

PACIFIC GAS AND ELECTRIC COMPANY  
NUCLEAR PLANT OPERATIONS

REPORT ON  
DISCHARGE MONITORING AT  
DIABLO CANYON POWER PLANT  
DURING THE MONTH OF  
MAY 1986

8606270090 860531  
PDR ADOCK 05000275  
R PDR

I EAS  
111

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## OVERVIEW

During the month of May, discharges were made from discharge paths 001 (main circulating pumps), 001-A, 001-B, 001-D, 001-E, 001-F, 001-G, 001-H, 001-J, 001-K, 001-L, 002, 003, 004, and 005. No discharges were made from discharge paths 001-C nor 001-I.

Chemical, radiochemical and toxicity analyses were performed in accordance with chemical analysis procedures contained in the Diablo Canyon Power Plant, Units 1 and 2 Plant Manual, Volume 8, or by state approved laboratories, or by laboratories approved by the Regional Board staff.

The turbine building sump pump and oily water separator (OWS) for discharge path 001-F, continued to have mechanical problems in early May. The system was taken out of service on May 16 to replace the turbine building sump pumps with new pumps. Additional repairs were made to the OWS piping and pressurization pumps. The system was returned to service on June 12 with an oil and grease sample analysis of 10 mg/l. A subsequent sample on June 16 had an analysis result of 3 mg/l.

On June 18, 1986, during a review of the daily chlorination data sheets for May 1986 it was found that on May 23, we exceeded the total chlorine concentration limits of 200 ppb on two occasions during the daily chlorination of the main circulating water. The first occurrence was at 1245, chlorine = 205 ppb and the second occurrence was at 1445, chlorine = 235 ppb. Both of these samples are the first of two samples taken during the thirty minute chlorination cycle. The second samples were taken at 1255, chlorine = 140 ppb and 1455, chlorine = 80 ppb, respectively. Upon confirming with Operations, the proper chlorination rates, and procedures, we could not find a procedural cause for these chlorine concentrations. The out of spec chlorine concentrations were not consistent with previous and subsequent sample results and are believed to be due to instrument malfunction. To prevent further occurrences of out of spec chlorine concentrations attributed to technician error or instrument malfunction, the technicians are being retrained in the use of the chlorine titrators, sampling procedures, techniques, and the importance of reporting out of spec results as soon as they are discovered.

## SUMMARY OF MONITORING PROGRAM

### A. Monitoring of Plant Influent and Effluent

1. Results of monitoring of plant influent and effluent in April are reported on Form Q-2's found in Appendix 1.
2. A static bioassay of Discharge 001 are performed quarterly in January, April, July, and October.

B. Monitoring of Receiving Waters

1. Ecological Studies at Diablo Canyon

Ecological studies in accordance with the Thermal Effects Monitoring Program (Provision D.4) continue.

2. Sediment Analysis

Sediment samples are collected in September.

3. Aerial Photography of Kelp Beds

Aerial photography (infrared film type 2443) of kelp beds in the vicinity of Diablo Canyon is required in February, June and October.

4. Surface Water Temperature

Surface water temperatures are reported every other month.

5. Stratified Water Temperatures

Stratified water temperatures are measured in February, June, and October.

6. pH and Dissolved Oxygen of Receiving Waters

Monitoring of pH and dissolved oxygen in the receiving waters is scheduled in February, June, and October.

7. Incident Light Measurements

Incident light measurements are reported quarterly in the reports submitted in January, April, July, and October.

8. In situ Bioassay

Results of the Mussel Watch program will be reported to the Board directly from the California Department of Fish and Game in their periodic report for this program.

APPENDIX 1

Influent and Effluent Monitoring

May 1986

## 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 in 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  
2102A LAUREL LANE  
SAN LUIS OBISPO, CA 93401

FACILITY  
PACIFIC GAS AND ELECTRIC CO  
DIABLO CYN NUCLEAR POWER PLANT

MAILING  
ADDRESS  
P O BOX 56  
AVILA BEACH  
CALIF  
93424

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

Q2 Transaction Code	Facility ID	34U200300	Year / Month for this report	Reporting Period	Year Mo Day Beginning 86/05/01	Year Mo Day Ending 86/05/31	State Code	NPDES Permit Number	PAGE
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Year Mo Day  
86/12/03

Date form was computer printed

STATION DESCRIPTION		INFLUENT	EFFLUENT 001	EFFLUENT 002	INFLUENT	EFFLUENT 001	EFFLUENT 002	EFFLUENT 003	EFFLUENT 004
CONSTITUENT NAME	UNITS	TEMPERATURE	TEMPERATURE	FLOW	PH	PH	PH	PH	
	DEGREES F	DEGREES F	MGD	PH UNITS	PH UNITS	PH UNITS	PH UNITS	PH UNITS	
SAMPLE TYPE	METERED		METERED	RECORDED	GRAB	GRAB	GRAB	GRAB	
FREQUENCY	CONTINUOUS	CONTINUOUS	DAILY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	
	MONTH DAY	*	00011	*	00011	*	00050	*	00403
	MAY 1	52.5	70.5	2454					
	2	52.5	71.5	2454					
	3	52.5	70.5	2454					
	4	52.5	69.5	2454					
	5	51.0	69.0	2454					
	6	50.0	66.0	2454					
	7	51.0	68.5	2454					
	8	51.0	69.0	2454					
	9	51.0	69.0	2454					
	10	51.0	69.0	2454					
	11	51.0	69.0	2454					
	12	50.0	68.5	2454					
	13	52.0	70.5	2454					
	14	52.5	70.5	2454					
	15	51.5	69.5	2454					
	16	50.5	68.5	2454					
	17	53.0	70.0	2454					
	18	52.5	70.5	2454					
	19	52.0	69.5	2454					
	20	51.0	68.5	2454					
	21	50.5	68.0	2454					
	22	50.0	67.0	2454					
	23	51.0	67.5	2454					
	24	51.0	68.5	2454					
	25	50.5	68.0	2454					
	26	51.0	67.5	2454					
	27	51.0	67.0	2454					
	28	51.0	66.5	2454					
	29	52.0	68.5	1831					
	30	53.0	70.0	1831					
	31	52.0	71.0	1831					
+ MONTHLY AVERAGE		51.5	70.0	2394					
MONTHLY HIGH		53.0	71.5	2454					
MONTHLY LOW		50.0	66.5	1831					
TOTAL RECORDINGS/MO		31	31	31					
REQUIREMENT #1		MAXIMUM		MAXIMUM 0-0		MINIMUM 0-0		MINIMUM 0-0	
Times Exceeded		INTAKE PLUS		0		0		0	
REQUIREMENT #2		INTAKE PLUS		0		0		0	
Times Exceeded		22 DEGREES		0		0		0	
REQUIREMENT #3		INTAKE PLUS		0		0		0	
Times Exceeded		0		0		0		0	

\* Enter number of samples taken during the day

Typed Name of Principal Executive Officer

SHIFFER, JAMES D.

Last First MI

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that 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.

Signature of Principal Executive Officer or Authorized Agent  
Date

REGIONAL  
BOARD COPY

- 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 in 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

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

**PACIFIC GAS AND ELECTRIC CO**  
**DIABLU CYN NUCLEAR POWER PLANT**

CALIF

PAGE 2  
Year Mo Day

Transaction Code		Facility ID	3 4L200300	Year Month for this report	/	Reporting Period	Beginning	Year Mo Day	Year Mo Day	Code	Number	Year Mo Day			
Q2							06/05/01	06/05/31	06	0003751		05/12/01			
STATION DESCRIPTION		INFLOW	EFFLUENT 001	EFFLUENT 001	EFFLUENT 001	EFFLUENT 001	INFLOW	EFFLUENT 001							
CONSTITUENT NAME		TURBIDITY	TURBIDITY	T CHLOR RES	FREE AVL CHL	CHLORINE USED	OIL & GREASE								
UNITS		NTU	NTU	UG/L	UG/L	LBS/DAY	MG/L	MG/L	MG/L	MG/L	MG/L				
SAMPLE TYPE		GRAB	GRAB	GRAB	GRAB	RECORDED	GRAB	GRAB	GRAB	GRAB	GRAB				
FREQUENCY		MONTHLY	MONTHLY	2 PER CYCLE	2 PER CYCLE	MONTHLY	JA/AP/JUL/0	MONTHLY	MONTHLY	MONTHLY	MONTHLY				
REMARKS - EFFL 001F: OIL AND GREASE -- SEE TEXT FOR DISCUSSION OF OILY WATER SEPARATOR.	MONTH	DAY	*	82079	*	82079	*	*	50059	*	00552	*	00552		
	MAY	1			8	84	8	84							
		2			8	67	8	57							
		3			8	76	8	90							
		4			--	--	--	--							
		5			8	56	8	39							
		6			8	50	8	56							
		7			--	--	--	--							
		8			2	70	2	90		104					
		9			8	146	8	121		417					
		10	1	0.32	1	0.35	8	110	8	66					
		11			8	86	8	86		417					
		12			8	115	8	120		417					
		13			8	48	8	46		417					
		14			6	67	6	12		312					
		15			8	41	8	39		417					
		16			8	46	8	43		417					
		17			8	19	8	18		417					
		18			8	<10	8	<10		417					
		19			2	<10	2	<10		104					
		20			6	38	6	36		312					
		21			8	34	8	28		417					
		22			8	96	8	82		417					
		23			8	109	8	41		417					
		24			8	104	8	79		417					
		25			8	63	8	44		417					
		26			8	18	8	16		417					
		27			8	12	8	<10		417					
		28			8	11	8	<10		417					
		29			6	11	6	11		219					
		30			--	--	--	--							
		31			8	33	8	29		417					
+ MONTHLY AVERAGE					61		51		380						
MONTHLY HIGH					146		121		417						
MONTHLY LOW					<10		<10		104						
TOTAL RECORDINGS / MO					206		206		28						
REQUIREMENT #1					D MAX 200		30-0 AV 200								
Times Exceeded															
REQUIREMENT #2					I MAX 200	0	D MAX 300	0							
Times Exceeded															
REQUIREMENT #3						0	0								
Times Exceeded															
* Enter number of samples taken during the day	Type of Name of Principal Executive Officer SHIFFER, JAMES D.														
Form Q2-1	Test	First	MI	I declare under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that 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 these are significant penalties for submitting false information, including the possibility of fine and imprisonment.											
				Signature of Principal Executive Officer John Taylor 6/20/86 Signature of Principal Executive Officer Date: 6/20/86 Mo: 06 Day: 20											
				REGIONAL BOARD COPY 1											

\* Enter number of samples taken during the day

Typed Name of Principal Executive Officer  
**SHIEFER JAMES**

**SWITZER, GAMES**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that 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 being imprisoned.

*John Taylor*  
Signature of Principal Executive

620,86

REGIONAL  
BOARD COPY 1

- INSTRUCTIONS FOR DISCHARGER**

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**DISCHARGER SELF MONITORING REPORT**

