

SOUTH CAROLINA ELECTRIC & GAS COMPANY

POST OFFICE 764

COLUMBIA, SOUTH CAROLINA 29218

O. W. DIXON, JR.
VICE PRESIDENT
NUCLEAR OPERATIONS

November 11, 1982

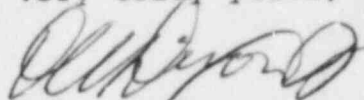
Mr. Harold R. Denton, Director
Office of Nuclear Reactor Regulation
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

Subject: Virgil C. Summer Nuclear Station
Docket No. 50/395
Operating License No. NPF-12
Environmental Quarterly Report
Environmental Monitoring Report

Dear Mr. Denton:

South Carolina Electric and Gas Company (SCE&G), acting for itself and as agent for the South Carolina Public Service Authority, hereby submits fifteen (15) copies of the Environmental Monitoring Report, January - December 1981, and forty-one (41) copies of the Environmental Quarterly Reports, August - September 1982. The Environmental Quarterly Reports are compiled in accordance with NPDES Permit Numbers SC0030856 and SC0034428 and submitted to the NRC in accordance with Appendix B of the Virgil C. Summer Nuclear Station Operating License.

Very truly yours,


O. W. Dixon, Jr.

WRM:OWD/fjc
Attachment:

cc:

V. C. Summer	(w/o Attach)	R. B. Clary
G. H. Fischer	(w/o Attach)	O. S. Bradham
H. N. Cyrus	(w/o Attach)	A. R. Koon
T. C. Nichols, Jr.	(w/o Attach)	M. N. Browne
O. W. Dixon, Jr.	(w/o Attach)	G. J. Braddick
M. B. Whitaker, Jr.	(w/o Attach)	J. L. Skolds
J. P. O'Reilly		J. B. Knotts, Jr.
H. T. Babb	(w/o Attach)	B. A. Bursey
D. A. Nauman		NPCF (w/o Attach)
C. L. Ligon (NSRC)		File
W. A. Williams, Jr.		

8211160241 821111
PDR ADOCK 05000395
R PDR

IE25
1/15 - EMR Jan - Dec 1981
40 - EQR Aug - Sept 1982

SOUTH CAROLINA ELECTRIC & GAS COMPANY

POST OFFICE BOX 764

COLUMBIA, S. C. 29218

803-748-3399

October 12, 1982

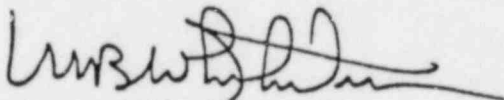
South Carolina Department of Health
and Environmental Control
Attention: Mr. Steve Thomas
NPDES Permits Section
2600 Bull Street
Columbia, S.C. 29201

Subject: V. C. Summer Nuclear Station
National Pollutant Discharge Elimination System
(NPDES) Permit No. SC0030856 - Quarterly Report
SC0034428 - Quarterly Report

Gentlemen:

Enclosed are the quarterly reports submitted in accordance with NPDES Permits No. SC0030856 and SC0034428 issued to the Virgil C. Summer Nuclear Station of the South Carolina Electric and Gas Company. It covers the period from August 1, 1982, through September 30, 1982

Very truly yours,



M. B. Whitaker, Jr.
Group Manager
Nuclear Engineer and Licensing

lkh

Enclosures

cc: Messrs. O. S. Bradham
B. G. Croley
W. F. Bacon
W. R. Baehr
R. F. Johns
NPCF
File
TS File

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported 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 asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "1/7" is equivalent to 1 analysis performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

REPORTING PERIOD: FROM

TO

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
FLOW	REPORTED	--	.005	.006		MGD	0	--	--	--		0	2/30	ESTIMATE	
	PERMIT CONDITION	--	--	--				--	--	--			1/30	ESTIMATE	
pH	REPORTED	6.7	--	6.9		STD UNITS	0	--	--	--		0	2/30	GRAB	
	PERMIT CONDITION	6.0	--	9.0				--	--	--			2/30	GRAB	
BOD ₅	REPORTED	--	.049	.054		KG/DAY	0	--	2.6	2.85	MG/L	0	2/30	GRAB	
	PERMIT CONDITION	--	--	--				--	30	60			1/30	GRAB	
TOTAL SUSPENDED SOLIDS	REPORTED	--	.054	.070		KG/DAY	0	--	2.875	3.7	MG/L	0	2/30	GRAB	
	PERMIT CONDITION	--	--	--				--	30	60			1/30	GRAB	
FECAL COLIFORM	REPORTED	--	--	--				--	0	0	n/100ml			GRAB	
	PERMIT CONDITION	--	--	--				--	200	400			1/30	GRAB	
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Whitaker, M. B.	Group Manager	YEAR MO DAY		

