From: Kenneth Roller (Services - 6)
Sent: Thursday, November 12, 2015 9:20 AM
To: Mackert, Susan (DEQ)
Subject: Additional Information

Susan,

Here are some to the dates that you requested:

* First date that ash was relocated from Pond E to Pond D. June 15th 2015
* First date that ash was relocated from Pond ABC to Pond D August 5th, 2015
* Last date for placement of any ash into Pond D October 16th, 2015

Ken

From: Kenneth Roller (Services - 6)
Sent: Friday, November 13, 2015 8:14 AM
To: Mackert, Susan (DEQ)
Subject: Additional Info
Attachments: Station Outfalls and Treatment Facilities.jpg

Susan,

Attached is a JPG file of the aerial from the August submittal. Will this work for what you need?

The dates for rerouting of the various wastewaters are listed below.

* Ash dewatering and contact water from Pond E to Pond D: April 16, 2015

* Oil Water Treatment Basin via Metals Cleaning Waste Treatment Facility to Pond D: April 20, 2015

* Surface water from Ponds ABC to Pond D: July 25, 2015

* Ash dewatering and contact water from Ponds ABC to Pond D: July 25, 2015

* Rerouting of the Oil Water Treatment Basin to the Low Volume Waste Ponds Outfall 004: November 8, 2015

Please let me know if you need any additional information.

Ken

Dominion Generation
19000 Possum Point Road, Dumfries, VA 22026

Dominion®

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	Environmental Supervisor
Name of Authorized Agent	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**	41,600	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.

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

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

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

VA0002071	007
PERMIT NUMBER	DISCHARGE NUMBER

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

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.

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		*********	*********	*********				
	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 Marlen	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

6413

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

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

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

VA0002071	008
PERMIT NUMBER	DISCHARGE NUMBER

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

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.

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		*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	1/3M	MEAS
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
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	REPORTD										
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	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 Marcus	[signature]	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

6414

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

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

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

VA0002071	009
PERMIT NUMBER	DISCHARGE NUMBER

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

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.

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

6415

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

Industrial Major 02/02/2016

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				TO			

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

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	0.017	*********	MGD	*********	*********	*********				
	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
(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	[signature]	NB	2016	02	05
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Maurer	[signature]	703 441 3513	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

6416

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

Industrial Major 02/02/2016

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				TO			

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

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
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
(1) Ph value measured in the field.
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(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 BRIAN BULLOCK	SIGNATURE	CERTIFICATE NO. NR	YEAR 2016	MO. 02	DAY 05
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
JEFFREY MORGAN		703 491 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

6417

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

Industrial Major 02/02/2016

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				TO			

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

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
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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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	[signature]		2016	02	05
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

6418

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

Industrial Major 02/02/2016

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				TO			

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

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
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 Marcel	Jeffrey R Marcel	703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

6419

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

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

FACILITY LOCATION 19000 Possum Point Rd

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

VA0002071	201
PERMIT NUMBER	DISCHARGE NUMBER

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

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.

6420

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

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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 Maxell	[signature]	703 441 3810	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

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

VA0002071	202
PERMIT NUMBER	DISCHARGE NUMBER

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

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.

6421

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

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

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

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

VA0002071	501
PERMIT NUMBER	DISCHARGE NUMBER

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

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.

6422

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 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			
[illegible]	[signature]	703 441 3813	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

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

VA0002071	502
PERMIT NUMBER	DISCHARGE NUMBER

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

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.

6423

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		*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	2/M	EST
004 TSS	REPORTD	*********	*********		*********	3.6	4.6				
	REQRMNT	*********	*********		*********	30	100	MG/L	0	2/M	GRAB
257 PETROLEUM HYDROCARBONS, TOTAL RECOVI	REPORTD	*********	*********		*********	<QL	<QL				
	REQRMNT	*********	*********		*********	NL	NL	MG/L		2/M	GRAB
500 OIL & GREASE	REPORTD	*********	*********		*********	<5.00	<5.00				
	REQRMNT	*********	*********		*********	15	20	MG/L	0	2/M	GRAB
918 Total Petroleum Hydrocarbons-Oil (TPH-ORO)	REPORTD	*********	*********		*********	<1.1	<1.1				
	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]	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Malick	[signature]	703 441 3813	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

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

VA0002071	503
PERMIT NUMBER	DISCHARGE NUMBER

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

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.

6424

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 Discharge		*********	*********	*********				
	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]	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

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

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

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

VA0002071	503
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
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Industrial Major 02/02/2016

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(REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

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

6425

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

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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			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 MACIAL	[signature]	703 441 3813	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

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

VA0002071	503
PERMIT NUMBER	DISCHARGE NUMBER

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

Industrial Major 02/02/2016

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(REGIONAL OFFICE)
Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

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6426

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

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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			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 MARCH	[signature]	703 441 3813	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

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

VA0002071	503
PERMIT NUMBER	DISCHARGE NUMBER

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Industrial Major 02/02/2016

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

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6427

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
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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			DATE		
Dana West	Dwl	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Marcel	Jeff R Marcel	703 411 3813	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

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

VA0002071	001
PERMIT NUMBER	DISCHARGE NUMBER

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

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.

6428

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		*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	1/M	EST
002 pH	REPORTD	*********	*********		7.69	*********	7.69				
	REQRMNT	*********	*********		6.0	*********	9.0	SU	0	1/M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*********	*********		*********	NR	*********				
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/3M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*********	*********		*********	NR	*********				
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/3M	CALC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	4.6	10.7				
	REQRMNT	*********	*********		*********	NL	NL	C	0	1/DAY	IS
082 HEAT REJ**8	REPORTD	*********	NR		*********	*********	*********				
	REQRMNT	*********	5.58	BTU/H	*********	*********	*********		0	CONT	CALC
108 TEMP, RIVER INTAKE (DEG. C)	REPORTD	*********	*********		*********	4.4	9.9				
	REQRMNT	*********	*********		*********	NL	NL	C	0	1/DAY	IS
137 HARDNESS, TOTAL (AS CACO3)	REPORTD	*********	*********		*********	NR	*********				
	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 Maher	[signature]	703 441 3813	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
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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0002071	001
PERMIT NUMBER	DISCHARGE NUMBER

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

Industrial Major 02/02/2016

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

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6429

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

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			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. MARCELL		703 441 3813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

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

VA0002071	003
PERMIT NUMBER	DISCHARGE NUMBER

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

Industrial Major 02/02/2016

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Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

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6430

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	71.8	142.4		*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	1/M	EST
002 pH	REPORTD	*********	*********		8.00	*********	8.00				
	REQRMNT	*********	*********		6.0	*********	9.0	SU	0	1/M	GRAB
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	4.6	10.7				
	REQRMNT	*********	*********		*********	NL	NL	C	0	1/W	IS
083 HEAT REJ**9	REPORTD	*********	NR		*********	*********	*********				
	REQRMNT	*********	1.14	BTU/H	*********	*********	*********		0	CONT	CALC
158 CL2, TOTAL FINAL	REPORTD	*********	*********		*********	NR	NR				
	REQRMNT	*********	*********		*********	0.022	0.032	MG/L	0	2/M	GRAB
720 TUc - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*********	*********		*********	*********	NR				
	REQRMNT	*********	*********		*********	*********	NL	TU-C	0	1/YR	GRAB
721 TUc - CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*********	*********		*********	*********	NR				
	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 WITE 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 Maguire		703 441 3813	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

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

VA0002071	004
PERMIT NUMBER	DISCHARGE NUMBER

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

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.

6431

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		*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********		0	2/M	EST
002 pH	REPORTD	*********	*********		7.57	*********	7.11				
	REQRMNT	*********	*********		6.0	*********	9.0	SU	0	2/M	GRAB
004 TSS	REPORTD	*********	*********		*********	3.7	5.0				
	REQRMNT	*********	*********		*********	30	100	MG/L	0	2/M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*********	*********		*********	NR	*********				
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/6M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*********	*********		*********	NR	*********				
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/6M	CALC
039 AMMONIA, AS N	REPORTD	*********	*********		*********	NR	*********				
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/6M	GRAB
068 TKN (N-KJEL)	REPORTD	*********	*********		*********	NR	*********				
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/6M	GRAB
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*********	*********		*********	10.9	11.2				
	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]	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

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

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

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

VA0002071	004
PERMIT NUMBER	DISCHARGE NUMBER

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

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.

6432

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		*********	*********	*********				
	REQRMNT	*********	1.9	BTU/H	*********	*********	*********		0	2/M	CALC
158 CL2, TOTAL FINAL	REPORTD	*********	*********		*********	<QL	<QL				
	REQRMNT	*********	*********		*********	0.026	0.038	MG/L	0	1/W	GRAB
389 NITRITE+NITRATE-N,TOTAL	REPORTD	*********	*********		*********	NR	*********				
	REQRMNT	*********	*********		*********	NL	*********	MG/L	0	1/6M	GRAB
500 OIL & GREASE	REPORTD	*********	*********		*********	<5.00	<5.00				
	REQRMNT	*********	*********		*********	15	20	MG/L	0	2/M	GRAB
720 TUc - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*********	*********		*********	*********	NR				
	REQRMNT	*********	*********		*********	*********	NL	TU-C	0	1/YR	GRAB
721 TUc - CHRONIC 7-DAY STATRE PIMEPHALES PROMELAS	REPORTD	*********	*********		*********	*********	NR				
	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	[signature]	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Maxell	[signature]	703 441 3813	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

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

VA0002071	005
PERMIT NUMBER	DISCHARGE NUMBER

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Industrial Major 02/02/2016

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Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

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6433

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 No Discharge.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BODS(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. Marcus	[signature]	703 441 3613	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

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

VA0002071	005
PERMIT NUMBER	DISCHARGE NUMBER

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Industrial Major 02/02/2016

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

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6434

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

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 Maxwell	[signature]	7034413813	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
Jeffrey R Maxwell					

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

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

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

VA0002071	005
PERMIT NUMBER	DISCHARGE NUMBER

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

Industrial Major 02/02/2016

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

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6435

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

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 Marcel	[signature]	703 941 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	005
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
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Northern Regional Office
13901 Crown Court
Woodbridge VA 22193

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6436

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	*********	*********		*********						
	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 - CERONIC 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.)