CALIFORNIA REGIONAL WATER QUALITY  
CONTROL BOARD  
CENTRAL COAST REGION  
1102A LAUREL LANE  
SAN LUIS OBISPO, CA 93401

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

TRANSACTION CODE		Facility ID	3 4U200300	Year Month for this report	Reporting Period	Beginning	Year Mo Day	Year Mo Day	State Code	NPDES Permit Number	Date form was computer printed
Q4						86 05 01	86 05 31	06	D003751	5/12/03	
STATION DESCRIPTION		<b>INFLOW</b>	<b>EFFLUENT 001</b>	<b>EFFL 001I</b>	<b>EFFL 001C</b>	<b>EFFL 001D</b>	<b>EFFL 001F</b>	<b>EFFL 001G</b>	<b>EFFL 001H</b>	<b>EFFL 001I</b>	<b>EFFL 001K</b>
CONSTITUENT NAME		T NF RESIDUE	T NF RESIDUE	T NF RESIDUE	T NF RESIDUE	T NF RESIDUE	T NF RESIDUE	T NF RESIDUE	T NF RESIDUE	T NF RESIDUE	T NF RESIDUE
UNITS		MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L
SAMPLE TYPE		CRAB	CRAB	CRAB	CRAB	CRAB	CRAB	CRAB	CRAB	CRAB	CRAB
FREQUENCY		JAT/RP/JUL/0	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY
REMARKS	MONTH	DAY	*	00530	*	00530	*	00530	*	00530	*
	MAY	1									
	2										
	3										
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	28										
	29										
	30										
31											
+ MONTHLY AVERAGE	--			--							9
MONTHLY HIGH	--			--							
MONTHLY LOW	--			--							
TOTAL RECORDINGS / MO											
REQUIREMENT #1				Mid AVG 30		Mid AVG 30		Mid AVG 30		Mid AVG 30	
Times exceeded											
REQUIREMENT #2				D MAX 100		D MAX 100		D MAX 100		D MAX 100	
Times Exceeded											
REQUIREMENT #3											
Times Exceeded											

\* Enter number of samples taken during the day

Typed Name of Principal Executive Officer: SHIFFER, JAMES D.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that 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.

Signed: *John Taylor* Date: 6/10/06

Signature of Principal Executive Officer or Authorized Agent

NPDES Permit Number: D003751

Year Mo Day: 05 12 03

REGIONAL BOARD COPY

- INSTRUCTIONS FOR DISCHARGER
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# 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  
PACIFIC GAS AND ELECTRIC CO  
DIABLO CYN NUCLEAR POWER PLANT  
MAILING ADDRESS  
P O BOX 50  
VILA BEACH  
CALIF  
93424

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 **86/05/01** Year Mo Day Ending **86/05/31** Year Mo Day State Code **06** NPDES Permit Number **0003751** PAGE **4**  
Data form was computer printed **05/12/03**

STATION DESCRIPTION	EFFL 001J	EFFL 001K	EFFL 001L	EFFL 001M	EFFL 002	EFFL 003A	INFLUENT	EFFLUENT 001
CONSTITUENT NAME	T HF RESIDUE	CHROMIUM	CHROMIUM					
UNITS	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L
SAMPLE TYPE	CRAB	CRAB	CRAB	CRAB	CRAB	CRAB	CRAB	CRAB

FREQUENCY	MONTHLY							
-----------	---------	---------	---------	---------	---------	---------	---------	---------

MONTH	DAY	*	00530	*	00530	*	00530	*	00530	*	00530	*	00530	*	01034	*	01034
MAY	1	*		*		*		*		*		*		*		*	
	2																
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	29																
	30																
	31																

+ MONTHLY AVERAGE

MONTHLY HIGH

MONTHLY LOW

TOTAL RECORDINGS MO

REQUIREMENT #1

Times Exceeded

NO AVG 30

NO MAX 15

D MAX 100

D MAX 39

REQUIREMENT #2

Times Exceeded

0

0

0

0

0

0

0

REQUIREMENT #3

Times Exceeded

0

0

0

0

0

0

0

\* Enter number of samples taken during the day

Typed Name of Principal Executive Officer

SHIFFER, JAMES D.

Last

First

Middle

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

*John Taylor*  
Signature of Principal Executive Officer  
Date \_\_\_\_\_

REGIONAL BOARD COPY 1

- INSTRUCTIONS FOR DISCHARGER**
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**CALIFORNIA STATE WATER RESOURCES CONTROL BOARD  
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CALIFORNIA REGIONAL WATER QUALITY  
CONTROL BOARD  
CENTRAL COAST REGION  
1102A LAUREL LANE  
SAN LUIS OBISPO, CA 93401

