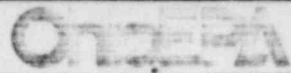


MONTHLY REPORT FORM

ALIGNED COPY



NAME: TOLEDO EDISON COMPANY STATION CODE: 21000011001 DATE (MONTH, YEAR): OCT 1984  
 ADDRESS: DAVIS-BESSE NUCLEAR POWER STATION - UNIT NO. 1 SAMPLING STATION DESCRIPTION: 5501 NORTH STATE ROUTE 2 BOX 001 COLLECTION BOX OAK HARBOR 43449 OTTAWA

NOTE: THIS FORM MUST BE TYPE

IN(1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE		REPORTING LAB					ANALYST				
IN(2) - ENTER FREQUENCY OF SAMPLING		Toledo Edison Company					R. J. Scott				
(1)	1	3	1	3	3						
(2)	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	
DAY	00011	00400	50050	50060	50064						
01	62	8.0	20.8	0.0	0.0						
02	62	8.0	20.5	0.0	0.0						
03	61	7.4	20.5	0.0	0.0						
04	60	8.1	20.5	0.0	0.0						
05	61	7.5	19.7	0.0	0.0						
06	61	AN	19.9	AN	AN						
07	61	AN	19.9	AN	AN						
08	AH	AH	19.6	AH	AH						
09	62	7.3	20.0	0.0	0.0						
10	62	7.8	19.8	0.0	0.0						
11	62	7.8	19.0	0.0	0.0						
12	62	8.2	19.4	0.0	0.0						
13	62	AN	17.6	AN	AN						
14	62	AN	17.6	AN	AN						
15	62	7.9	17.3	0.0	0.0						
16	62	8.1	17.0	0.0	0.0						
17	62	8.0	17.3	0.0	0.0						
18	63	7.8	19.5	0.0	0.0						
19	63	8.1	20.2	0.0	0.0						
20	62	AN	20.2	AN	AN						
21	62	AN	19.9	AN	AN						
22	61	8.0	16.4	0.0	0.0						
23	60	7.9	16.3	0.0	0.0						
24	59	7.8	16.1	0.0	0.0						
25	58	7.9	17.2	0.0	0.0						
26	58	8.0	18.0	0.0	0.0						
27	58	AN	18.0	AN	AN						
28	60	AN	18.1	AN	AN						
29	61	8.0	20.0	0.0	0.0						
30	60	7.9	20.0	0.0	0.0						
31	61	8.0	20.0	0.0	0.0						
TOTAL	1832	--	586.3	0.0	0.0						
AVG.	61	--	18.9	0.0	0.0						
MAX	63	8.2	20.8	0.0	0.0						
MIN	58	7.3	16.1	0.0	0.0						

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

AH - Malfunction of automatic sampler

8411200562 841031  
 PDR ADOCK 05000346  
 R PDR

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 11/2/84	SIGNATURE OF REPORTER S. M. Quennoz <i>SM Quennoz</i>	TITLE OF REPORTER Plant Manager - Davis-Besse
----------------------------------	--	--

MONTHLY REPORT FORM

AGENCY CODE

REPORTED



NAME ADDRESS CITY COUNTY ZIP STATION CODE DATE (MONTH, YEAR) PAGE PRINTING DATE APPLICATION  
 TOLEDO EDISON COMPANY 21800011032 OCT 1984 PF 1 06/03/84 0H00037  
 DAVIS-BESSE NUCLEAR  
 POWER STATION - UNIT NO. 1 SAMPLING STATION DESCRIPTION  
 5501 NORTH STATE ROUTE 2 002 AREA RUNOFF  
 CAK HARBOR 43449 LTTA.A

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 Company R. J. Scott

ENTER ANALYSES PERFORMED AND CODE NO. AT RIGHT	(1)	3	3							
	(2)	999	1	1						
	CONDUIT FLOW MGD	PH S-U	RESIDU T. NFL MG/L							
DAY	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
01	0.008	8.1	49							
02	0.008									
03	0.008									
04	0.008									
05	0.008									
06	0.008									
07	0.177									
08	0.102	7.9	17							
09	0.060									
10	0.008									
11	0.008									
12	0.008									
13	0.008									
14	0.017									
15	0.055	8.4	6							
16	0.013									
17	0.022									
18	0.008									
19	0.013									
20	0.083									
21	0.074									
22	0.013	8.2	14							
23	0.008									
24	0.008									
25	0.036									
26	0.036									
27	0.008									
28	0.008									
29	0.008	7.8	23							
30	0.008									
31	0.008									