Nuclear Engineering

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0034428

PERMIT NUMBER

001

DIS

SIC

LATITUDE

LONGITUDE

REPORTING PERIOD: FROM

8 2 0 8 0 1

YEAR MO. DAY

TO

8 2 0 9 0 1

YEAR MO. DAY

PARAMETER		QUANTITY					CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.		
FLOW	REPORTED	--	.006	.006	MGD	0	--	--	--		0	2/30	ESTIMATE
	PERMIT CONDITION	--	--	--			--	--	--			1/30	ESTIMATE
pH	REPORTED	6.2	--	7.8	STD UNITS	0	--	--	--		0	2/30	GRAB
	PERMIT CONDITION	6.0	--	9.0			--	--	--			2/30	GRAB
BOD ₅	REPORTED	--	.026	.049	KG/DAY	0	--	1.14	2.17	MG/L	0	2/30	GRAB
	PERMIT CONDITION	--	--	--			--	30	60			1/30	GRAB
TOTAL SUSPENDED SOLIDS	REPORTED	--	.17	.375	KG/DAY	0	--	7.5	16.5	MG/L	0	2/30	GRAB
	PERMIT CONDITION	--	--	--			--	30	60			1/30	GRAB
FECAL COLIFORM	REPORTED	--	--	--			--	0	0	n/100ml	0	2/30	GRAB
	PERMIT CONDITION	--	--	--			--	200	400			1/30	GRAB
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Whitaker, M. B.	Group Manager			YEAR	MO.		

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0034428

PERMIT NUMBER

001

DIS

SIC

LATITUDE

LONGITUDE

REPORTING PERIOD: FROM

8	2	0	9	0	1
YEAR	MO.	DAY			

TO

8	2	1	0	0	1
YEAR	MO	DAY			

PARAMETER		QUANTITY					NO. EX	CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM		AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTED	--	.006	.009	MGD	0	--	--	--		0	2/30	ESTIMATE	
	PERMIT CONDITION	--	--	--			--	--	--			1/30	ESTIMATE	
pH	REPORTED	7.0	--	7.5	STD UNITS	0	--	--	--		0	2/30	GRAB	
	PERMIT CONDITION	6.0	--	9.0			--	--	--			2/30	GRAB	
BOD ₅	REPORTED	--	.049	.069	KG/DAY	0	--	2.14	3.05	MG/L	0	2/30	GRAB	
	PERMIT CONDITION	--	--	--			--	30	60			1/30	GRAB	
TOTAL SUSPENDED SOLIDS	REPORTED	--	.112	.175	KG/DAY	0	--	4.95	7.7	MG/L	0	2/30	GRAB	
	PERMIT CONDITION	--	--	--			--	30	60			1/30	GRAB	
FECAL COLIFORM	REPORTED	--	--	--			--	0	0	n/100ml	0	2/30	GRAB	
	PERMIT CONDITION	--	--	--			--	200	400			1/30	GRAB	
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Whitaker, M. B.	Group Manager	YEAR MO DAY		

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4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/3" is equivalent to 3 analyses performed every 3 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

14-181 0030856 PERMIT NUMBER		157-181 005 DIS		SIC		LATITUDE		LONGITUDE	
120-211 123-211 124-211 8 12 0 17 0 1 YEAR MO. DAY		TO		126-211 128-211 130-211 8 12 0 18 0 1 YEAR MO. DAY					

REPORTING PERIOD: FROM

PARAMETER		(3 card only)					(4 card only)					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX		
FLOW	REPORTED	--	.008	.01*	MGD	0	--	--	--		0	2/30	INSTANT
	PERMIT CONDITION	--	--	--			--	--	--			2/30	INSTANT
pH	REPORTED	7.1	--	7.1	STD UNITS	0	--	--	--		0	2/30	GRAB
	PERMIT CONDITION	6.0	--	9.0			--	--	--			2/30	GRAB
BOD ₅	REPORTED	--	.105	.125	KG/DAY	0	--	3.46	4.13	MG/L	0	2/30	COMP.
	PERMIT CONDITION	--	--	--			--	30	60			2/30	COMP.
TOTAL SUSPENDED SOLIDS	REPORTED	--	.086	.130	KG/DAY	0	--	2.825	4.3	MG/L	0	2/30	COMP.
	PERMIT CONDITION	--	--	--			--	30	60			2/30	COMP.
FECAL COLIFORM	REPORTED	--	--	--			--	0	0	n/100ml	0	2/30	GRAB
	PERMIT CONDITION	--	--	--			--	200	400			2/30	GRAB
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Whitaker, M. B.	Group Manager						
FIRST	HI	TITLE		YEAR MO. DAY			

