PACIFIC GAS AND ELECTRIC COMPANY

PG&E

DIABLO CANYON POWER PLANT
P.O. Box 56 • Avila Beach, California 93424 • (805) 595-7351

R.C. THORNBERRY
PLANT MANAGER

November 19, 1984

Mr. Kenneth R. Jones
Executive Officer
California Regional Water Quality
Control Board
Central Coast Region
1102-A Laurel Lane
San Luis Obispo, CA 93401

Dear Mr. Jones:

Discharge Monitoring Program
Diablo Canyon Power Plant

The monthly report, consisting of Monitoring Report Form Q-2 and Static Bioassy Report, for the month of October 1984 is enclosed in accordance with amended order 82-24, NPDES No. CA0003751.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in the enclosed document and all enclosures, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate and complete. The results of influent and effluent monitoring present the observed results of the measurements and analyses required by the monitoring program, and is neither an assertion of the adequacy of any instrument reading or any analytical result, nor an endorsement of the appropriateness of any analytical or measurement procedure. I am aware that there are significant penalties for submitting false information, including the possibility of the fine and imprisonment.

Sincerely,

R. C. THORNBERRY

RCT:plm
Enclosure 50-275
50-323

IE

IE25
1/1

cc Marine Resources Region
California Department of Fish and Game
350 Golden Shore
Long Beach, CA 90802

Regional Administrator, Region IX
Environmental Protection Agency
215 Fremont Street
San Francisco, CA 94105

Mr. John B. Martin, Administrator
U.S. Nuclear Regulatory Commission, Region V
1450 Maria Lane, Suite 210
Walnut Creek, CA 94596-5368

Mr. George W. Knighton, Chief
Licensing Branch No. 3
Division of Licensing
Office of Nuclear Reactor Regulation
U.S. Nuclear Regulatory Commission
Washington, DC 20555

PACIFIC GAS & ELECTRIC COMPANY
DEPARTMENT OF ENGINEERING RESEARCH
DIABLO CANYON BIOLOGICAL LABORATORY
STATIC BIOASSAY REPORT SHEET

ASSAY NO. 126-N

TEST ORGANISM DATA

TEST SPECIES: Red abalone
SOURCE: Estero Bay Mariculture
AVERAGE LENGTH: 26 MM RANGE: 21-32 MM
ACCLIMATION TIME: 8 Mths TEMPERATURE: ambient
WATER SOURCE: Sea water pump

TEST SOLUTION DATA

SOURCE OF TEST SOLUTION: Diablo Canyon Discharge - 001
DATE/ TIME SAMPLED: 8 Oct 84 / 0930

DATE STARTED: 8 Oct 84
TIME STARTED: 1000 HRS.
VOLUME/DEPTH OF TEST SOLUTION: 19 L. / 20 CM
RENEWAL OF TEST SOLUTION AT: / HR. INTERVALS
TYPE OF AERATION: Condé air pump
NUMBER OF ORGANISMS PER CONCENTRATION: 20
DILUTION WATER SOURCE: Sea water pump

TEST CONCENTRATIONS

	100%	CONTROL
0 HOURS		
TEMP.	14.9°C	14.9°C
D.O.	8.0	8.0
pH	8.0	8.0
SALINITY/HARDNESS		
24 HOURS		
ORGANISMS SURVIVING	20	20
% SURVIVL	100%	100%
TEMP.	14.6°C	14.6°C
D.O.	7.8	6.8
pH	7.9	7.8
48 HOURS		
ORGANISMS SURVIVING	20	20
% SURVIVAL	100%	100%
TEMP.	14.6°C	14.6°C
D.O.	8.0	7.2
pH	7.9	7.8
72 HOURS		
ORGANISMS SURVIVING	20	20
% SURVIVAL.	100%	100%
TEMP.	15.2°C	15.2°C
D.O.	7.8	6.8
pH	7.9	7.8
96 HOURS		
ORGANISMS SURVIVING	20	20
% SURVIVAL	100%	100%
TEMP.	15.2°C	15.2°C
D.O.	7.8	7.0
pH	7.8	7.8
SALINITY/HARDNESS		