TOTAL	0.845	--	109							
AVG.	0.027	--	22							
MAX.	0.177	8.4	49							
MIN.	0.008	7.8	6							

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 507-1

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: 11/2/84  
 SIGNATURE OF REPORTER: S. M. Quennoz (Signature)  
 TITLE OF REPORTER: Plant Manager, Davis-Besse

MONTHLY REPORT FORM



NAME: TOLEDO EDISON COMPANY  
 ADDRESS: DAVIS-BESSE NUCLEAR POWER STATION - UNIT NO. 1  
 CITY: GAK HARBOR  
 COUNTY: OTTAWA  
 ZIP: 43449

STATION CODE: 01-00011003  
 DATE (MONTH YEAR): OCT 1984

SAMPLING STATION DESCRIPTION: 003 SCREEN\*ASH

REPORTED: PAGE 1 OF 1  
 PRINTING DATE: 05/08/84  
 APPLICATION NO: OH000378

NOTE: THIS FORM MUST BE TYPE

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

REPORTING LAB: Toledo Edison Company  
 ANALYST: R. J. Scott

ENTER ANALYSES PERFORMED AND CODE NO. AT RIGHT	(1)	(2)	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	CONDUI FLOW MGD	RESIDU T. NFL MG/L									
DAY	50050	00530									
01	0.222	40									
02	0.222										
03	0.222										
04	0.222										
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	0.222										
TOTAL	6.882	40									
AVG	0.222										
MAX	0.222										
MIN	0.222										

ADDITIONAL REMARKS: ALL REPORTING CODES MUST BE EXPLAINED IN THIS SECTION

DISTRIBUTION  
 WHITE - AGENCY  
 YELLOW - AGENCY  
 GREEN - REPORTER  
 FORM NO. SPA-4500 (10-80)  
 FORMERLY EPA-SUP-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: 11/2/84  
 SIGNATURE OF REPORTER: S. M. Quennoz *S.M. Quennoz*  
 TITLE OF REPORTER: Plant Manager, Davis-Besse

MONTHLY REPORT FORM

AGENCY COPY



NAME: ADDRESS: CITY: COUNTY: ZIP: STATION CODE: DATE (MONTH, YEAR): REPORTED: PAGE: PRINTING DATE: APPLICATION NO:

TOLEDO EDISON COMPANY 21900011601 OCT 1984 PF 1 0470874 0100379

DAVIS-BESSE NUCLEAR

POCKET STATION - UNIT NO. 1 SAMPLING STATION DESCRIPTION

5501 NORTH STATE ROUTE 2 801 SANITARY

CAK HARBOR 43449 OTTAWA

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 Company		R. J. Scott						
(1)	(2)	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
DAY	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
01	1	1	1	0.009	6.0					
02	1	1	1	0.009	2.0	7				42
03	1	1	1	0.009	1.0					
04	1	1	1	0.009	1.0					
05	1	1	1	0.009	1.0					
06	AN	AN	AN	0.009	AN					
07	AN	AN	AN	0.009	AN					
08	1	1	1	0.009	1.0		8.7	20		
09	1	1	1	0.009	3.0					
10	1	1	1	0.009	2.4					
11	1	1	1	0.009	2.5					
12	1	1	1	0.009	1.8					
13	AN	AN	AN	0.009	AN					
14	AN	AN	AN	0.009	AN					
15	4	4	4	0.009	1.0					
16	3	2	3	0.009	1.0					
17	1	1	1	0.009	0.8					
18	2	1	2	0.009	0.6					
19	3	1	3	0.009	0.6					
20	AN	AN	AN	0.009	AN					
21	AN	AN	AN	0.009	AN					
22	2	1	1	0.009	1.0					
23	1	1	1	0.009	1.0					
24	1	2	1	0.009	1.0					
25	1	1	1	0.009	1.0					
26	1	1	1	0.009	1.5					
27	AN	AN	AN	0.009	AN					
28	AN	AN	AN	0.009	AN					
29	1	2	2	0.009	1.5					
30	1	1	2	0.009	1.5					
31	1	1	1	0.009	2.0					
TOTAL	32	29	33	0.279	36.2	7	--	20	42	
AVG.	1	1	1	0.009	1.6	7	--	20	42	
MAX	4	4	4	0.009	6.0	7	8.7	20	42	
MIN	1	1	1	0.009	0.6	7	8.7	20	42	