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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

0030856

PERMIT NUMBER

006

DIS

SIC

LATITUDE

LONGITUDE

REPORTING PERIOD: FROM

8	2	0	7	0	1
YEAR	MO.	DAY			

TO

8	2	0	8	0	1
YEAR	MO.	DAY			

PARAMETER		QUANTITY					CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(3 card only)			UNITS	NO. EX.	(4 card only)			UNITS	NO. EX.		
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTED	--	.006	.009	MGD	0	--	--	--		0	1/7	INSTANT
	PERMIT CONDITION	--	--	--			--	--	--			1/7	INSTANT
pH	REPORTED	6.8	--	7.3	STD UNITS	0	--	--	--		0	1/7	GRAB
	PERMIT CONDITION	6.0	--	9.0			--	--	--			1/7	GRAB
TOTAL SUSPENDED SOLIDS	REPORTED	--	.038	.07	KG/DAY	0	--	1.68	3.1	MG/L	0	1/7	GRAB
	PERMIT CONDITION	--	--	--			--	30	100			1/7	GRAB
OIL AND GREASE	REPORTED	--	--	--			--	2.16	5.6	MG/L	0	1/7	GRAB
	PERMIT CONDITION	--	--	--			--	15	20			1/7	GRAB
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Whitaker,	M. B.	Group Manager					
FIRST	MI	TITLE	YEAR	MO	DAY		

Nuclear Engineering

PAGE 27

INSTRUCTIONS

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4. Specify frequency of analysis for each parameter as follows: analyses/no. days. (e.g., "1/7" is equivalent to 7 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("Grab" or "— hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

SC

10-101

0030856

PERMIT NUMBER

007

DIS

SIC

LATITUDE

LONGITUDE

120-211 122-211 124-211

 8 2 0 7 0 1
YEAR MO DAY

TO

126-271 128-271 130-271

 8 2 0 8 0 1
YEAR MO DAY

REPORTING PERIOD: FROM

120-211

PARAMETER		(3 card only)					(4 card only)					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX		
FLOW	REPORTED	--	.154	.33'	MGD	0	--	--	--		0	1/7	INSTANT
	PERMIT CONDITION	--	--	--			--	--	--			1/7	INSTANT
pH	REPORTED	6.4	--	8.0	STD UNITS	0	--	--	--		0	1/7	GRAB
	PERMIT CONDITION	6.0	--	9.0			--	--	--			1/7	GRAB
TOTAL SUSPENDED SOLIDS	REPORTED	--	2.2	3.0	KG / DAY	0	--	3.79	5.2	MG / L	0	1/7	GRAB
	PERMIT CONDITION	--	--	--			--	30	100			1/7	GRAB
OIL AND GREASE	REPORTED	--	--	--			--	2.6	6.8	MG / L	0	1/7	GRAB
	PERMIT CONDITION	--	--	--			--	15	20			1/7	GRAB
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER

TITLE OF THE OFFICER

DATE

Whitaker,

M. B.

Group Manager

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0030856

PERMIT NUMBER

005

DIS

SIC

LATITUDE

LONGITUDE

REPORTING PERIOD: FROM

8	2	0	8	0	1
YEAR	MO	DAY	YEAR	MO	DAY

TO

8	2	0	9	0	1
YEAR	MO	DAY	YEAR	MO	DAY

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM						
FLOW	REPORTED	--	.029	.05	MGD	0	--	--	--		0	2/30	INSTANT		
	PERMIT CONDITION	--	--	--		--	--	--	2/30		INSTANT				
pH	REPORTED	7.6	--	7.6	STD. UNITS	0	--	--	--		0	2/30	GRAB		
	PERMIT CONDITION	6.0	--	9.0		--	--	2/30	GRAB						
BOD ₅	REPORTED	--	.091	.209	KG/DAY	0	--	.83	1.9	MG/L	0	2/30	COMP.		
	PERMIT CONDITION	--	--	--		--	30	60	2/30		COMP.				
TOTAL SUSPENDED SOLIDS	REPORTED	--	.72	.247	KG/DAY	0	--	2.0	2.25	MG/L	0	2/30	COMP.		
	PERMIT CONDITION	--	--	--		--	30	60	2/30		COMP.				
FECAL COLIFORM	REPORTED	--	--	--			--	0	0	n/100ml	0	2/30	GRAB		
	PERMIT CONDITION	--	--	--		--	200	400	2/30		GRAB				
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

