

8501 M 8612 770309
MONTHLY REPORT FORM

AGENCY COPY



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

21800011001 JAN 1985

OF 1 06/08/84 0H000378

SAMPLING STATION DESCRIPTION
001 COLLECTION BOX

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

DAY	ENTER ANALYSES PERFORMED AND CODE NO. AT RIGHT	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)		
		1	3	1	3	1	3	1	3	1	3	1	3	1	3	1	3	1	3
		999	1	999	1	999	1	999	1	999	1	999	1	999	1	999	1	999	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	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
		00011	00410	50050	50060	50064													
01		46	AN	21.3	AN	AN													
02		47	7.8	22.6	0.0	0.0													
03		47	7.6	23.6	0.0	0.0													
04		45	7.7	23.9	0.0	0.0													
05		44	AN	23.9	AN	AN													
06		44	AN	23.8	AN	AN													
07		AN	7.5	23.0	0.0	0.0													
08		42	8.1	23.4	0.0	0.0													
09		42	8.6	23.5	0.1	0.0													
10		42	7.5	23.4	0.0	0.0													
11		43	7.9	23.4	0.0	0.0													
12		44	AN	23.4	AN	AN													
13		44	AN	24.3	AN	AN													
14		44	7.3	25.9	0.0	0.0													
15		42	7.4	AN	0.0	0.0													
16		44	8.2	AN	0.0	0.0													
17		44	8.5	AN	0.4	0.0													
18		49	7.3	21.1	0.6	0.2													
19		47	AN	24.7	AN	AN													
20		48	AN	24.2	AN	AN													
21		49	7.7	24.7	0.0	0.0													
22		42	7.4	26.0	0.0	0.0													
23		41	7.2	25.0	0.0	0.0													
24		42	7.3	24.2	0.1	0.0													
25		41	7.2	23.4	0.0	0.0													
26		41	AN	22.7	AN	AN													
27		43	AN	23.0	AN	AN													
28		43	7.6	22.3	0.0	0.0													
29		43	8.6	21.9	0.0	0.0													
30		43	8.8	22.3	0.0	0.0													
31		44	8.8	22.6	0.0	0.0													
TOTAL		1320	--	657.5	1.2	0.2													
AVG.		44	--	23.5	0.1	0.0													
MAX.		49	8.8	26.0	0.6	0.2													
MIN.		41	7.2	21.1	0.0	0.0													

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

8502260385 850131
PDR ADOCK 05000346
R PDR

1225
11

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

SIGNATURE OF REPORTER

TITLE OF REPORTER

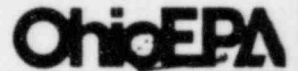
2/6/85

S. M. Quennoz

Plant Manager

8501 M 8612 770309
MONTHLY REPORT FORM

AGENCY COPY



NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

REPORTED DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION

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

21B00011002 JAN 1985

1 06/08/84 0H00037

SAMPLING STATION DESCRIPTION

002 AREA RUNOFF

NOTE: THIS FORM MUST BE F

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)	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
	CONDUI FLOW MGD	PH S.U.	RESIDU T. NFL MG/L	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
DAY	50050	00400	00530							
01	0.536									
02	0.095									
03	0.095									
04	0.095									
05	0.095									
06	0.095									
07	0.095	8.0	17							
08	0.095									
09	0.095									
10	0.161									
11	0.095									
12	0.095									
13	0.095									
14	0.095	8.0	12							
15	0.095									
16	0.117									
17	0.117									
18	0.175									
19	0.104									
20	0.100									
21	0.095									
22	0.095	8.0	35							
23	0.095									
24	0.405									
25	0.156									
26	0.095									
27	0.095									
28	0.095	8.0	37							
29	0.095									
30	0.095									
31	0.109									
TOTAL	3.975	--	101							
AVG.	0.128	--	25							
MAX.	0.536	8.0	37							
MIN.	0.095	8.0	12							

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 2/6/85	SIGNATURE OF REPORTER S. M. Quennoz	TITLE OF REPORTER Plant Manager
---------------------------------	--	------------------------------------

