

DISCHARGE MONITORING REPORT

SYSTEM LICENSE NUMBER
01 601746

REPORTING PERIOD-ENDING

VELOCITY (GPM) DAY
80 12 31

POINT SOURCE NUMBER
01

POINT SOURCE NAME

PROCESS TRTD 001B

- INSTRUCTIONS**
- Enter measured, average, and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for these parameters in appropriate. Do not enter values or boxes containing the following: (a) asterisks; (b) dashes; (c) blank; (d) slash and may be filled in with appropriate data if available from the licensee.
 - Specify the total number of analyses performed for each parameter for either "QUANTITY" or "CONCENTRATION" in the columns labeled "No. Analyses".
 - Specify the total number of analyzed samples that exceed the PARAMETER NARRATIVE conditions in the column labeled "No. Exceed".
 - Appropriate signature is required at the bottom of this form.

PARAMETER NAME	QUANTITY				CONCENTRATION				NO. ANALYSES	NO. EXCEED	DATE
	MEASURE	AVERAGE	MAXIMUM	UNITS	MEASURE	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	28.5	28.5	28.5	MGD	0	0	0		000	000	24/12
WATER TEMP.	34.3	34.5	56.1	DEG-F	0	0	0		000	000	7/7
TEMP. DIFFERENCE	3.6	8.7	13.0	DEG-F	0	0	0		000	000	7/7
SUSP. SOLIDS	*****	*****	*****	*****	0	0	0	MG/L	000	000	24/12
OIL-GREASE	*****	*****	*****	*****	0	0	0	MG/L	3	0	24/12
PH	*****	*****	*****	*****	0	0	0	USU	3	0	24/12

NAME OF PRINCIPAL EXECUTIVE OFFICER _____ TITLE OF OFFICER _____

DATE YEAR MONTH 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. J. Hinkle
MEMBER OF THE MAINE PROFESSIONAL ENGINEERS SOCIETY

PAGE 01 OF 01

8101200308

DISCHARGE MONITORING REPORT

MAINE YANKEE ATOMIC POWER CO
BALLEY POINT
WISCONSSET

INSTRUCTIONS

1. Entry amount, average, and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter to appropriate. Do not enter values in boxes containing six digit dashes. Boxes containing six digit dashes are optional and may be left blank with appropriate data if available from the records.
2. Specify the test number, if analysis performed for each parameter for value "QUALITY" or "CONCENTRATION" in the columns, table and "No. Anal".
3. Specify the total number of analyzed samples that exceeded the PARAMETER in the column labels. (No. Ex.)
4. Appropriate Department is required at the bottom of this form.

SYSTEM NUMBER: 01
 REPORT NUMBER: 000746
 DATE: 80 12 31
 TIME: 12 31

POINT SOURCE NUMBER: 02
 POINT SOURCE NAME: SANITARY, TRTD

PARAMETER NAME	QUANTITY			CONCENTRATION					
	TEST NO.	UNITS	NO. EX.	TEST NO.	UNITS	NO. EX.	TEST NO.	UNITS	NO. EX.
FLOW RATE	*****	GPD	000	*****	MG/L	000	*****	MG/L	000
300	*****	*****	000	*****	*****	000	*****	*****	000
SUSP. SOLIDS	*****	*****	000	*****	MG/L	000	*****	MG/L	000
83	*****	*****	000	*****	*****	000	*****	*****	000
FECAL COLIFORM	*****	*****	000	*****	COL/100	000	*****	COL/100	000
0	*****	*****	000	*****	*****	000	*****	*****	000
CHLORINE	*****	*****	000	*****	MG/L	000	*****	MG/L	000
30	*****	*****	000	*****	*****	000	*****	*****	000
PH	*****	*****	000	*****	SU	000	*****	SU	000
6.43	*****	*****	000	*****	*****	000	*****	*****	000

* ADJUSTMENTS TO THE PLANT MAKE SUE ABOVE AND THE LATEST LAB. SHOWS 87 mg/L

NAME OF PRINCIPAL EXECUTIVE OFFICER: [Signature]
 TITLE OF OFFICER: [Signature]
 DATE: [Signature]
 SIGNATURE: [Signature]
 DATE: [Signature]

DISCHARGE MONITORING REPORT

INSTRUCTIONS

1. Enter appropriate average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified in each parameter's appropriate. Enter other values in boxes containing six (6) characters. Parameters requiring more than six characters may be listed in with appropriate units if available from the licensee.
2. Specify the total number of analyses performed for each parameter for either "QUANTITY" or "CONCENTRATION" as the sample is labeled "No. Ana".
3. Specify the total number of analyzed samples that exceed the PARAMETER action condition in the column labeled "Ex. Ex".
4. Appropriate signatures is required at the bottom of this form.

YEAR REPORTED: 80 12 31

REPORTING PERIOD: 80 12 31

SYSTEM LICENSE NUMBER: 01 000746

FOUNT SOURCE NUMBER: 03 PROCESS, TRTD 001D

FOUNT SOURCE NAME

PARAMETER NAME	UNIT	QUANTITY			CONCENTRATION			NO. EX.
		NO. ANA	AVG	MAX	AVG	MAX	NO. EX.	
FLOW RATE	MGD	28	0	0	*****	*****	0	12/12
WATER TEMP.	DEG-F	28	0	0	*****	*****	0	12/12
PH		000	000	000	*****	SU	28	12/12
					9.75		11	
					Please see letter on PH dated 4/2/76			

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.

DATE: _____
 YEAR: _____
 MO: _____
 DAY: _____

TITLE OF OFFICER: _____

NAME OF PRINCIPAL EXECUTIVE OFFICER: _____
 LAST: _____
 FIRST: _____
 MIDDLE: _____

W. H. Clark
 MAINE YANKEE ATOMIC POWER CO

DISCHARGE MONITORING REPORT

SYSTEM LICENSE NUMBER: 01 000746
 REPORTING PERIOD: 80 12 31
 POINT SOURCE NAME: COOKING WATER, 601A

INSTRUCTIONS
 1. Enter minimum, average, and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter in the table. Do not enter values in boxes containing an "X".
 2. Do not enter values in boxes containing an "X".
 3. Do not enter values in boxes containing an "X".
 4. Do not enter values in boxes containing an "X".

POINT SOURCE NUMBER: 04
 COOKING WATER, 601A

PARAMETER NAME	QUANTITY			CONCENTRATION					UNIT
	MIN	AVERAGE	MAX	REQUIRE	MEASURED	UNIT	RED AREA	RED CONC	
FLOW RATE	436.5	532.2	582.0	MGD	*****	*****	0.00	0.00	CONT
WATER TEMP.	33.6	61.9	73.8	DFG-F	*****	*****	0.00	0.00	CONT
THERMAL R-RATE	*****	*****	*****	*****	1753.0	MWT	17	0	717
PH	*****	*****	*****	*****	7.84	SU	5	0	117

NAME OF PRINCIPAL EXECUTIVE OFFICER: _____
 DATE: _____
 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. H. Hildebrand

MAINE YANKEE ATOMIC POWER CO
BAILEY POINT
MISCELLANEOUS REPORT
ME 0-578

DISCHARGE MONITORING REPORT

INSTRUCTIONS

1. All numerical values and units must be entered in the appropriate boxes under "QUANTITY" and "CONCENTRATION".
2. Do not enter values in boxes containing an "X" unless they are specifically requested in the instructions.
3. Do not enter values in boxes containing a "0" unless they are specifically requested in the instructions.
4. Do not enter values in boxes containing a "1" unless they are specifically requested in the instructions.
5. Do not enter values in boxes containing a "2" unless they are specifically requested in the instructions.
6. Do not enter values in boxes containing a "3" unless they are specifically requested in the instructions.
7. Do not enter values in boxes containing a "4" unless they are specifically requested in the instructions.
8. Do not enter values in boxes containing a "5" unless they are specifically requested in the instructions.
9. Do not enter values in boxes containing a "6" unless they are specifically requested in the instructions.
10. Do not enter values in boxes containing a "7" unless they are specifically requested in the instructions.
11. Do not enter values in boxes containing a "8" unless they are specifically requested in the instructions.
12. Do not enter values in boxes containing a "9" unless they are specifically requested in the instructions.

YEAR 40 MONTH 12 DAY 31

REPORTING PLANT NAME

CONDENSER BACKWASH, 302

SYSTEM IDENTIFICATION
01 000740

POINT SOURCE NUMBER
06

PARAMETER TITLE	QUANTITY	UNITS	CONCENTRATION						DATE
			MEASUREMENT	RECOVERY	RECYCLED	RECYCLED	RECYCLED	RECYCLED	
FLOW RATE	MGD	MGD	*****	*****	*****	*****	*****	*****	12/12
WATER TEMP.	DEG-F	DEG-F	*****	*****	*****	*****	*****	*****	CONT
THIS DISCHARGE WAS NOT IN USE THIS MONTH									
NONE THIS MONTH									

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

DATE: MONTH DAY

TITLE OF OFFICER

NAME OF PERSONNEL EXECUTIVE OFFICER
LAST FIRST MI

N. J. J. J.