

DISCHARGE MONITORING REPORT

JULY 22 1980

YEAR	MONTH	DAY
80	05	31

- 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. Anal".
 - 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.

REPORTING OFFICER
 [Signature]

SYSTEM LICENSE NUMBER
01 000746

POINT SOURCE NUMBER	POINT SOURCE NAME
01	PROCESS, IRID 0010

PARAMETER NAME	QUANTITY					CONCENTRATION					NO. ANAL	NO. EXC	DATE
	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. ANAL	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. ANAL			
FLCH RATE	28.5	28.5	42.7	MGD	744	*****	*****	*****	*****	000	000	24/12	
WATER TEMP.	48.4	*****	67.8	DEG-F	744	*****	*****	*****	*****	000	000	7/7	
TEMP. DIFFERENCE	0.0	1.07	11.9	DEG-F	744	*****	*****	*****	*****	000	000	7/7	
SUSP. SOLIDS	*****	*****	*****	*****	000	5.9	9.2	12.5	MG/L	2	0	24/12	
CIL-GREASE	*****	*****	*****	*****	000	.04	.58	1.12	MG/L	2	0	24/12	
FH	*****	*****	*****	*****	000	7.96	*****	8.05	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.

[Signature]

8007110 389

MAINE YANKEE ATOMIC POWER CO
 BAILEY POINT
 WISCASSET

DEPARTMENT OF ENVIRONMENTAL PROTECTION
 STATE OF MAINE

80-05-16

ME 04578

DISCHARGE MONITORING REPORT

SYSTEM	LICENSE NUMBER
01	000746

YEAR	MONTH	DAY
80	05	31

REPORTING PERIOD ENDING:

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.
2. Specify the total number of analyses performed for each parameter for either "QUANTITY" or "CONCENTRATION" in the columns labeled "No. Analyses".
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					NO. ANALYSES	NO. EXCEEDS		
	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. ANALYSES	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. ANALYSES				
FLOW RATE	*	*	248	MGD	14	*****	*****	*****	*****	*****	000	000	12/12	
WATER TEMP.	*	*	132.8	DEG-F	14	*****	*****	*****	SU	*****	000	000	12/12	
PH	*****	*****	*****	*****	000	5.72	8.26	*****	*****	14	10	*****	12/12	

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.

TITLE OF OFFICER
 YEAR
 MONTH
 DAY

NAME OF PRINCIPAL EXECUTIVE OFFICER
 FIRST
 LAST

W. Harder
STATE OF MAINE
 DEPARTMENT OF ENVIRONMENTAL PROTECTION

DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

DISCHARGE MONITORING REPORT

MAINE YANKEE ATOMIC POWER CO
BAILEY POINT
MISCONSET

WTR 0457e

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." and "No. Exc.".
3. Specify the total number of analyzed samples that exceed the PARAMETER license conditions in the columns labeled "No. Exc.".
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SYSTEM	LICENSE NUMBER	YEAR	MONTH	DAY
01	000746	80	05	11

REPORTING PERIOD ENDING

POINT SOURCE NUMBER 04
POINT SOURCE NAME
COOLING WATER 001A

PARAMETER NAME	QUANTITY				CONCENTRATION				NO. EXC.	NO. ANA.	NO. EXC.	NO. ANA.									
	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS													
FLOW RATE	436.5	566.0	582.0	MGD						0	744	0									
WATER TEMP.	47.1	73.0	86.6	DEG-F						0	744	0									
THERMAL R-RATE										0											
PH										0											

NAME OF PRINCIPAL EXECUTIVE OFFICER
TITLE OF OFFICER
DATE
YEAR MONTH DAY
FIRST MI
TITLE
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER
DATE FOR ANALYZED SAMPLE

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. J. Stender
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER FOR ANALYZED SAMPLE

MAINE YANKEE ATOMIC POWER CO
BAILEY POINT
WISCASSET ME 04570

DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

80-05-16

DISCHARGE MONITORING REPORT

INSTRUCTIONS

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YEAR	MONTH	DAY
80	05	31

SYSTEM LICENSE NUMBER	01	000746
REPORTING PERIOD ENDING		

POINT SOURCE NUMBER	05	POINT SOURCE NAME	FROCESS AND COOLING, 001
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PARAMETER NAME	QUANTITY				CONCENTRATION						NO. ANAL.	NO. EXC.	CONC.						
	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. ANAL.	NO. EXC.									
FLOW RATE	465.0	594.5	624.7	PGC															

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

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.

J. ...
OFFICER OR AUTHORIZED AGENT

MAINE WANKEE ATOMIC POWER CO
 BAILEY POINT
 MISCASSETT ME 04578

DEPARTMENT OF ENVIRONMENTAL PROTECTION
 STATE OF MAINE

68-85-16

DISCHARGE MONITORING REPORT

INSTRUCTIONS

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YEAR MONTH DAY
 93 05 11

REPORTING PERIOD ENDING

SYSTEM LICENSE NUMBER
 01 900746

POINT SOURCE NUMBER POINT SOURCE NAME
 06 CONDENSER BACKWASH, 002

PARAMETER NAME	QUANTITY					CONCENTRATION					NO. ANAL.	NO. EXC.	
	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. ANAL.	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. ANAL.			NO. EXC.
FLOW RATE	*	*	23	MGD	47	*****	*****	*****	*****	000	000	12/12	
WATER TEMP.	*****	80.3	99.0	DEG-F	47	*****	*****	*****	*****	000	000	CCNT	

NAME OF PRINCIPAL EXECUTIVE OFFICER: TITLE OF OFFICE: DATE: YEAR MONTH DAY
 LAST FIRST
 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]
 MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION