

8301 M 8412 770309
MONTHLY REPORT FORM

AGENCY COPY

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

21B00011003

Oct. 1984

1 OF 1 6/08/84 OH0003786

SAMPLING STATION DESCRIPTION

003 Screenwash

NOTE: THIS FORM MUST BE TYPEWRITTEN

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)	(2)	CONDUI 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
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	TOTAL		6.882	40											
	AVG.		0.222	40											
	MAX.		0.222	40											
	MIN.		0.222	40											

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

8411280397 841113
 PDR ADDCK 05000346
 R PDR

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 <i>[Signature]</i>	TITLE OF REPORTER Plant Manager, Davis-Besse
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