TU: No mortality

DISCHARGER SELF MONITORING REPORT

2. Use ballpoint pen or typewriter for data entry on forms.
3. Provide dates for beginning and ending in reporting period blocks.
4. Provide data as specified under column headings.
5. Enter monthly summary data (MONTHLY AVERAGE, MONTHLY HIGH, etc.).
6. Appropriate signature is required at the bottom of the form.
7. Remove COPY 3 and retain for your records.
8. Send COPY 2 to EPA, Region 9, San Francisco and COPY 1 to:

CALIFORNIA REGIONAL WATER QUALITY
CONTROL BOARD
CENTRAL COAST REGION
1102A LAUREL LANE
SAN LUIS OBISPO, CA 93401

FACILITY NAME: PACIFIC GAS AND ELECTRIC CO
DIABLO CYN NUCLEAR POWER PLANT

MAILING ADDRESS: P O BOX 56
AVILA BEACH CALIF.
93424

YOUR REPORTING PERIOD IS MONTHLY AND YOUR REPORTS MUST BE SUBMITTED BY 15 DAYS FOLLOWING THIS PERIOD.

PAGE

Q2	Transaction Code	Facility I.D.	Year / Month for this report	Reporting Period	Beginning (Year Mo. Day)	Ending (Year Mo. Day)	State Code	NPDES Permit Number	Date form was computer printed (Year Mo. Day)
		3 40200300I	/		84/10/01	84/10/31	06	0003751	83/12/15

STATION DESCRIPTION	INFLUENT	EFFL 001	EFFL 001	INFLUENT	EFFL 001	INFLUENT	EFFL 001	EFFL 001
CONSTITUENT NAME	TEMPERATURE	TEMPERATURE	FLOW	PH	PH	TURBIDITY	TURBIDITY	OIL & GREASE
UNITS	DEGREES F	DEGREES F	BGD	UNITS	UNITS	NTU	NTU	MG/L
SAMPLE TYPE	METERED	METERED	PUMP DATA	GRAB	CONTINUOUS	GRAB	GRAB	GRAB
FREQUENCY	CONTINUOUS	CONTINUOUS	DAILY	MONTHLY	DAILY/MONTH*	MONTHLY	MONTHLY	MONTHLY

MONTH	DAY	*		*		*		*		*	GRAB	METER	*		*		*	
10	1		60		61		0.61		8.0		8.1	8.1		0.35	1	0.42		<3
	2		55		58		0.61					8.1						
	3		51		55		0.61					8.1						
	4		57		58		0.61					8.1						
	5		59		59		0.61					8.1						
	6		59		59		0.61					8.1						
	7		59		59		0.67					8.1						
	8		58		59		1.24					8.1						
	9		61		62		1.24					8.1						
	10		57		57		0.82					8.1						
	11		58		59		0.62					8.1						
	12		56		58		0.62					8.1						
	13		56		57		0.62					8.1						
	14		55		55		0.62					8.1						
	15		56		57		0.62					8.1						
	16		57		57		0.62					8.1						
	17		55		56		0.62					8.1						
	18		55		56		0.62					8.1						
	19		55		56		0.62					8.0						
	20		55		56		0.83					8.0						
	21		54		58		1.24					8.1						
	22		55		56		1.24					8.1						
	23		53		53		1.24					8.1						
	24		61		61		1.24					8.1						
	25		53		54		1.24					8.1						
	26		54		59		1.25					8.1						
	27		53		53		1.24					8.1						
	28		53		55		1.24					8.1						
	29		53		53		1.55					8.1						
	30		59		60		1.86					8.1						
	31		54		54		1.48					8.1						
+ MONTHLY AVERAGE												8.1						
MONTHLY HIGH												8.1						
MONTHLY LOW												8.0						
TOTAL RECORDINGS/MO.												31						
REQUIREMENT #1				INTAKE + 20%		MAX 2.67 BGD				MIN 6.0							6-M M 5.0	
Times Exceeded																		
REQUIREMENT #2				MX 100 DEG F						MAX 9.0							D MAX 10.0	
Times Exceeded																		
REQUIREMENT #3										MAX .2 INCR							I MAX 20.0	
Times Exceeded																		

REMARKS:

* Enter number of samples taken during the day.

