

8105190094

POOR ORIGINAL

DISCHARGE MONITORING REPORT

81-04-05

INSTRUCTIONS

1. Enter minimum, average, and maximum values under "QUANTITY" and "CONCENTRATION" in the data specified below for each parameter as appropriate. Do not enter values in boxes containing an (X) or asterisk. Boxes containing one (X) or asterisk, depending on use, 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.

SYSTEM	LICENSE NUMBER
41	000746

REPORTING PERIOD ENDING

YEAR	MONTH	DAY
81	04	30

POINT SOURCE NUMBER	POINT SOURCE NAME
01	PROCESS, TRIC 001B

[illegible]

DISCHARGE MONITORING REPORT

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. Box containing six (6) asterisks is to be left blank 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 columns labeled "No. Anal".
3. Specify the total number of analyzed samples that exceed the PARAMETER license conditions in the column labeled "Exceed".
4. Appropriate signature is required at the bottom of this form.

YEAR MONTH DAY
81 04 30

REPORTING PERIOD ENDING

SYSTEM LICENSE NUMBER
J1 000746

POINT SOURCE NUMBER
03

POINT SOURCE NAME
PROCESS, TRIO 6010

PARAMETER NAME	QUANTITY				CONCENTRATION				NO. ANAL	NO. EXCEED	CONCENTRATION				NO. ANAL	NO. EXCEED	DATE
	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	*	*	.025	MGD	*	*	*	*	15	0	*	*	*	*	000	000	12/12
WATER TEMP.	*	*	118	DEG-F	*	*	*	*	15	0	*	*	*	*	000	000	12/12
PH	*****	*****	*****	*****	*****	*****	*****	SU	6.22	6.22	*****	*****	*****	*****	15	8	12/12
* Please see pH letter dated 4/5/76																	

J. H. Arnold
MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION
100 SOUTH STREET, SUITE 200
PORTLAND, ME 04101

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 MONTH DAY
81 04 30

TITLE OF OFFICER
TITLE

NAME OF PRINCIPAL EXECUTIVE OFFICER
LAST FIRST MI

MAINE VANKEE ATOMIC POWER CO
BAILY POINT
WISCASSET ME 0457

ME 04578

DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

81-04-05

DISCHARGE MONITORING REPORT

SYSTEM	LICENSE NUMBER
31	004746

REPORTING PERIOD ENDING:

VEGETATION	PRODUCTION	DAY
81	84	30

INSTRUCTIONS

1. Enter *regression*, *residual*, and *maximum* values under "QUANTITY" and "COEFFICIENTS" in the "TOP" section. Enter a *p*-value if appropriate. Do not enter values in boxes containing six (6) asterisks (*). Do not enter negative ($-$) values in the p -value and only 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 "COEFFICIENTS" 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. Ex".
4. Appropriate signature is required at the bottom of this form.

POINT SOURCE NUMBER	POINT SOURCE NAME
04	COOLING WATER, 001A

PARAMETER NAME	QUANTITY						CONCENTRATION						CONT
	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO ADA	NO EXC	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO ADA	NO EXC	
FLOW RATE	4365	579.3	5820	MGD	709	0	*****	*****	*****	*****	000	000	CONT
WATER TEMP.	68.9	73.7	81.1	DEG-F	709	0	*****	*****	*****	*****	000	000	CONT
THERMAL R-RATE	*****	*****	*****	*****	000	000	*****	*****	4/28 X 1769.0	MWT	30	2 X	7/7
PH	*****	*****	*****	*****	000	000	7.72	*****	7.84	SU	4	0	1/7
<p>R-Rate exceeded 4/28 and 4/29. Please see our Hr of 9/27/79</p>													

R- Rate exceeded 4/28 and 4/29.
Please see our Hr 959/27/79

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.

J. W. Arnold.

81-04-05

INSTRUCTIONS

1. Enter minimum, average, and maximum values under "QUANTITY" and "CONCENTRATION" in the easily specified for each parameter as appropriate. Do not enter values in boxes containing an (X) asterisks. Boxes containing (X) asterisks may or may not 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 column labeled "Ex. Ex."
4. Appropriate signature is required at the bottom of this form.

MAINE YANKEE ATOMIC POWER CO
BAILEY POINT
WISCASSET ME 04578

DEPARTMENT OF ENVIRONMENTAL PROTECTION
STATE OF MAINE

61-04-05

DISCHARGE MONITORING REPORT

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) columns. Boxes containing more than six (6) columns may be filled in with appropriate data if available from the licensee.
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SYSTEM	LICENSE NUMBER
01	000746

REPORTING PERIOD ENDING:

YEAR	MONTH	DAY
81	04	30

POINT SOURCE NUMBER	POINT SOURCE NAME
06	CONDENSER BACKWASH, 002

[illegible]

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF OFFICER	DATE		
LAST	FIRST	Middle	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.

J. H. Arnold