*****	*****		*****	4.0	7.3			3D/W	4HC	
VANADIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 409	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
ALUMINUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 410	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
BARIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 449	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
OIL & GREASE	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 500	REQRMNT	*****	*****		*****	15	20			3D/W	4HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:: No discharge
PARAMETER-SPECIFIC COMMENTS:

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

OPERATOR IN RESPONSIBLE CHARGE	
Dana West	NR
TYPED OR PRINTED NAME	CERTIFICATE NUMBER

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.

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	703-667-0539
		2016-04-05 15:59:30	
TYPED OR PRINTED NAME	SIGNATURE	Date	

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	005
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	03	01	TO	2016	03	31

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

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
NOAEC - ACUTE 48 HR STAT CERIODAPHNIA DUBIA	REPORTD	*****	*****			*****	*****	%				
PARAM CODE: 704	REQRMNT	*****	*****		100	*****	*****			1/M	24HC	
NOAEC - ACUTE 48 HR STAT PIMEPHALES PROMELAS	REPORTD	*****	*****			*****	*****	%				
PARAM CODE: 705	REQRMNT	*****	*****		100	*****	*****			1/M	24HC	
TUc - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*****	*****		*****	*****		TU-C				
PARAM CODE: 720	REQRMNT	*****	*****		*****	*****	1.44			1/M	24HC	
TUc - CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*****	*****		*****	*****		TU-C				
PARAM CODE: 721	REQRMNT	*****	*****		*****	*****	1.44			1/M	24HC	
BERYLLIUM, TOTAL RECOVERABLE (AS BE)	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 796	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
ANTIMONY, TOTAL RECOVERABLE (AS SB)	REPORTD	*****	*****		*****			UG/L				

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:: No discharge
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	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	
Dana West	NR
TYPED OR PRINTED NAME	CERTIFICATE NUMBER
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 703-667-0539
	2016-04-05 15:59:30
TYPED OR PRINTED NAME / SIGNATURE	Date

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	010
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	03	01	TO	2016	03	31

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

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
FLOW	REPORTD			MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/M	EST	
pH	REPORTD	*****	*****			*****		SU				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			1/M	GRAB	
TSS	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 004	REQRMNT	*****	*****		*****	30	100			1/M	4HC	
MOLYBDENUM, TOTAL (AS MO)	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 090	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
HARDNESS, TOTAL (AS CACO3)	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 137	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
CHLORIDES	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 145	REQRMNT	*****	*****		*****	340000	340000			1/M	4HC	
NICKEL, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 185	REQRMNT	*****	*****		*****	19	19			1/M	4HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:: No discharge
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	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	
Dana West	NR
TYPED OR PRINTED NAME	CERTIFICATE NUMBER
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 703-667-0539
	2016-04-05 15:59:30
TYPED OR PRINTED NAME / SIGNATURE	Date

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	010
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	03	01	TO	2016	03	31

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

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 078	REQRMNT	*****	*****		*****	1.5	1.5			1/M	4HC	
THALLIUM, TOTAL (AS TL)	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 102	REQRMNT	*****	*****		*****	0.47	0.47			1/M	4HC	
ZINC, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 196	REQRMNT	*****	*****		*****	77	77			1/M	4HC	
CADMIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 202	REQRMNT	*****	*****		*****	1.1	1.1			1/M	4HC	
COPPER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 203	REQRMNT	*****	*****		*****	8.4	8.4			1/M	4HC	
ARSENIC, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 213	REQRMNT	*****	*****		*****	220	220			1/M	4HC	

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PARAM CODE: 212												
LEAD, TOTAL RECOVERABLE	REPORTD	*****	*****		*****							
	REQRMNT	*****	*****		*****	11	11	UG/L		1/M	4HC	

PARAM CODE: 415
GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:: No discharge
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE	
				Dana West	NR
				TYPED OR PRINTED NAME	CERTIFICATE NUMBER
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 703-667-0539
					2016-04-05 15:59:30
				TYPED OR PRINTED NAME / SIGNATURE	Date

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.

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	010
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	03	01	TO	2016	03	31

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

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
MERCURY, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 235	REQRMNT	*****	*****		*****	1.1	1.1			1/M	4HC	
COBALT, TOTAL (AS CO)	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 237	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
CHROMIUM, HEXAVALENT TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 314	REQRMNT	*****	*****		*****	16	16			1/M	4HC	
IRON, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 361	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
BORON, TOTAL	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 372	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
SELENIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 408	REQRMNT	*****	*****		*****	7.3	7.3			1/M	4HC	
VANADIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 409	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:: No discharge
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE	
				Dana West	NR
				TYPED OR PRINTED NAME	CERTIFICATE NUMBER
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 703-667-0539
					2016-04-05 15:59:30
				TYPED OR PRINTED NAME / SIGNATURE	Date

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.

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	010
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	03	01	TO	2016	03	31

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

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
ALUMINUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
BARIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
OIL & GREASE 449	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 500	REQRMNT	*****	*****		*****	15	20			1/M	4HC	
NOAEC - ACUTE 48 HR STAT CERIODAPHNIA DUBIA	REPORTD	*****	*****			*****	*****	%				
	REQRMNT	*****	*****		100	*****	*****			1/M	24HC	

PARAM CODE: 704												
NOAEC - ACUTE 48 HR STAT PIMEPHALES PROMELAS	REPORTD	*****	*****			*****	*****					
	REQRMNT	*****	*****		100	*****	*****	%		1/M	24HC	
PARAM CODE: 711												
TOX CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*****	*****		*****	*****						
	REQRMNT	*****	*****		*****	*****	1.44	TU-C		1/M	24HC	
PARAM CODE: 710												
TOX CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*****	*****		*****	*****						
	REQRMNT	*****	*****		*****	*****	1.44	TU-C		1/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:: No discharge
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		
				Dana West		NR
				TYPED OR PRINTED NAME		CERTIFICATE NUMBER
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	703-667-0539
						2016-04-05 15:59:30
				TYPED OR PRINTED NAME	SIGNATURE	Date

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.

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	010
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	03	01	TO	2016	03	31

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

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
BERYLLIUM, TOTAL RECOVERABLE (AS BE)	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 796	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
ANTIMONY, TOTAL RECOVERABLE (AS SB)	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 797	REQRMNT	*****	*****		*****	640	640			1/M	4HC	
SPECIFIC CONDUCTANCE	REPORTD	*****	*****		*****	*****		UM/CM				
PARAM CODE: 837	REQRMNT	*****	*****		*****	*****	NL			1/M	4HC	
CHROMIUM, TRIVALENT TOAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 939	REQRMNT	*****	*****		*****	73	73			1/M	4HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:: No discharge
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE		
				Dana West		NR
				TYPED OR PRINTED NAME		CERTIFICATE NUMBER
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	703-667-0539
						2016-04-05 15:59:30
				TYPED OR PRINTED NAME	SIGNATURE	Date

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	201
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	03	01	TO	2016	03	31

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

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD			MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/D-M	EST	
pH	REPORTD	*****	*****			*****		SU				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			1/D-W	GRAB	
CHROMIUM, TOTAL (AS CR)	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 016	REQRMNT	*****	*****		*****	0.2	0.2			1/D-M	GRAB	
ZINC, TOTAL (AS ZN)	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 020	REQRMNT	*****	*****		*****	1.0	1.0			1/D-M	GRAB	
CL2, FREE	REPORTD	*****	*****		*****			MG/L				
	REQRMNT	*****	*****		*****	0.2	0.5			1/D-W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS::
PARAMETER-SPECIFIC COMMENTS:

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

OPERATOR IN RESPONSIBLE CHARGE

Dana West	NR
TYPED OR PRINTED NAME	CERTIFICATE NUMBER
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 703-667-0539
TYPED OR PRINTED NAME / SIGNATURE	2016-04-05 15:59:30 Date

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.

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	202
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
2016	03	01	2016	03	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Parameter		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
FLOW	REPORTD	1.40	1.40	MGD	*****	*****	*****			1/D-M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/D-M	EST	
pH	REPORTD	*****	*****		6.84	*****	7.27	SU	0	1/D-W	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			1/D-W	GRAB	
CHROMIUM, TOTAL (AS CR)	REPORTD	*****	*****		*****	<QL	<QL	MG/L	0	1/D-M	GRAB	
PARAM CODE: 016	REQRMNT	*****	*****		*****	0.2	0.2			1/D-M	GRAB	
ZINC, TOTAL (AS ZN)	REPORTD	*****	*****		*****	<QL	<QL	MG/L	0	1/D-M	GRAB	
PARAM CODE: 020	REQRMNT	*****	*****		*****	1.0	1.0			1/D-M	GRAB	
CL2, FREE	REPORTD	*****	*****		*****	<QL	<QL	MG/L	0	1/D-W	GRAB	
PARAM CODE: 044	REQRMNT	*****	*****		*****	0.2	0.5			1/D-W	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS::
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0	0	0

OPERATOR IN RESPONSIBLE CHARGE

Dana West	NR
TYPED OR PRINTED NAME	CERTIFICATE NUMBER
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 703-667-0539
TYPED OR PRINTED NAME / SIGNATURE	2016-04-05 15:59:30 Date

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.

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	501
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
2016	03	01	2016	03	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
FLOW	REPORTD			MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/D-M	EST	
TSS	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 004	REQRMNT	*****	*****		*****	30	100			1/D-M	GRAB	
COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 019	REQRMNT	*****	*****		*****	1.0	1.0			1/D-M	GRAB	
IRON, TOTAL (AS FE)	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 031	REQRMNT	*****	*****		*****	1.0	1.0			1/D-M	GRAB	
OIL & GREASE	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 500	REQRMNT	*****	*****		*****	15	20			1/D-M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:: No discharge
PARAMETER-SPECIFIC COMMENTS:

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

OPERATOR IN RESPONSIBLE CHARGE

Dana West	NR
TYPED OR PRINTED NAME	CERTIFICATE NUMBER
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 703-667-0539
	2016-04-05 15:59:30

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.

