MAINE YANKEE ATOMIC POWER CO
BAILEY POINT
WISCASSET ME 04578

DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

DISCHARGE MONITORING REPORT

80-03-07

SYSTEM	LICENSE NUMBER
01	000746

REPORTING PERIOD ENDING

YEAR	MONTH	DAY
80	03	31

POINT SOURCE NUMBER	POINT SOURCE NAME
02	SANITARY, TRTD

INSTRUCTIONS

1. Enter 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 six (6) asterisks. Boxes containing one (1) asterisk are optional and may be filled in with appropriate data if available from the licensee.
2. Specify the total number of analyses performed for each parameter for either "QUANTITY" or "CONCENTRATION" in the columns labeled "No. Ana".
3. Specify the total number of analyzed samples that exceed the PARAMETER license conditions in the columns labeled "No. Exc."
4. Appropriate signature is required at the bottom of this form.

PARAMETER NAME	QUANTITY MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	QUANTITY NO. ANA	QUANTITY NO. EXC	CONCENTRATION MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	CONCENTRATION NO. ANA	CONCENTRATION NO. EXC	
FLOW RATE	*	*	2200	GPD	—	0	******	******	******	******	000	000	4/12
BOD	******	******	******	******	000	000	******	23	23	MG/L	1	0	4/12
SUSP. SOLIDS	******	******	******	******	000	000	******	70	70	MG/L	1	1	4/12
FECAL COLIFORM	******	******	******	******	000	000	******	TNTC	TNTC*	COL/100	1	1	4/12
CHLORINE	******	******	******	******	000	000	0.3	******	0.3	MG/L	1	0	4/12
PH	******	******	******	******	000	000	7.5	******	7.5	SU	1	0	4/12

*Hypochlorite pump failure. Pump has been repaired.

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF OFFICER	DATE
LAST FIRST MI	TITLE	YEAR MO DAY

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

W. H. Cowles
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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MAINE YANKEE ATOMIC POWER CO
BAILEY POINT
WISCASSET ME 04578

DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

DISCHARGE MONITORING REPORT

80-03-07

SYSTEM	LICENSE NUMBER
01	000746

REPORTING PERIOD ENDING

YEAR	MONTH	DAY
80	03	31

POINT SOURCE NUMBER	POINT SOURCE NAME
04	COOLING WATER, 001A

INSTRUCTIONS

1. Enter 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 six (6) asterisks. Boxes containing one (1) asterisk are optional and may be filled in with appropriate data if available from the licensee.
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3. Specify the total number of analyzed samples that exceed the PARAMETER license conditions in the columns labeled "No. Exc".
4. Appropriate signature is required at the bottom of this form.

PARAMETER NAME	QUANTITY						CONCENTRATION							
	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. ANA	NO. EXC	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. ANA	NO. EXC		
FLOW RATE	291.0	466.8	582.0	MGD	379	0	******	******	******	******	000	000	CONT	
WATER TEMP.	36.2	54.5	72.6	DEG-F	379	0	******	******	******	******	000	000	CONT	
THERMAL R-RATE	******	******	******	******	000	000	******	******	1665.2	MBT	17	0	7/7	
PH	******	******	******	******	000	000	7.29	******	8.06	SU	3	0	1/7	

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF OFFICER	DATE		
LAST	FIRST	MI	TITLE	YEAR	MO.	DAY

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

W. Hawkes
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

FORM DEP - 206 (01-78)

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MAINE YANKEE ATOMIC POWER CO
BAILEY POINT
WISCASSET ME 04578

DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

80-03-07

DISCHARGE MONITORING REPORT

SYSTEM	LICENSE NUMBER
01	000746

REPORTING PERIOD ENDING

YEAR	MONTH	DAY
80	03	31

POINT SOURCE NUMBER	POINT SOURCE NAME
05	PROCESS AND COOLING, 001

INSTRUCTIONS

1. Enter 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 six (6) asterisks. Boxes containing one (1) asterisk are optional and may be filled in with appropriate data if available from the licensee.
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3. Specify the total number of analyzed samples that exceed the PARAMETER license conditions in the columns labeled "No. Exc".
4. Appropriate signature is required at the bottom of this form.

