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

June 20, 1985

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 Bioassay Report, for the month of May 1985 is enclosed in accordance with amended order 82-24, NPDES No. CA 0003751.

On May 24, 29, 31 and June 1, 1985, the temperature of Unit 1 once through cooling water exceeded 20°F above that of the intake. This is based on data from the temperature recorder from Unit 1 and flow rate averaged with Unit 2 auxiliary saltwater which has a temperature increase of less than 1°F at this time. The information for these occasions are listed below:

DAY	TIME	AVERAGE Δt, °F	DURATION HOURS	MAXIMUM Δt, °F	DURATION MINUTES
May 24	2:00am - 2:25am	20.7	0.5	20.7	25
24	2:45am - 6:00am	21.1	3.2	21.5	1
29	5:40am - 5:50am	20.5	0.2	20.5	10
29	12:05pm	21.5	0.02	21.5	1
31	2:40am - 6:55am	20.1	4.2	20.9	1
June 1	1:30pm - 1:45pm	20.3	0.3	20.6	5

All of these occasions were during periods of reduced power with one main circulator pump shut down for condenser tube plugging. The saltwater side of one-half of the condenser is drained, and personnel enter the water box to search for and plug the leaking tube. The drained half of the condenser

50-275
323

IE25
1/1

heats up to steam temperatures of 85°F to 90°F. When the circulator is started again, a small spike of 1° to 2° in the discharge of the unit occurs as this accumulated heat in the condenser is removed in the first one or two minutes.

Operations personnel were not aware of these periods of elevated temperatures because the temperature alarm was inoperable during this period, and the temperature recorder is not located in the control room. In order to prevent a recurrence, the temperature alarm circuit has been repaired and a design change has been initiated to install a circulating water temperature monitor in the control room. In the interim, a temporary temperature recorder has been placed in the control room.

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 fine and imprisonment.

Sincerely,

R. C. THORNBERRY

RCT:plm

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

Regional Administrator
U.S. Nuclear Regulatory Commission
Region 5
1450 Maria Lane, Suite 210
Walnut Creek, California 94596-5368

Mr. Ronald L. Ballard, Chief
Environmental and Hydrologic Engineering Branch
Division of Engineering
Office of Nuclear Reactor Regulation
U.S. Nuclear Regulatory Commission
Washington, DC 20555

Document Control Desk
U.S. Nuclear Regulatory Commission
Washington, DC 20555

Chief, Marine Resource Branch
California Department of Fish and Game
Resources Building
1419 9th Street
Sacramento, California 95814

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

ASSAY NO. 135-N

TEST ORGANISM DATA

TEST SPECIES: Red abalone
SOURCE: Estero Bay Mariculture
AVERAGE LENGTH: 20 MM RANGE: 15-30 MM
ACCLIMATION TIME: 6 mths TEMPERATURE: ambient
WATER SOURCE: Sea water pump

TEST SOLUTION DATA

SOURCE OF TEST SOLUTION: Diablo Canyon Discharge
DATE/TIME SAMPLED: 13 May '85 / 1300

DATE STARTED: 13 May '85
TIME STARTED: 1400 HRS.
VOLUME/DEPTH OF TEST SOLUTION: 19 L. / 20 cm.
RENEWAL OF TEST SOLUTION AT: — HR. INTERVALS
TYPE OF AERATION: Conde' air pump
NUMBER OF ORGANISMS PER CONCENTRATION: 20
DILUTION WATER SOURCE: Sea water pump

TEST CONCENTRATIONS

	100%	CONTROL
0 HOURS		
TEMP.	10.4°C	10.4°C
D.O.	7.9	7.6
pH	7.9	8.0
SALINITY/HARDNESS		
24 HOURS		
ORGANISMS SURVIVING	20	20
% SURVIVL	100%	100%
TEMP.	11.3°C	11.3°C
D.O.	8.4	7.4
pH	8.0	7.8
48 HOURS		
ORGANISMS SURVIVING	20	20
% SURVIVAL	100%	100%
TEMP.	11.3°C	11.5°C
D.O.	8.2	7.6
pH	8.0	7.8
72 HOURS		
ORGANISMS SURVIVING	20	20
% SURVIVAL.	100%	100%
TEMP.	12.7°C	12.7°C
D.O.	8.4	7.8
pH	8.0	7.7
96 HOURS		
ORGANISMS SURVIVING	20	20
% SURVIVAL	100%	100%
TEMP.	12.5°C	12.5°C
D.O.	8.2	7.5
pH	7.9	7.7
SALINITY/HARDNESS		