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 11/2/84	SIGNATURE OF REPORTER S. M. Quennoz <i>S.M. Quennoz</i>	TITLE OF REPORTER Plant Manager, Davis-Besse
----------------------------------	--	---

MONTHLY REPORT FORM

AGENCY COPY



NAME ADDRESS: CITY, COUNTY, ZIP STATION CODE REPORTED DATE (MONTH, YEAR) PAGE PRINTING DATE APPLICATION  
 TOLEDO EDISON COMPANY 21000011602 OCT 1984 P 1 00/08/84 OH00037  
 DAVIS-BESSE NUCLEAR POWER STATION - UNIT NO. 1 SAMPLING STATION DESCRIPTION  
 5501 NORTH STATE ROUTE 2 612 LOW VOLUME WASTES  
 CAK HARBOR 43449 CTTA#A

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						
ENTER ANALYSES PERFORMED AND CODE NO. AT RIGHT	(1)	(2)	PH	RESIDU T. NFL	O&G TOTAL	CONQUI FLOW	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
			S.U.	MG/L	MG/L	MGD						
DAY	00400	00530	00550	50050								
01	7.9	2	0	0.059								
02				0.059								
03				0.059								
04				0.059								
05				0.059								
06				0.059								
07				0.059								
08	7.7	1	1	0.059								
09				0.059								
10				0.059								
11				0.059								
12				0.059								
13				0.059								
14				0.059								
15	8.1	1	0	0.059								
16				0.059								
17				0.059								
18				0.059								
19				0.059								
20				0.059								
21				0.059								
22	8.0	1	0	0.059								
23				0.059								
24				0.059								
25				0.059								
26				0.059								
27				0.059								
28				0.059								
29	8.0	1	0	0.059								
30				0.059								
31				0.059								
TOTAL	--	6	1	1.829								
AVG	--	1	0	0.059								
MAX	8.1	2	1	0.059								
MIN	7.7	1	0	0.059								

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

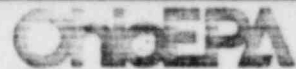
DISTRIBUTION  
 WHITE - AGENCY  
 YELLOW - AGENCY  
 GREEN - REPORTER  
 FORM NO. EPA-4500 (10-80)  
 FORMERLY EPA-SUR-1

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: 11/2/84  
 SIGNATURE OF REPORTER: S. M. Quennoz *SMQuennoz*  
 TITLE OF REPORTER: Plant Manager, Davis-Besse

MONTHLY REPORT FORM

AGENCY COPY



REPORTED

NAME ADDRESS CITY COUNTY ZIP

STATION CODE

DATE (MONTH YEAR)

PAGE PRINTING DATE APPLICATION NO

TOLEDO EDISON COMPANY

2IR00011603 OCT 1984

PF 1 05/08/84 040003786

DAVIS-BESSE NUCLEAR

POWER STATION - UNIT # 2

SAMPLING STATION DESCRIPTION

5501 NORTH STATE ROUTE 2

603. REGENERATES

DAK HARBOR 43445 CTTA WA

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	AND CODE NO. AT RIGHT	(1)	(2)	PH	RESIDU	CONDUI						
		3	3	1	T. NFL	FLOW	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
		1	999	S.U.	MG/L	MGD	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
01		00400	00530			50050						
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19		6.2	8			0.050						
20												
21												
22												
23												
24												
25												
26		6.4	23			0.038						
27												
28												
29												
30												
31												

TOTAL	--	31	0.088									
AVG	--	16	0.044									
MAX	6.2	23	0.050									
MIN	6.4	8	0.038									

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.

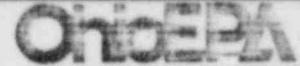
DATE REPORT COMPLETED: 11/2/84

SIGNATURE OF REPORTER: S. M. Quennoz *[Signature]*

TITLE OF REPORTER: Plant Manager, Davis-Besse

MONTHLY REPORT FORM

AGENCY COPY



NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION NO.

TOLEDO EDISON COMPANY

21800011674

OCT 1984

PF 1 05/08/84 OH000578

DAVIS-BESSE NUCLEAR

POWER STATION - UNIT NO. 1

SAMPLING STATION DESCRIPTION

5503 NORTH STATE ROUTE 2

604 FLOOR DRAINS

CAK HARBOR

43449 CTTAWA

NOTE: THIS FORM MUST BE TYPE

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

REPORTING LAB

ANALYST

IN(2) - ENTER FREQUENCY OF SAMPLING

Toledo Edison Company

R. J. Scott

ENTER ANALYSES PERFORMED AND CODE NO. AT RIGHT	(1)	3	3								
	(2)	999	1	1							
	CONDUI	PH	ORC								
	FLOW	S.U.	TOTAL								
	MGD		MG/L								
DAY	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
01	50050	00400	00500	0.008	7.9	0					
02	0.008										
03	0.008										
04	0.008										
05	0.008										
06	0.008										
07	0.008										
08	0.008	7.8	1								
09	0.008										
10	0.008										
11	0.008										
12	0.008										
13	0.008										
14	0.008										
15	0.008	8.1	0								
16	0.008										
17	0.008										
18	0.008										
19	0.008										
20	0.008										
21	0.008										
22	0.008	8.0	0								
23	0.008										
24	0.008										
25	0.008										
26	0.008										
27	0.008										
28	0.008										
29	0.008	7.9	0								
30	0.008										
31	0.008										
TOTAL	0.248	--	1								
AVG.	0.008	--	0								
MAX	0.008	8.1	1								
MIN	0.008	7.8	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.

FORM NO. EPA-4500 (10-80)  
 FORMERLY EPA-SUR-1

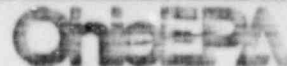
DATE REPORT COMPLETED  
 11/2/84

SIGNATURE OF REPORTER  
 S. M. Quennoz *S. M. Quennoz*

TITLE OF REPORTER  
 Plant Manager, Davis-Besse

MONTHLY REPORT FORM

AGENCY COPY



NAME ADDRESS CITY COUNTY ZIP

STATION CODE

REPORTED

DATE (MONTH YEAR)

PAGE PRINTING DATE APPLICATION NO

TOLEDO Edison COMPANY

21800011801 OCT 1984

Pf 1 08765794 1833370

DAVIS-BESSE NUCLEAR

POWER STATION - UNIT NO. 1

SAMPLING STATION DESCRIPTION

5501 NORTH STATE ROUTE 2

801 INTAKE STATION

CAK HARBOR 43449 OTTAWA

NOTE: THIS FORM MUST BE TYPE

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

REPORTING LAB

ANALYST

IN(2) - ENTER FREQUENCY OF SAMPLING

Toledo Edison Company

R. J. Scott

UN/UF ANALYSES PERFORMED 2ND CODE NO. AT RIGHT	(1)	REPORTING CODE												
	(2)	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													
DAY	00011													
01	62													
02	60													
03	60													
04	60													
05	60													
06	60													
07	61													
08	61													
09	61													
10	60													
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22	60													
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24	58													
25	57													
26	57													
27	57													
28	59													
29	61													
30	61													
31	61													
TOTAL	1866													
AVG	60													
MAX	62													
MIN	57													

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

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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  
 11/2/84

SIGNATURE OF REPORTER  
 S. M. Quennoz *S.M. Quennoz*

TITLE OF REPORTER  
 Plant Manager, Davis-Besse





File: RR 2 P-8-84-10  
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G84 707AL

November 9, 1984

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

Gentlemen:

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

Yours truly,

*Stephen M. Quennoz (us)*  
Stephen M. Quennoz  
Plant Manager, Davis-Besse  
Davis-Besse Nuclear Power Station  
(419) 259-5660

SMQ/KLN/yml  
Attachments (2 copies)

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

IE25  
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