Form 02-9 76

Typed Name of Principal Executive Officer: SHIFFER, JAMES D.
(Last, First, MI)

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

William A. Shiffer
Signature of Principal Executive Officer or Authorized Agent.

84, 11, 19
Yr. Mo. Day
Date

REGIONAL BOARD COPY 1

DISCHARGER SELF MONITORING REPORT

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CALIFORNIA REGIONAL WATER QUALITY
CONTROL BOARD
CENTRAL COAST REGION
1102A LAUREL LANE
SAN LUIS OBISPO, CA 93401

FACILITY NAME: PACIFIC GAS AND ELECTRIC CO
DIABLO CYN NUCLEAR POWER PLANT

MAILING ADDRESS: P O BOX 56
AVILA BEACH CALIF
93424

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PAGE 2

Q2 | Transaction Code | Facility I.D. 3 402003001 | Year / Month for this report | Reporting Period Beginning (Year Mo. Day) 84/10/01 | Ending 84/10/31 | State Code 06 | NPDES Permit Number 0003751 | Date form was computer printed (Year Mo. Day) 83/12/13

STATION DESCRIPTION	EFFL 001	EFFL 001	EFFL 001	EFFL 001	EFFL 001	EFFL 001	EFFL 001	EFFL 001
CONSTITUENT NAME	OIL & GREASE	T N F RES*	T N F RES*	T CHROMIUM	T CHROMIUM	COPPER	COPPER	NICKEL
UNITS	KG/DAY	MG/L	KG/DAY	MG/L	KG/DAY	MG/L	KG/DAY	MG/L
SAMPLE TYPE	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB
FREQUENCY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY
MONTH / DAY	*	*	*	*	*	*	*	*
10 / 1	<7000	1 13	30,000			1 0.001	2	1 <0.003
2				1 <0.001	<2			
3								
4								
5								
6								
7								
8								
9								
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17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
+ MONTHLY AVERAGE								
MONTHLY HIGH								
MONTHLY LOW								
TOTAL RECORDINGS/MO.								
REQUIREMENT #1				6-M M .002		6-M M .005		6-M M .02
Times Exceeded								
REQUIREMENT #2				D MAX .008		D MAX .020		D MAX .08
Times Exceeded								
REQUIREMENT #3				I MAX .02		I MAX .05		I MAX .2
Times Exceeded								

REMARKS..

* Enter number of samples taken during the day.

Form Q2-9 74

Typed Name of Principal Executive Officer: SHIFFER, JAMES D. (Last, First, MI)

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

William A Shiffer — Signature of Principal Executive Officer or Authorized Agent

84 11 19 (Yr Mo Day) Date

REGIONAL BOARD COPY 1

DISCHARGER SELF MONITORING REPORT

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CALIFORNIA REGIONAL WATER QUALITY
CONTROL BOARD
CENTRAL COAST REGION
1102A LAUREL LANE
SAN LUIS OBISPO, CA 93401

FACILITY NAME: PACIFIC GAS AND ELECTRIC CO
DIABLO CYN NUCLEAR POWER PLANT

MAILING ADDRESS: P O BOX 56
AVILA BEACH CALIF
93424

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2	3 40200300 1	/	84/10/01	84/10/31	06	0003751	83/12/13

STATION DESCRIPTION	EFFL 001	EFFL 001	EFFL 001	EFFL 001	EFFL 001	EFFL 001	EFFL 001	EFFL 001	EFFL 001
CONSTITUENT NAME	NICKEL	ZINC	ZINC	AMMONIA (N)	AMMONIA (N)	TOX CONC**	TITANIUM	BORON	
UNITS	KG/DAY	MG/L	KG/DAY	MG/L	KG/DAY	TU	MG/L	MG/L	
SAMPLE TYPE	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	
FREQUENCY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	

MONTH	DAY	*		*		*		*		*		*		*	
10	1		<7	1	0.011		25	1	0.1		<23			1	<0.010		
	2															1	5.1
	3																
	4																
	5																
	6																
	7																
	8																
	9																
	10																
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	27																
	28																
	29																
	30																
	31																

REMARKS: 1 "No Mortalities"

+ MONTHLY AVERAGE									
MONTHLY HIGH									
MONTHLY LOW									
TOTAL RECORDINGS/MO.									
REQUIREMENT #1		6-M M .020		6-M M .1		6-M M 0.7			
Times Exceeded									
REQUIREMENT #2		D MAX .08		D MAX .2					
Times Exceeded									
REQUIREMENT #3		I MAX .2		I MAX .3					
Times Exceeded									

* Enter number of samples taken during the day.

Form 02 9/74

Typed Name of Principal Executive Officer: SHIFFER, JAMES D. (Last, First, MI)

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William A Shiffer — Signature of Principal Executive Officer or Authorized Agent.

84, 11, 19 — Date (Yr Mo. Day)

REGIONAL BOARD COPY 1

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DISCHARGER SELF MONITORING REPORT

CALIFORNIA REGIONAL WATER QUALITY
CONTROL BOARD
CENTRAL COAST REGION
1102A LAUREL LANE
SAN LUIS OBISPO, CA 93401

FACILITY NAME: PACIFIC GAS AND ELECTRIC CO
DIABLO CYN NUCLEAR POWER PLANT

MAILING ADDRESS: P O BOX 56
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93424

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Q2 | Transaction Code | Facility I.D. 3 40200300 1 | Year / Month for this report | Reporting Period Beginning Year Mo. Day 84/10/01 Ending Year Mo. Day 84/10/31 | State Code 06 | NPDES Permit Number 0003751 | Date form was computer printed Year Mo. Day 84/12/12 | PAGE

STATION DESCRIPTION	EFFL 001	EFFL 001	EFFL 001	EFFL 001	EFFL 001	EFFL 001	EFFL 001	EFFL 001
CONSTITUENT NAME	DIS OXYGEN	HYDRAZINE	T CL RES	T CL RES	T CL RES	T CL RES	T CL RES	CHLORINEUSED
UNITS	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	LBS/DAY
SAMPLE TYPE	GRAB	GRAB-MONTHLY	GRAB	GRAB	GRAB	GRAB	GRAB	RECORDED
FREQUENCY	MONTHLY	DISC TO 001	2 PER CYCLE	2 PER CYCLE	2 PER CYCLE	2 PER CYCLE	2 PER CYCLE	MONTHLY

MONTH	DAY	*		*		*	*	*	*	*	*
10	1	1	8.1	1	<0.005						
	2										
	3										
	4										
	5										
	6										
	7										
	8										
	9										
	10										
	11										
	12										
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	23										
	24										
	25										
	26										
	27										
	28										
	29										
	30										
	31										

REMARKS--

+ MONTHLY AVERAGE								
MONTHLY HIGH								
MONTHLY LOW								
TOTAL RECORDINGS/MO.								
REQUIREMENT #1			6-M M .03	6-M M .03	6-M M .03	6-M M .03	6-M M .03	
Times Exceeded								
REQUIREMENT #2			D MAX .1	D MAX .1	D MAX .1	D MAX .1	D MAX .1	
Times Exceeded								
REQUIREMENT #3			I MAX .3	I MAX .3	I MAX .3	I MAX .3	I MAX .3	
Times Exceeded								

* Enter number of samples taken during the day.

