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	2015	02	01	TO	2015	02	28

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	114.9	122.7	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	*****	*****		*****	1.8	5.3	C		1/DAY	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			1/DAY	IS	
HEAT REJ**8	REPORTD	*****	4.1694	BTU/H	*****	*****	*****		0	CONT	CALC	
PARAM CODE: 082	REQRMNT	*****	5.58		*****	*****	*****			CONT	CALC	
TEMP, RIVER INTAKE (DEG. C)	REPORTD	*****	*****		*****	1.1	1.3	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 ran in 2/2015.
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 703-441-3874
					2015-03-06 09:04:25
				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	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2015	02	01	TO	2015	02	28

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	74.9	74.9	MGD	*****	*****	*****			1/M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/M	EST	
pH	REPORTD	*****	*****		7.89	*****	7.89	SU	0	1/M	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			1/M	GRAB	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	1.9	12.4	C		1/W	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			1/W	IS	
HEAT REJ**9	REPORTD	*****	0.5112	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 ran in 2/2015. 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 703-441-3874
					2015-03-06 09:04:25
				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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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	2015	02	01	TO	2015	02	28

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	1.33	1.33	MGD	*****	*****	*****			2/M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			2/M	EST	
pH	REPORTD	*****	*****		7.73	*****	8.27	SU	0	2/M	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			2/M	GRAB	
TSS	REPORTD	*****	*****		*****	9.4	15.5	MG/L	0	2/M	GRAB	
PARAM CODE: 004	REQRMNT	*****	*****		*****	30	100			2/M	GRAB	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	10.0	15.2	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

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: 703-441-3874
TYPED OR PRINTED NAME — SIGNATURE — Date: 2015-03-06 09:04:25

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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	2015	02	01	TO	2015	02	28

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	0.69	1.22	MGD	*****	*****	*****			2/M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			2/M	EST	
pH	REPORTD	*****	*****		7.86	*****	7.93	SU	0	2/M	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			2/M	GRAB	
TSS	REPORTD	*****	*****		*****	5.2	6.0	MG/L	0	2/M	GRAB	
PARAM CODE: 004	REQRMNT	*****	*****		*****	30	100			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	

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

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: 703-441-3874
TYPED OR PRINTED NAME — SIGNATURE — Date: 2015-03-06 09:04:25

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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				TO			

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

2015 | 02 | 01 | 2015 | 02 | 28

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	2.1	2.9	MGD	*****	*****	*****			1/D-M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/D-M	EST	
pH	REPORTD	*****	*****		8.24	*****	8.51	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	*****	*****		*****	0.063	0.063	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:
OUTFALL-SPECIFIC COMMENTS:: Not chlorinated
PARAMETER-SPECIFIC COMMENTS:

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

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	CERTIFICATE NUMBER
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.

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT — TELEPHONE: 703-441-3874

TYPED OR PRINTED NAME | SIGNATURE | Date: 2015-03-06 09:04:25

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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

PERMIT NUMBER	DISCHARGE NUMBER
VA0002071	202

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2015	02	01	TO	2015	02	28

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	0.72	0.72	MGD	*****	*****	*****			1/D-M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/D-M	EST	
pH	REPORTD	*****	*****		6.94	*****	7.25	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

TYPED OR PRINTED NAME	CERTIFICATE NUMBER
Dana West	NR

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PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT — TELEPHONE: 703-441-3874

TYPED OR PRINTED NAME | SIGNATURE | Date: 2015-03-06 09:04:25

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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

PERMIT NUMBER	DISCHARGE NUMBER
VA0002071	501

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2015	02	01	TO	2015	02	28

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	

4645

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.)	OPERATOR IN RESPONSIBLE CHARGE			
				Dana West		NR	
				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	703-441-3874
						2015-03-06 09:04:25	
				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	2015	02	01	TO	2015	02	28

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	*****	*****		*****	9.2	10.3	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	*****	*****		*****	<1.2	<1.2	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.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Dana West		NR	
				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	703-441-3874
						2015-03-06 09:04:25	
				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	2015	03	01	TO	2015	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	85.7	122.7	MGD	*****	*****	*****			1/M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/M	EST	
pH	REPORTD	*****	*****		7.98	*****	7.98	SU	0	1/M	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			1/M	GRAB	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	6.0	10.0	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	*****	*****		*****	4.7	8.2	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 run in 3/2015.
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	NA
				TYPED OR PRINTED NAME	CERTIFICATE NUMBER
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 703-441-3874
					2015-04-08 09:54:09
				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	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2015	03	01	TO	2015	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	74.9	74.9	MGD	*****	*****	*****			1/M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/M	EST	
pH	REPORTD	*****	*****		8.05	*****	8.05	SU	0	1/M	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			1/M	GRAB	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	5.7	9.7	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:
OUTFALL-SPECIFIC COMMENTS:: Not chlorinated. Unit 4 did not run in 3/2015.
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	NA
				TYPED OR PRINTED NAME	CERTIFICATE NUMBER
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 703-441-3874
					2015-04-08 09:54:09
				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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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

4647

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	2015	03	01	TO	2015	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	1.10	1.33	MGD	*****	*****	*****			2/M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			2/M	EST	
pH	REPORTD	*****	*****		7.95	*****	8.08	SU	0	2/M	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			2/M	GRAB	
TSS	REPORTD	*****	*****		*****	6.3	7.2	MG/L	0	2/M	GRAB	
PARAM CODE: 004	REQRMNT	*****	*****		*****	30	100			2/M	GRAB	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	10.1	15.1	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:
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	NA

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 703-441-3874
	2015-04-08 09:54:09
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	2015	03	01	TO	2015	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	1.70	1.95	MGD	*****	*****	*****			2/M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			2/M	EST	
pH	REPORTD	*****	*****		8.01	*****	8.21	SU	0	2/M	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			2/M	GRAB	
TSS	REPORTD	*****	*****		*****	7.2	8.4	MG/L	0	2/M	GRAB	
PARAM CODE: 004	REQRMNT	*****	*****		*****	30	100			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	

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	
	0	0	0	Dana West	NA

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 703-441-3874
	2015-04-08 09:54:09
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				TO			

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

4648

2015 | 03 | 01 — 2015 | 03 | 31

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	LAB
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	CODE
FLOW	REPORTD	0.6	2.9	MGD	*****	*****	*****			1/D-M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/D-M	EST	
pH	REPORTD	*****	*****		8.14	*****	8.14	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:
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	NA
				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 703-441-3874
					2015-04-08 09:54:09
				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	2015	03	01	TO	2015	03	31

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

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	LAB
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	CODE
FLOW	REPORTD	0.81	0.81	MGD	*****	*****	*****			1/D-M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/D-M	EST	
pH	REPORTD	*****	*****		6.63	*****	7.19	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.)	OPERATOR IN RESPONSIBLE CHARGE	
	0	0	0	Dana West	NA
				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 703-441-3874
					2015-04-08 09:54:09
				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	2015	03	01	TO	2015	03	31

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

NO DISCHARGE: X

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	LAB
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	OF ANALYSIS	TYPE	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	

4649

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 in 03/2015.
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			
				Dana West		NA	
				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	703-441-3874
						2015-04-08 09:54:09	
				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 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	502
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2015	03	01	TO	2015	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	*****	*****		*****	23.9	48.0	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.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Dana West		NA	
				TYPED OR PRINTED NAME		CERTIFICATE NUMBER	
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	703-441-3874
						2015-04-08 09:54:09	
				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	2015	04	01	TO	2015	04	30

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	91.7	91.7	MGD	*****	*****	*****			1/M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/M	EST	
pH	REPORTD	*****	*****		8.02	*****	8.02	SU	0	1/M	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			1/M	GRAB	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	14.7	18.8	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	*****	*****		*****	12.7	16.6	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 run in 4/2105.
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE	
	0	0	0	Keith M. Homza	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: 703-441-3814
	2015-05-04 12:16:16
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	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2015	04	01	TO	2015	04	30

