

NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

REPORTED DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION NO.

TOLEDO EDISON COMPANY
DAVIS-BESSE NUCLEAR
POWER STATION - UNIT NO.1
5501 NORTH STATE ROUTE 2
OAK HARBOR 43449 OTTAWA

2IB00011001 JUN 1984

PF 1 06/14/83 OH0003786

SAMPLING STATION DESCRIPTION
001 COLLECTION BOX

NOTE: THIS FORM MUST BE TYPED

(1) ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE REPORTING LAB ANALYST
(2) ENTER FREQUENCY OF SAMPLING Toledo Edison Co. R. J. Scott

DAY	(1)		(1)		(1)		REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	1	3	1	3	1	3					
	999	1	999	1	1						
	WATER TEMP. F	PH S.U.	CONDUIT FLOW MGD	CHLOR TOT RE MG/L	CHLOR FREE A MG/L						
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00011	00400	50050	50060	50064						
01	64	8.0	19.9	0.0	0.0						
02	AN	AN	AN	AN	AN						
03	67	AN	19.2	AN	AN						
04	68	7.5	19.5	0.0	0.0						
05	71	8.2	20.6	0.0	0.0						
06	73	8.3	21.6	0.0	0.0						
07	73	8.2	20.8	0.0	0.0						
08	76	8.6	24.2	0.0	0.0						
09	78	AN	27.8	AN	AN						
10	77	AN	26.0	AN	AN						
11	75	7.8	23.8	0.0	0.0						
12	76	7.5	23.4	0.0	0.0						
13	77	8.5	22.3	0.0	0.0						
14	76	8.0	22.5	0.0	0.0						
15	73	7.8	20.6	0.0	0.0						
16	81	AN	5.3	AN	AN						
17	87	AN	13.4	AN	AN						
18	79	8.6	20.0	0.0	0.0						
19	77	8.4	18.9	0.0	0.0						
20	77	7.9	19.3	0.0	0.0						
21	77	8.5	19.2	0.0	0.0						
22	76	8.5	18.5	0.0	0.0						
23	78	AN	19.1	AN	AN						
24	75	AN	20.7	AN	AN						
25	75	7.9	24.6	0.0	0.0						
26	77	7.8	21.7	0.0	0.0						
27	78	7.9	19.4	0.0	0.0						
28	76	7.9	19.0	0.0	0.0						
29	76	8.0	18.9	0.0	0.0						
30	75	AN	19.0	AN	AN						
31	--	--	--	--	--						
TOTAL	2188	--	589.2	0.0	0.0						
AVG.	75	--	20.3	0.0	0.0						
MAX.	87	8.6	27.8	0.0	0.0						
MIN.	64	7.5	5.3	0.0	0.0						

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

8407230083 840630
PDR ADOCK 05000346
R PDR

IE25
41

DISTRIBUTION
WHITE - AGENCY
YELLOW - AGENCY
GREEN - REPORTER
FORM NO. EPA-4500 (10-80)
(FORMERLY EPA SUR. 1)

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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.

DATE REPORT COMPLETED 7/5/84 SIGNATURE OF REPORTER T. D. Murray TITLE OF REPORTER Station Superintendent

MONTHLY REPORT FORM

REPORTED:

NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION

TOLEDO EDISON COMPANY
 DAVIS-BESSE NUCLEAR
 POWER STATION - UNIT NO.1
 5501 NORTH STATE ROUTE 2
 OAK HARBOR 43449 OTTAWA

2IB00011002 JUN 1984

PF 1 06/14/83 OH00037

SAMPLING STATION DESCRIPTION
 002 AREA RUNOFF

NOTE: THIS FORM MUST BE T

IN(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE

REPORTING LAB

ANALYST

IN(2) - ENTER FREQUENCY OF SAMPLING

Toledo Edison Co.

R. J. Scott

AND CODE NO. AT RIGHT	(1)	3	3							
	(2)	1	1							
	CONDUIT FLOW MED	PH S.U.	RESIDU T. NFL MG/L							
AY	50050	00400	00530							
01	0.000									
02	0.226									
03	0.000									
04	0.000	8.2	63*							
05	0.000									
06	0.000									
07	0.000									
08	0.000									
09	0.000									
10	0.000									
11	0.000	8.0	35							
12	0.000									
13	0.428									
14	0.000									
15	0.000									
16	0.000									
17	0.024									
18	0.179	8.1	22							
19	0.000									
20	0.000									
21	0.000									
22	0.000									
23	0.000									
24	0.000									
25	0.000	8.2	36							
26	0.000									
27	0.066									
28	0.000									
29	0.000									
30	0.000									
31	--									

TOTAL	0.923	--	156							
AVG.	0.031	---	39							
MAX.	0.428	8.2	63							
MIN.	0.000	8.0	22							

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

*Total Nonfilterable Residue (Total Suspended Solids) Daily Maximum Limit of 50 mg/l was exceeded June 4, 1984. Report was issued to Ohio EPA on June 6, 1984.

DISTRIBUTION
 WHITE - AGENCY
 YELLOW - AGENCY
 GREEN - REPORTER
 FORM NO. EPA-4500 (10-80)
 FORMERLY EPA-SUR-1

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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.

DATE REPORT COMPLETED 7/5/84	SIGNATURE OF REPORTER T. D. Murray	T. D. Murray	TITLE OF REPORTER Station Superintendent
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8301 M 8412 770309
MONTHLY REPORT FORM

REPORTED
NAME ADDRESS, CITY, COUNTY, ZIP STATION CODE DATE (MONTH, YEAR) PAGE PRINTING DATE APPLICATION
TOLEDO EDISON COMPANY 21800011003 JUN 1984 P 1 06/14/83 CH00037
DAVIS-BESSE NUCLEAR
POWER STATION - UNIT NO.1 SAMPLING STATION DESCRIPTION
5501 NORTH STATE ROUTE 2 003 SCREENWASH
OAK HARBOR 43449 OTTAWA

NOTE: THIS FORM MUST BE T

IN(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE REPORTING LAB ANALYST
IN(2) - ENTER FREQUENCY OF SAMPLING Toledo Edison Co. R. J. Scott

DAY	CONCLI FLOW MGD	RESIDU T. NFL MG/L	REPORTING CODE																
			REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE							
			50050	00530															
01	0.222																		
02	0.222																		
03	0.222																		
04	0.222	58																	
05	0.222																		
06	0.222																		
07	0.222																		
08	0.222																		
09	0.222																		
10	0.222																		
11	0.222																		
12	0.222																		
13	0.222																		
14	0.222																		
15	0.222																		
16	0.222																		
17	0.222																		
18	0.222																		
19	0.222																		
20	0.222																		
21	0.222																		
22	0.222																		
23	0.222																		
24	0.222																		
25	0.222																		
26	0.222																		
27	0.222																		
28	0.222																		
29	0.222																		
30	0.222																		
31	--																		

TOTAL	6.660	58																	
AVG.	0.222	58																	
MAX.	0.222	58																	
MIN.	0.222	58																	

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

DISTRIBUTION
WHITE - AGENCY
YELLOW - AGENCY
GREEN - REPORTER
FORM NO. EPA-4500 (10-80)
FORMERLY EPA-SUR-1

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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.

DATE REPORT COMPLETED 7/5/84	SIGNATURE OF REPORTER T. D. Murray	T. D. Murray	TITLE OF REPORTER Station Superintendent
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NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION NO

TOLEDO EDISON COMPANY
DAVIS-BESSE NUCLEAR
POWER STATION - UNIT NO.1
5501 NORTH STATE ROUTE 2
OAK HARBOR 43449 OTTAWA

2IB00011601 JUN 1984

P 1 06/14/83 CH000378

SAMPLING STATION DESCRIPTION
601 SANITARY

NOTE: THIS FORM MUST BE TYPE

N(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE
N(2) - ENTER FREQUENCY OF SAMPLING

REPORTING LAB

Toledo Edison Co.

ANALYST

R. J. Scott

(1)	3	3	3	1	3	3	3	3	3	
(2)	1	1	1	999	1	1	1	1	1	
	COLOR SEVER UNITS	ODOR SEVER UNITS	TURBID SEVER UNITS	CONDUIT FLOW MGD	CHLOR TOT RE MG/L	BOD 5 DAY MG/L	PH S.U.	RESIDU T. NFL MG/L	FEC CO MF-FCB #/100M	
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00083	01330	01350	50050	50060	00310	00400	00530	31616	97
1	0	0	0	0.009	3.0	10				
2	AN	AN	AN	0.009	AN					
3	AN	AN	AN	0.009	AN					
4	0	0	1	0.009	2.0					
5	0	0	0	0.009	2.5					
6	0	0	0	0.009	2.0					
7	0	0	0	0.009	2.0					
8	0	0	0	0.009	2.0		9.1	19		
9	AN	AN	AN	0.009	AN					
10	AN	AN	AN	0.009	AN					
11	1	0	0	0.009	2.0					
12	1	0	1	0.009	2.0					
13	1	0	1	0.009	2.0					
14	1	0	1	0.009	3.0					
15	1	0	1	0.009	1.0					
16	AN	AN	AN	0.009	AN					
17	AN	AN	AN	0.009	AN					
18	1	0	1	0.009	0.8					
19	1	0	1	0.009	0.2					
20	1	0	1	0.009	1.0					
21	1	0	1	0.009	3.0					
22	0	0	0	0.009	2.5					
23	AN	AN	AN	0.009	AN					
24	AN	AN	AN	0.009	AN					
25	1	0	1	0.009	0.4					
26	1	0	1	0.009	0.8					
27	0	0	0	0.009	1.0					
28	0	0	0	0.009	0.8					
29	0	0	0	0.009	3.0					
30	AN	AN	AN	0.009	AN					
31	--	--	--	--	--					