TU: No mortality

INSTRUCTIONS FOR DISCHARGER

1 Prepare COPY 2 (blank yellow) and use for your worksheet
2 Use typewriter or ballpoint pen for data entry on forms
3 Provide for the beginning and ending of 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 STATE WATER RESOURCES CONTROL BOARD
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
AVILA BEACH CALIF
4 0

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 | Year / Month for this report | Reporting Period Beginning (Year Mo. Day) 85/05/01 Ending 85/05/31 | State Code 06 | NPDES Permit Number 0005721 | Date form was computer printed (Year Mo. Day) 85/06/01 | PAGE

STATION DESCRIPTION		INFLUENT	EFFL 001	EFFL 001	INFLUENT	EFFL 001		INFLUENT	EFFL 001	EFFL 001
CONSTITUENT NAME	UNITS	TEMPERATURE DEGREES F	TEMPERATURE DEGREES F	FLOW MGD	PH UNITS	PH UNITS		TURBIDITY NTU	TURBIDITY NTU	OIL & GREASE MG/L
SAMPLE TYPE		METERED	METERED	PUMP DATA	GRAB	CONTINUOUS		GRAB	GRAB	GRAB
FREQUENCY		CONTINUOUS	CONTINUOUS	DAILY	MONTHLY	DAILY/MONTHLY		MONTHLY	MONTHLY	MONTHLY
MONTH	DAY	*	*	*	*	* GRAB	MONITOR	*	*	*
MAY	01	51	51	0.595			8.0			
	02	51	52	0.595			8.0			
	03	50	51	0.595			8.1			
	04	50	55	0.594			8.0			
	05	50	56	0.882			8.0			<3
	06	50	55	1.207	7.8	7.8	8.0	2.2	1.3	
	07	52	70	1.207			7.9			
	08	52	70	1.207			7.9			
	09	51	69	1.224			7.9			
	10	51	69	1.207			7.9			
	11	52	69	1.207			7.9			
	12	51	68	1.207			7.8			
	13	50	69	1.207			7.8			
	14	52	70	1.207	7.6	7.6	7.8			
	15	52	70	1.207			7.8			
	16	54	71	1.207			7.8			
	17	53	71	1.207			7.9			
	18	52	68	1.108			7.9			
	19	51	68	1.207			8.0			
	20	50	69	1.207			7.9			
	21	50	69	1.207			7.8			
	22	50	68	1.207			7.8			
	23	50	68	1.105			7.9			
	24	50	69	0.702			7.9			
	25	50	67	0.850			7.9			
	26	52	70	1.207			7.9			
	27	52	70	1.192			8.0			
	28	51	68	1.207	8.0	7.9	7.9			
	29	51	69	0.929			7.9			
	30	50	68	1.207			7.9			
	31	50	68	1.207			7.9			
1 MONTHLY AVERAGE		51	66	1.074			7.9			
MONTHLY HIGH		54	71	1.224			8.1			
MONTHLY LOW		50	51	0.595			7.8			
TOTAL RECORDINGS/MO.		31	31	31			31			
REQUIREMENT #1			INTAKE + 20%	MAX 2.67 MGD		MIN 6.0				6-M M 5.0
Times Exceeded			0	0			0			0
REQUIREMENT #2			MA 100 DEG F			MAX 9.0				D MAX 10.0
Times Exceeded			0				0			0
REQUIREMENT #3						MAX 62 INCR				MAX 20.0
Times Exceeded							0			0

REMARKS-- INFLUENT and EFFL 001 Temperature - The temperature reported are daily averages. See letter for additional temperature information.