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Whitaker,	M. B.	Group Manager					
FIRST	MI	TITLE	YEAR	MO	DAY		

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10-101

0030856

PERMIT NUMBER

006-101

006

DIS

SIC

LATITUDE

LONGITUDE

120-211 122-211 124-211

REPORTING PERIOD: FROM

8	2	0	8	0	1
YEAR	MO.	DAY			

TO

126-211 128-211 130-211

8	2	0	9	0	1
YEAR	MO.	DAY			

102-311

PARAMETER		(3 card only)					(4 card only)					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX		
FLOW	REPORTED	--	.013	.04	MGD	0	--	--	--		0	1/7	INSTANT
	PERMIT CONDITION	--	--	--			--	--	--			1/7	INSTANT
pH	REPORTED	6.6	--	8.6	STD UNITS	0	--	--	--		0	1/7	GRAB
	PERMIT CONDITION	6.0	--	9.0			--	--	--			1/7	GRAB
TOTAL SUSPENDED SOLIDS	REPORTED	--	.143	.295	KG/DAY	0	--	2.9	6.0	MG/L	0	1/7	GRAB
	PERMIT CONDITION	--	--	--			--	30	100			1/7	GRAB
OIL AND GREASE	REPORTED	--	--	--			--	3.5	6.3	MG/L	0	1/7	GRAB
	PERMIT CONDITION	--	--	--			--	15	20			1/7	GRAB
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER

TITLE OF THE OFFICER

DATE

Whitaker,

M. B.

Group Manager

FIRST

MI

TITLE

YEAR MO DAY

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported 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 asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is at least 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("Grab" or "hr. Composite") as applicable. If frequency was continuous enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

14-101

0030856

PERMIT NUMBER

112-101

007

DIS

SIC

LATITUDE

LONGITUDE

REPORTING PERIOD: FROM

120-211 122-211 124-211

8 2 0 8 0 1

YEAR MO DAY

TO

126-211 128-211 130-211

8 2 0 9 0 1

YEAR MO DAY

132-211

PARAMETER

(3 card only)

QUANTITY

(4 card only)

CONCENTRATION

134-211

136-211

130-211

132-211

134-211

136-211

138-211

140-211

142-211

144-211

146-211

148-211

MINIMUM

AVERAGE

MAXIMUM

UNITS

NO. EX

MINIMUM

AVERAGE

MAXIMUM

UNITS

NO. EX

FREQUENCY OF ANALYSIS

SAMPLE TYPE

FLOW

REPORTED

--

.08

.263

MGD

0

--

--

--

0

1/7

INSTANT

PERMIT CONDITION

--

--

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--

0

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--

0

1/7

INSTANT

pH

REPORTED

6.2

--

8.1

STD UNITS

0

--

--

--

0

1/7

GRAB

PERMIT CONDITION

6.0

--

9.0

--

0

--

--

0

1/7

GRAB

TOTAL SUSPENDED SOLIDS

REPORTED

--

2.0

4.97

KG/DAY

0

--

6.7

16.4

MG/L

0

1/7

GRAB

PERMIT CONDITION

--

--

--

--

0

--

30

100

MG/L

0

1/7

GRAB

OIL AND GREASE

REPORTED

--

--

--

--

0

--

5.6

8.3

MG/L

0

1/7

GRAB

PERMIT CONDITION

--

--

--

--

0

--

15

20

MG/L

0

1/7

GRAB

REPORTED

--

--

--

--

0

--

--

--

0

1/7

GRAB

PERMIT CONDITION

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0

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0

1/7

GRAB

REPORTED

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0

1/7

GRAB

PERMIT CONDITION

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1/7

GRAB

REPORTED

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1/7

GRAB

PERMIT CONDITION

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1/7

GRAB

REPORTED

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0

1/7

GRAB

PERMIT CONDITION

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0

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0

1/7

GRAB

NAME OF PRINCIPAL EXECUTIVE OFFICER

TITLE OF THE OFFICER

DATE

Whitaker,

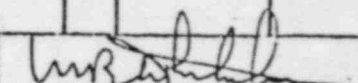
M. B.