FACILITY  
PACIFIC GAS AND ELECTRIC CO  
DIABLU CYN NUCLEAR POWER PLANT

P O BOX 56  
AVILA BEACH  
CALIF  
93424

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

Q2 Transaction Code	Facility ID	3 4UZU0300	Year Month for this report	Reporting Period	Year Mn Day Beginning 86 05 01	Year Mo Day Ending 86 05 31	State Code	NPDES Permit Number	PAGE 5
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STATION DESCRIPTION	INFLOW	EFFLUENT DOI						
---------------------	--------	--------------	--------	--------------	--------	--------------	--------	--------------

CONSTITUENT NAME	COPPER	COPPER	NICKEL	NICKEL	ZINC	ZINC	AMMONIA TOT	AMMONIA INF
------------------	--------	--------	--------	--------	------	------	-------------	-------------

UNITS	UG/L							
-------	------	------	------	------	------	------	------	------

SAMPLE TYPE	CRAB							
-------------	------	------	------	------	------	------	------	------

FREQUENCY	JAN/APR/JUL/AUG	MONTHLY	JAN/APR/JUL/AUG	MONTHLY	JAN/APR/JUL/AUG	MONTHLY	JAN/APR/JUL/AUG	MONTHLY
-----------	-----------------	---------	-----------------	---------	-----------------	---------	-----------------	---------

MONTH DAY	*	01042	*	01042	*	01067	*	01087	*	01092	*	01092	*	*
-----------	---	-------	---	-------	---	-------	---	-------	---	-------	---	-------	---	---

MAY	1		2		3		4		5		6		7	
-----	---	--	---	--	---	--	---	--	---	--	---	--	---	--

8		9		10		11		12		13		14		15
---	--	---	--	----	--	----	--	----	--	----	--	----	--	----

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

Times Exceeded

DM MEAN 44

DM MEAN 144

DM MEAN 97

DM MEAN 444

D MAX 195

D MAX 592

D MAX 562

D MAX 170

REQUIREMENT #2

Times Exceeded

I MAX 957

I MAX 2400

I MAX 2430

I MAX 454

REQUIREMENT #3

Times Exceeded

B MAX 0

B MAX 0

B MAX 0

B MAX 0

\* Enter number of samples taken during the day

Typed Name of Principal Executive Officer  
SHIFFER, JAMES D.  
Last First MI

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, 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.

*[Signature]*  
Signature of Principal Executive Officer or Authorized Agent

6/29/88  
Date

REGIONAL  
BOARD COPY



# PACIFIC GAS AND ELECTRIC COMPANY



+

DIABLO CANYON POWER PLANT  
PO Box 56 • Avila Beach, California 93424 • (805) 595-7351

R.C. THORNBERRY  
PLANT MANAGER

June 20, 1986

Mr. Kenneth R. Jones, Executive Officer  
California Regional Water Quality Control Board  
Central Coast Region  
1102-A Laurel Lane  
San Luis Obispo, California 93401

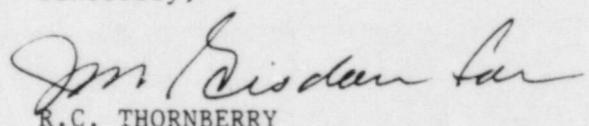
Dear Mr. Jones:

## Discharge Monitoring and Reporting Program Diablo Canyon Power Plant

The monthly report for May 1986 of the Diablo Canyon Power Plant Discharge Monitoring Program, in accordance with Order 85-101, NPDES No. CA0003751 is enclosed.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in the attached 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 the influent and effluent monitoring presented 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

Enclosure

RCT:cd

IE25  
111

bcc: WHBarr/TGCasebolt  
DWBehrens  
JVBoots  
PACrane  
MJDoyle/VLWyman  
JBGibson/DJWilliamson  
VCFurtado/JFMcKenzie  
BSLew/ERKendle  
RWLorenz/KMGodfrey  
HKMcCluer  
MNNorem  
WAO'Hara  
JARobbins  
JASexton  
JDShiffer  
CPWalton  
JWWarrick  
CJWeinberg/JRAdams  
RMS

cc: California Department of Fish and Game  
Marine Resources Region  
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Environmental Protection Agency  
215 Fremont Street  
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Regional Administrator  
U. S. Nuclear Regulatory Commission  
Region 5  
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