* Enter number of samples taken during the day

Typed Name of Principal Executive Officer: SHETTER JAMES D.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

[signature] 85 06 20

INSTRUCTIONS FOR DISCHARGER

1 Remove COPY 4 (dark yellow) and use for your worksheet
2 Use Elite or pica 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 summary data (MONTHLY AVERAGE, MONTHLY HIGH, etc.)
6 Appropriate signature is required at the bottom of the form.
7. Remove COPY 1 and retain for your records.
8 Send COPY 2 to EPA Region 9, San Francisco and COPY 1 to:

CALIFORNIA STATE WATER RESOURCES CONTROL BOARD

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
AVILA BEACH CALIF
4 0

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

Q2 Transaction Code: [ ] Facility I.D.: 3 402003001 Year / Month for this report: / Reporting Period Beginning (Year Mo. Day): 85/05/01 Ending (Year Mo. Day): 85/05/31 State Code: 06 NPDES Permit Number: 0003751 Date form was computer printed (Year Mo Day): [illegible] PAGE

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	*	*	*	*	*	*	*	*
MAY 01								
02								
03								
04								
05	<1E4							
06								
07								
08								
09								
10								
11				1 .0026	11.9	1 .003	15	1 <0.001
12								
13								
14								
15		1 <1	<4.6E3					
16								
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				1		0		0
REQUIREMENT #2				D MAX .008		D MAX .020		D MAX .08
Times Exceeded				0		0		0
REQUIREMENT #3				I MAX .02		I MAX .05		I MAX .2
Times Exceeded				0		0		0

REMARKS:

* Enter number of samples taken during monitoring

Typed Name of Principal Executive Officer: SHIFFER JAMES D.

[illegible certification text]

Signature: (signature) 85 06 20

INSTRUCTIONS FOR DISCHARGER

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

CALIFORNIA STATE WATER RESOURCES CONTROL BOARD

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
AVILA BEACH CALIF
4 0

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

Q2 | Transaction Code | Facility I.D. 3 402003001 | Year / Month for this report | Reporting Period Beginning (Year Mo. Day) 85/05/01 Ending 85/05/31 | State Code 06 | NPDES Permit Number 0003751 | Date form was computer printed (Year Mo.) 85/06/ | PAGE

STATION DESCRIPTION	EEEL 001	EEEL 001	EEEL 001	EEEL 001	EEEL 001	EEEL 001	EEEL 001	EEEL 001
CONSTITUENT NAME / UNITS	NICKEL KG/DAY	ZINC MG/L	ZINC KG/DAY	AMMONIA (N) MG/L	AMMONIA (N) KG/DAY	TOX CONC** TU	TITANIUM MG/L	BORON MG/L
SAMPLE TYPE	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB
FREQUENCY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY
MONTH / DAY	*	*	*	*	*	*	*	*
MAY 01								
02								
03								
04								
05								
06								
07								1 4.2
08								
09								
10								
11	<4.6	1 <0.01	45.7				1 .08	
12								
13						1 No Mortalities		
14								
15								
16								
17								
18				1 0.77	323			
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 .020		6-M M .1		6-M M 0.7		
Times Exceeded		0		0		0		
REQUIREMENT #2		D MAX .08		D MAX .2				
Times Exceeded		0		0				
REQUIREMENT #3		I MAX .2		I MAX .3				
Times Exceeded		0		0				

REMARKS--

* Enter number of samples taken during the day

Type/Print Name of Principal Executive Officer: SHUTTER JAMES D.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this report, and 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 C Shutter 85 06 30

INSTRUCTIONS FOR DISCHARGER

1. Remove COPY 4 (dark yellow) and use for your worksheet.
2. Use ballpoint pen or typewriter for data entry on forms.
3. Provide dates for beginning and ending on reporting period blocks.
4. Provide data as specified under column headings.
5. Enter raw data or 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 STATE WATER RESOURCES CONTROL BOARD

DISCHARGER SELF MONITORING REPORT

CALIFORNIA REGIONAL WATER QUALITY
CONTROL BOARD
CENTRAL COAST REGION
81002A 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
4 0