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 Marian		703 441 3813	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

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

VA0002071	005
PERMIT NUMBER	DISCHARGE NUMBER

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

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.

6437

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.)

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 Watt	[signature]	NR	2016	02	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Jeffrey R Morrell	[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

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 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
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 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

TYPED OR PRINTED NAME	CERTIFICATE NUMBER
Dana West	NR

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT — TELEPHONE: 7034413874

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

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	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 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
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 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

TYPED OR PRINTED NAME	CERTIFICATE NUMBER
Dana West	NR

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT — TELEPHONE: 7034413874

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

Page 2

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

6438

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

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: 7034413874
	2015-07-06 13:40:35
TYPED OR PRINTED NAME / SIGNATURE	Date

Page 3

6439

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

Page 2

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)

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	11.5	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

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

Page 3

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

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 703-441-3874
	2015-03-06 09:04:25
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	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.)	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	202
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	0.72	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.)	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	501
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.

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	*****	*****	*****			1/D-M	EST	
~~PARAM CODE: 001~~	REQRMNT	NL	NL		*****	*****	*****					
TSS	REPORTD	*****	*****		*****			MG/L		1/D-M	GRAB	
~~PARAM CODE: 004~~	REQRMNT	*****	*****		*****	30	100					

6442

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
OUTFALL-SPECIFIC COMMENTS::
PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW(M.G.)	TOTAL BODS(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	703-441-3874
						2015-03-06 09:04:25	
				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	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 BODS(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	703-441-3874
						2015-03-06 09:04:25	
				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	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.)
	0	0	0

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	CERTIFICATE NUMBER
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.

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

TYPED OR PRINTED NAME | SIGNATURE | Date: 2015-04-08 09:54:09

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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.)
	0	0	0

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	CERTIFICATE NUMBER
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.

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

TYPED OR PRINTED NAME | SIGNATURE | Date: 2015-04-08 09:54:09

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	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.)
	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	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

Page 3

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.)
	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	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

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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	03	01	2015	03	31

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	0.6	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.)
	0	0	0

OPERATOR IN RESPONSIBLE CHARGE: 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: PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT — CERTIFICATE NUMBER
TELEPHONE: 703-441-3874
TYPED OR PRINTED NAME — SIGNATURE — Date: 2015-04-08 09:54:09

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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	03	01	TO	2015	03	31

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	0.81	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.)
	0	0	0

OPERATOR IN RESPONSIBLE CHARGE: 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: PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT — CERTIFICATE NUMBER
TELEPHONE: 703-441-3874
TYPED OR PRINTED NAME — SIGNATURE — Date: 2015-04-08 09:54:09

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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	03	01	TO	2015	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	*****	*****	*****			1/D-M	EST	
PARAM CODE: 001	REQRMNT	NL	NL		*****	*****	*****					
TSS	REPORTD	*****	*****		*****			MG/L		1/D-M	GRAB	
PARAM CODE: 004	REQRMNT	*****	*****		*****	30	100					

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

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 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	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.)
	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	
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

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	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.)
	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	
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

Page 2

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)

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

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.

Page 3

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

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	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

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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
2015	04	01	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

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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
2015	04	01	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	

TSS PARAM CODE: 004												
COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****			MG/L		1/D-M	GRAB	
PARAM CODE: 010	REQRMNT	*****	*****		*****	1.0	1.0					
IRON, TOTAL (AS FE)	REPORTD	*****	*****		*****			MG/L		1/D-M	GRAB	
PARAM CODE: 031	REQRMNT	*****	*****		*****	1.0	1.0					
OIL & GREASE	REPORTD	*****	*****		*****			MG/L		1/D-M	GRAB	
PARAM CODE: 500	REQRMNT	*****	*****		*****	15	20					

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

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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	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 PARAM CODE: 001	REPORTD	0.567	0.567	MGD	*****	*****	*****			2/M	EST	
	REQRMNT	NL	NL		*****	*****	*****			2/M	EST	
TSS PARAM CODE: 004	REPORTD	*****	*****		*****	8.8	9.3	MG/L	0	2/M	GRAB	
	REQRMNT	*****	*****		*****	30	100			2/M	GRAB	
PETROLEUM HYDROCARBONS, TOTAL RECOVERABLE PARAM CODE: 257	REPORTD	*****	*****		*****	<QL	<QL	MG/L		2/M	GRAB	
	REQRMNT	*****	*****		*****	NL	NL			2/M	GRAB	
OIL & GREASE PARAM CODE: 500	REPORTD	*****	*****		*****	<5.00	<5.00	MG/L	0	2/M	GRAB	
	REQRMNT	*****	*****		*****	15	20			2/M	GRAB	
Total Petroleum Hydrocarbons-Oil (TPH-ORO) PARAM CODE: 918	REPORTD	*****	*****		*****	<1.1	<1.1	MG/L		2/M	GRAB	
	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
				TYPED OR PRINTED NAME	CERTIFICATE NUMBER
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 703-441-3814
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