Form 02 9 74

Typed Name of Principal Executive Officer: SHIFFER, JAMES D. (Last, First, MI)

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Signature of Principal Executive Officer or Authorized Agent: William O. Shiffer

Date: Yr Mo Day 84/11/19

REGIONAL BOARD COPY 1

DISCHARGER SELF MONITORING REPORT

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Q2 | Transaction Code | Facility I.D. 3 40200300 1 | Year / Month for this report | Reporting Period Beginning Year 84 Mo. 10 Day 01 Ending Year 84 Mo. 10 Day 31 | State Code 06 | NPDES Permit Number 0003751 | Date form was computer printed Year 83 Mo. 12 Day 13 | PAGE 5

STATION DESCRIPTION	EFFL 001/C	EFFL 001/C	EFFL 001/D	EFFL 001/D	EFFL 001/D	EFFL 001/D	EFFL 001/D	EFFL 001/E
CONSTITUENT NAME	T NF RES	T NF RES	T NF RES	T NF RES	LITHIUM	BORON	HYDRAZINE	OIL & GREASE
UNITS	MG/L	KG/DAY	MG/L	KG/DAY	MG/L	MG/L	MG/L	MG/L
SAMPLE TYPE	GRAB	GRAB	GRAB	GRAB	GRAB — WHEN	24 HR COMP — WHEN	GRAB — WHEN	GRAB
FREQUENCY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	DISC TO 001	DISC TO 001	DISC TO 001	MONTHLY

MONTH	DAY	*		*		*		*		*		*		*	
10	1														
	2														
	3											2	0.85		
	4														
	5											1	0.32		
	6														
	7														
	8	1	2.0		0.11							1	0.32		
	9											1	5.4		
	10														
	11											2	1.44		
	12														
	13														
	14											2	1.33		
	15														
	16													1	<3
	17											1	1.0		
	18											2	12.4		
	19														
	20														
	21														
	22											1	0.12		
	23											1	0.24		
	24											1	2.5		
	25			1	1.50		0.07					1	.034		
	26											2	4.54		
	27											2	2.20		
	28											2	5.75		
	29							1	0.024			1	5.0		
	30											2	0.26		
	31											1	0.023		
+ MONTHLY AVERAGE								0.228		1130		2.43			
MONTHLY HIGH												12.4			
MONTHLY LOW												0.12			
TOTAL RECORDINGS/MO.												26			
REQUIREMENT #1		MO AVG 30			MO AVG 30									MO AVG 15	
Times Exceeded															
REQUIREMENT #2		D MAX 100			D MAX 100									D MAX 20	
Times Exceeded															
REQUIREMENT #3															
Times Exceeded															

REMARKS-- Effl. 001D Lithium Sample 10/29/84--Grab or FDR prior to release. EFFL 001D Lithium and Boron monthly composite for period 10/1/84 to 10/31/84 was analyzed on 11/2/84.

* Enter number of samples taken during the day.

Form 02-9 74

Typed Name of Principal Executive Officer: SHIFFER, JAMES D. (Last, First, MI)

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Signature of Principal Executive Officer or Authorized Agent: William A. Shiffer

Date: 84 11 19 (Yr Mo Day)

REGIONAL BOARD COPY 1

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STATION DESCRIPTION	EFFL 001/E	EFFL 001/E	EFFL 001/F	EFFL 001/G	EFFL 001/G	EFFL 001/H	EFFL 001/I	EFFL 001/I
CONSTITUENT NAME	OIL & GREASE	T NF RES	T NF RES	T NF RES	T NF RES	T NF RES	T NF RES	T NF RES
UNITS	KG/DAY	MG/L	KG/DAY	MG/L	KG/DAY	MG/L	KG/DAY	MG/L
SAMPLE TYPE	GRAB	GRAB	GRAB	GRAB 1	GRAB	GRAB	GRAB	GRAB
FREQUENCY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY
MONTH DAY *	*	*	*	*	*	*	*	*
10 1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12				<1.0	<0.05			
13								
14								
15								
16	1.37	1	19.0	8.69				
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
+ MONTHLY AVERAGE								
MONTHLY HIGH								
MONTHLY LOW								
TOTAL RECORDINGS/MO.								
REQUIREMENT #1		MO AVG 30		MO AVG 30		MO AVG 30		MO AVG 30
Times Exceeded								
REQUIREMENT #2		D MAX 100		D MAX 100		D MAX 100		D MAX 100
Times Exceeded								
REQUIREMENT #3								
Times Exceeded								

REMARKS--

* Enter number of samples taken during the day.

Form 02 9 74

Typed Name of Principal Executive Officer: SHIFFER, JAMES D. (Last, First, MI)

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Signature of Principal Executive Officer or Authorized Agent: William A. Shiffer

Date: 84 11 9 (Yr Mo Day)

REGIONAL BOARD COPY 1

DISCHARGER SELF MONITORING REPORT

2. Use ballpoint pen or typewriter for data entry on forms.
3. Provide dates for beginning and ending in reporting period blocks.
4. Provide data as specified under column headings.
5. Enter monthly summary data (MONTHLY AVERAGE, MONTHLY HIGH, etc.).
6. Appropriate signature is required at the bottom of the form.
7. Remove COPY 3 and retain for your records.
8. Send COPY 2 to EPA, Region 9, San Francisco and COPY 1 to:

CALIFORNIA REGIONAL WATER QUALITY
CONTROL BOARD
CENTRAL COAST REGION
1102A LAUREL LANE
SAN LUIS OBISPO, CA 93401

FACILITY NAME: PACIFIC GAS AND ELECTRIC CO
DIABLO CYN NUCLEAR POWER PLANT

MAILING ADDRESS: P O BOX 56
AVILA BEACH CALIF
93424

YOUR REPORTING PERIOD IS MONTHLY AND YOUR REPORTS MUST BE SUBMITTED BY 15 DAYS FOLLOWING THIS PERIOD.

Q2 | Transaction Code | Facility I.D. 3 40200300 1 | Year / Month for this report | Reporting Period Beginning Year Mo. Day 84/10/01 Ending Year Mo. Day 84/10/31 | State Code 06 | NPDES Permit Number 0003751 | Date form was computer printed Year Mo. Day 84/12/13 | PAGE 1

STATION DESCRIPTION	EFFL 001/I	EFFL 001/J	EFFL 001/J	EFFL 001/K	EFFL 001/K	EFFL 001/L	EFFL 001/M	
CONSTITUENT NAME	T NF RES	T NF RES	T NF RES	T NF RES	T NF RES	T NF RES	T NF RES	
UNITS	KG/DAY	MG/L	KG/DAY	MG/L	KG/DAY	MG/L	KG/DAY	
SAMPLE TYPE	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	
FREQUENCY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	
MONTH DAY *	*	*	*	*	*	*	*	*
10 1								
2								
3								
4								
5								
6								
7								
8		1 12.3	4.13					
9								
10						<1.0	<0.11	
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29		1 19.7	4.72					
30		1 20.6	2.33					
31								
+ MONTHLY AVERAGE		17.5						
MONTHLY HIGH		20.6						
MONTHLY LOW		12.3						
TOTAL RECORDINGS/MO.		3						
REQUIREMENT #1		MO AVG 30		MO AVG 30		MO AVG 30		
Times Exceeded								
REQUIREMENT #2		D MAX 100		D MAX 100		D MAX 100		
Times Exceeded								
REQUIREMENT #3								
Times Exceeded								

REMARKS:

* Enter number of samples taken during the day.

Form Q2 9 74

Typed Name of Principal Executive Officer: SHIEFER, JAMES D (Last, First, MI)

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

William A Ogden
Signature of Principal Executive Officer or Authorized Agent.

84 11 19
Yr. Mo. Day
Date

REGIONAL BOARD COPY 1