TYPED OR PRINTED NAME	SIGNATURE	Date

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	502
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	03	01	TO	2016	03	31

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

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	0.567	0.567	MGD	*****	*****	*****			2/M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			2/M	EST	
TSS	REPORTD	*****	*****		*****	5.0	5.2	MG/L	0	2/M	GRAB	
PARAM CODE: 004	REQRMNT	*****	*****		*****	30	100			2/M	GRAB	
PETROLEUM HYDROCARBONS, TOTAL RECOVERABLE	REPORTD	*****	*****		*****	<QL	<QL	MG/L		2/M	GRAB	
PARAM CODE: 257	REQRMNT	*****	*****		*****	NL	NL			2/M	GRAB	
OIL & GREASE	REPORTD	*****	*****		*****	<5.00	<5.00	MG/L	0	2/M	GRAB	
PARAM CODE: 500	REQRMNT	*****	*****		*****	15	20			2/M	GRAB	
Total Petroleum Hydrocarbons-Oil (TPH-ORO)	REPORTD	*****	*****		*****	<1.1	<1.1	MG/L		2/M	GRAB	
PARAM CODE: 918	REQRMNT	*****	*****		*****	NL	NL			2/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0	0	0

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OPERATOR IN RESPONSIBLE CHARGE			
Dana West		NR	
TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	703-667-0539
		2016-04-05 15:59:30	
TYPED OR PRINTED NAME	SIGNATURE	Date	

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	503
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	03	01	TO	2016	03	31

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

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	*****		MGD	*****	*****	*****					
PARAM CODE: 001	REQRMNT	*****	2.88		*****	*****	*****			3D/W	EST	
pH	REPORTD	*****	*****			*****		SU				
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			3D/W	GRAB	
TSS	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 004	REQRMNT	*****	*****		*****	30	100			3D/W	4HC	
MOLYBDENUM, TOTAL (AS MO)	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 090	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
HARDNESS, TOTAL (AS CACO3)	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 137	REQRMNT	*****	*****		*****	NL	NL			3D/W	4HC	
CHLORIDES	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 145	REQRMNT	*****	*****		*****	370000	670000			3D/W	4HC	
NICKEL, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 185	REQRMNT	*****	*****		*****	24	44			3D/W	4HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS: No discharge
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	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

OPERATOR IN RESPONSIBLE CHARGE			
Dana West		NR	
TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	703-667-0539

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.	TYPED OR PRINTED NAME	SIGNATURE	2016-04-05 15:59:30 Date

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	503
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	03	01	TO	2016	03	31

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

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
SILVER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 186	REQRMNT	*****	*****		*****	2.2	4.0			3D/W	4HC	
THALLIUM, TOTAL (AS TL)	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 193	REQRMNT	*****	*****		*****	0.94	0.94			3D/W	4HC	
ZINC, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 196	REQRMNT	*****	*****		*****	98	180			3D/W	4HC	
CADMIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 202	REQRMNT	*****	*****		*****	1.4	2.6			3D/W	4HC	
COPPER, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 203	REQRMNT	*****	*****		*****	9.6	18			3D/W	4HC	
ARSENIC, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 212	REQRMNT	*****	*****		*****	240	440			3D/W	4HC	
LEAD, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 233	REQRMNT	*****	*****		*****	14	26			3D/W	4HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:: No discharge
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE	
				Dana West	NR
				TYPED OR PRINTED NAME	CERTIFICATE NUMBER
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 703-667-0539

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TYPED OR PRINTED NAME	SIGNATURE	2016-04-05 15:59:30 Date

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

NAME: Dominion - Possum Point Power Station
ADDRESS: 5000 Dominion Blvd
Glen Allen, VA 23060

FACILITY LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

VA0002071	503
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2016	03	01	TO	2016	03	31

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

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
MERCURY, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 235	REQRMNT	*****	*****		*****	1.2	2.2			3D/W	4HC	
COBALT, TOTAL (AS CO)	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 237	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
CHROMIUM, HEXAVALENT TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 314	REQRMNT	*****	*****		*****	17	32			3D/W	4HC	
IRON, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 361	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
BORON, TOTAL	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 372	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
SELENIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 408	REQRMNT	*****	*****		*****	8.0	15			3D/W	4HC	
VANADIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 409	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:: No discharge
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	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			
Dana West		NR	
TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	703-667-0539
		2016-04-05 15:59:30	
TYPED OR PRINTED NAME	SIGNATURE	Date	

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ALUMINUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 410	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
BARIUM, TOTAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 449	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
OIL & GREASE	REPORTD	*****	*****		*****			MG/L				
PARAM CODE: 500	REQRMNT	*****	*****		*****	15	20			3D/W	4HC	
NOAEC - ACUTE 48 HR STAT CERIODAPHNIA DUBIA	REPORTD	*****	*****			*****	*****	%				
PARAM CODE: 704	REQRMNT	*****	*****		100	*****	*****			1/M	24HC	
NOAEC - ACUTE 48 HR STAT PIMEPHALES PROMELAS	REPORTD	*****	*****			*****	*****	%				
PARAM CODE: 705	REQRMNT	*****	*****		100	*****	*****			1/M	24HC	
TUc - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*****	*****		*****	*****		TU-C				
PARAM CODE: 720	REQRMNT	*****	*****		*****	*****	2.85			1/M	24HC	
TUc - CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*****	*****		*****	*****		TU-C				
PARAM CODE: 721	REQRMNT	*****	*****		*****	*****	2.85			1/M	24HC	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:: No discharge
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	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			
Dana West		NR	
TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	703-667-0539
		2016-04-05 15:59:30	
TYPED OR PRINTED NAME	SIGNATURE	Date	

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BERYLLIUM, TOTAL RECOVERABLE (AS BE)	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 796	REQRMNT	*****	*****		*****	NL	NL			1/M	4HC	
ANTIMONY, TOTAL RECOVERABLE (AS SB)	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 797	REQRMNT	*****	*****		*****	1300	1300			3D/W	4HC	
CHROMIUM, TRIVALENT TOAL RECOVERABLE	REPORTD	*****	*****		*****			UG/L				
PARAM CODE: 939	REQRMNT	*****	*****		*****	88	160			3D/W	4HC	

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GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:: No discharge
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Dana West		NR	
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				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	703-667-0539
						2016-04-05 15:59:30	
				TYPED OR PRINTED NAME	SIGNATURE	Date	

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Table
Possum Point Toe Drain Data

Parameters	Units	Pond D Toe Drain			
		Pond D T D1	Pond D T D2	Pond D T D3	Pond D T D3 Duplicate
		12/14/15	12/14/15	12/18/15	12/18/15
pH (1)	S.U.	6.07	6.05	6.00	6.03
Total Suspended Solids (TSS)	**mg/L**	< 1.0	< 1.0	< 1.0	< 1.0
Oil and Grease (O&G)	**mg/L**	< 5.0	< 5.0	< 5.0	< 5.0
Specific Conductivity	**uhoms/cm**	NA	NA	NA	NA
Aluminum, Total	**ug/L**	NA	NA	NA	NA
Antimony, Total	**ug/L**	< 0.140	< 0.140	< 0.140	< 0.140
Antimony, Dissolved	ug/L	< 0.140	< 0.140	< 0.140	< 0.140
Arsenic, Total	**ug/L**	< 0.830	< 0.830	< 0.830	< 0.830
Arsenic, Dissolved	ug/L	< 0.830	< 0.830	< 0.830	< 0.830
Barium, Total	**ug/L**	40.2	40.4	40.3	37.9
Barium, Dissolved	ug/L	40.0	39.9	38.3	38.4
Beryllium, Total	**ug/L**	NA	NA	NA	NA
Beryllium, Dissolved	ug/L	NA	NA	NA	NA
Boron, Total	**ug/L**	NA	NA	NA	NA
Boron, Dissolved	ug/L	NA	NA	NA	NA
Cadmium, Total	**ug/L**	< 0.100	< 0.100	< 0.100	< 0.100
Cadmium, Dissolved	ug/L	< 0.100	< 0.100	< 0.100	< 0.100
Chloride	**µg/L**	41,800	38,600	42,900	40,000
Chromium III, Total	**ug/L**	< 5	< 5	NA	NA
Chromium III, Dissolved	ug/L	< 10	< 10	< 10	< 10
Chromium VI, Total	**µg/L**	< 3	< 3	NA	NA
Chromium VI, Dissolved	µg/L	< 5	< 5	< 5	< 5
Cobalt, Total	**µg/L**	NA	NA	NA	NA
Cobalt, Dissolved	µg/L	NA	NA	NA	NA
Copper, Total	**µg/L**	1.61	1.53	2.21	1.70
Copper, Dissolved	µg/L	1.52	1.53	1.74	1.74
Iron, Total	**µg/L**	6.5±	3.2±	9.2±	6.8±
Iron, Dissolved	µg/L	3.2±	3.2±	3.7±	7.1±
Lead, Total	**µg/L**	< 0.100	< 0.100	< 0.100	< 0.100
Lead, Dissolved	µg/L	< 0.100	< 0.100	< 0.100	< 0.100
Mercury, Total	**µg/L**	< 0.2	< 0.2	< 0.2	< 0.2
Mercury, Dissolved	µg/L	< 0.2	< 0.2	< 0.2	< 0.2
Molybdenum, Total	**µg/L**	NA	NA	NA	NA
Molybdenum, Dissolved	µg/L	NA	NA	NA	NA
Nickel, Total	**µg/L**	5.16	4.36	4.77	4.82
Nickel, Dissolved	µg/L	5.49	5.39	4.81	4.63
Selenium, Total	**µg/L**	0.819±	1.11	0.816±	0.801±
Selenium, Dissolved	µg/L	0.702±	0.932±	0.736±	0.523±
Silver, Total	**µg/L**	< 0.0300	< 0.0300	< 0.0300	< 0.0300
Silver, Dissolved	µg/L	< 0.0300	< 0.0300	< 0.0300	< 0.0300
Thallium, Total	**µg/L**	< 0.100	< 0.100	0.142±	< 0.100
Thallium, Dissolved	µg/L	< 0.100	< 0.100	< 0.100	< 0.100
Vanadium, Total	**µg/L**	< 5.00	< 5.00	< 5.00	< 5.00
Vanadium, Dissolved	µg/L	< 5.00	< 5.00	< 5.00	< 5.00
Zinc, Total	**µg/L**	7.67	7.60	8.37	7.84
Zinc, Dissolved	µg/L	7.91	8.78	7.83	7.74
Hardness, Total (as $CaCO_3$)	**mg/L**	77.9	80.5	76.5	77.5
Acute Toxicity – *C. dubia* (2)	**% NOEC**	NA	NA	NA	NA
Acute Toxicity – *P. promelas* (2)	**% NOEC**	NA	NA	NA	NA
Chronic Toxicity – *C. dubia* (3)	**TU_c**	NA	NA	NA	NA
Chronic Toxicity – *P. promelas* (3)	**TU_c**	NA	NA	NA	NA

Footnotes:

1) pH values measured in field.

2) Reported as percent No Observed Effect Concentration (NOEC).

3) Reported as Chronic Toxicity Units (TU_c).

4) Values preceded by "<" represent results not detected at the Reporting Detection Limit (RDL) and listed as < RDL.

5) Values with suffix "±" represent results with an estimated value between the Method Detection Limit (MDL) and the Practical Quantitation Limit (PQL) for the analyte.

6) NA = Not analyzed.

Molly Joseph Ward
Secretary of Natural Resources

Clyde E. Cristman
Director

Joe Elton
Deputy Director of Operations

Rochelle Altholz
Deputy Director of Administration
and Finance

COMMONWEALTH of VIRGINIA

DEPARTMENT OF CONSERVATION AND RECREATION

600 East Main Street, 24th Floor
Richmond, Virginia 23219
(804)786-6124

DAM SAFETY AND FLOODPLAIN MANAGEMENT

Dam Safety Regular Operation and Maintenance Certificate
Significant Hazard Dam, Inventory Number 15320

Dominion Generation, owner of Possum Point Ash Dam #D in Prince William County, is entitled to operate and maintain this dam pursuant to the provisions of the Dam Safety Act (Section 10.1-604 et seq., Code of Virginia) and Virginia Soil and Water Conservation Board Regulations (Regulations) promulgated thereunder.

This certificate is for a term of six years. It becomes effective November 15, 2014 and expires November 30, 2020. In accordance with §4VAC50-20-105B of the Regulations, the owner shall apply for a new certificate 90 days prior to its expiration.

Clyde E. Cristman

Clyde E. Cristman, Agency Director

DOMINION SYSTEM LABORATORY

REPORT PRODUCED ON 10/07/2003

TEST RESULTS BY SAMPLE

Location: POSSUM POINT

Submitter: BOB WILLIAMS

SL #	Sample Date	Description	Parameter	Result
307924	9/09/2003	ASHPOND D DELTA DRAIN	T-Hard. as CaCO3,PPM	150.48
			Phenol, PPM	0.05
			TOC, PPM	1.8
			Fluoride as F, PPM	0.151
			Chloride as Cl, PPM	107.53
			Sulfate as SO4, PPM	78.73
			Dis. As, ppb	< 3.
			Dis. Ba, PPM	< 0.04
			Dis. Cd, ppb	0.3
			Dis. Cu, ppb	12.
			Dis. Fe, PPM	2.06
			Dis. Pb, ppb	< 1.
			Dis. Mn, PPM	0.68
			Dis. Hg, ppb	< 0.2
			Dis. Ni, PPM	0.04
			Dis. K, PPM	7.85
			Dis. Se, ppb	< 3.
			Dis. Ag, ppb	< 0.1
			Dis. Na, PPM	36.6
			Dis. V, ppb	< 1.
			Dis. Zn, PPM	0.063
			Arsenic as As, ppb	< 3.
			Barium as Ba, PPM	0.06
			Cadmium as Cd, ppb	0.3
			Copper as Cu, ppb	17.
			Iron as Fe, PPM	2.06
			Lead as Pb, ppb	< 1.
			Manganese as Mn, PPM	0.56
			Mercury as Hg, ppb	< 0.2
			Nickel as Ni, PPM	0.07
			Potassium as K, PPM	8.40
			Selenium as Se, ppb	< 3.
			Silver as Ag, ppb	< 0.1
			Sodium as Na, PPM	38.4
			Vanadium as V, ppb	< 1.
			Zinc as Zn, PPM	0.061

gai consultants

gaiconsultants.com | transforming ideas into reality.

Possum Point Pond Closure: Pond D Toe Drain Sampling Plan

Virginia Electric and Power Company
d/b/a Dominion Virginia Power
Possum Point Power Station
Dumfries, Virginia

GAI Project Number: C150132.00, Task 050

December 2015

Dominion

Prepared by: GAI Consultants, Inc.
Richmond Office
4198 Cox Road, Suite 114
Glen Allen, Virginia 23060

Prepared for: Virginia Electic and Power Company
d/b/a Dominion Virginia Power
5000 Dominion Boulevard
Glen Allen, Virginia 23060-3308

Possum Point Pond Closure: Pond D Toe Drain Sampling Plan

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December 2015

Prepared for:
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d/b/a Dominion Virginia Power
5000 Dominion Boulevard
Glen Allen, Virginia 23060-3308

Prepared by:
GAI Consultants, Inc.
Richmond Office
4198 Cox Road, Suite 114
Glen Allen, Virginia 23060-3328

Report Authors:

John DeBarbieri
Senior Project Engineer

John Klamut
Engineering Manager

Table of Contents

1.0 Executive Summary 1

2.0 Field Sampling Procedures 1
2.1 Preferred Sampling Method 1
2.2 Backup Sampling Method No. 1 1
2.3 Backup Sampling Method No. 2 2

3.0 Analytical Testing Summary 2

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1.0 Executive Summary

Dominion has requested GAI Consultants, Inc. (GAI) to collect a sample of Pond D Toe Drain water for analysis at Possum Point Power Station. The sampling point is at an existing inlet north of Possum Point Road where the two foot opening for the toe drain directs underflow from the Pond D dam. GAI has arranged to collect one sample and one duplicate for analysis of the water discharging into the said inlet.