PARAMETER NAME	QUANTITY						CONCENTRATION							
	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. ANA	NO. EXC.	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. ANA	NO. EXC.		
FLOW RATE	319.5	495.4	624.7	MGD	379	0	******	******	******	******	000	000	CONT	

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF OFFICER	DATE
LAST FIRST MI	TITLE	YEAR MO. DAY

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

W. Hawkes

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

FORM DEP - 206 (01-78)

MAINE YANKEE ATOMIC POWER CO
BAILEY POINT
WISCASSET ME 04578

DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

80-03-07

DISCHARGE MONITORING REPORT

SYSTEM	LICENSE NUMBER
01	000746

REPORTING PERIOD ENDING | YEAR 80 | MONTH 03 | DAY 31

POINT SOURCE NUMBER	POINT SOURCE NAME
06	CONDENSER BACKWASH, 002

INSTRUCTIONS

1. Enter 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 six (6) asterisks. Boxes containing one (1) asterisk are optional and may be filled in with appropriate data if available from the licensee.
2. Specify the total number of analyses performed for each parameter for either "QUANTITY" or "CONCENTRATION" in the columns labeled "No. Ana".
3. Specify the total number of analyzed samples that exceed the PARAMETER license conditions in the columns labeled "No. Exc."
4. Appropriate signature is required at the bottom of this form.

PARAMETER NAME	QUANTITY						CONCENTRATION							
	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. ANA	NO. EXC	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. ANA	NO. EXC		
FLOW RATE	*	*	25	MGD	379	0	******	******	******	******	000	000	12/12	
WATER TEMP.	******	70.6	104.8	DEG-F	375	0	******	******	******	******	000	000	CONT	

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF OFFICER	DATE		
LAST	FIRST	MI	TITLE	YEAR	MO.	DAY

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

W. Hamilton
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

80-03-07

DISCHARGE MONITORING REPORT

SYSTEM	LICENSE NUMBER
01	000746

REPORTING PERIOD ENDING:

YEAR	MONTH	DAY
80	03	31

POINT SOURCE NUMBER	POINT SOURCE NAME
01	PROCESS, TRTD 0018

INSTRUCTIONS

1. Enter 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 six (6) asterisks. Boxes containing one (1) asterisk are optional and may be filled in with appropriate data if available from the licensee.
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3. Specify the total number of analyzed samples that exceed the PARAMETER license conditions in the columns labeled "No. Exc".
4. Appropriate signature is required at the bottom of this form.

PARAMETER NAME	QUANTITY						CONCENTRATION							
	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO ANA	NO EXC	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO ANA	NO EXC		
FLOW RATE	28.5	28.6	42.7	MGD	379	0	******	******	******	******	000	000	24/12	
WATER TEMP.	35.5	******	52.9	DEG-F	379	0	******	******	******	******	000	000	7/7	
TEMP. DIFFERENCE	0.9	5.1	9.8	DEG-F	379	0	******	******	******	******	000	000	7/7	
SUSP. SOLIDS	******	******	******	******	000	000	0	0	0	MG/L	1	0	24/12	
OIL-GREASE	******	******	******	******	000	000	0	0	0	MG/L	1	0	24/12	
PH	******	******	******	******	000	000	8.03	******	8.03	SU	1	0	24/12	

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF OFFICER	DATE
LAST FIRST MI	TITLE	YEAR MO DAY

I certify that I am familiar with 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

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MAINE YANKEE ATOMIC POWER CO
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DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

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A0-03-07

SYSTEM	LICENSE NUMBER
01	000746

REPORTING PERIOD ENDING

YEAR	MONTH	DAY
80	03	31

POINT SOURCE NUMBER	POINT SOURCE NAME
03	PROCESS, TRTD 0010

INSTRUCTIONS

1. Enter 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 six (6) asterisks. Boxes containing one (1) asterisk are optional and may be filled in with appropriate data if available from the licensee.
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4. Appropriate signature is required at the bottom of this form.

PARAMETER NAME	QUANTITY						CONCENTRATION							
	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. ANA	NO. EXC	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. ANA	NO. EXC		
FLOW RATE	*	*	0.02	MGD	18	0	******	******	******	******	000	000	12/12	
WATER TEMP.	*	*	111	DEG-F	18	0	******	******	******	******	000	000	12/12	
PH	******	******	******	******	000	000	5.75	******	9.15	SU	18	8	12/12	
							PLEASE SEE LETTER ON PH DATED 4/8/80							

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF OFFICER	DATE			
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	I certify that I am familiar with information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

W. Harbin
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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