

DISCHARGE MONITORING REPORT (DMR)

Facility Name/ Location (if different)  
 NAME Washington Public Power Supply System  
 ADDRESS 3000 George Washington Way  
 Richland, Washington 99352  
 FACILITY WNP-2  
 LOCATION Hanford Reservation

(2-16) WA-002515-1 PERMIT NUMBER  
 (17-19) 001 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
FROM 1980	7	1		1980	7	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (12-17)	X	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Effluent Category A		No discharge occurred during report period						0	N/A	N/A
Effluent Category B		2.61x10 <sup>6</sup>	4.89x10 <sup>6</sup>	GPD				0	Cont	N/A
		9.46x10 <sup>6</sup>	9.46x10 <sup>6</sup>							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Mr. K. T. Perkins  
 Assistant Director-Generation  
 TYPED OR PRINTED

THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may be fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

*K. T. Perkins*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 377-2501  
 509 x 5318  
 AREA CODE NUMBER  
 DATE 80 10 25  
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

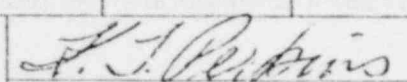
Form Approved OMB No. 158-R0073

NAME Washington Public Power Supply System  
 ADDRESS 3000 George Washington Way  
Richland, Washington 99352  
 FACILITY WNP-2  
 LOCATION Hanford Reservation

WA-002515-1 (17-19)  
 PERMIT NUMBER  
 001 (17-19)  
 DISCHARGE NUMBER

MONITORING PERIOD  
 FROM 1980 8 1 TO 1980 8 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (12-17)	X	QUANTITY OR LOADING (3 Card Only) (46-51)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
Effluent Category A	SAMPLE MEASUREMENT								0	N/A	N/A		
	PERMIT REQUIREMENT												
Effluent Category B	SAMPLE MEASUREMENT	5.24x10 <sup>6</sup>	9.22x10 <sup>6</sup>	GPD				N/A	0	Cont	N/A		
	PERMIT REQUIREMENT	9.46x10 <sup>6</sup>	9.46x10 <sup>6</sup>							Cont	N/A		
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
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	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may be fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE		
Mr. K. T. Perkins Assistant Director-Generation TYPED OR PRINTED									509		377-2501		80
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA CODE		NUMBER		YEAR		MO		DAY			

NAME Washington Public Power Supply System  
 ADDRESS 3000 George Washington Way  
Richland, Washington 99352  
 FACILITY WNP-2  
 LOCATION Hanford Reservation

WA-002515-1  
 PERMIT NUMBER

001  
 DISCHARGE NUMBER

RECEIVED  
 NOV 11 1980

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
1980	9	1	1980	9	30	
(10-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)	

NOTE: Read instructions before completing this form.

PARAMETER (12-17)	X	QUANTITY OR LOADING (14-15)			QUALITY OR CONCENTRATION (16-17)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		AVERAGE (14-15)	MAXIMUM (14-15)	UNITS (14-15)	MINIMUM (16-17)	AVERAGE (16-17)	MAXIMUM (16-17)			
Effluent Category A								0	N/A	N/A
Effluent Category B	SAMPLE MEASUREMENT	4.38x10 <sup>6</sup>	5.85x10 <sup>6</sup>	GPD				0	Cont	N/A
	PERMIT REQUIREMENT	9.46x10 <sup>6</sup>	9.46x10 <sup>6</sup>							
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Mr. K. T. Perkins  
Assistant Director-Generation  
 TYPED OR PRINTED

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*K. T. Perkins*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE		
377-2501	80	10	25
509 x 5318	YEAR	MO	DAY
AREA CODE NUMBER			

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME Washington Public Power Supply System  
 ADDRESS 3000 George Washington Way  
Richland, WA 99352  
 FACILITY WNP-2  
 LOCATION Hanford Reservation

(2-16) **WA-002515-1**  
 PERMIT NUMBER

(17-19) **001**  
 DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
80	10	01		80	10	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (34-53)			(4 Card Only) QUALITY OR CONCENTRATION (34-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (67-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Effluent Category A		NO DISCHARGE OCCURRED DURING REPORT PERIOD								
Effluent Category B	SAMPLE MEASUREMENT	6.32 x 10 <sup>6</sup>	9.18 x 10 <sup>6</sup>	GPD				N/A	0	N/A
	PERMIT REQUIREMENT	9.46 x 10 <sup>6</sup>	9.46 x 10 <sup>6</sup>						0	Cont
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Mr. R. G. Matlock</b> Program Director, WNP-2 TYPED OR PRINTED	THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may be fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	<i>R.G. Matlock</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
			509 x 2482 AREA CODE NUMBER	81	01	25 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



NAME Washington Public Power Supply System  
 ADDRESS 3000 George Washington Way  
Richland, WA 99352  
 FACILITY WNP-2  
 LOCATION Hanford Reservation

(1-16) **WA-002515-1** (17-19)  
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
80	11	01	TO	80	11	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (12-17)	X	(3 Card Only) (18-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (18-45) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
Effluent Category A		NO DISCHARGE OCCURRED DURING REPORT PERIOD									
Effluent Category B		5.82 x 10 <sup>6</sup>	9.40 x 10 <sup>6</sup>	GPD				N/A	0	Cont	N/A
		9.46 x 10 <sup>6</sup>	9.46 x 10 <sup>6</sup>							Cont	N/A

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Mr. R. G. Matlock  
Program Director, WNP-2  
 TYPED OR PRINTED

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*R. G. Matlock*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

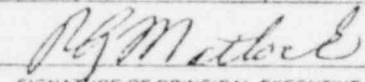
TELEPHONE DATE  
 377-2501  
 509 x 2482 81 01 25  
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (If space all attachments here)

NAME Washington Public Power Supply System  
 ADDRESS 3000 George Washington Way  
Richland, WA 99352  
 FACILITY WNP-2  
 LOCATION Hanford Reservation

(17-18) WA-002515-1 PERMIT NUMBER  
 (17-19) 001 DISCHARGE NUMBER  
 FROM YEAR 80 MO 12 DAY 01 TO YEAR 80 MO 12 DAY 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (12-33)	X	(3 Card Only) (40-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO EX (67-68)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Effluent Category A		NO DISCHARGE OCCURRED DURING REPORT PERIOD										
Effluent Category B	SAMPLE MEASUREMENT	4.22 x 10 <sup>6</sup>	8.96 x 10 <sup>6</sup>	GPD					N/A	0	N/A	N/A
	PERMIT REQUIREMENT	9.46 x 10 <sup>6</sup>	9.46 x 10 <sup>6</sup>									Cont
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
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Mr. R. G. Matlock Program Director, WNP-2 TYPED OR PRINTED								509	377-2501 x 2482	81	01	25
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA CODE		NUMBER		YEAR		MO		DAY		