



G83-637AL  
File: RR 2 P-8-83-05  
E 2.40.1.1.3

June 14, 1983

Ohio Environmental Protection Agency  
Technical Records Section  
P. O. Box 1049  
Columbus, Ohio 42316

Gentlemen:

Attached is a copy of the May, 1983 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/daw

Attachments (2 copies)

cc: J. E. Sullivan  
T. A. Peebles, NRC  
J. L. Scott-Wasilk  
J. F. Stolz - NRC

8306170276 830614  
PDR ADDCK 05000346  
R PDR

IE25  
1/1

NAME, ADDRESS, CITY, COUNTY, ZIP  
TOLEDO EDISON COMPANY  
DAVIS-BESSE NUCLEAR  
POWER STATION - UNIT NO.1  
5501 NORTH STATE ROUTE 2  
OAK HARBOR 43449 OTTAWA

STATION CODE  
B211001

REPORTED  
DATE (MONTH, YEAR)  
MAY, 1983

PAGE PRINTING DATE APPLICATION NO  
PF 1 06/05/82 OH000378

SAMPLING STATION DESCRIPTION  
001 COLLECTION BOX

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

DAY	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
	WATER TEMP. F	PH S.U.	CONDUIT FLOW MGD	CHLOR TOT RES MG/L	CHLOR FREE AV MG/L	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	00011	00400	50050	50060	50064									
01	63	AN	25.2	AN	AN									
02	78	8.0	15.9	0.0	0.0									
03	77	7.8	14.5	0.0	0.0									
04	78	7.8	14.5	0.0	0.0									
05	76	7.0	13.8	0.0	0.0									
06	79	6.8	11.3	0.0	0.0									
07	85	AN	12.7	AN	AN									
08	76	AN	12.8	AN	AN									
09	73	7.8	12.7	0.0	0.0									
10	68	8.6	12.8	0.0	0.0									
11	78	8.5	13.1	0.0	0.0									
12	80	8.6	14.4	0.0	0.0									
13	80	8.2	14.7	0.0	0.0									
14	82	AN	18.8	AN	AN									
15	73	AN	22.4	AN	AN									
16	70	8.6	22.3	0.0	0.0									
17	69	8.6	21.9	0.0	0.0									
18	70	8.6	19.6	0.0	0.0									
19	75	8.4	19.6	0.0	0.0									
20	75	8.5	19.6	0.0	0.0									
21	75	AN	19.6	AN	AN									
22	77	AN	19.7	AN	AN									
23	77	8.5	19.7	0.0	0.0									
24	75	8.6	19.7	0.0	0.0									
25	75	8.4	19.5	0.0	0.0									
26	71	8.6	19.7	0.0	0.0									
27	72	8.6	19.7	0.0	0.0									
28	73	AN	19.6	AN	AN									
29	75	AN	20.0	AN	AN									
30	72	AN	20.2	AN	AN									
31	70	8.5	19.0	0.0	0.0									
TOTAL	2317	--	549.0	0.0	0.0									
AVG.	75	--	17.7	0.0	0.0									
MAX.	85	8.6	25.2	0.0	0.0									
MIN.	63	6.8	11.3	0.0	0.0									

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

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  
6/2/83

SIGNATURE OF REPORTER  
T. D. Murray

TITLE OF REPORTER  
Station Superintendent

8301 M 8412 770309  
MONTHLY REPORT FORM

AGENCY COPY

820308 OhioEPA

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

B211002

MAY, 1983

OF 1 06/05/82 0H000373

SAMPLING STATION DESCRIPTION  
002 AREA RUNOFF

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	PH S.U.	RESIDUE T. NFLT MG/L	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	1	3	3	1	1								
DAY	50050	00400	00530										
01	0.151												
02	0.035	8.1	33										
03	0.022												
04	0.042												
05	0.000												
06	0.000												
07	0.024												
08	0.084												
09	0.000	8.2	21										
10	0.000												
11	0.000												
12	0.000												
13	0.000												
14	0.020												
15	0.020												
16	0.000	7.7	70										
17	0.000		32										
18	0.000												
19	0.029												
20	0.018												
21	0.000												
22	0.126												
23	0.000	8.2	29										
24	0.000												
25	0.058												
26	0.000												
27	0.000												
28	0.000												
29	0.053												
30	0.000												
31	0.025	8.2	34										
TOTAL	0.707	--	219										
AVG.	0.023	--	36										
MAX.	0.151	8.2	70										
MIN.	0.000	7.7	21										

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

Residue: Report submitted May 18, 1983

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

6/2/83

T. D. Murray

Station Superintendent

NAME, ADDRESS, CITY, COUNTY, ZIP  
TOLEDO EDISON COMPANY  
DAVIS-BESSE NUCLEAR  
POWER STATION - UNIT NO.1  
5501 NORTH STATE ROUTE 2  
OAK HARBOR 43449 OTTAWA