8501 M 8612 770309
MONTHLY REPORT FORM

AGENCY COPY



REPORTED

NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION N

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

2IB00011003 JAN 1985
SAMPLING STATION DESCRIPTION
003 SCREENWASH

PF 1 06/08/84 OH000378

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)	(2)	CONDUIT FLOW MGD	RESIDUAL T. NFL MG/L	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	DAY	1	3	999	1	50050	00530			
01	0.222									
02	0.222									
03	0.222									
04	0.222									
05	0.222									
06	0.222									
07	0.222	33								
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	33								
AVG.	0.222	33								
MAX.	0.222	33								
MIN.	0.222	33								

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

DISTRIBUTION
WHITE - AGENCY
YELLOW - AGENCY
GREEN - REPORTER

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

DATE REPORT COMPLETED
2/6/85

SIGNATURE OF REPORTER

S. M. Quennoz

TITLE OF REPORTER

Plant Manager

8501 M 3612 770309
MONTHLY REPORT FORM

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OhioEPA

NAME ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

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

21B00011601 JAN 1985

P 1 06/08/84 OH000378

SAMPLING STATION DESCRIPTION
601 SANITARY

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	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	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE		
(1)	3	3	3	1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
(2)	1	1	1	999	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
DAY	00083	01330	01350	59050	50060	00310	00400	00530	31615										
01	AN	AN	AN	0.009	AN														
02	2	1	2	0.009	0.8														
03	2	2	2	0.009	2.0														
04	2	1	2	0.009	0.4														
05	AN	AN	AN	0.009	AN														
06	AN	AN	AN	0.009	AN														
07	2	2	2	0.009	3.0														
08	2	2	2	0.009	2.0	11											AA		
09	2	2	2	0.009	0.8														
10	2	2	2	0.009	2.0														
11	2	2	2	0.009	1.5														
12	AN	AN	AN	0.009	AN														
13	AN	AN	AN	0.009	AN														
14	2	2	2	0.009	0.4														
15	2	2	2	0.009	1.5														
16	2	2	2	0.009	1.5														
17	2	2	2	0.009	1.4														
18	2	2	2	0.009	0.6														
19	AN	AN	AN	0.009	AN														
20	AN	AN	AN	0.009	AN														
21	2	2	2	0.009	0.1														
22	2	2	2	0.009	0.2														
23	2	2	2	0.009	0.8														
24	2	2	2	0.009	0.0														
25	2	2	2	0.009	0.0														
26	AN	AN	AN	0.009	AN														
27	AN	AN	AN	0.009	AN														
28	2	2	2	0.009	0.8	8.7										27			
29	2	2	2	0.009	3.0														
30	2	1	2	0.009	2.0														
31	2	1	2	0.009	3.0														
TOTAL	44	40	44	0.279	27.8	11	--									27		AA	
AVG.	2	2	2	0.009	1.3	11	--									27		AA	
MAX.	2	2	2	0.009	3.0	11	8.7									27		AA	
MIN.	2	1	2	0.009	0.0	11	8.7									27		AA	

ADDITIONAL REMARKS (AN 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: 2/6/85
SIGNATURE OF REPORTER: S. M. Quennoz
TITLE OF REPORTER: Plant Manager

8501-M 3612 770309
MONTHLY REPORT FORM

AGENCY COPY



REPORTED

NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION N

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

21800011602 JAN 1985

PF 1 06/08/84 OH000378

SAMPLING STATION DESCRIPTION
602 LOW VOLUME WASTES

NOTE: THIS FORM MUST BE TYPED

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	DAY	PH S.U.	RESIDU T. NFL MG/L	O&G TOTAL MG/L	CONDUIT FLOW MGD	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
						00400	00530	00550	50050		
(1)	3	3	3	1							
(2)	1	1	1	999							
01				0.658							
02				0.658							
03				0.658							
04				0.658							
05				0.658							
06				0.658							
07	7.9	18	0	0.658							
08				0.658							
09				0.658							
10				0.658							
11				0.658							
12				0.658							
13				0.658							
14	7.9	8	0	0.658							
15				0.658							
16				0.658							
17				0.658							
18				0.658							
19				0.658							
20				0.658							
21				0.658							
22	7.7	7	0	0.658							
23				0.658							
24				0.658							
25				0.658							
26				0.658							
27				0.658							
28	7.1	6	0	0.658							
29				0.658							
30				0.658							
31				0.658							
TOTAL	--	39	0	20.398							
AVG.	--	10	0	0.658							
MAX.	7.9	18	0	0.658							
MIN.	7.1	6	0	0.658							

