

DUKE POWER COMPANY

STEAM PRODUCTION DEPT.

GENERAL OFFICES

422 SOUTH CHURCH STREET

CHARLOTTE, N. C. 28242

P. O. BOX 33189

TELEPHONE: AREA 704
373-4011

July 14, 1981

Division of Environmental Management
Water Quality Section
P. O. Box 27687
Raleigh, N. C. 27611

Subject: Duke Power Company
NPDES Monitoring Report for
McGuire Nuclear Station - NC0024392
File: MC-704.21



Dear Sir:

In accordance with Part 1, C(2) of the above referenced NPDES permit, duplicate copies of the monthly monitoring report for May 1981 are enclosed. The Duke Power Company NPDES permit requires monitoring for pH, temperature, total suspended solids, oil and grease, total heavy metals, and biological parameters in various discharges and in-lake locations at McGuire.

We are submitting the data on the North Carolina Monthly Monitoring Report forms and the EPA Form 3320-1 for clarity. The state Monthly Monitoring Report forms do not readily lend themselves to reporting the parameters we are required to monitor and report. We are required to monitor more parameters than there are allocated spaces.

The Waste Water Collection Basin (WWCB) effluent pH at McGuire Nuclear Station exceeded the maximum limitations of 9.0 standard units in May. Our letter of October 19, 1978 to Mr. D. Rex Gleason outlined the history of WWCB and pH fluctuations which appear to be caused by photosynthetic activity.

Please contact us if you require further clarification.

Very truly yours,

A handwritten signature in cursive script, appearing to read 'W. A. Haller'.

W. A. Haller, Manager
Technical & Environmental Services

LWP/tw

Enclosure

cc: L. E. Lansche w/o enclosure
J. R. Hendricks " "
N. A. Rutherford w/enclosure
Harold R. Denton " "

8107170224 810714
PDR ADDCK 05000369
R PDR

A007
5/11

NAME Duke Power Company
ADDRESS P. O. Box 33189
Charlotte, N. C. 28242
FACILITY McGuire Nuclear Station
LOCATION Cornelius

NC0024392
PERMIT NUMBER
DISCHARGE NUMBER

MONITORING PERIOD
FROM 81 05 01 TO 81 05 31
YEAR MO DAY YEAR MO DAY
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	0.5	0.7	MGD						1/1	GR
	PERMIT REQUIREMENT										
pH	SAMPLE MEASUREMENT	7.0	8.4	Std.					0	1/1	GR
	PERMIT REQUIREMENT		9	Units							
Total Suspended Solids	SAMPLE MEASUREMENT				6.0	6.1	6.3	mg/l	0	1/1	GR
	PERMIT REQUIREMENT					30	100				
Oil and Grease	SAMPLE MEASUREMENT				0.3	0.7	1.0	mg/l	0	2/mo	GR
	PERMIT REQUIREMENT					15	20				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
William G. Parker, Jr.
Vice President, Steam Prod.
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.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE
DATE
AREA CODE NUMBER YEAR MO DAY

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

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacteriological parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE: to municipalities with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM.")
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT," (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Officer(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Officer(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

(FOLD HERE SECOND)

HERE
 STAMP
 PLACE

(FOLD HERE THIRD)

STAPLE HERE

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

Duke Power Company

NAME P. O. Box 33189

ADDRESS Charlotte, N. C. 28242

McGuire Nuclear Station

FACILITY Cornelius, N. C.

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 158-R0073

MC00024392
PERMIT NUMBER

005
DISCHARGE NUMBER

MONITORING PERIOD
FROM 81 05 01 TO 81 05 31
YEAR MO DAY YEAR MO DAY
(26-27) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Flow	SAMPLE MEASUREMENT	2.9	4.6	MCD					1/1	GR
	PERMIT REQUIREMENT									
pH	SAMPLE MEASUREMENT	8.2	9.2	Std.				2	1/1	GR
	PERMIT REQUIREMENT		9	Units						
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	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

William G. Parker, Jr.
Vice President, Steam Prod.

TYPED OR PRINTED

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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. (Penal-
ties 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

AREA
CODE

NUMBER

YEAR

MO

DAY

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

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9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

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(FOLD HERE SECOND)

PLACE
STAMP
HERE

(FOLD HERE THIRD)

STAPLE HERE

E. WASTEWATER FLOW
MEASURED AS (Check One)
☐ INFLUENT
☒ EFFLUENT

EFFLUENT SAMPLES

G May 1981
MONTHLY REPORT FOR

H NC 0024392203 (WWCB)
EFFLUENT I.D. NUMBER

80

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
DATE GRAB OR COMPOSITE SAMPLE COLLECTED	GRAB SAMPLE COLLECTION TIME, 2400 CLOCK	LENGTH OF TIME COMPOSITE SAMPLE WAS COLLECTED IN HOURS	MAXIMUM RATE	MINIMUM RATE	DAILY TOTAL	TEMPERATURE (CELSIUS)	pH	SETTLABLE MATTER	RESIDUAL CHLORINE	BOD ₅ , 20 °C	COD	NITROGEN, AMMONIA	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	TOTAL PHOSPHORUS	SOIL & GREASE EXTRACTOR EXTRACTION	FECAL COLIFORM	TURBIDITY	COPPER	TOTAL CHROMIUM	DISSOLVED OXYGEN	TOTAL KJELDAHL NITROGEN	ENTER PARAMETER CODE AND NO. ABOVE		
1	0830				1.93		8.9																		
2																									
3																									
4	0830				1.93		8.9																		
5	0835				1.93		8.9							8.75											
6	0915				2.32		8.7																		
7	0915				4.65		7.7																		
8	0900				4.05		7.0																		
9																									
10																									
11	0840				2.75		7.1																		
12	0830				2.75		7.1																		
13	0850				1.93		7.1																		
14	1120				2.82		7.4																		
15	0900				3.24		7.3																		
16																									
17																									
18	0845				3.24		8.9																		
19	0830				2.53		8.8							2.9											
20	0820				2.75		8.6																		
21	0830				3.93		7.9																		
22	0850				3.04		8.1																		
23																									
24																									
25																									
26	1010				2.99		9.2																		
27	0915				2.32		9.2																		
28	1140				4.34		8.7																		
29	0835				3.63		8.8																		
30																									
31																									
L MONTHLY AVERAGE			I		2.95									2.82											
MONTHLY MAXIMUM			K		4.65		9.2							8.75											
MONTHLY MINIMUM			J		1.93		7.0							2.9											
M TYPE OF SAMPLE																									
COMPOSITE																									
GRAB																									

L MONTHLY AVERAGE
MONTHLY MAXIMUM
MONTHLY MINIMUM
M TYPE OF SAMPLE
COMPOSITE
GRAB

1 MONTHLY MONITORING REPORT TO
SION OF ENVIRONMENTAL MANAGEMENT
DEPT. NATURAL RESOURCES & COMM. DEVEL.
1 OFFICE BOX 27687
100 NORTH CAROLINA 27611

N TREATMENT PLANT NAME, IF APPLICABLE
N/A

Q NC 0024392
PERMIT OR NPDES
DISCHARGE PERMIT
NUMBER

R CLASS OF
FACILITY

Q Amy C. Best
NAME OF PERSON COLLECTING SAMPLES

S not certified
NAME OF CERTIFIED LABORATORY PERFORMING ANALYSIS

P Amy R. Kennedy
CERTIFIED BY

*ENTER GEOMETRIC MEAN HERE DO NOT USE
AN ARITHMETIC MEAN

MAIL WHITE & PINK
COPIES TO RALEIGH

RETAIN YELLOW
COPY FOR FILES

A MONTHLY REPORT FOR MUNICIPALITY, INDUSTRY AND/OR FACILITY
COUNTY Mecklenburg
NAME OF RESPONSIBLE OPERATOR IN CHARGE (Print Name)
DPC McGuire Nuclear Station
CITY Charlotte

DEM FORM MR-11
REVISED 3-78

(002 Waste Water Treatment)

E. WASTEWATER FLOW
MEASURED AS (Check One)
☐ INFLUENT
☐ EFFLUENT

EFFLUENT SAMPLES

G. May 1981
MONTHLY REPORT FOR

H. NC 024382213 (WC)
EFFLUENT ID NUMBER

80

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
DATE GRAB OR COMPOSITE SAMPLE COLLECTED	GRAB SAMPLE COLLECTION TIME, 2400 CLOCK	LENGTH OF TIME COMPOSITE SAMPLE WAS COLLECTED IN HOURS	WASTEWATER FLOW MAXIMUM RATE	WASTEWATER FLOW MINIMUM RATE	WASTEWATER FLOW DAILY TOTAL	TEMPERATURE (CELSIUS)	pH	SETTLABLE SOLIDS	RESIDUAL CHLORINE	BOD ₅ , 20 °C	COD	NITROGEN, AMMONIA	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	TOTAL PHOSPHORUS	OIL & GREASE SENSITIVITY ANALYSIS	FECAL COLIFORM	TURBIDITY	COPPER	TOTAL CHROMIUM	DISSOLVED OXYGEN	TOTAL KJELDAHL NITROGEN	ENTER PARAMETER CODE (SEE ABOVE)		
1			NO FLOW																						
2			NO FLOW																						
3			NO FLOW																						
4			NO FLOW																						
5			NO FLOW																						
6			NO FLOW																						
7			NO FLOW																						
8	1045				0.38		6.7							6.2											
9	0900				0.58		6.7																		
10	0945				0.28		7.0																		
11			NO FLOW																						
12			NO FLOW																						
13			NO FLOW																						
14	1030				0.40		6.3							6.1											
15	0900				0.71		6.5																		
16	0930				0.49		8.4																		
17	0900				0.26		8.4																		
18			NO FLOW																						
19			NO FLOW																						
20	1130				0.39		6.6							6.0											
21	1000				0.73		6.8																		
22	0850				0.49		6.8																		
23			NO FLOW																						
24			NO FLOW																						
25			NO FLOW																						
26			NO FLOW																						
27			NO FLOW																						
28	1140				0.38		6.8																		
29	0835				0.73		6.6							6.3											
30	0925				0.52		7.0																		
31	0830				0.13		6.8																		
L	MONTHLY AVERAGE	I			0.47									6.15											
	MONTHLY MAXIMUM	K			0.73		8.4							6.3											
	MONTHLY MINIMUM	J			0.13		6.3							6.0											
M	TYPE OF SAMPLE																								

L MONTHLY MONITORING REPORT TO:
SION OF ENVIRONMENTAL MANAGEMENT
DEPT. NATURAL RESOURCES & COMM. DEVEL.
1 OFFICE BOX 27687
Raleigh, NORTH CAROLINA 27611

N. TREATMENT PLANT NAME, IF APPLICABLE
N/A

Q. NAME OF PERSON COLLECTING SAMPLES
Amy C. Best

Q. NC 0024392
PERMIT OR NPDES
DISCHARGE PERMIT
NUMBER

R. CLASS OF
FACILITY

S. NAME OF CERTIFIED LABORATORY PERFORMING ANALYSIS
Not Certified

*ENTER GEOMETRIC MEAN HERE. DO NOT USE
AN ARITHMETIC MEAN

MAIL WHITE & PINK
COPIES TO RALEIGH

RETAIN YELLOW
COPY FOR FILES

A. MONTHLY REPORT FOR DPC McGuire Nuclear Station
COUNTY Mecklenburg
CITY Charlotte
B. NAME OF RESPONSIBLE OPERATOR IN CHARGE (Please Print)
LARRY R. KIMRAY
C. GRAB OR CERTIFICATE FIELD
II
IF THE RESPONSIBLE OPERATOR IN CHARGE
HAS CHANGED SINCE THE PREVIOUS REPORT
PLEASE CHECK THIS BLOCK ☐

(004 Metal Cleaning Waste)

E. WASTEWATER FLOW
MEASURED AS: (Check One)

G May 1981

H NC 0024392223
FBI/DOJ

80

A. MONTHLY REPORT FOR DPC McGuire Nuclear Station Charlotte
MUNICIPALITY, INDUSTRY AND/OR FACILITY CITY

Mecklenburg
COUNTY

B. Larry R. Kimray
NAME OF RESPONSIBLE OPERATOR IN CHARGE (Please Print)

C. II
GRADE OF CERTIFICATE HELD
(If not certified, write NONE)

IF THE RESPONSIBLE OPERATOR IN CHARGE
HAS CHANGED SINCE THE PREVIOUS REPORT
PLEASE CHECK THIS BLOCK ☐

MAIL WHITE & PINK
COPIES TO RALEIGH

RETAIN YELLOW
COPY FOR FILES

ENTER GEOMETRIC MEAN HERE DO NOT USE
AN ARITHMETIC MEAN

Amy C. Best
NAME OF PERSON COLLECTING SAMPLES
S. not certified
NAME OF TESTING LABORATORY PERFORMING ANALYSIS

N	TREATMENT PLANT NAME IF APPLICABLE	N/A	Q
Q	NC 0024392	R	CLASS OF
	FEEDLOT OR NOOKS		

APLE GRAB

D.		E.		F.		G.		H.		I.		J.		K.		L.		M.		N.		O.		P.		Q.		R.		S.		T.		U.		V.		W.		X.		Y.		Z.		AA.		AB.		AC.		AD.		AE.		AF.		AG.		AH.		AI.		AJ.		AK.		AL.		AM.		AN.		AO.		AP.		AQ.		AR.		AS.		AT.		AU.		AV.		AW.		AX.		AY.		AZ.		BA.		BB.		BC.		BD.		BE.		BF.		BG.		BH.		BI.		BJ.		BK.		BL.		BM.		BN.		BO.		BP.		BQ.		BR.		BS.		BT.		BU.		BV.		BW.		BX.		BY.		BZ.		CA.		CB.		CC.		CD.		CE.		CF.		CG.		CH.		CI.		CJ.		CK.		CL.		CM.		CN.		CO.		CP.		CQ.		CR.		CS.		CT.		CU.		CV.		CW.		CX.		CY.		CZ.		DA.		DB.		DC.		DD.		DE.		DF.		DG.		DH.		DI.		DJ.		DK.		DL.		DM.		DN.		DO.		DP.		DQ.		DR.		DS.		DT.		DU.		DV.		DW.		DX.		DY.		DZ.		EA.		EB.		EC.		ED.		EE.		EF.		EG.		EH.		EI.		EJ.		EK.		EL.		EM.		EN.		EO.		EP.		EQ.		ER.		ES.		ET.		EU.		EV.		EW.		EX.		EY.		EZ.		FA.		FB.		FC.		FD.		FE.		FF.		FG.		FH.		FI.		FJ.		FK.		FL.		FM.		FN.		FO.		FP.		FQ.		FR.		FS.		FT.		FU.		FV.		FW.		FX.		FY.		FZ.		GA.		GB.		GC.		GD.		GE.		GF.		GG.		GH.		GI.		GJ.		GK.		GL.		GM.		GN.		GO.		GP.		GQ.		GR.		GS.		GT.		GU.		GV.		GW.		GX.		GY.		GZ.		HA.		HB.		HC.		HD.		HE.		HF.		HG.		HH.		HI.		HJ.		HK.		HL.		HM.		HN.		HO.		HP.		HQ.		HR.		HS.		HT.		HU.		HV.		HW.		HX.		HY.		HZ.		IA.		IB.		IC.		ID.		IE.		IF.		IG.		IH.		II.		IJ.		IK.		IL.		IM.		IN.		IO.		IP.		IQ.		IR.		IS.		IT.		IU.		IV.		IW.		IX.		IY.		IZ.		JA.		JB.		JC.		JD.		JE.		JF.		JG.		JH.		JI.		JJ.		JK.		JL.		JM.		JN.		JO.		JP.		JQ.		JR.		JS.		JT.		JU.		JV.		JW.		JX.		JY.		JZ.		KA.		KB.		KC.		KD.		KE.		KF.		KG.		KH.		KI.		KJ.		KK.		KL.		KM.		KN.		KO.		KP.		KQ.		KR.		KS.		KT.		KU.		KV.		KW.		KX.		KY.		KZ.		LA.		LB.		LC.		LD.		LE.		LF.		LG.		LH.		LI.		LJ.		LK.		LM.		LN.		LO.		LP.		LQ.		LR.		LS.		LT.		LU.		LV.		LW.		LX.		LY.		LZ.		MA.		MB.		MC.		MD.		ME.		MF.		MG.		MH.		MI.		MJ.		MK.		ML.		MN.		MO.		MP.		MQ.		MR.		MS.		MT.		MU.		MV.		MW.		MX.		MY.		MZ.		NA.		NB.		NC.		ND.		NE.		NF.		NG.		NH.		NI.		NJ.		NK.		NL.		NM.		NN.		NO.		NP.		NQ.		NR.		NS.		NT.		NU.		NV.		NW.		NX.		NY.		NZ.		OA.		OB.		OC.		OD.		OE.		OF.		OG.		OH.		OI.		OJ.		OK.		OL.		OM.		ON.		OO.		OP.		OQ.		OR.		OS.		OT.		OU.		OV.		OW.		OX.		OY.		OZ.		PA.		PB.		PC.		PD.		PE.		PF.		PG.		PH.		PI.		PJ.		PK.		PL.		PM.		PN.		PO.		PP.		PQ.		PR.		PS.		PT.		PU.		PV.		PW.		PX.		PY.		PZ.		QA.		QB.		QC.		QD.		QE.		QF.		QG.		QH.		QI.		QJ.		QK.		QL.		QM.		QN.		QO.		QP.		QQ.		QR.		QS.		QT.		QU.		QV.		QW.		QX.		QY.		QZ.		RA.		RB.		RC.		RD.		RE.		RF.		RG.		RH.		RI.		RJ.		RK.		RL.		RM.		RN.		RO.		RP.		RQ.		RR.		RS.		RT.		RU.		RV.		RW.		RX.		RY.		RZ.		SA.		SB.		SC.		SD.		SE.		SF.		SG.		SH.		SI.		SJ.		SK.		SL.		SM.		SN.		SO.		SP.		SQ.		SR.		SS.		ST.		SU.		SV.		SW.		SX.		SY.		SZ.		TA.		TB.		TC.		TD.		TE.		TF.		TG.		TH.		TI.		TJ.		TK.		TL.		TM.		TN.		TO.		TP.		TQ.		TR.		TS.		TT.		TU.		TV.		TW.		TX.		TY.		TZ.		UA.		UB.		UC.		UD.		UE.		UF.		UG.		UH.		UI.		UJ.		UK.		UL.		UM.		UN.		UO.		UP.		UQ.		UR.		US.		UT.		UU.		UV.		UW.		UX.		UY.		UZ.		VA.		VB.		VC.		VD.		VE.		VF.		VG.		VH.		VI.		VJ.		VK.		VL.		VM.		VN.		VO.		VP.		VQ.		VR.		VS.		VT.		VU.		VV.		VW.		VX.		VY.		VZ.		WA.		WB.		WC.		WD.		WE.		WF.		WG.		WH.		WI.		WJ.		WK.		WL.		WM.		WN.		WO.		WP.		WQ.		WR.		WS.		WT.		WU.		WV.		WW.		WX.		WY.		WZ.		XA.		XB.		XC.		XD.		XE.		XF.		XG.		XH.		XI.		XJ.		XK.		XL.		XM.		XN.		XO.		XP.		XQ.		XR.		XS.		XT.		XU.		XV.		XW.		XX.		XY.		XZ.		YA.		YB.		YC.		YD.		YE.		YF.		YG.		YH.		YI.		YJ.		YK.		YL.		YM.		YN.		YO.		YP.		YQ.		YR.		YS.		YT.		YU.		YV.		YW.		YX.		YY.		YZ.		ZA.		ZB.		ZC.		ZD.		ZE.		ZF.		ZG.		ZH.		ZI.		ZJ.		ZK.		ZL.		ZM.		ZN.		ZO.		ZP.		ZQ.		ZR.		ZS.		ZT.		ZU.		ZV.		ZW.		ZX.		ZY.		ZZ.		AA.		AB.		AC.		AD.		AE.		AF.		AG.		AH.		AI.		AJ.		AK.		AL.		AM.		AN.		AO.		AP.		AQ.		AR.		AS.		AT.		AU.		AV.		AW.		AX.		AY.		AZ.		BA.		BB.		BC.		BD.		BE.		BF.		BG.		BH.		BI.		BJ.		BK.		BL.		BM.		BN.		BO.		BP.		BQ.		BR.		BS.		BT.		BU.		BV.		BW.		BX.		BY.		BZ.		CA.		CB.		CC.		CD.		CE.		CF.		CG.		CH.		CI.		CJ.		CK.		CL.		CM.		CN.		CO.		CP.		CQ.		CR.		CS.		CT.		CU.		CV.		CW.		CX.		CY.		CZ.		DA.		DB.		DC.		DD.		DE.		DF.		DG.		DH.		DI.		DJ.		DK.		DL.		DM.		DN.		DO.		DP.		DQ.		DR.		DS.		DT.		DU.		DV.		DW.		DX.		DY.		DZ.		EA.		EB.		EC.		ED.		EE.		EF.		EG.		EH.		EI.		EJ.		EK.		EL.		EM.		EN.		EO.		EP.		EQ.		ER.		ES.		ET.		EU.		EV.		EW.		EX.		EY.		EZ.		FA.		FB.		FC.		FD.		FE.		FF.		FG.		FH.		FI.		FJ.		FK.		FL.		FM.		FN.		FO.		FP.		FQ.		FR.		FS.		FT.		FU.		FV.		FW.		FX.		FY.		FZ.		GA.		GB.		GC.		GD.		GE.		GF.		GG.		GH.		GI.		GJ.		GK.		GL.		GM.		GN.		GO.		GP.		GQ.		GR.		GS.		GT.		GU.		GV.		GW.		GX.		GY.		GZ.		HA.		HB.		HC.		HD.		HE.		HF.		HG.		HH.		HI.		HJ.		HK.		HL.		HM.		HN.		HO.		HP.		HQ.		HR.		HS.		HT.		HU.		HV.		HW.		HX.		HY.		HZ.		IA.		IB.		IC.		ID.		IE.		IF.		IG.		IH.		II.		IJ.		IK.		IL.		IM.		IN.		IO.		IP.		IQ.		IR.		IS.		IT.		IU.		IV.		IW.		IX.		IY.		IZ.		JA.		JB.		JC.		JD.		JE.		JF.		JG.		JH.		JI.		JJ.		JK.		JL.		JM.		JN.		JO.		JP.		JQ.		JR.		JS.		JT.		JU.		JV.		JW.		JX.		JY.		JZ.		KA.		KB.		KC.		KD.		KE.		KF.		KG.		KH.		KI.		KJ.		KK.		KL.		KM.		KN.		KO.		KP.		KQ.		KR.		KS.		KT.		KU.		KV.		KW.		KX.		KY.		KZ.		LA.		LB.		LC.		LD.		LE.		LF.		LG.		LH.		LI.		LJ.		LK.		LM.		LN.		LO.		LP.		LQ.		LR.		LS.		LT.		LU.		LV.		LW.		LX.		LY.		LZ.		MA.		MB.		MC.		MD.		ME.		MF.		MG.		MH.		MI.		MJ.		MK.		ML.		MN.		MO.		MP.		MQ.		MR.		MS.		MT.		MU.		MV.		MW.		MX.		MY.		MZ.		NA.		NB.		NC.		ND.		NE.		NF.		NG.		NH.		NI.		NJ.		NK.		NL.		NM.		NN.		NO.		NP.		NQ.		NR.		NS.		NT.		NU.		NV.		NW.		NX.		NY.		NZ.		OA.		OB.		OC.		OD.		OE.		OF.		OG.		OH.		OI.		OJ.		OK.		OL.		OM.		ON.		OO.		OP.		OQ.		OR.		OS.		OT.		OU.		OV.		OW.		OX.		OY.		OZ.		PA.		PB.		PC.		PD.		PE.		PF.		PG.		PH.		PI.		PJ.		PK.		PL.		PM.		PN.		PO.		PP.		PQ.		PR.		PS.		PT.		PU.		PV.		PW.		PX.		PY.		PZ.		QA.		QB.		QC.		QD.		QE.		QF.		QG.		QH.		QI.		QJ.		QK.		QL.		QM.		QN.		QO.		QP.		QQ.		QR.		QS.		QT.		QU.		QV.		QW.		QX.		QY.		QZ.		RA.		RB.		RC.		RD.		RE.		RF.		RG.		RH.		RI.		RJ.		RK.		RL.		RM.		RN.		RO.		RP.		RQ.		RR.		RS.		RT.		RU.		RV.		RW.		RX.		RY.		RZ.		SA.		SB.		SC.		SD.		SE.		SF.		SG.		SH.		SI.		SJ.		SK.		SL.		SM.		SN.		SO.		SP.		SQ.		SR.		SS.		ST.		SU.		SV.		SW.		SX.		SY.		SZ.		TA.		TB.		TC.		TD.		TE.		TF.		TG.		TH.		TI.		TJ.		TK.		TL.		TM.		TN.		TO.		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