

DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

01-03-12

DISCHARGE MONITORING REPORT

MAINE YANKEE ATOMIC POWER CO
BAILEY POINT
WISCONSSETT
ME 04576

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.

YEAR	MONTH	DAY
01	03	31

REPORTING PERIOD ENDING:

SYSTEM LICENSE NUMBER
-J1
060706

POINT SOURCE NUMBER	POINT SOURCE NAME
01	PROCESS, TRIO 0010

PARAMETER NAME	QUANTITY					CONCENTRATION					NO. EXC.	NO. ANA	NO. EXC.		
	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. ANA	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. ANA				NO. EXC.	
FLOW RATE	28.5	39.3	57.0	MGD	735	0	0	0	0	0	0	0	0	0	24/12
WATER TEMP.	43.9	58.9	58.9	DEG-F	735	0	0	0	0	0	0	0	0	0	7/7
TEMP. DIFFERENCE	6.3	8.7	13.9	DEG-F	735	0	0	0	0	0	0	0	0	0	7/7
SUSP. SOLIDS	*****	*****	*****	*****	000	000	000	000	MG/L	2	0	0	0	0	24/12
OIL-GREASE	*****	*****	*****	*****	000	000	000	000	MG/L	2	0	0	0	0	24/12
PH	*****	*****	*****	*****	000	000	000	000	SU	2	0	0	0	0	24/12

POOR ORIGINAL

J. H. Arnold
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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.

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

8104240 434

DISCHARGE MONITORING REPORT

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 an (X) asterisk. Boxes containing one (1) asterisk are optional and may be filled in with appropriate data if available from the licensee.
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YEAR	MONTH	DAY
81	03	31

REPORTING PERIOD ENDING

SYSTEM	LICENSE NUMBER
01	951746

POINT SOURCE NUMBER	POINT SOURCE NAME
02	SANITARY, IPFD

PARAMETER NAME	QUANTITY				CONCENTRATION				NO. EXC	NO. ANA	NO. EXC	NO. ANA	
	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
FLOW RATE	*	*	1102	GPD	*****	*****	*****	*****	*****	*****	*****	*****	*****
BOD	*****	*****	*****	*****	*****	57	87	MG/L	*****	*****	*****	*****	4/12
SUSP. SOLIDS	*****	*****	*****	*****	*****	82	136	MG/L	*****	*****	*****	*****	4/12
FECAL COLIFORM	*****	*****	*****	*****	*****	0	0	COL/100	*****	*****	*****	*****	4/12
CHLORINE	*****	*****	*****	*****	*****	*****	*****	MG/L	*****	*****	*****	*****	4/12
PH	*****	*****	*****	*****	*****	*****	*****	SU	*****	*****	*****	*****	4/12
* Sample Date	BOD Sus Sol	87	136										
2/10/81													
3/10/81													

POOR ORIGINAL

NAME OF PRINCIPAL EXECUTIVE OFFICER
LAST FIRST MI
J. H. Arnold

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.

DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

DISCHARGE MONITORING REPORT

MAINE FARMERS FERTILIZER POWER CO
BAILEY POINT
MISSEMAISEE

ME 34576

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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YEAR	MONTH	DAY
01	03	01

REPORTING PERIOD ENDING:

POINT SOURCE NUMBER: JS

POINT SOURCE NAME: PROCESS, F&D 010

PARAMETER NAME	QUANTITY				CONCENTRATION				NO. ANA	NO. EXC.	
	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	*	*	023	MGD	*****	*****	*****	*****	000	000	12/12
WATER TEMP.	*	*	113	DEG-F	*****	*****	*****	*****	000	000	12/12
PH	*****	*****	*****	*****	6.71	8.56	SU	110	000	000	12/12

POOR ORIGINAL

NAME OF PRINCIPAL EXECUTIVE OFFICER: J. H. Arnold

TITLE OF OFFICER: _____

DATE: _____

YEAR: ____ MONTH: ____ DAY: ____

LAST: FIRST MI

FOUR 206 (01 78)

PAGE ____ OF ____

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.

DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

DISCHARGE MONITORING REPORT

MAINE NUCLEAR ATOMIC POWER CO
BAILEY POINT
WISCASSET ME 04574

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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YEAR	MONTH	DAY
81	03	31

REPORTING PERIOD ENDING

SYSTEM LICENSE NUMBER	000740
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POINT SOURCE NUMBER	04	POINT SOURCE NAME	COOLING WATER, 001A
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PARAMETER NAME	QUANTITY					CONCENTRATION					NO. EXC	NO. ANA	UNITS	NO. EXC	NO. ANA		
	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. ANA	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. ANA							
FLOW RATE	436.5	578.6	582.0	MGD	735	*****	*****	*****	*****	*****	*****	0	0	0	0	0	CONT
WATER TEMP.	60.2	67.1	76.4	DEG-F	735	*****	*****	*****	*****	*****	*****	0	0	0	0	0	CONT
THERMAL K-RATE	*****	*****	*****	*****	000	*****	*****	*****	*****	*****	*****	0	0	0	0	0	7/7
PH	*****	*****	*****	*****	000	*****	*****	*****	*****	*****	*****	0	0	0	0	0	1/7

POOR ORIGINAL

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

DISCHARGE MONITORING REPORT

INSTRUCTIONS

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YEAR	MONTH	DAY
01	03	31

REPORTING PERIOD ENDING:

SYSTEM LICENSE NUMBER	POINT SOURCE NAME
01 000 700	PROCESS AND COOLING # 001
POINT SOURCE NUMBER	
02	

PARAMETER NAME	QUANTITY					CONCENTRATION					NO. EXC.	
	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. ANA.	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. ANA.		
FLOW RATE	465.0	617.9	639.0	MGD	730	*****	*****	*****	*****	000	000	CONT

POOR ORIGINAL

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.

J. H. Arnold
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

PAGE OF

DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

MAINE YARNELL ATOMIC POWER CO
BAILEY POINT
WISCONSIN

ME 04578

DISCHARGE MONITORING REPORT

INSTRUCTIONS

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YEAR	MONTH	DAY
01	03	31

REPORTING PERIOD ENDING:

SYSTEM	LICENSE NUMBER
01	000746

POINT SOURCE NUMBER	POINT SOURCE NAME
00	CONDENSER BACKWASH, 002

PARAMETER NAME	QUANTITY				CONCENTRATION				NO. ANA	NO. EXC	DATE
	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	*	*	25	MGD	*****	*****	*****	*****	000	000	12/12
WATER TEMP.	*****	93.2	113.2	DEG-F	*****	*****	*****	*****	000	000	CONT

POOR ORIGINAL

NAME OF PRINCIPAL EXECUTIVE OFFICER: _____
 TITLE OF OFFICER: _____
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *J. H. Arnold*
 PAGE 01

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.