2.0 Field Sampling Procedures

GAI is utilizing the bottles and testing services of Air Water & Soil Laboratories, Inc. (AW&SL) located in Richmond, Virginia (VA) for all constituents. Bottles and coolers were shipped to GAI's Richmond, VA office from AW&SL with labels on Thursday, December 10, 2015.

GAI employees, Allison McCurdy and Brian Bullock, will be arriving on-site at Possum Point to conduct sampling.

2.1 Preferred Sampling Method

A peristaltic pump with silicon and poly tubing will be used to collect the samples. The poly tubing will be secured to an appropriately length (18') dowel rod in order to position the tubing at the two foot opening. Once the tubing is in position, begin pumping, letting any upset debris to clear the line before collection of the samples. After the collection of the first set of samples, all tubing will be replaced before beginning the second round of sampling. Nitrile gloves, steel toed boots, hard hats, and eye protection will be worn in accordance with Dominion property regulations for PPE and in accordance with safe and careful sampling procedure protocols.

Equipment Required:

- Peristaltic Pump
- 2X – 18' of tubing
- 2X – 18' Dowel Rod (0.75" Diameter of wood or PVC)
- 2X – 90° Bend Fitting
- High-Power Flashlight
- Duct Tape

2.2 Backup Sampling Method No. 1

A peristaltic pump with silicon and poly tubing will be used to collect the samples. A weight will be secured to the poly tubing, approximately six inches, above the 90° bend. The weighted poly tube will allow for the tubing to be placed at the two foot opening. Once the tubing is in position, begin pumping, letting any upset debris to clear the line before collection of the samples. After the collection of the first set of samples, all tubing will be replaced before beginning the second round of sampling. Nitrile gloves, steel toed boots, hard hats, and eye protection will be worn in accordance with Dominion property regulations for PPE and in accordance with safe and careful sampling procedure protocols.

Equipment Required:

- Peristaltic Pump
- 2X – 18' of Tubing
- Poly Tube Weights
- 2X – 90° Bend Fitting
- High-Power Flashlight

2.3 Backup Sampling Method No. 2

A wired-rimmed collapsible bucket will be lowered into the inlet, positioning it to capture water flowing out of the underdrain system. As the bucket collects the water, use a peristaltic pump with a weighted tube in order to pump the water into the collection bottles. Once the tubing is in position, begin pumping, letting any upset debris to clear the line before collection of the samples. After the collection of the first set of samples, all tubing will be replaced before beginning the second round of sampling. Nitrile gloves, steel toed boots, hard hats, and eye protection will be worn in accordance with Dominion property regulations for PPE and in accordance with safe and careful sampling procedure protocols.

Equipment Required:

- Peristaltic Pump
- 2X – 18' of Tubing
- Poly Tube Weights
- 20' of Rope
- 2X Wire Rimmed Collapsible Buckets
- High-Power Flashlight

3.0 Analytical Testing Summary

Dominion has requested the following parameters be analyzed:

- pH
- Total Suspended Solilds
- Oil & Grease
- Antimony (TR & D)
- Arsenic (TR & D)
- Barium (TR & D)
- Cadmium (TR & D)
- Chloride
- Chromium III (TR & D)
- Chromium VI (D)
- Copper (TR & D)
- Iron (TR & D)
- Lead (TR & D)
- Manganese (TR & D)
- Mercury (TR & D)

- Nickel (TR & D)
- Selenium (TR & D)
- Silver (TR & D)
- Thallium (TR & D)
- Vanadium (TR & D)
- Zinc (TR & D)
- Hardness
- Sulfate
- Phenol
- Total Organic Carbon
- Total Kjeldahl Nitrogen
- Nitrate+Nitrite, as N
- Ammonia, as N
- Total Phosphorous

Notes:

TR = Total Recoverable

D = Dissolved

Dominion Resource Services, Inc.
[illegible] Richmond, Glen Allen, VA 23060

Dominion

BY CERTIFIED MAIL
RETURN RECEIPT REQUESTED

October 21, 2015

Ms. Susan D. Mackert
Environmental Specialist II
Virginia Department of Environmental Quality - Northern Regional Office
13901 Crown Court,
Woodbridge, VA 22193

Re: Dominion – Possum Point Power Station VPDES Permit No. VA0002071
Permit Modification Request - Addendum

Dear Ms. Mackert:

Virginia Electric & Power Company d/b/a Dominion Virginia Power (Dominion) is submitting the enclosed addendum to our December 22, 2014 request to modify the subject permit. Our addendum includes an application Form 2F for coverage of two storm water outfalls S107 and S108. Both outfalls receive stormwater from ash handling areas associated with the closure of Possum Point Power Station's ash ponds.

Should you require additional information, please contact Ian Whitlock at (804) 273-2991 or Jeff Marcell at (703) 609-3813.

Sincerely,

Cathy C. Taylor
Director, Electric Environmental Services

Enclosures

Mrs. Mackert
October 21, 2015

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.

NAME: David A. Craymer

OFFICIAL TITLE: V.P. Power Generation System Operations

PHONE NO: (804) 273-3685

SIGNATURE: _____

DATE SIGNED: 10/21/15

Mrs. Mackert
October 21, 2015

Please scan signed original + attachments and rename file as:
PP 2015 10-22 VPDES Permit Modification Request-Addendum

Please send renamed scanned document to:
David Craymer
Pam Faggert
Sidney Bragg
Cathy Taylor
Jason E. Williams
Jeffrey Heffelman
Jeff Marcell
Ken Roller
Oula Shehab-Dandan
Ian Whitlock
Clay Burns

Documentum: Possum Point P.S. / Water – NPDES / Permit-Applications

Please print or type in the unshaded areas	EPA ID Number *(copy from Item 1 of Form 1)* *110000340774*	Form Approved. OMB No. 2040-0086

Form **2F** NPDES

United States Environmental Protection Agency
Washington, DC 20460

Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., SW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number *(list)*	B. Latitude			C. Longitude			D. Receiving Water *(name)*
S107	**38**	**32**	**43.8**	**77**	**16**	**37**	**Quantico Creek**
S108	**38**	**32**	**52**	**77**	**17**	**21**	**Unnamed Tributary to Quantico Creek**

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.
CCR Rule 40 CFR Part 257, Subpart D	***S107 S108***	***Stormwater Associated with Industrial Activity***	***Closure of the station's existing, inactive ash ponds.***	***04/18/15***	***04/18/15***

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structure control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each are not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

Continued on Page 2

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
S107	0 acres	14.4 acres			
S108	0.4 acres	0.76 acres			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Outfall S107 collects storm water from the berm of Ash Pond D via two drop inlets. It is characterized as a non-industrial stormwater outfall in the existing permit. Collected stormwater is discharged to Quantico Creek southeast of Ash Pond D. This outfall also collects groundwater infiltration from toe drains associated with Ash Pond D. The drainage area is approximately 14.4 acres, consists of grass and vegetative slopes, and is considered to be 100% pervious.

Outfall S108 is a new storm water outfall that discharges to an unnamed tributary of Quantico Creek, located south of Pond E. This outfall is located at the point of convergence for runoff from a VDOT culvert and the culverts containing the station's former ash sluice lines. The drainage area associated with this outfall will receive runoff from the area south of Pond E and located near the construction entrance. The drainage area is approximately 0.76 acres and consists of approximately 95% pervious surfaces.

The drainage areas for Outfalls S107 and S108 are located in close proximity to the station's ash ponds. Consequently, stormwater contributing to these outfalls may be impacted by ash management activities associated with the pond closure project. Given the location of these drainage areas Dominion is requesting that Outfalls S107 and S108 be permitted as storm water outfalls associated with industrial activity. As the pond closure project progresses ash management activities will eventually cease and only construction activities covered by a Virginia Construction Stormwater General Permit will occur within the drainage areas for S107 and S108.

Dominion has implemented BMPs in the drainage areas contributing to Outfalls S107 and S108 including grading of haul roads, the installation of straw bales and silt fences, and periodic inspections. In addition, the station's SWPPP (developed in accordance with the VPDES individual permit) will be updated to incorporate BMPs, to minimize the impact of ash management activities that may occur with the associated drainage areas.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
S107 S108	**Discharge to Surface Water**	4-A

V. Non Stormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharges from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name of Official Title *(type or print)*	Signature	Date Signed
David A. Craymer **VP Power Generation System Operations**		10/21/15

B. provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Outfall S107- There is a continuous discharge from this outfall due to groundwater contribution. This outfall will be inspected for non-storm water flows.

Outfall S108 – This outfall discharges primarily during rain events. This outfall will be inspected for non-storm water flows.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

No spills or leaks of toxic or hazardous pollutants have occurred within the last three years within the drainage area associated with S107. On August 6, 2015, pump failure resulted in the overflow of an unknown volume of wastewater from a temporary water storage tank that was collecting groundwater and the effluent from the station's internal Outfall 502. The overflow event, which occurred within the drainage area for S108 is described in and On September 29-30, 2015, heavy rains resulted in excessive stormwater runoff within the drainage area contributing to Outfall S108. The runoff, which contained an unknown volume of coal ash, overwhelmed existing BMPs and was discharged via S108. The discharge and follow-up actions are described in an October 5, 2015 letter to DEQ.

VII. Discharge Information

A,B,C, & D: See instruction before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables Vii-A, VII-B, and VII-C are included on separate sheets numbered VII-1 and VII-2.

E. Potential discharges not covered by analysis - is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes *(list all such pollutants below)* ☒ No *(go to Section IX)*

No analytical data exist for either stormwater outfall S107 or S108. The industrial activities that will occur in the drainage areas for these outfalls consists of the management of coal combustion residual (e.g., fly ash) that was generated during periods when the station burned coal to generate electricity. These types of activities, and associated pollutants, were considered during the development of Sector O requirements included in EPA's and Virginia's Industrial Stormwater General Permits. Related conditions have been incorporated into Possum Point's individual VPDES permit.

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes *(list all such pollutants below)* ☒ No *(go to Section IX)*

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IX. Contact analysis Information

Were any of the analysis reported in item VII performed by a contact laboratory or consulting firm?

☐ Yes *(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)* ☒ No *(go to Section X)*

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed

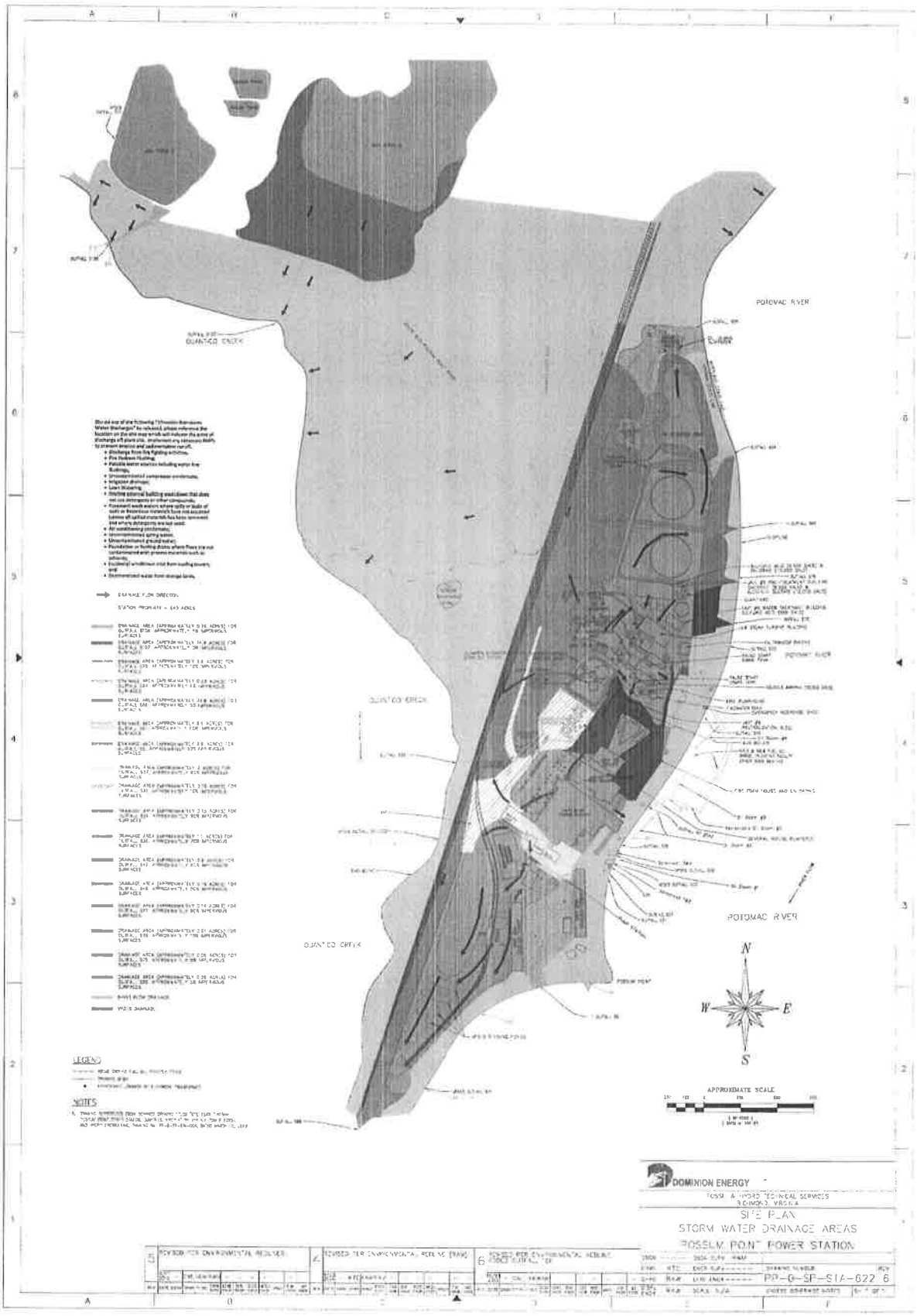
Continued from Page 3

EPA ID Number *(copy from Item 1 of Form 1)*
110000340774

X. 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 & Official Title *(type or print)*	B. Area Code and Phone No.
David A. Craymer **VP Power Generation System Operations**	**(804) 273-3685**
C. Signature	D. Date Signed
David A Craymer	10/21/15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FOSSIL & HYDRO TECHNICAL SERVICES
RICHMOND, VIRGINIA
SITE PLAN
STORM WATER DRAINAGE AREAS
POSSUM POINT POWER STATION
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