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

Q2 | Transaction Code | Facility I.D. 3 4A2003001 | Year / Month for this report | Reporting Period Beginning (Year Mo. Day) 85/05/01 | Ending 85/05/31 | State Code 06 | NPDES Permit Number CA0003751 | Date form was computer printed 85/06/02 | 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	CHLORINEUSE
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	*	*	* 1-1	* 1-2	*	*	*	*
MAY 01								
02								
03								
04	1 8.2							
05								
06		1 <0.003						
07								
08								
09								
10								
11								
12								
13								
14								
15			See Remarks	See Remarks				
16			16 .15	15 .19				84
17			14 .19	13 .21				84
18			13 .23	13 .27				84
19			13 .18	13 .21				63
20			14 .18	13 .09				63
21			14 .13	See Remarks				63
22			14 .15	14 .20				63
23			14 .19	14 .19				63
24								
25			14 .13	14 .10				63
26			13 .06	14 .08				63
27			13 .19	13 .20				63
28								
29			14 .13	15 .11				63
30			16 .19	See Remarks				63
31			.19	.19				63
+ MONTHLY AVERAGE			.16	.17				67.5
MONTHLY HIGH			.23	.27				84
MONTHLY LOW			.06	.08				63
TOTAL RECORDINGS/MO.			14	13				14
REQUIREMENT #1			6-H M .03	6-H M .03	6-H M .03	6-H M .03	6-H M .03	
Times Exceeded			0	0				
REQUIREMENT #2			D MAX .3	D MAX .3	D MAX .1	D MAX .1	D MAX .1	
Times Exceeded			0	0				
REQUIREMENT #3			I MAX .3	I MAX .3	I MAX .3	I MAX .3	I MAX .3	
Times Exceeded			0	0				

REMARKS: EFFL 001 Total Chlorine Residual - The analysis instrument functionally failed on these occasions.

* Enter number of samples

Type Name of Principal Executive Officer: SHEETZ JAMES D.

Signature: William R. Sheetz

85 06 20 REGIONAL

INSTRUCTIONS FOR DISCHARGER

1 Remove COPY 3 (pink yellow) and use for your worksheet
2 Use ballpoint pen or typewriter for data entry on forms
3 Provide date for beginning and ending 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 4 and retain for your records.
8 Send COPY 2 to EPA Region 9 San Francisco and COPY 1 to:

CALIFORNIA STATE WATER RESOURCES CONTROL BOARD

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
AVILA BEACH CALIF
4 0

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

Q2 | Transaction Code | Facility I.D. 3 402CC3001 | Year / Month for this report | Reporting Period Beginning (Year Mo. Day) 85/05/01 Ending 85/05/31 | State Code 06 | NPDES Permit Number 0003751 | Date form was computer printed 85/06/01 | PAGE: (Year Mo. Day)

STATION DESCRIPTION	EFFL 001/C	EFFL 001/C	EFFL 001/D	EFFL 001/D	EFF 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	GRAB — WHEN	GRAB — WHEN	GRAB
FREQUENCY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	DISC TO 001	DISC TO 001	DISC TO 001	MONTHLY
MONTH	DAY	*	*	*	*	* Composite	* Composite	*	*
MAY	01						2 .05		
	02								
	03						2 1.1		
	04								
	05								
	06								
	07								
	08						1 .10		
	09						2 .05		
	10								
	11								
	12						3 .25		
	13						1 .9		
	14								
	15						2 .005		
	16						1 <.003		
	17						1 .11		
	18						1 <.01		
	19						1 .19	1	<3
	20								
	21						4 3.3		
	22						1 <.01		
	23						1 3.8		
	24			1 16	.73		1 .014		
	25						2 .01		
	26						1 .34		
	27						4 .006		
	28						1 <.003		
	29						2 .02		
	30						2 .05		
	31						3 .007		
+ MONTHLY AVERAGE						0.113	520.	.88	
MONTHLY HIGH								10	
MONTHLY LOW								<.003	
TOTAL RECORDINGS/MO.								41	
REQUIREMENT #1	MO AVG 30		MO AVG 30					MO AVG 15	
Times Exceeded			0					0	
REQUIREMENT #2	D MAX 100		D MAX 100					D MAX 20	
Times Exceeded			0					0	
REQUIREMENT #3									
Times Exceeded									

REMARKS-- EFFL 001 D Lithium and Boron - The monthly composite for May 1-31 was analyzed on June 6.

* Enter number of samples taken during the day.

Typed Name of Principal Executive Officer: SHEETER JAMES D.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

William A Rd ... VSOC ...

INSTRUCTIONS FOR DISCHARGER

1. Retain COPY 4 (pink yellow) and use for your worksheet.
2. Use ink (preferably typewriter) for data entry on forms.
3. Punch codes for beginning and ending on reporting period blocks.
4. Punch data as specified under column headings.
5. Enter monthly processing data (MONTHLY AVERAGE, MONTHLY HIGH etc.).
6. Appropriate signature is required at the bottom of the form.
7. Retain COPY 4 and retain for your records.
8. Send COPY 2 to EPA Region 9 San Francisco and COPY 1 to:

CALIFORNIA STATE WATER RESOURCES CONTROL BOARD

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
AVILA BEACH CALIF
4 0

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

Q2 | Transaction Code | Facility I.D. 3 4020003001 | Year / Month for this report / | Reporting Period Beginning Year Mo. Day 65/05/01 Ending Year Mo. Day 65/05/31 | State Code 06 | NPDES Permit Number 0003751 | Date form was computer printed Year Mo 65/02 | PAGE

STATION DESCRIPTION	EEFL 001/E	EEFL 001/E	EEFL 001/E	EEFL 001/G	EEFL 001/G	EEFL 001/H	EEFL 001/H	EEFL 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	*	*	*	*	*	*	*	*
MAY 01								
02								
03								
04								
05								
06								
07								
08						1 <1	<0.06	
09								
10								
11								1 6.5
12								
13								
14								
15								
16								
17								
18	<0.6	1 14	2.9					
19								
20								
21								
22						1 15.6	1.9E3	
23						1 27		
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		0				0		
REQUIREMENT #2		D MAX 100		D MAX 100		D MAX 100		D MAX 100
Times Exceeded		0				0		
REQUIREMENT #3								
Times Exceeded								

REMARKS:

* Enter number of samples taken during monthly

Typed Name of Principal Executive Officer: SHEETER JAMES D.

For [illegible]

[illegible] 85 [illegible]

INSTRUCTIONS FOR DISCHARGER

1. Remove COPY 3 (pink yellow) and use for your worksheet
2. Use ballpoint pen or typewriter for data entry on forms
3. Provide data for beginning and ending all 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 4 and retain for your records
8. Send COPY 2 to EPA Region 9 San Francisco and COPY 1 to:

CALIFORNIA STATE WATER RESOURCES CONTROL BOARD
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
AVILA BEACH
CALIF
9 0

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

Q2 | Transaction Code | Facility I.D. 3 40200300I | Year / Month for this report / | Reporting Period Beginning (Year Mo. Day) 85/05/01 Ending (Year Mo. Day) 85/05/31 | State Code 06 | NPDES Permit Number 0003751 | Date form was computer printed (Year Mo Da) 85/06/01 | PAGE

STATION DESCRIPTION	EFFL 001/I	EFFL 001/J	EFFL 001/J	EFFL 001/K	EFFL 001/K	EFFL 001/L	EFFL 001/L	
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	*	*	*	*	*	*	*	*
MAY 01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11	2.7							
12								
13								
14								
15								
16								
17								
18								
19								
20		1 4.3	1.8					
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
REMARKS..								
+ MONTHLY AVERAGE								
MONTHLY HIGH								
MONTHLY LOW								
TOTAL RECORDINGS/MO.								
REQUIREMENT #1		MO AVG 30			MO AVG 30		MO AVG 30	
Times Exceeded		0					0	
REQUIREMENT #2		D MAX 100			D MAX 100		D MAX 100	
Times Exceeded		0					0	
REQUIREMENT #3								
Times Exceeded								

* Enter number of samples taken during the day

Typed/Printed Name and Principal Executive Officer: SHIFFER JAMES D.

William Shiffer 85 06 20