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	88.4	142.4	MGD	*****	*****	*****			1/M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/M	EST	
pH	REPORTD	*****	*****		7.83	*****	7.83	SU	0	1/M	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			1/M	GRAB	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	15.0	26.3	C		1/W	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			1/W	IS	
HEAT REJ**9	REPORTD	*****	0.8421	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 ran in 4/2015. 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	Keith M. Homza	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: 703-441-3814
	2015-05-04 12:16:16
TYPED OR PRINTED NAME / SIGNATURE	Date

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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	2015	04	01	TO	2015	04	30

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	0.09	0.09	MGD	*****	*****	*****			2/M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			2/M	EST	
pH	REPORTD	*****	*****		8.08	*****	8.21	SU	0	2/M	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			2/M	GRAB	
TSS	REPORTD	*****	*****		*****	2.6	2.6	MG/L	0	2/M	GRAB	
PARAM CODE: 004	REQRMNT	*****	*****		*****	30	100			2/M	GRAB	
TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	16.8	21.1	C		1/W	IS	
PARAM CODE: 080	REQRMNT	*****	*****		*****	NL	NL			1/W	IS	
HEAT REJ**8	REPORTD	*****	0.0	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

TYPED OR PRINTED NAME	CERTIFICATE NUMBER
Keith M. Homza	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.

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	703-441-3814
		2015-05-04 12:16:16	
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	2015	04	01	TO	2015	04	30

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	0.16	0.28	MGD	*****	*****	*****			2/M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			2/M	EST	
pH	REPORTD	*****	*****		7.93	*****	8.01	SU	0	2/M	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			2/M	GRAB	
TSS	REPORTD	*****	*****		*****	8.6	9.0	MG/L	0	2/M	GRAB	
PARAM CODE: 004	REQRMNT	*****	*****		*****	30	100			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	

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

TYPED OR PRINTED NAME	CERTIFICATE NUMBER
Keith M. Homza	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.

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	703-441-3814
		2015-05-04 12:16:16	
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				TO			

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

| 2015 | 04 | 01 | | 2015 | 04 | 30 |

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				
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.)	OPERATOR IN RESPONSIBLE CHARGE	
				Keith M. Homza	NR
				TYPED OR PRINTED NAME	CERTIFICATE NUMBER
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 703-441-3814
					2015-05-04 12:16:16
				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	202
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2015	04	01	TO	2015	04	30

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	0.46	0.46	MGD	*****	*****	*****			1/D-M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****			1/D-M	EST	
pH	REPORTD	*****	*****		7.11	*****	7.70	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.)	OPERATOR IN RESPONSIBLE CHARGE	
	0	0	0	Keith M. Homza	NR
				TYPED OR PRINTED NAME	CERTIFICATE NUMBER
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 703-441-3814
					2015-05-04 12:16:16
				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

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2015	04	01	TO	2015	04	30

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	
	REPORTD	*****	*****		*****			MG/L				
	REQRMNT	*****	*****		*****	30	100			1/D-M	GRAB	

4653

TSS PARAM CODE: 004												
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.)	OPERATOR IN RESPONSIBLE CHARGE			
				Keith M. Homza		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	703-441-3814
						2015-05-04 12:16:16	
				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

PERMIT NUMBER	DISCHARGE NUMBER
VA0002071	502

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2015	04	01	TO	2015	04	30

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	*****	*****		*****	8.8	9.3	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.)	OPERATOR IN RESPONSIBLE CHARGE			
	0	0	0	Keith M. Homza		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	703-441-3814
						2015-05-04 12:16:16	
				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	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2015	01	01	TO	2015	06	30

