

April 8, 2010
File No. 43654.00

Ms. Annie McFarland
RI Department of Environmental Management
Office of Water Resources
235 Promenade Street
Providence, Rhode Island 02908-5767



Re: Discharge Monitoring Report - Quarter 1
RIPDES Permit No. **RIG85E001**
Former Tidewater Facility
200 Taft Street
Pawtucket, Rhode Island

Dear Ms. McFarland:

On behalf of our Client, The Narragansett Electric Company d/b/a National Grid (National Grid), GZA GeoEnvironmental, Inc. (GZA) is submitting this quarterly Rhode Island Pollutant Discharge Elimination System - Discharge Monitoring Report (RIPDES-DMR) for the permitted discharge of stormwater accumulated in former Gas Holder Nos. 7 and 8 at the Former Tidewater facility located in Pawtucket, Rhode Island (herein referred to as the "Site"). The discharge is directed to the Seekonk River. This report covers the period from January 1, 2010 through March 31, 2010 (Quarter 1). A completed RIPDES-DMR form for this reporting period is included as Attachment A.

530 Broadway
Providence
Rhode Island
02909
401-421-4140
FAX 401-751-8613
www.gza.net


SYSTEM OPERATION AND MAINTENANCE

The stormwater treatment system was installed at the Site by GZA in March of 2010 and has not begun operation as of March 31, 2010. It is expected that the system will begin operation the first week of on April 2010 and as such there was no discharge during this reporting period.

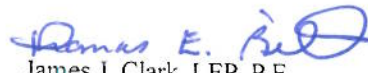
Please feel free to call or email Stephen Andrus or Margaret Kilpatrick at (401) 421-4140 or at stephen.andrus@gza.com or Margaret.Kilpatrick@gza.com, if you have any questions.

Very truly yours,

GZA GEOENVIRONMENTAL, INC.


Stephen M. Andrus, P.E.
Assistant Project Manager


Margaret S. Kilpatrick, P.E.
Senior Project Manager

for 
James J. Clark, LEP, P.E.
Principal

SMA/MSK:tja

Attachments: Attachment A – RIPDES-DMR Form

cc: Michele Leone – National Grid

J:\ENV\43654.msk\WORK\Gas Holders\RIPDES DMR REPORTS\JAN-MAR 2010\DMR MAR 2010-Quarter 1.docx

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

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

NAME: NARRAGANSETT ELECTRIC CO.
ADDRESS: 40 SYLVAN ROAD
WALTHAM, MA 02451

FACILITY: FORMER TIDEWATER FACILITY
LOCATION: 200 TAFT STREET
PAWTUCKET, RI 02860

ATTN: MICHELE LEONE, NE SITE MGR.

RIG85E001
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02860
MINOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
01/01/2010 TO 03/31/2010


External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Solids, total suspended	*****	*****	*****	*****			
00530 1 0 Effluent Gross	*****	*****	30000 MO AVG	ug/L		Twice Per Month	GRAB
Solids, total suspended	*****	*****	*****	*****			
00530 G 0 Raw Sewage Influent	*****	*****	Req. Mon. MO AVG	ug/L		Quarterly	GRAB
Cyanide, total (as CN)	*****	*****	*****	*****			
00720 1 0 Effluent Gross	*****	*****	10 MO AVG	ug/L		Twice Per Month	GRAB
Cyanide, total (as CN)	*****	*****	*****	*****			
00720 G 0 Raw Sewage Influent	*****	*****	Req. Mon. MO AVG	ug/L		Quarterly	GRAB
Iron, total recoverable	*****	*****	*****	*****			
00980 1 0 Effluent Gross	*****	*****	1000 DAILY MX	ug/L		Twice Per Month	GRAB
Iron, total recoverable	*****	*****	*****	*****			
00980 G 0 Raw Sewage Influent	*****	*****	Req. Mon. MO AVG	ug/L		Quarterly	GRAB
Copper, total (as Cu)	*****	*****	*****	*****			
01042 1 0 Effluent Gross	*****	*****	3 MO AVG	ug/L		Twice Per Month	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or I certify under penalty of law that this document and all attachments were prepared under my direction or evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN P. WAITLEY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
401 424 4140

DATE
04/07/2010

AREA Code NUMBER
MM/DD/YYYY

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

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ATTN: MICHELE LEONE, NE SITE MGR.

