MAINE YANKEE ATOMIC POWER CO.
WISCASSET

DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

DISCHARGE MONITORING REPORT

SYSTEM	LICENSE NUMBER	REPORTING PERIOD ENDING	YEAR	MONTH	DAY
01	0007/90		78	12	31

POINT SOURCE NUMBER	POINT SOURCE NAME
01	PROCESS, LCEF 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 form, enter minus (0) asterisks. Numbers containing more than seven digits are rejected 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 column labeled "No. Ana".
3. Specify the total number of analyzed samples that exceed the PARAMETER license conditions in the column labeled "No. Exc".
4. Appropriate signature is required at the bottom of the 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	28.5	30.4	42.7	MGD	745	0	******	******	******	******	000	000	24/12
WATER TEMP.	57.6	******	69.4	DEG-F	745	0	******	******	******	******	000	000	777
TEMP. DIFFERENCE	5.4	7.3	12.0	DEG-F	745	0	******	******	******	******	000	000	777
SUSP. SOLIDS	******	******	******	******	000	000	5.0	5.6	7.2	MG/L	2	0	24/12
OIL-GREASE	******	******	******	******	000	000	0	0	0	MG/L	2	0	24/12
PH	******	******	******	******	000	000	7.28	******	7.70	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. Hawkes
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

FORM DEP - 206 (01-79)

PAGE OF

8012020597

DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

BATH IRON WORKS CORPORATION
BATH, MAINE

DISCHARGE MONITORING REPORT

SYSTEM	LICENSE NUMBER	REPORTING PERIOD ENDING	YEAR	MONTH	DAY
01	[illegible]		79	11	30

POINT SOURCE NUMBER	POINT SOURCE NAME
03	PROCESS [illegible] 0010

INSTRUCTIONS

1. Enter minimum, average, and maximum values under "QUANTITY" and "CONCENTRATION" as the unit specified for each parameter as appropriate. Do not enter values in boxes containing an (ND) entry. Boxes containing one (1) entry 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 analyses samples that exceed the PARAMETER license condition in the columns labeled "No. Exc."
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	*	*	22.53 / 11.2	MGD	2 / 4	0 / 0	******	******	******	******	000	000	12/12
[illegible]	*	*	[illegible]	MGD	2	0	******	******	******	******	000	000	12/12
PH	******	******	******	******	000	000	7.4	******	8.2	SU	9	1	12/12
							PLEASE SEE LETTER DATED 24 OCTOBER 1979						

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. Hardie
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

PAGE OF

FORM DEP - 206 (01 78)

MAINE YANKEE ATOMIC POWER CO
BAILEY POINT
WISCASSET ME 04578

DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

10-10-80

DISCHARGE MONITORING REPORT

SYSTEM	LICENCE NUMBER
01	0000[illegible]

REPORTING PERIOD ENDING — YEAR 1[illegible] MONTH 1[illegible] DAY 1[illegible]

POINT SOURCE NUMBER	POINT SOURCE NAME
06	COOLING WATER, DOCK

INSTRUCTIONS

1. Enter minimum, average, and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Denoted 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 column labeled "No. Ana".
3. Specify the total number of analyzed samples that exceed the PARAMETER license conditions in the column labeled "No. Exc".
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	5820	5820	5820	MGD	745	0	******	******	******	******	000	000	CONT
WATER TEMP.	70.6	81.6	89.6	DEG-F	745	0	******	******	******	******	000	000	CONT
RESIDUAL CHLORINE	******	******	******	******	000	000	******	******	176.1	PPT	31	0	777
PH	******	******	******	******	000	000	7.65	******	7.77	SU	7	0	777

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. [illegible]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

PAGE OF

FORM DEP - 206 (01 78)

MAINE YANKEE ATOMIC POWER CO.
BAILEY POINT
WISCASSET ME 04578

DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

DISCHARGE MONITORING REPORT

SW-10-85

SYSTEM	LICENSE NUMBER
01	0007760

REPORTING PERIOD ENDING — YEAR 85 MONTH 10 DAY 31

POINT SOURCE NUMBER	POINT SOURCE NAME
07	PROCESS AND CONTROL 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.
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 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.	CONT
FLOW RATE	610.5	624	624.7	MGD	745	0	******	******	******	******	000	000	
		KR											

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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

FORM DEP - 206 (01-78)

PAGE OF

[illegible]
[illegible]
[illegible]

DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

16-10-89

DISCHARGE MONITORING REPORT

SYSTEM	LICENSE NUMBER		YEAR	MONTH	DAY
01	[illegible]	REP[illegible]	89	10	31

POINT SOURCE NUMBER	
01	[illegible]

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 facility.
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. An authorized 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 [illegible]	*	*		MGD			******	******	******	******	000	000	12717
[illegible] TEMP.	******			DEG-F			******	******	******	******	000	000	C.OHA
	THIS DISCHARGE NOT IN USE THIS MONTH												

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. K[illegible]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

FORM DEP - 206 (01-78)

PAGE OF