STATION CODE  
B211003

REPORTED  
DATE (MONTH, YEAR)  
MAY, 1983

PAGE PRINTING DATE APPLICATION NO  
PF 1 06/05/82 OH000378

SAMPLING STATION DESCRIPTION  
003 SCREENWASH

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)								
	1	3								
	999	1								
	CONDUIT FLOW MGD	RESIDUE T. NFLT MG/L								
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
DAY	50050	00530								
01	0.222									
02	0.222	81								
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	81								
AVG.	0.222	81								
MAX.	0.222	81								
MIN.	0.222	81								

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

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  
6/2/83

SIGNATURE OF REPORTER  
T. D. Murray

TITLE OF REPORTER  
Station Superintendent

8301 M 8412 770309  
MONTHLY REPORT FORM

AGENCY COPY

820308 OhioEPA

NAME, ADDRESS, CITY, COUNTY, ZIP  
TOLEDO EDISON COMPANY  
DAVIS-BESSE NUCLEAR  
POWER STATION - UNIT NO.1  
5501 NORTH STATE ROUTE 2  
OAK HARBOR 43449 OTTAWA

STATION CODE  
B211601

REPORTED  
DATE (MONTH, YEAR)  
MAY, 1983

PAGE PRINTING DATE APPLICATION NO  
P1 06/05/82 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				REPORTING LAB Toledo Edison Company				ANALYST R. J. Scott		
IN(2) - ENTER FREQUENCY OF SAMPLING										
(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 RES MG/L	BOD 5 DAY MG/L	PH S.U.	RESIDUE T. NFLT MG/L	FEC COL MF-FCBR #/101ML	
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
DAY	00093	01330	01350	50050	50040	00310	00400	00530	31615	
01	AN	AN	AN	0.012	AN					
02	1	1	1	0.012	0.0					
03	1	1	1	0.012	1.0					
04	1	1	1	0.012	2.0					
05	1	1	1	0.012	2.5	1			AA	
06	1	1	1	0.012	3.0					
07	AN	AN	AN	0.012	AN					
08	AN	AN	AN	0.012	AN					
09	2	1	2	0.012	1.0					
10	2	1	2	0.012	3.0					
11	2	1	2	0.012	3.0			20		
12	2	1	2	0.012	3.0					
13	2	1	2	0.012	3.0					
14	AN	AN	AN	0.012	AN					
15	AN	AN	AN	0.012	AN					
16	2	1	2	0.012	1.8		9.3			
17	2	1	2	0.012	1.8					
18	2	1	2	0.012	3.0					
19	2	1	2	0.012	3.0					
20	2	1	2	0.012	3.0					
21	AN	AN	AN	0.012	AN					
22	AN	AN	AN	0.012	AN					
23	2	1	2	0.012	3.0					
24	2	1	2	0.012	3.0					
25	2	1	2	0.012	2.0					
26	2	1	2	0.012	3.0					
27	2	1	2	0.012	2.0					
28	AN	AN	AN	0.012	AN					
29	AN	AN	AN	0.012	AN					
30	AN	AN	AN	0.012	AN					
31	2	1	2	0.012	0.0					
TOTAL	37	21	37	0.372	47.1	1	--	20	AA	
AVG.	2	1	2	0.012	2.2	1	--	20	AA	
MAX.	2	1	2	0.012	3.0	1	9.3	20	AA	
MIN.	1	1	1	0.012	0.0	1	9.3	20	AA	

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

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) FOR USE BY EPA ONLY	DATE REPORT COMPLETED 6/2/83	SIGNATURE OF REPORTER T. D. Murray	TITLE OF REPORTER Station Superintendent
--	---------------------------------	---------------------------------------	---



8301 M 8412 770309  
MONTHLY REPORT FORM

AGENCY COPY

820308 OhioEPA

NAME, ADDRESS, CITY, COUNTY, ZIP  
TOLEDC EDISON COMPANY  
DAVIS-BESSE NUCLEAR  
POWER STATION - UNIT NO.1  
5501 NORTH STATE ROUTE 2  
OAK HARBOR 43449 OTTAWA

STATION CODE  
8211602

REPORTED  
DATE (MONTH, YEAR)  
MAY, 1983

PAGE PRINTING DATE APPLICATION NO  
1 OF 1 06/05/82 OH000378

SAMPLING STATION DESCRIPTION  
602 LOW VOLUME WASTES

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		
AND CODE NO. AT RIGHT	(1)	3	3	3	1					
	(2)	1	1	1	999					
		PH	RESIDUE	ORG	CONDUIT					
		S.U.	T. NFLT	TOTAL	FLOW					
		MG/L	MG/L	MGD						
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
DAY	00400	00530	00550	50050						
01				0.015						
02	8.2	15	0	0.015						
03				0.015						
04				0.015						
05				0.015						
06				0.015						
07				0.015						
08				0.015						
09	8.0	8	0	0.015						
10				0.015						
11				0.015						
12				0.015						
13				0.015						
14				0.015						
15				0.015						
16	8.1	8	0	0.015						
17				0.015						
18				0.015						
19				0.015						
20				0.015						
21				0.015						
22				0.015						
23	8.0	2	0	0.015						
24				0.015						
25				0.015						
26				0.015						
27				0.015						
28				0.015						
29				0.015						
30				0.015						
31	8.1	3	0	0.015						
TOTAL	---	36	0	0.465						
AVG.	---	7	0	0.015						
MAX.	8.2	15	0	0.015						
MIN.	8.0	2	0	0.015						

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

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 6/2/83  
SIGNATURE OF REPORTER T. D. Murray  
TITLE OF REPORTER Station Superintendent

8301 M 8412 770309  
MONTHLY REPORT FORM

AGENCY COPY

820308 OhioEPA

NAME, ADDRESS, CITY, COUNTY, ZIP  
TOLEDO EDISON COMPANY  
DAVIS-BESSE NUCLEAR  
POWER STATION - UNIT NO.1  
5501 NORTH STATE ROUTE 2  
OAK HARBOR 43449 OTTAWA

STATION CODE  
8211603

REPORTED  
DATE (MONTH, YEAR)  
MAY, 1983

PAGE PRINTING DATE APPLICATION NO  
PF 1 06/05/82 04000378

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

DAY	ENTER ANALYSES PERFORMED AND CODE NO. AT RIGHT	(1)	(2)	PH	RESIDUE T. NFLT MG/L	CONDUIT FLOW MGD	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
		3	3	1	1	999	00400	00530	50050						
01															
02															
03															
04															
05															
06															
07															
08															
09															
10		6.6	13	0.044											
11															
12															
13															
14															
15		8.5	23	0.027											
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
26															
27															
28															
29															
30															
31															
TOTAL		---	36	0.071											
AVG.		---	18	0.036											
MAX.		8.5	23	0.044											
MIN.		6.6	13	0.027											

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

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)  
DATE REPORT COMPLETED  
6/2/83

SIGNATURE OF REPORTER  
T. D. Murray

TITLE OF REPORTER  
Station Superintendent

NAME, ADDRESS, CITY, COUNTY, ZIP  
TOLEDO EDISON COMPANY  
DAVIS-BESSE NUCLEAR  
POWER STATION - UNIT NO.1  
5501 NORTH STATE ROUTE 2  
OAK HARBOR 43449 OTTAWA

STATION CODE  
B211604  
DATE (MONTH, YEAR)  
MAY, 1983  
SAMPLING STATION DESCRIPTION  
604 FLOOR DRAINS

REPORTED  
PAGE PRINTING DATE APPLICATION NO  
PF 1 06/05/82 04000378

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

DAY	CONDUIT FLOW MGD	PH S.U.	O&G TOTAL MG/L	REPORTING CODE							
				REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
(1)	1	3	3								
(2)	999	1	1								
01	0.098										
02	0.098	8.0	1								
03	0.098										
04	0.098										
05	0.098										
06	0.098										
07	0.098										
08	0.098										
09	0.098	8.0	0								
10	0.098										
11	0.098										
12	0.098										
13	0.098										
14	0.098										
15	0.098										
16	0.098	8.5	1								
17	0.098										
18	0.098										
19	0.098										
20	0.098										
21	0.098										
22	0.098										
23	0.098	8.2	0								
24	0.098										
25	0.098										
26	0.098										
27	0.098										
28	0.098										
29	0.098										
30	0.098										
31	0.098	8.2	2								
TOTAL	3.038	---	4								
AVG.	0.098	---	1								
MAX.	0.098	8.5	2								
MIN.	0.098	8.0	0								

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

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  
6/2/83  
SIGNATURE OF REPORTER  
T. D. Murray  
TITLE OF REPORTER  
Station Superintendent



NAME, ADDRESS, CITY, COUNTY, ZIP  
TOLEDO EDISON COMPANY  
DAVIS-BESSE NUCLEAR  
POWER STATION - UNIT NO.1  
5501 NORTH STATE ROUTE 2  
OAK HARBOR 43449 OTTAWA

STATION CODE  
B211801

DATE (MONTH, YEAR)  
MAY, 1983

PAGE PRINTING DATE APPLICATION N  
PF 1 06/05/82 OH000378

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  
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)										
	1										
	999										
	WATER										
	TEMP.										
	F										
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
DAY	00011										
01	54										
02	54										
03	54										
04	51										
05	52										
06	53										
07	52										
08	52										
09	50										
10	52										
11	53										
12	55										
13	55										
14	55										
15	55										
16	55										
17	55										
18	55										
19	55										
20	55										
21	57										
22	58										
23	62										
24	59										
25	58										
26	58										
27	58										
28	58										
29	58										
30	58										
31	59										
TOTAL	1715										
AVG.	55										
MAX.	62										
MIN.	50										

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

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  
6/2/83

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

TITLE OF REPORTER  
Station Superintendent