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PERMIT NUMBER

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MINOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
01/01/2010 TO 03/31/2010

External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Copper, total (as Cu)	MEASUREMENT	*****	*****	*****	*****	*****				
01042 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX		Quarterly	GRAB	
Zinc, total recoverable	MEASUREMENT	*****	*****	*****	*****	*****				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	68.5 MO AVG	*****	76.11 DAILY MX		Twice Per Month	GRAB	
Zinc, total recoverable	MEASUREMENT	*****	*****	*****	*****	*****				
01094 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX		Quarterly	GRAB	
Lead, total recoverable	MEASUREMENT	*****	*****	*****	*****	*****				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6.81 MO AVG	*****	176.6 DAILY MX		Twice Per Month	GRAB	
Lead, total recoverable	MEASUREMENT	*****	*****	*****	*****	*****				
01114 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX		Quarterly	GRAB	
Benzene, ethylbenzene, toluene, xylene combination	MEASUREMENT	*****	*****	*****	*****	*****				
30383 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	100 MO AVG	*****	100 DAILY MX		Twice Per Month	GRAB	
Benzene, ethylbenzene, toluene, xylene combination	MEASUREMENT	*****	*****	*****	*****	*****				
30383 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX		Quarterly	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>JOHN P. WARTZ</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>John P. Wartz</i>	TELEPHONE 401 424 4140	DATE 04/07/2010
TYPED OR PRINTED		AREA Code NUMBER	MM/DD/YYYY MM/DD/YYYY

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

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01/01/2010 TO 03/31/2010

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PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Naphthalene	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
34696 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/L	Quarterly	GRAB
Flow, in conduit or thru treatment plant	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	gal/min	Continuous	TOTALZ
Total Group II Polycyclic Aromatic Hydrocarbons	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
51615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	100 DAILY MX	Twice Per Month	GRAB
Total Group II Polycyclic Aromatic Hydrocarbons	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
51615 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	100 DAILY MX	Quarterly	GRAB
Hydrocarbons, total petroleum	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
82181 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	1000 DAILY MX	Twice Per Month	GRAB
Hydrocarbons, total petroleum	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
82181 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	1000 DAILY MX	Quarterly	GRAB
Xylene, meta & para in combination	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
85795 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	1000 DAILY MX	Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN P. HARTNEY
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
John P. Hartney

TELEPHONE NUMBER
401 421 4140
AREA Code NUMBER
MM/DD/YYYY
04/07/2010

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

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	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Xylene, meta & para in combination	*****	*****	*****	*****	*****	*****			
85795 G 0 Raw Sewage Influent	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	Quarterly	ug/L	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>John P. Haughey</i>	TELEPHONE 401 421 4440	DATE 04/07/2010
TYPED OR PRINTED	AREA CODE 101	NUMBER 4440
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>John P. Haughey</i>		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR) - Summary

Last Refresh: 1/19/2010

Report Selection Criteria:

Beginning Monitoring Period End Date: 01/2010

Months to Print: 3 Months

Major/Minor Indicator(s): MINOR

NPDES ID(s): RIG85E001

Permitted Feature ID(s): *

Limit Set ID(s): *

State Code(s): RI

State-Region(s): *

Issuing Agency(ies): *

Print DMR Information: No

Permittee Address: Permittee

Exclude Electronic DMR Submitters: No

Permit UDF5(s): *

NPDES ID

RIG85E001

Total Number of NPDES ID(s): 1