TOTAL	11	0	11	0.270	37.0	10	--	19	97	
AVG.	1	0	1	0.009	1.8	10	--	19	97	
MAX.	1	0	1	0.009	3.0	10	9.1	19	97	
MIN.	0	0	0	0.009	0.2	10	9.1	19	97	

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

DISTRIBUTION
WHITE - AGENCY
YELLOW - AGENCY
GREEN - REPORTER
FORM NO. EPA-4500 (10-80)
FORMERLY EPA-SUR-1

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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.

DATE REPORT COMPLETED 7/5/84	SIGNATURE OF REPORTER T. D. Murray <i>T. D. Murray</i>	TITLE OF REPORTER Station Superintendent
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8301 M 8412 770309
MONTHLY REPORT FORM

NAME ADDRESS CITY COUNTY ZIP STATION CODE DATE (MONTH YEAR) PAGE PRINTING DATE APPLICATION I
 TOLEDO EDISON COMPANY 21800011602 JUN 1984 P 1 06/14/83 OH00037
 DAVIS-BESSE NUCLEAR
 POWER STATION - UNIT NO.1 SAMPLING STATION DESCRIPTION
 5501 NORTH STATE ROUTE 2 602 LOW VOLUME WASTES
 OAK HARBOR 43449 OTTAWA

NOTE: THIS FORM MUST BE TY

IN(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE REPORTING LAB ANALYST
 IN(2) - ENTER FREQUENCY OF SAMPLING Toledo Edison Co. R.J. Scott

ANALYTE NO. AT RIGHT	(1)	(2)	PH	RESIDU T. NFL MG/L	O&G TOTAL MG/L	CONDUI FLOW MGD	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	3	3	3	1	999	00400	00530	00550	50050						
01						0.136									
02						0.136									
03						0.136									
04	8.3	12		0		0.136									
05						0.136									
06						0.136									
07						0.136									
08						0.136									
09						0.136									
10						0.136									
11	8.3	11		0		0.136									
12						0.136									
13						0.136									
14						0.136									
15						0.136									
16						0.136									
17						0.136									
18	8.0	3		0		0.136									
19						0.136									
20						0.136									
21						0.136									
22						0.136									
23						0.136									
24						0.136									
25	8.4	2		0		0.136									
26						0.136									
27						0.136									
28						0.136									
29						0.136									
30						0.136									
31						--									
TOTAL	--	28		0		4.080									
AVG	--	7		0		0.136									
MAX	8.4	12		0		0.136									
MIN	8.0	2		0		0.136									

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

DISTRIBUTION
 WHITE - AGENCY
 YELLOW - AGENCY
 GREEN - REPORTER

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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.

DATE REPORT COMPLETED 7/5/84 SIGNATURE OF REPORTER T. D. Murray TITLE OF REPORTER Station Superintendent

NAME ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION

TOLEDO EDISON COMPANY
DAVIS-BESSE NUCLEAR
POWER STATION - UNIT NO.1
5501 NORTH STATE ROUTE 2
OAK HARBOR 43449 OTTAWA

21800011603 JUN 1984

Pf 1 06/14/83 0H0003

SAMPLING STATION DESCRIPTION
603, REGENERATES

NOTE: THIS FORM MUST BE

IN(1) ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE

REPORTING LAB

ANALYST

IN(2) ENTER FREQUENCY OF SAMPLING

Toledo Edison Co.

R. J. Scott

DAY	(1)	(2)	PH	RESIDU T. NFL S.U.	CONDUI FLOW MGD	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
				MG/L	MGD									
	3	3												
	1	1			999									
						00400	00530	50050						
01			AH	AH	AH									
02														
03														
04														
05														
06														
07														
08														
09														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														

TOTAL	AH	AH	AH											
AVG.	AH	AH	AH											
MAX.	AH	AH	AH											
MIN.	AH	AH	AH											

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

AH = Neutralizing tank out of service for repairs during the entire month of June.

DISTRIBUTION
WHITE - AGENCY
YELLOW - AGENCY
GREEN - REPORTER
FORM NO. EPA-4500 (10-80)
FORMERLY EPA-SUR-1

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

DATE REPORT COMPLETED
7/5/84

SIGNATURE OF REPORTER
T. D. Murray

T. D. Murray

TITLE OF REPORTER
Station Superintendent

MONTHLY REPORT FORM

REPORTED

NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION NO.

