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 FACIL: 50-220 Nine Mile Point Nuclear Station, Unit 1, Niagara Powe 05000220
 AUTH. NAME AUTHOR AFFILIATION
 ROMAN, T. W. Niagara Mohawk Power Corp.
 LEMPGES, T. E. Niagara Mohawk Power Corp.
 RECIP. NAME RECIPIENT AFFILIATION

SUBJECT: Monthly operating rept for Aug 1986. W/860902 ltr.

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 TITLE: Operating Rept (50 DKT)-Annual/Semiannual/Monthly

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	RM/DDAMI/MIB 01	2 2		
EXTERNAL:	LPDR 03	1 1	NRC PDR 02	1 1
	NSIC 05	1 1		

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August 27, 1986

DOCKET NO(S). 50-220

SEE THOSE ON ATTACHED LIST

SUBJECT: NIAGRA MOHAWK POWER CORPORATION
NINE MILE POINT NUCLEAR STATION, UNIT #1

The following documents concerning our review of the subject facility are transmitted for your information.

- Notice of Receipt of Application, dated _____.
- Draft/Final Environmental Statment, dated _____.
- Notice of Availability of Draft/Final Environmental Statement, dated _____.
- Safety Evaluation Report, or Supplement No. _____, dated _____.
- Notice of Hearing on Application for Construction Permit, dated _____.
- Notice of Consideration of Issuance of Facility Operating License, dated _____.
- Monthly Notice; Applications and Amendments to Operating Licenses Involving no Significant Hazards Considerations, dated _____.
- Application and Safety Analysis Report, Volume _____.
- Amendment No. _____ to Application/SAR dated _____.
- Construction Permit No. CPPR- _____, Amendment No. _____ dated _____.
- Facility Operating License No. _____, Amendment No. _____, dated _____.
- Order Extending Construction Completion Date, dated _____.
- Other (Specify) Monthly operating report for July 1986

Office of Nuclear Reactor Regulation
Division of PWR Licensing
BWR Project Directorate #1

Enclosures:
As stated

cc:

OFFICE	DBL
SURNAME	Jamerson
DATE	8/27/86

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U. S. Environmental Protection Agency
Region II Office
ATTN: Regional Radiation Representative
26 Federal Plaza
New York, NY 10278

Chief
Division of Ecological Services
Bureau of Sport Fisheries and Wildlife
U. S. Department of the Interior
Washington, D. C. 20240

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National Oceanic and Atmospheric
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