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				
HARDNESS, TOTAL (AS CACO3)	REPORTD	*****	*****		*****	131.67	*****	MG/L		1/6M	GRAB	
PARAM CODE: 137	REQRMNT	*****	*****		*****	NL	*****			1/6M	GRAB	
COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	<QL	*****	UG/L		1/6M	GRAB	
PARAM CODE: 442	REQRMNT	*****	*****		*****	NL	*****			1/6M	GRAB	
COPPER, DISSOLVED, INTAKE (UG/L AS CU)	REPORTD	*****	*****		*****	<QL	*****	UG/L		1/6M	GRAB	
PARAM CODE: 919	REQRMNT	*****	*****		*****	NL	*****			1/6M	GRAB	
HARDNESS, TOTAL, INTAKE (AS CACO3)	REPORTD	*****	*****		*****	128.25	*****	MG/L		1/6M	GRAB	
PARAM CODE: 920	REQRMNT	*****	*****		*****	NL	*****			1/6M	GRAB	

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

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

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	CERTIFICATE NUMBER
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.

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 7034413874

TYPED OR PRINTED NAME | SIGNATURE | Date: 2015-07-06 13:40:35

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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	004
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2015	01	01	TO	2015	06	30

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				
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	0.11	*****	MG/L		1/6M	GRAB	
PARAM CODE: 012	REQRMNT	*****	*****		*****	NL	*****			1/6M	GRAB	
NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****	1.59	*****	MG/L		1/6M	CALC	
PARAM CODE: 013	REQRMNT	*****	*****		*****	NL	*****			1/6M	CALC	
AMMONIA, AS N	REPORTD	*****	*****		*****	0.11	*****	MG/L		1/6M	GRAB	
PARAM CODE: 039	REQRMNT	*****	*****		*****	NL	*****			1/6M	GRAB	
TKN (N-KJEL)	REPORTD	*****	*****		*****	0.35	*****	MG/L		1/6M	GRAB	
PARAM CODE: 068	REQRMNT	*****	*****		*****	NL	*****			1/6M	GRAB	
NITRITE+NITRATE-N,TOTAL	REPORTD	*****	*****		*****	1.24	*****	MG/L		1/6M	GRAB	
PARAM CODE: 389	REQRMNT	*****	*****		*****	NL	*****			1/6M	GRAB	

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

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

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	CERTIFICATE NUMBER
Dana West	NR

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PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 7034413874

TYPED OR PRINTED NAME | SIGNATURE | Date: 2015-07-06 13:40:35

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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

VA0002071	005
PERMIT NUMBER	DISCHARGE NUMBER

FACILITY
LOCATION: 19000 Possum Point Rd
Dumfries, VA 22026

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2015	01	01	TO	2015	06	30

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				
PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	<0.05	*****	MG/L		1/6M	GRAB	
PARAM CODE: 012	REQRMNT	*****	*****		*****	NL	*****			1/6M	GRAB	
NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****	0.38	*****	MG/L		1/6M	CALC	
PARAM CODE: 013	REQRMNT	*****	*****		*****	NL	*****			1/6M	CALC	
AMMONIA, AS N	REPORTD	*****	*****		*****	<0.05	*****	MG/L		1/6M	GRAB	
PARAM CODE: 039	REQRMNT	*****	*****		*****	NL	*****			1/6M	GRAB	
TKN (N-KJEL)	REPORTD	*****	*****		*****	0.32	*****	MG/L		1/6M	GRAB	
PARAM CODE: 068	REQRMNT	*****	*****		*****	NL	*****			1/6M	GRAB	
NITRITE+NITRATE-N,TOTAL	REPORTD	*****	*****		*****	0.06	*****	MG/L		1/6M	GRAB	
PARAM CODE: 389	REQRMNT	*****	*****		*****	NL	*****			1/6M	GRAB	
NICKEL, DISSOLVED (UG/L AS NI)	REPORTD	*****	*****		*****	8.4	8.4	UG/L		1/6M	GRAB	
PARAM CODE: 445	REQRMNT	*****	*****		*****	NL	NL			1/6M	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: 7034413874
TYPED OR PRINTED NAME / SIGNATURE	2015-07-06 13:40:35 Date

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