TOLEDO EDISON COMPANY
DAVIS-BESSE NUCLEAR
POWER STATION - UNIT NO.1
5501 NORTH STATE ROUTE 2
OAK HARBOR 43449 OTTAWA

21800011604 JUN 1984
SAMPLING STATION DESCRIPTION
604 FLOOR DRAINS

1 06/14/83 OH0003786

NOTE: THIS FORM MUST BE TYPED

IN(1): ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE

REPORTING LAB

ANALYST

IN(2): ENTER FREQUENCY OF SAMPLING

Toledo Edison Co.

R. J. Scott

DAY	(1)	3	3							
	999	1	1							
	CONCUI FLOW MGD	PH S.U.	O&G TOTAL MG/L	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	50050	00400	00550							
01	0.106									
02	0.106									
03	0.106									
04	0.106	8.2	0							
05	0.106									
06	0.106									
07	0.106									
08	0.106									
09	0.106									
10	0.106									
11	0.106	8.2	0							
12	0.106									
13	0.106									
14	0.106									
15	0.106									
16	0.106									
17	0.106									
18	0.106	8.0	0							
19	0.106									
20	0.106									
21	0.106									
22	0.106									
23	0.106									
24	0.106									
25	0.106	8.0	0							
26	0.106									
27	0.106									
28	0.106									
29	0.106									
30	0.106									
31	--									
TOTAL	3.180	--	0							
AVG.	0.106	--	0							
MAX.	0.106	8.2	0							
MIN.	0.106	8.0	0							

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

DISTRIBUTION
WHITE - AGENCY
YELLOW - AGENCY
GREEN - REPORTER

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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.

DATE REPORT COMPLETED
7/5/84

SIGNATURE OF REPORTER
T. D. Murray *T. D. Murray*

TITLE OF REPORTER
Station Superintendent

8301 M 8412 770309
MONTHLY REPORT FORM

820308 **OhioEPA**

NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

REPORTED
 DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION
 PF 1 06/14/83 OH0003

TOLEDO EDISON COMPANY

21B00011801 JUN 1984

DAVIS-BESSE NUCLEAR

POWER STATION - UNIT NO.1

SAMPLING STATION DESCRIPTION
 801 INTAKE STATION

5501 NORTH STATE ROUTE 2

OAK HARBOR 43449 OTTAWA

NOTE: THIS FORM MUST BE

IN(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE

REPORTING LAB

ANALYST

IN(2) - ENTER FREQUENCY OF SAMPLING

Toledo Edison Co.

R. J. Scott

ENTER ANALYSES PERFORMED AND CODE NO. AT RIGHT

DAY	(1)	(2)	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	1														
	999														
	WATER TEMP. F														
	00011														
01	57														
02	AN														
03	60														
04	62														
05	63														
06	64														
07	65														
08	66														
09	67														
10	68														
11	68														
12	68														
13	68														
14	70														
15	69														
16	68														
17	68														
18	71														
19	71														
20	71														
21	72														
22	72														
23	72														
24	72														
25	72														
26	72														
27	72														
28	71														
29	71														
30	71														
31	--														
TOTAL	1981														
AVG.	68														
MAX.	72														
MIN.	57														

ADDITIONAL REMARKS (AH REPORTING CODES MUST BE EXPLAINED IN THIS SECTION)

DISTRIBUTION
 WHITE - AGENCY
 YELLOW - AGENCY
 GREEN - REPORTER
 FORM NO. EPA 4500 (10-80)
 FORMERLY EPA-SUR-1

I CERTIFY UNDER THE PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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.

DATE REPORT COMPLETED
 7/5/84

SIGNATURE OF REPORTER
 T. D. Murray *T D Murray*

TITLE OF REPORTER
 Station Superintendent



File: RR 2 P-8-84-06
E 2.40.1.1.3
G84 404AL

July 11, 1984

Ohio Environmental Protection Agency
Technical Records Section
P.O. Box 1049
Columbus, OH 43216

Gentlemen:

Attached is a copy of the June 1984 Wastewater Report for Davis-Besse Nuclear Power Station, Unit No. 1.

Yours truly,

A handwritten signature in cursive script that reads 'Terry D. Murray'.

Terry D. Murray
Station Superintendent
Davis-Besse Nuclear Power Station
(419) 259-5660

TDM/KLN/yml

encl. (2 copies)

cc: J. E. Sullivan
W. G. Rogers
J. L. Scott-Wasilk
J. F. Stolz, NRC

JE25
1/1