

80-09-01

DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

DISCHARGE MONITORING REPORT

Central Maine Power Co.
Edison Power
Augusta, Maine - 04330
Maine Yankee Atomic

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" or "No. Exc".
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.

YEAR MONTH DAY
80 09 30

REPORTING PERIOD ENDING:

POINT SOURCE NUMBER: 01 000746
POINT SOURCE NAME: Sanitary, Treated

PARAMETER NAME	QUANTITY						CONCENTRATION					
	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. ANA	NO. EXC.	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. ANA	NO. EXC.
Flow	XXXXX	XXXXX	2200	GPD	30	0	XXXXX	XXXXX	XXXXX	XXXXX	000	000
BOD5	XXXXX	XXXXX	XXXXX	XXXXX	000	000	X	150	260	mg/l	3	3
Suspended Solids	XXXXX	XXXXX	XXXXX	XXXXX	000	000	X	199	241	mg/l	3	3
Fecals	XXXXX	XXXXX	XXXXX	XXXXX	000	000	X	741C	741E	Col/100	3	3
Chlorine Residual	XXXXX	XXXXX	XXXXX	XXXXX	000	000	0	XXXXX	5.0	mg/l	31	3
pH	XXXXX	XXXXX	XXXXX	XXXXX	000	000	6.65	XXXXX	7.25	SC	2	1
VIOLATIONS CAUSED BY MECHANICAL PROBLEM WITH CHLORINE AGGREGATION PUMPS. JOHN FANCY MADE REPAIRS LAST WEEK SEPT. 1ST WEEK OCT.												

POOR ORIGINAL

NAME OF PRINCIPAL EXECUTIVE OFFICER: _____ TITLE OF OFFICER: _____ DATE: _____ 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: *W. J. ...*

30:09-01

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STATE OF MAINE

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Edison Drive
Austuta Maine 04330
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YEAR MONTH DAY
8 0 0 9 3 0

REPORTING PERIOD ENDING:

POINT SOURCE NUMBER: 03
POINT SOURCE NAME: Process Treated (COID)

PARAMETER NAME	QUANTITY			CONCENTRATION			NO. ANA.	NO. EXC.
	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE		
Flow	X	X	0.284	MGD	XXXXX	XXXXX	XXXXX	000
Temperature	X	X	116.6 44.8	DEG-F	XXXXX	XXXXX	XXXXX	000
pH	XXXXX	XXXXX	XXXXX		6.99	8.76	SU	13 2
					PLEASE SEE LETTER ON PH DATED 4/5/74			

POOR ORIGINAL

NAME OF PRINCIPAL EXECUTIVE OFFICER: _____ TITLE: _____
DATE: _____ YEAR: _____ MO: _____ DAY: _____
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *W. H. Hinkle*

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.

80-09-01

Central Maine Power Co.
 Edison Drive
 Augusta, Maine - 04333
 Maine Yankee Atomic

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 STATE OF MAINE

DISCHARGE MONITORING REPORT

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YEAR	MONTH	DAY
80	09	30

REPORTING PERIOD ENDING:

SYSTEM LICENSE NUMBER
01 000746

POINT SOURCE NUMBER	POINT SOURCE NAME
04	Cooling Water (001A)

PARAMETER NAME	QUANTITY				CONCENTRATION				NO. ANA	NO. EXC.
	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		
Flow	426.5	581.35	582.0	MIGD	XXXXXX	XXXXXX	XXXXXX	MGD	0	0
Temperature	67.7	84.5	96.8	DEG-F	XXXXXX	XXXXXX	XXXXXX	XXXXXX	0	0
TAR - Magnets Thermal	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	30	0
pH	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	SU	5	0

POOR ORIGINAL

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF OFFICER	DATE
W. J. [Signature]		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.

OFFICER OR AUTHORIZED AGENT