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 2/6/85	SIGNATURE OF REPORTER S. M. Quennoz	TITLE OF REPORTER Plant Manager
---------------------------------	--	------------------------------------

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

21B00011603 JAN 1985

1 OF 1 06/08/84 OH000378

SAMPLING STATION DESCRIPTION
603, REGENERATES

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)									
	3	3	1								
	1	1	999								
	PH	RESIDU	CONDUI								
	S.U.	T. NFL	FLOW								
	MG/L	MGD									
REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
DAY	00400	00530	50050								
01											
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											
AVG.											
MAX.											
MIN.											

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

AH: A permit-to-install (Application No. 03-1960) effective as of October 25, 1984 states: The facilities monitoring station 21B00011603 will be eliminated, with the discharge monitored at 21B00011602 (low volume wastes) and 21B00011001 (collection box).

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
2/6/85

SIGNATURE OF REPORTER

S. M. Quennoz

TITLE OF REPORTER

Plant Manager

8501 M 8612 770309
MONTHLY REPORT FORM

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STATION CODE

DATE (MONTH, YEAR)

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

2I800011604 JAN 1985

1 06/08/84 0H00037

SAMPLING STATION DESCRIPTION

604 FLOOR DRAINS

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						
	CONDUI FLOW MGD	PH S.U.	O&G TOTAL MG/L							
DAY	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING C
01	50050	00400	00550							
02	0.095									
03	0.095									
04	0.095									
05	0.095									
06	0.095									
07	0.095	8.0	0							
08	0.095									
09	0.095									
10	0.095									
11	0.095									
12	0.095									
13	0.095									
14	0.095	8.0	0							
15	0.095									
16	0.095									
17	0.095									
18	0.095									
19	0.095									
20	0.095									
21	0.095									
22	0.095	8.0	0							
23	0.095									
24	0.095									
25	0.095									
26	0.095									
27	0.095									
28	0.095	8.2	1							
29	0.095									
30	0.095									
31	0.095									
TOTAL	2.945	--	1							
AVG.	0.095	--	0							
MAX.	0.095	8.2	1							
MIN.	0.095	8.0	0							

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 2/6/85	SIGNATURE OF REPORTER S. M. Quennoz <i>[Signature]</i>	TITLE OF REPORTER Plant Manager
---------------------------------	---	------------------------------------

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MONTHLY REPORT FORM

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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

21B00011801 JAN 1985

1 OF 1 06/08/84 0H000378

SAMPLING STATION DESCRIPTION
801 INTAKE STATION

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)	REPORTING CODES																		
			REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE									
WATER TEMP. F	1	999																			
DAY	00011																				
01	40																				
02	40																				
03	38																				
04	37																				
05	36																				
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31	36																				
TOTAL	1094																				
AVG.	35																				
MAX.	40																				
MIN.	33																				

ADDITIONAL REMARKS (ALL 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
2/6/85

SIGNATURE OF REPORTER
S. M. Quennoz

TITLE OF REPORTER
Plant Manager



File: RR 2 P-8-85-01
E 2.40.1.1.3
G85 109AL

February 15, 1985

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

Gentlemen:

Attached is a copy of the January 1985 Wastewater Report for Davis-Besse Nuclear Power Station, Unit No. 1.

Yours truly,

A handwritten signature in cursive script that reads "Stephen M. Quenz".

Stephen M. Quenz
Plant Manager
Davis-Besse Nuclear Power Station
(419) 259-5000, ext. 223

SMQ/PMM/yml

Attachments (2 copies)

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

50-346

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1/1