MAINE YANKEE ATOMIC POWER CO
BAILEY POINT
WISCASSET ME 04578

DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

80-06-10

DISCHARGE MONITORING REPORT

SYSTEM	LICENSE NUMBER
01	000746

REPORTING PERIOD ENDING:

YEAR	MONTH	DAY
80	06	30

POINT SOURCE NUMBER	POINT SOURCE NAME
01	PROCESS, IRTO 001B

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	28.5	29.2	42.7	MGD	448	0	******	******	******	******	000	000	24/12	
WATER TEMP.	59.1	******	78.6	DEG-F	448	0	******	******	******	******	000	000	7/7	
TEMP. DIFFERENCE	2.2	7.1	14.8	DEG-F	448	0	******	******	******	******	000	000	7/7	
SUSP. SOLIDS	******	******	******	******	000	000	17	19	21	MG/L	2	0	24/12	
OIL-GREASE	******	******	******	******	000	000	0	.2	.4	MG/L	2	0	24/12	
PH	******	******	******	******	000	000	7.61	******	7.93	SU	2	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.

W. Sanders
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

FORM DEP - 206 (01-78)

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8007280 611

WEST BUSINESS FORMS INC. WATERBURY CT - PH - 15318

MAINE YANKEE ATOMIC POWER CO
BAILEY POINT
WISCASSET ME 04578

DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

80-06-10

DISCHARGE MONITORING REPORT

SYSTEM	LICENSE NUMBER
01	000746

REPORTING PERIOD ENDING

YEAR	MONTH	DAY
80	06	30

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.
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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	*	*	2200	GPD	—	—	******	******	******	******	000	000	4/12	
BOD	******	******	******	******	000	000	******	27	27	MG/L	1	0	4/12	
SUSP. SOLIDS	******	******	******	******	000	000	******	108	108	MG/L	1	1	4/12	
FECAL COLIFORM	******	******	******	******	000	000	******	0	0	COL/100	1	0	4/12	
CHLORINE	******	******	******	******	000	000	0	******	3.0	MG/L	28	1	4/12	
PH	******	******	******	******	000	000	6.83	******	7.58	SU	5	3	4/12	

DISCHARGE TANK PUMPED OUT TO HELP SUSPENDED SOLIDS PROBLEM.

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

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W. Harden
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

FORM DEP - 206 (01-78)

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MERIT BUSINESS FORMS INC. WATERBURY CT — PH. 10318

MAINE YANKEE ATOMIC POWER CO
BAILEY POINT
WISCASSET ME 04578

DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

80-06-10

DISCHARGE MONITORING REPORT

SYSTEM	LICENSE NUMBER
01	000746

REPORTING PERIOD ENDING:

YEAR	MONTH	DAY
80	06	30

POINT SOURCE NUMBER	POINT SOURCE NAME
03	PROCESS, TRTD 001D

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	*	*	.102	MGD	34	0	******	******	******	******	000	000	12/12	
WATER TEMP.	*	*	106	DEG-F	34	0	******	******	******	******	000	000	12/12	
PH	******	******	******	******	000	000	7.80	******	10.19	SU	34	6	12/12	
							LETTER	ON PH	WAIVED	3/5/76				

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

FORM DEP - 206 (01-78)

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MERIT BUSINESS FORMS INC. WATERBURY CT - PH - 10218

MAINE YANKEE ATOMIC POWER CO
BAILEY POINT
WISCASSET ME 04578

DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

DISCHARGE MONITORING REPORT

CO-OE-10

SYSTEM	LICENSE NUMBER
01	000746

REPORTING PERIOD ENDING:

YEAR	MONTH	DAY
80	06	30

POINT SOURCE NUMBER	POINT SOURCE NAME
04	COOLING WATER, C01A

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".
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PARAMETER NAME	QUANTITY						CONCENTRATION							
	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO ANA	NO EXC	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO ANA	NO EXC		
FLOW RATE	436.5	572.9	682.0	MGD	448	0	******	******	******	******	000	000	CONT	
WATER TEMP.	56.6	82.6	99.0	DEG-F	448	0	******	******	******	******	000	000	CONT	
THERMAL R-RATE	******	******	******	******	000	000	******	******	1753.3	MWT	30	0	7/7	
PH	******	******	******	******	000	000	7.68	******	7.99	SU	4	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. Sanders
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

FORM DEP - 206 (01-78)

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MAINE YANKEE ATCMIC POWER CO
BAILEY POINT
WISCASSET ME 04578

DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

80-06-10

DISCHARGE MONITORING REPORT

SYSTEM	LICENSE NUMBER
01	000746

REPORTING PERIOD ENDING:

YEAR	MONTH	DAY
80	06	30

POINT SOURCE NUMBER	POINT SOURCE NAME
05	FRCCESS AND CCCLING, 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	465.0	602.1	624.7	MGD	448	0	******	******	******	******	000	000	CONT	

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

FORM DEP - 206 (01-78)

88-06-10

MAINE YANKEE ATOMIC POWER CO
BAILEY POINT
WISCASSET ME 04578

DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

DISCHARGE MONITORING REPORT

SYSTEM	LICENSE NUMBER
01	000746

REPORTING PERIOD ENDING:

YEAR	MONTH	DAY
88	06	30

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.
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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	*	*	25	MGD	10	0	******	******	******	******	000	000	12/12	
WATER TEMP.	******	120.2	122.8	DEG-F	10	0	******	******	******	******	000	000	CONT	

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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VIGNY BUSINESS FORMS INC. WATERBURY CT - PH - 1318