Group Manager

YEAR MO DAY

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



3320-1 (10-72)

Nuclear Engineering

PAGE 27

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported 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 asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/1" is equivalent to 3 analyses performed every 1 day). If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

SC
T

0030856
PERMIT NUMBER

005
DIS

SIC

LATITUDE	LONGITUDE
----------	-----------

REPORTING PERIOD: FROM

8	2	0	9	0	1
YEAR	MO.	DAY			

TO

8	2	1	0	0	1
YEAR	MO.	DAY			

100-971

100-971

PARAMETER		QUANTITY					CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(3 card only)			UNITS	NO. EX	(4 card only)			UNITS	NO. EX		
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTED	--	.045	.07	MGD	0	--	--	--		0	2/30	INSTANT
	PERMIT CONDITION	--	--	--			--	--	--			2/30	INSTANT
pH	REPORTED	6.8	--	7.6	STD UNITS	0	--	--	--		0	2/30	GRAB
	PERMIT CONDITION	6.0	--	9.0			--	--	--			2/30	GRAB
BOD ₅	REPORTED	--	.613	.835	KG/DAY	0	--	3.6	4.9	MG/L	0	2/30	COMP.
	PERMIT CONDITION	--	--	--			--	30	60			2/30	COMP.
TOTAL SUSPENDED SOLIDS	REPORTED	--	1.06	1.87	KG/DAY	0	--	6.2	11.0	MG/L	0	2/30	CCMP.
	PERMIT CONDITION	--	--	--			--	30	60			2/30	COMP.
FECAL COLIFORM	REPORTED	--	--	--			--	0	0	n/100ml	0	2/30	GRAB
	PERMIT CONDITION	--	--	--			--	200	400			2/30	GRAB
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Whitaker, M. B.	Group Manager			
FIRST MI	TITLE	YEAR MO DAY		

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported 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 asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/no. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

0030856

PERMIT NUMBER

006

DIS

SIC

LATITUDE

LONGITUDE

REPORTING PERIOD: FROM

8	2	0	9	0	1
YEAR	MO.	DAY			

TO

8	2	1	0	0	1
YEAR	MO.	DAY			

PARAMETER		QUANTITY					CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(3 card only)			UNITS	NO. EX	(4 card only)			UNITS	NO. EX		
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTED	--	.046	.2	MGD	0	--	--	--		0	1/7	INSTANT
	PERMIT CONDITION	--	--	--			--	--	--			1/7	INSTANT
pH	REPORTED	6.5	--	8.4	STD UNITS	0	--	--	--		0	1/7	GRAB
	PERMIT CONDITION	6.0	--	9.0			--	--	--			1/7	GRAB
TOTAL SUSPENDED SOLIDS	REPORTED	--	.453	2.09	KG/DAY	0	--	2.6	12.0	MG/L	0	1/7	GRAB
	PERMIT CONDITION	--	--	--			--	30	100			1/7	GRAB
OIL AND GREASE	REPORTED	--	--	--			--	1.7	3.8	MG/L	0	1/7	GRAB
	PERMIT CONDITION	--	--	--			--	15	20			1/7	GRAB
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Whitaker,	M. B.	Group Manager					
FIRST	MI	TITLE	YEAR	MO	DAY		

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "UNIT ENTRY" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "— hr. composite") as applicable. If frequency was continuous enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail. Original to office specified in permit.

14-101		112-101		112-101	
0030856		007			
PERMIT NUMBER		DIS	SIC	LATITUDE	LONGITUDE
REPORTING PERIOD: FROM		120-211	122-211	124-211	TO
8	2	0	9	0	1
YEAR	MO	DAY	YEAR	MO	DAY

PARAMETER		QUANTITY					CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(3 cond only)			UNITS	NO. EX	(4 cond only)			UNITS	NO. EX		
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
FLOW	REPORTED	--	.217	.3*	MGD	0	--	--	--		0	1/7	INSTANT
	PERMIT CONDITION	--	--	--			--	--	--			1/7	INSTANT
pH	REPORTED	6.7	--	8.6	STD UNITS	0	--	--	--		0	1/7	GRAB
	PERMIT CONDITION	6.0	--	9.0			--	--	--			1/7	GRAB
TOTAL SUSPENDED SOLIDS	REPORTED	--	6.7	14.6	KG / DAY	0	--	8.14	17.8	MG / L	0	1/7	GRAB
	PERMIT CONDITION	--	--	--			--	30	100			1/7	GRAB
OIL AND GREASE	REPORTED	--	--	--			--	1.525	3.9	MG / L	0	1/7	GRAB
	PERMIT CONDITION	--	--	--			--	15	20			1/7	GRAB
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER

Whitaker, M. B.

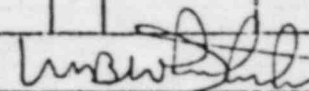
TITLE OF THE OFFICER

Group Manager

DATE

____/____/____

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.



SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT