



Metropolitan Edison Company
Post Office Box 542
Reading Pennsylvania 19640
215 929-3601

Writer's Direct Dial Number

July 25, 1979
GQL 0942

Mr. Richard Shertzler
Operations Section
Pa. Dept. of Environmental Resources
Harrisburg, Pennsylvania 17120

Dear Mr. Shertzler:

Industrial Waste Permits 2270204 and 2272202

In accordance with Standard Conditions TEN and TWENTY of the above referenced permits, enclosed please find the Monthly Operating Report for June 1979.

Should you desire any additional information, please contact Mr. E. S. Nielsen of my staff.

Sincerely,

G. J. Troffer
G. J. Troffer
Sr. Manager-Generation
Quality Assurance

GJT:ESN:mrm
Enclosure: Monthly Operating Report

cc: Mr. Clarence Hickey
U. S. Nuclear Regulatory Commission
P-234
Washington, D.C. 20555

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ADD:
C HICKEY w/ENC*

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Metropolitan-Edison Company
Three Mile Island Nuclear Generating Station

POOR ORIGINAL

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing a slash. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the column labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.

PA
ST

0009920

PERMIT NUMBER

001

DIS

4911

SIC

40° 9' 10" 76° 43' 35"

LATITUDE LONGITUDE

7 9 06 0 1

YEAR MO DAY

TO

7 9 06 3 0

YEAR MO DAY

REPORTING PERIOD FROM

PARAMETER	PERMIT CONDITION	QUANTITY			UNITS	NO. EX.	CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED	46.1	58.2	109.0	MGD	N/A	***	***	***	N/A	N/A	Cont.	measured
	PERMIT CONDITION	N/A	N/A	N/A		N/A	***	***	***				
Temperature	REPORTED	N/A	N/A	N/A	N/A	N/A	65.2	73.3	79.6	OF	N/A	Cont.	"fws"
	PERMIT CONDITION	N/A	N/A	N/A		N/A	N/A	N/A	N/A				
Free Available Chlorine	REPORTED	N/A	N/A	N/A	N/A	N/A	*	*	*	mg/l	N/A	L/7	grab
	PERMIT CONDITION	N/A	N/A	N/A		N/A	N/A	0.2	0.5				
Total Residual Chlorine	REPORTED	N/A	N/A	N/A	N/A	N/A	*	*	*	mg/l	N/A	L/7	grab
	PERMIT CONDITION	N/A	N/A	N/A		N/A	N/A	N/A	N/A				
462	REPORTED												
	PERMIT CONDITION												
080	REPORTED												
	PERMIT CONDITION												
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.						
Herbein John G.		Vice-President			7 9 07 2 5								
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER		977 Herbein											
TITLE		OPERATION AUTHORIZED AGENT											

Metropolitan-Edison Company
Three Mile Island Nuclear Generating Station

INSTRUCTIONS

POOR ORIGINAL

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT".
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "N/A".
6. Appropriate signature is required on bottom of this form.

PA 1009920 PERMIT NUMBER

002 DIS 4911 SIC

40° 9' 10" 76° 43' 35" LATITUDE LONGITUDE

REPORTING PERIOD FROM 7 19 0 6 0 1 TO 7 19 9 6 3 10
YEAR MO DAY YEAR MO DAY

PARAMETER	REPORTED	QUANTITY				UNITS	NO. EX.	CONCENTRATION				UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED	0*	0*	0*			N/A	***	***	***	N/A	N/A	N/A	N/A	N/A
	PERMIT CONDITION	N/A	N/A	N/A	MGD		***	***	***				cont.	calculated	
Temperature	REPORTED	N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	PERMIT CONDITION	N/A	N/A	N/A	°F		N/A	N/A	N/A	N/A	N/A	N/A	5/1	i-s	
462	REPORTED														
	PERMIT CONDITION														
087	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER: Herbein John G.
TITLE OF THE OFFICER: Vice-President
DATE: 7 19 0 17 2 15
YEAR MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

J. Herbein
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER
OR OTHER AUTHORIZED AGENT

Metropolitan-Edison Company
Three Mile Island Nuclear Generating Station

INSTRUCTIONS

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5. Specify sample type ("grab" or "___ hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.

PA ST 0009920 PERMIT NUMBER

003 DIS 4911 SIC

40° 9' 10" LATITUDE 76° 43' 35" LONGITUDE

REPORTING PERIOD FROM 7 9 0 16 0 11 TO 7 9 0 16 30
YEAR MO DAY YEAR MO DAY

PARAMETER		QUANTITY				UNITS	CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	REPORTED	*	*	*		N/A	***	***	***	N/A	N/A	*	*
	PERMIT CONDITION	N/A	N/A	N/A	MGD	N/A	***	***	***	N/A	N/A	cont.	calculated
Temperature	REPORTED	*	*	*		N/A	N/A	N/A	N/A	N/A	N/A	*	*
	PERMIT CONDITION	N/A	N/A	N/A	OF	N/A	N/A	N/A	N/A	N/A	N/A	5/1	i-s
462	REPORTED												
	PERMIT CONDITION												
088	REPORTED												
	PERMIT CONDITION												
462	REPORTED												
	PERMIT CONDITION												
088	REPORTED												
	PERMIT CONDITION												
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.						
Herbein John G.		Vice-President			79 0 17 2 5								
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER		DATE											
[Signature]		79 0 17 2 5											

POOR ORIGINAL

DISCHARGE MONITORING REPORT

Form Approved
EPA-335 (Rev. 1-10-73)

Metropolitan-Edison Company
Three Mile Island Nuclear Generating Station

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
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4. Specify frequency of analysis for each parameter as No. analyses/No. days. For ex., "3/7" is equivalent to 3 analyses performed every 7 days. If continuous enter "CONT".
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.

PA 0009920
 004 4911
 40° 9' 10" 76° 43' 35"
 REPORTING PERIOD FROM 7 19 0 6 0 1 TO 7 19 0 6 30
YEAR MO DAY YEAR MO DAY

PARAMETER		QUANTITY				UNITS	CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED	*	*	*									*	*
	PERMIT CONDITION	N/A	N/A	N/A	MGD	N/A	N/A	N/A	N/A	N/A	N/A	cont.	calculated	
Temperature	REPORTED	*	*	*	OF	N/A	N/A	N/A	N/A	N/A	N/A	*	*	
	PERMIT CONDITION	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	5/1	i-s		
462	REPORTED													
	PERMIT CONDITION													
089	REPORTED													
	PERMIT CONDITION													

NAME OF PRINCIPAL EXECUTIVE OFFICER: Herbein John G.
 TITLE OF THE OFFICER: Vice-President
 DATE: 7 19 0 7 25
LAST FIRST MI YEAR MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

J. F. Helber
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Metropolitan-Edison Company
Three Mile Island Nuclear Generating Station

INSTRUCTIONS

1. Provide dates for period covered by this report in space marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "MINIMUM", "AVERAGE" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.

0009920 PERMIT NUMBER
 103 DIS 4911 SIC
 40° 9' 10" 76° 43' 35" LATITUDE LONGITUDE
 REPORTING PERIOD FROM 79 06 01 TO 79 06 30
 YEAR MO DAY YEAR MO DAY

POOR ORIGINAL

PARAMETER	REPORTED	QUANTITY				UNITS	NO. EX.	CONCENTRATION			UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM				
Flow	REPORTED	*	*	*	MGD	N/A	*	*	*	N/A	*	*	*
	PERMIT CONDITION	N/A	N/A	N/A							0	2/30	measured
Total Suspended Solids	REPORTED	N/A	N/A	N/A	N/A	N/A	*	*	*	mg/l	*	*	*
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	100		0	2/30	grab
Oil & Grease	REPORTED	N/A	N/A	N/A	N/A	N/A	*	*	*	mg/l	*	*	*
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20		0	2/30	grab
Total Iron	REPORTED	N/A	N/A	N/A	N/A	N/A	*	*	*	mg/l	*	*	*
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	1.0		0	2/30	grab
Total Copper	REPORTED	N/A	N/A	N/A	N/A	N/A	*	*	*	mg/l	*	*	*
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	1.0		0	2/30	grab
pH	REPORTED	N/A	N/A	N/A	N/A	N/A	*	*	*	standard	*	*	*
	PERMIT CONDITION	N/A	N/A	N/A			6.0	N/A	9.0	pH Units	0	2/30	grab
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER: Herbein John G. TITLE OF THE OFFICER: Vice-President DATE: 79 07 25
 I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: J. J. Helber

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
EPA 401 (11-1967)

Metropolitan-Edison Company (July 1, 1977 to expiration)
Three Mile Island Nuclear Generating Station

POOR ORIGINAL

PA 0009920 PERMIT NUMBER
04 DIS 4911 SIC
40° 9' 10" 76° 43' 35" LATITUDE LONGITUDE
7 9 06 011 REPORTING PERIOD FROM YEAR MO DAY TO 7 9 06 30 YEAR MO DAY

INSTRUCTIONS

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- Specify frequency of analysis for each parameter as No. analyses/No. days (e.g. "2/7" is equivalent to 3 analyses performed every 7 days). If continuous enter "CONT".
- Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
- Appropriate signature is required on bottom of this form.

PARAMETER		QUANTITY			UNITS	CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		MINIMUM	AVERAGE	MAXIMUM		NO. EX.	MINIMUM	AVERAGE	MAXIMUM			ITS	
Flow	REPORTED	0.00	0.023	0.094		N/A	***	***	***	N/A	N/A	cont.	N/A
	PERMIT CONDITION	N/A	N/A	N/A	M		***	***	***	N/A		2/30	measured
Total Suspended Solids	REPORTED	N/A	N/A	N/A		N/A	3.0	5.5	8.0		0	2/30	grab
	PERMIT CONDITION	N/A	N/A	N/A	lbs/day		N/A	30	100	mg/l	0	2/30	grab
Oil & Grease	REPORTED	N/A	N/A	N/A		N/A	1	5	9		0	2/30	grab
	PERMIT CONDITION	N/A	N/A	N/A	lbs/day		N/A	15	20	mg/l	0	2/30	grab
pH	REPORTED	N/A	N/A	N/A		N/A	7.32	7.57	7.81	standard	0	2/30	grab
	PERMIT CONDITION	N/A	N/A	N/A	N/A		6.0	N/A	9.0	pH Units	0	2/30	grab
462	REPORTED												
	PERMIT CONDITION												
091	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER: Herbein John G. TITLE OF THE OFFICER: Vice-President DATE: 7 9 0 7 25
LAST FIRST MI TITLE YEAR MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.
Signature: J. J. Helberich
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMR No. 15-00013

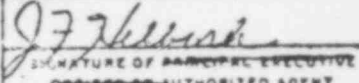
POOR ORIGINAL

Metropolitan-Edison Company (July 1, 1977 to expiration)
Three Mile Island Nuclear Generating Station

INSTRUCTIONS

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3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "2/7" is equivalent to 3 analyses performed every 7 days). If continuous enter "CONT".
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.

PA ST	0009920 PERMIT NUMBER	105 DIS	4911 SIC	40° 9' 10" LATITUDE	76° 43' 35" LONGITUDE
REPORTING PERIOD FROM		7 19 01 6 01 YEAR MO DAY	TO	7 79 01 6 31 0 YEAR MO DAY	

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
Flow	REPORTED	0.00	0.038	0.092			N/A	***	***	***	N/A	N/A	14/30	calculated
	PERMIT CONDITION	N/A	N/A	N/A	MGD			***	***	***	N/A	N/A	2/30	calculated
Total Suspended Solids	REPORTED	5.95	14.82	40.83			0	N/A	N/A	N/A	N/A	N/A	14/30	grab
	PERMIT CONDITION	N/A	12	73.4	lbs/day		0	N/A	N/A	N/A	N/A	N/A	2/30	grab
Oil & Grease	REPORTED	0.45	0.49	0.53			0	N/A	N/A	N/A	N/A	N/A	2/30	grab
	PERMIT CONDITION	N/A	6	14.7	lbs/day		0	N/A	N/A	N/A	N/A	N/A	2/30	grab
pH	REPORTED	N/A	N/A	N/A			N/A	6.67	7.35	8.29	standard	0	14/30	grab
	PERMIT CONDITION	N/A	N/A	N/A	N/A		0	6.0	N/A	9.0	pH Units	0	2/30	grab
462	REPORTED													
	PERMIT CONDITION													
092	REPORTED													
	PERMIT CONDITION													
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.							
Herbein John G.		Vice-President			7 19 01 7 25									
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT														

Metropolitan-Edison Company (July 1, 1977 to expiration)
Three Mile Island Nuclear Generating Station

POOR ORIGINAL

PA 0009920 PERMIT NUMBER
107 DIS 4911 SIC
40° 9' 10" 76° 43' 35" LATITUDE LONGITUDE
REPORTING PERIOD FROM 7 9 06 01 TO 7 9 06 31
YEAR MO DAY YEAR MO DAY

INSTRUCTIONS

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3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.

PARAMETER		QUANTITY				UNITS	CONCENTRATION				UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	NO. EX.		MINIMUM	AVERAGE	MAXIMUM	NO. EX.			
Flow	REPORTED	0.00	0.059	0.157	N/A					N/A	cont.	N/A	
	PERMIT CONDITION	N/A	N/A	N/A	MGD					N/A	2/30	measured	
Total Suspended Solids	REPORTED	15.3	17.47	19.64	0	N/A	N/A	N/A	N/A	N/A	2/30	grab	
	PERMIT CONDITION	N/A	36	240	lbs/day					N/A	2/30	grab	
Oil & Grease	REPORTED	1.3	4.22	7.14	0	N/A	N/A	N/A	N/A	N/A	2/30	grab	
	PERMIT CONDITION	N/A	18.1	48.1	lbs/day					N/A	2/30	grab	
Total Iron	REPORTED	0.25	0.29	0.33		N/A	N/A	N/A	N/A	N/A	2/30	grab	
	PERMIT CONDITION	N/A	1.2	2.4	lbs/day					N/A	2/30	grab	
Total Copper	REPORTED	0.00	0.01	0.02	0	N/A	N/A	N/A	N/A	N/A	2/30	grab	
	PERMIT CONDITION	N/A	1.2	2.4	lbs/day					N/A	2/30	grab	
pH	REPORTED				N/A	7.41	7.48	7.55	0	Std. pH Units	2/30	grab	
	PERMIT CONDITION	N/A	N/A	N/A		6.0	N/A	9.0	0		2/30	grab	
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

462 093

NAME OF PRINCIPAL EXECUTIVE OFFICER: Herbein John G.
TITLE OF THE OFFICER: Vice-President
DATE: 7 9 07 25
LAST FIRST MI TITLE YEAR MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Signature: J. F. Helbock
SIGNATURE OF RESPONSIBLE SUPERVISOR OR OFFICER OR AUTHORIZED AGENT

Metropolitan-Edison Company (July 1, 1977 to expiration)
Three Mile Island Nuclear Generating Station

POOR ORIGINAL

INSTRUCTIONS

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PA 57

0009920 PERMIT NUMBER

108 DIS 4911 SIC

40° 9' 10" LATITUDE 76° 43' 35" LONGITUDE

REPORTING PERIOD FROM 7 9 0 16 0 11 TO 7 19 0 16 30

PARAMETER	REPORTED	QUANTITY			UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED	*	*	*		N/A	***	***	***	N/A	*	*	
	PERMIT CONDITION	N/A	N/A	N/A	MGD		***	***	***	N/A	N/A	2/30 calculated	
Total Suspended Solids	REPORTED	N/A	N/A	N/A		N/A	*	*	*	*	*	*	
	PERMIT CONDITION	N/A	N/A	N/A	lbs/day		N/A	30	100	mg/l	0	2/30 grab	
Oil & Grease	REPORTED	N/A	N/A	N/A		N/A	*	*	*	*	*	*	
	PERMIT CONDITION	N/A	N/A	N/A	lbs/day		N/A	15	20	mg/l	0	2/30 grab	
pH	REPORTED	N/A	N/A	N/A		N/A	*	*	*	Std. pH	*	*	
	PERMIT CONDITION	N/A	N/A	N/A	N/A		6.0	N/A	9.0	Units	0	2/30 grab	
462	REPORTED												
	PERMIT CONDITION												
094	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER: Herbein John G. TITLE OF THE OFFICER: Vice-President DATE: 7 9 0 17 2 15

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Signature: J. J. Kloss SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

*No discharge this report period

THREE MILE ISLAND NUCLEAR STATION
MONTHLY OPERATING REPORT
MAIN DISCHARGE

DATE: July 6, 1979

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Parameter	Volume	pH		TSS		TDS		Total FE		Oil & Grease
Units	10 ⁵ Gal.	Standard Units		mg/l		mg/l		mg/l		mg/l
Sample Type	Meas.	Grab		Grab		Grab		Grab		Grab
Frequency	Daily	Weekly		Weekly		Weekly		Weekly		Weekly
Date	Eff.	Inf.	Eff.	Inf.	Eff.	Inf.	Eff.	Inf.	Eff.	Eff.
June 1, 1979	63.5									
2.	55.3									
3.	59.1	6.5	6.95	1.0	12	117	199	0.85	2.02	
4.	55.8	6.97	7.45	2.0	19	87	130	0.85	1.89	
5.	58.9									
6.	54.8	7.09	7.61	4.0	36	208	201	0.7	2.35	
7.	60.4									
8.	59.0	7.3	6.91	12	25	145	206	1.2	1.43	
9.	54.9	7.38	7.47	20	18	140	238	0.93	1.24	
10.	57.7									
11.	57.6	7.18	7.61	14	35	210	233	0.46	1.4	
12.	56.0									
13.	*	8.4	8.12	14	16	127	160	1.19	1.42	
14.	109.0	7.81	7.75	23	28	152	186	1.01	1.13	
15.	58.9									
16.	60.4	7.4	8.78	2	16	144	138	0.26	1.21	
17.	46.1	8.72	8.71	15	21	191	219	0.60	0.54	
18.	51.1									
19.	58.5									
20.	52.3									
21.	62.7	8.68	8.61	22	43	168	157	1.08	0.88	
22.	66.3									
23.	62.3									
24.	65.9	7.85	8.12	10	11	209	212	0.69	0.81	
25.	66.8									
26.	56.2									
27.	54.8	8.53	8.48	9	10	202	255	0.41	0.42	
28.	60.3									
29.	60.4									
30.	60.1	7.45	7.55	12	33	284	256	0.26	0.85	

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* Entry not made on operator logsheet. Volume included in 6/14/79 reported volume.

THREE MILE ISLAND NUCLEAR STATION
MONTHLY OPERATING REPORT
MAIN DISCHARGE

DATE: July 6, 1979

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Parameter	Chlorine						T. Min		T. Avg		T. Max	
Units	mg/l						°F		°F		°F	
Sample Type	Grab						Meas.		Meas.		Meas.	
Frequency	3/Day for 1 Chlorination						Daily		Daily		Daily	
Date	Total	Free	Total	Free	Total	Free	Eff.	ΔT	Eff.	ΔT	Eff.	ΔT
June 1, 1979	-----OUT OF SERVICE ENTIRE MONTH-----						65.2	+2.7	66.6	+3.1	68.0	+3.5
2,							67.2	+2.4	68.3	+3.0	69.7	+3.2
3,							68.9	+1.2	69.6	+1.9	70.3	+2.6
4,							68.1	+1.4	69.5	+1.7	71.4	+2.0
5,							69.8	+1.0	71.8	+1.4	73.9	+1.8
6,							72.2	+1.3	73.2	+1.6	74.1	+2.2
7,							71.5	+1.5	73.1	+2.0	74.8	+2.4
8,							73.3	+1.3	74.9	+1.9	76.6	+2.3
9,							75.3	+1.6	77.1	+1.8	79.3	+2.0
10,							77.2	+1.2	78.1	+1.7	78.8	+2.3
11,							71.2	-0.2	74.5	+0.4	77.6	+1.3
12,							68.1	-0.1	69.5	+0.3	70.8	+1.0
13,							67.6	-0.1	70.0	+0.2	72.0	+0.7
14,							68.8	-0.2	70.8	+0.3	73.3	+0.9
15,							70.4	0	73.6	+0.9	77.4	+1.2
16,							73.7	+0.4	76.2	+1.0	78.8	+1.4
17,							75.5	+0.6	76.9	+1.3	78.2	+2.1
18,							75.2	+0.6	76.8	+1.4	78.2	+2.0
19,							73.2	-0.7	75.1	+0.5	77.1	+1.3
20,							74.1	0	76.8	+0.5	79.6	+1.1
21,							73.3	+0.3	74.8	+0.8	77.5	+1.4
22,							71.5	+1.3	73.5	+1.7	76.0	+2.2
23,							73.2	+0.8	74.9	+1.6	77.0	+2.1
24,							70.7	+0.6	72.1	+0.9	75.2	+1.4
25,							67.5	0	70.3	+0.7	73.0	+1.4
26,							70.3	-0.5	72.4	+0.6	75.4	+1.4
27,							71.7	0	74.0	+0.9	77.5	+1.3
28,							73.6	+0.6	75.0	+1.3	76.7	+2.1
29,							73.6	+1.0	75.1	+1.6	77.7	+2.2
30,							74.2	+0.9	75.7	+1.6	77.1	+2.3

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