P 1	0u1	Three Mile I	sland Nuclear Statio	n UU U	SIDE 1
igu	re 1001-3	Procedur	e Change Request	Monitoring/Controll	No. 2-82-1
1.	Procedure EPIP 105		0	Liquid Discharges .	
	No.		t Revision No.	Title	A
	the second se	lude page numbers, paragra ets if necessary.)	aph numbers, and exact	t wording of recommended change.	Attach additional
	Delete.				
3.	Reason for Revision				
	Procedure does not a	only to Unit 2			
	Frocedure does not a	pp13 to onit 2.			
4.	(a) Does Revision replace a	TCN2 Ve	s X no	•	1.14
<b>*.</b>	(b) If "yes" indicate the TC	Characteristic and the second s			
5.	Recommended by XPF &	herts Date s	121182 6. Supr	ervisor's Signature X	Congr Date 5/
	This Section completed by Pre	ocedure Coordinator			
7.	(a) Is procedure on Nuclear	Safety Related Proced	ure List? (Sec. A.	P. 1001 - Appendix B)	
	If "yes", change is revie	wed by PORC and a N	luclear Safety.	X yes no	
	Evaluation is prepared ( (b) Is procedure on Environ			ent Head review is required. P. 1001 - Appendix B)	
	If "yes", an Environme				es X no
-	Review (Administrative, C	Chemistry and Health P	hysics Procedures m	ay requirs approval of both Ur	it 1 and Unit 2 )
8.	Unit 1	D	Unit 2	ent Head × X74 Trange	5/21/22
8.		Date	Departitie	ant neaux A fance of	
8.	Department Head	Date	Chairman	of PO'C Annal D	ate 9/25/12
	Department Head Chairman of PORC	Date	Chairman	of PO' C Bor Kunker D	ate 7/25/12
8. 9.	Department Head Chairman of POSC	Date	Chairman		ate <u>7/25/11</u>
	Department Head Chairman of PORC <u>Annroval</u> *Unit Superintendent	AP	Chairman	Date Date cher side of	is a
9.	Department Head Chairman of PORC <u>Annroval</u> *Unit Superintendent *NOTE: If 7 (a) or 7 (b) are	AP	Chairman	Date MU	is a
	Department Head Chairman of POSC <u>Annroval</u> *Unit Superintendent *NOTE: If 7 (a) or 7 (b) are <u>Approval</u> Manager, Generation Quality	Assurance	Chairman Ident must approve of	Date Mar evaluation on the other side of	this form.
9.	Department Head Chairman of POSC <u>Annroval</u> *Unit Superintendent *NOTE: If 7 (a) or 7 (b) are <u>Approval</u> Manager, Generation Quality	Assurance	Chairman Ident must approve of	Date Date evaluation on the other side of	this form.

			"EVALUATIO	ON'			
AP 1001		Three Mile Island Nuclear Station				SIDE 2	
igu	ure 1001-4	Nucl	ear Safety/Environmental	Impact Evaluation			
	Procedure _	EPIP 1054.14	Monitoring/Con Liquid Dischar	ges .	Change	2-82=119 No.	
		No.			1.5		
-		ty Evaluation				•	
		s the attached procedure		ensurement of an assidant or ma	Ifunction of		
	<ul> <li>(a) increase the probability of occurrence or the consequences of an accident or malfunction of equipment important to safety?</li> </ul>					yes no	
	*(b)	the second s					
	Children and Strengthere of the second state of the			no". Attach additional pages if requ	ired.)		
		rocedure will be r (EPIP 1054.33).	replaced by a proc	edure that is Unit 2			
			Evaluation	By X PF Eherts	Da	te 5/21/8	
3.	Environment	al Impact Evaluation					
	Does the attached procedure change:						
	(a)	уе	s no l				
		(if 3 (a) is "yes", answer questions (b) and (c) and fill in "Details of Evaluation" below. If no, state why by filling in the "Details of Evaluation" below.)					
	(b)						
	(c)						
	Details of Ev		ditional pages if required				
			Evaluatio	in By	Da	te	
	Unit Superin	ntendent requests PORC	review Check	if YES.			
4.	Approval	- in the started					
4.	ubbione.		Evaluation /	Accompanying TCN			
-		Accompanying PCR					
-		111	12 Approval	000	Dette		
-		1/5 idls.		SRO Licensee	Date		
-	Evaluation	1/5 idls.	Reviewed	SRO Licensee Member of Plant Staff	Date		
4.	Evaluation	1/5 idls.					