

8301 M 8412 770305  
MONTHLY REPORT FORM

82508 OhioEPA

NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

REPORTED

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION NO

TOLEDO EDISON COMPANY

21800011001 SEP 1983

PF 1 06/14/83 OH000378

DAVIS-BESSE NUCLEAR

POWER STATION - UNIT NO.1

SAMPLING STATION DESCRIPTION

5501 NORTH STATE ROUTE 2

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

DAY	(1) (2)	1 999 WATER TEMP. F	3 1 PH S.U.	1 999 CONDUIT FLOW MGD	3 1 CHLOR TOT RE MG/L	3 1 CHLOR FREE A MG/L	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
		00011	00400	50050	50060	50064					
01		79	7.6	1.0	0.0	0.0					
02		78	7.7	1.0	0.0	0.0					
03		79	AN	1.1	AN	AN					
04		80	AN	1.0	AN	AN					
05		79	AN	1.0	AN	AN					
06		78	7.6	1.0	0.0	0.0					
07		78	7.2	1.0	0.0	0.0					
08		78	7.5	1.0	0.0	0.0					
09		77	7.8	1.0	0.0	0.0					
10		AN	AN	AN	AN	AN					
11		76	AN	1.0	AN	AN					
12		76	7.6	1.0	0.0	0.0					
13		77	7.0	3.8	0.0	0.0					
14		74	AD	1.0	AD	AD					
15		68	AD	1.6	AD	AD					
16		68	AD	11.3	AD	AD					
17		68	AN	1.2	AN	AN					
18		82	AN	0.1	AN	AN					
19		83	AD	0.1	AD	AD					
20		79	AD	0.4	AD	AD					
21		63	8.1	7.1	0.0	0.0					
22		53	7.8	0.1	0.2	0.1					
23		55	8.5	0.1	0.0	0.0					
24		80	AN	0.9	AN	AN					
25		AN	AN	2.1	AN	AN					
26		64	8.2	1.6	0.0	0.0					
27		65	8.2	2.9	0.0	0.0					
28		70	8.6	10.4	0.0	0.0					
29		70	7.9	6.1	0.0	0.0					
30		68	8.5	8.5	0.0	0.0					
31		--	--	--	--	--					

TOTAL	2045	--	70.4	0.2	0.1						
AVG.	73	--	2.4	0.0	0.0						
MAX.	83	8.6	11.3	0.2	0.1						
MIN.	53	7.0	0.1	0.0	0.0						

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

8310190020 831005  
PDR ADOCK 05000346  
R PDR

IE 25  
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

10/5/83

T.D. Murray

T.D. Murray

Station Superintendent

8301 M 8412 770309  
MONTHLY REPORT FORM

820308 OhioEPA

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  
CAK HARBOR 43449 OTTAWA

2IB00011002 SEP 1983

PF 1 06/14/83 OH0003786

SAMPLING STATION DESCRIPTION  
002 AREA RUNOFF

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

ENTER ANALYST'S NAME AND CODE NO. AT RIGHT	(1)	(2)	CONDUIT FLOW MED	PH S.U.	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	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
DAY	1	3	3	1	1	50050	00400	00530												
01	0.000																			
02	0.000																			
03	0.000																			
04	0.000																			
05	0.000																			
06	0.075	8.2	35																	
07	0.000																			
08	0.000																			
09	0.000																			
10	0.000																			
11	0.000																			
12	0.000	8.2	23																	
13	0.000																			
14	0.000																			
15	0.000																			
16	0.113																			
17	0.080																			
18	0.009																			
19	0.000	8.2	16																	
20	0.329																			
21	0.113																			
22	0.024																			
23	0.009																			
24	0.000																			
25	0.000																			
26	0.000	8.3	17																	
27	0.000																			
28	0.000																			
29	0.000																			
30	0.000																			
31	--																			

TOTAL	0.752	--	91																	
AVG.	0.025	--	23																	
MAX.	0.329	8.3	35																	
MIN.	0.000	8.2	16																	

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.

DATE REPORT COMPLETED

SIGNATURE OF REPORTER

TITLE OF REPORTER

10/5/83

T. D. Murray

Station Superintendent

8301 M 8412 770309  
MONTHLY REPORT FORM

820308 **OhioEPA**

NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

REPORTED

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION NO

TOLEDO EDISON COMPANY

21800011003 SEP 1983

1 06/14/83 OH000378

DAVIS-BESSE NUCLEAR

SAMPLING STATION DESCRIPTION

POWER STATION - UNIT NO.1

5501 NORTH STATE

ROUTE 2

003 SCREENWASH

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

DAY	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
(1)	1	3								
(2)	999	1								
	CONCU	RESIDU								
	FLCW	T. NFL								
	MGD	MG/L								
	50050	00530								
01	0.222									
02	0.222									
03	0.222									
04	0.222									
05	0.222									
06	0.222	52								
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	--									

TOTAL	6.660	52								
AVG.	0.222	52								
MAX.	0.222	52								
MIN.	0.222	52								

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  
10/5/83

SIGNATURE OF REPORTER

T. D. Murray

TITLE OF REPORTER

Station Superintendent



B301 X 8412 770305  
MONTHLY REPORT FORM

820308 **OhioEPA**

NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

REPORTED  
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

21800011601 SEP 1983

F 1 06/14/83 OH000378

SAMPLING STATION DESCRIPTION

501 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	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	
	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	
	COLOR SEVER UNITS	ODOR SEVER UNITS	TURBID SEVER UNITS	CONDUI 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
DAY	00083	01330	01350	50050	50060	00310	00400	00530	31616	
01	0	0	0	0.012	2.9	6	9.0	19	30	
02	0	0	0	0.012	2.7					
03	AN	AN	AN	0.012	AN					
04	AN	AN	AN	0.012	AN					
05	AN	AN	AN	0.012	AN					
06	1	1	1	0.012	4.0					
07	1	0	1	0.012	4.0					
08	1	0	1	0.012	3.0					
09	1	0	1	0.012	1.5					
10	AN	AN	AN	0.012	AN					
11	AN	AN	AN	0.012	AN					
12	1	0	1	0.012	3.0					
13	1	0	1	0.012	1.0					
14	1	0	1	0.012	0.0					
15	1	0	1	0.012	2.0					
16	1	0	1	0.012	0.8					
17	AN	AN	AN	0.012	AN					
18	AN	AN	AN	0.012	AN					
19	1	0	1	0.012	1.5					
20	1	1	1	0.012	1.5					
21	1	0	1	0.012	3.0					
22	1	1	1	0.012	3.0					
23	1	1	1	0.012	1.5					
24	AN	AN	AN	0.012	AN					
25	AN	AN	AN	0.012	AN					
26	1	1	1	0.012	2.0					
27	1	1	1	0.012	2.0					
28	1	1	1	0.012	2.0					
29	1	1	1	0.012	2.0					
30	1	1	1	0.012	2.0					
31	---	---	---	---	---					

TOTAL	19	9	19	0.360	45.4	6	--	19	30	
AVG.	1	0	1	0.012	2.2	6	--	19	30	
MAX.	1	1	1	0.012	4.0	6	9.0	19	30	
MIN.	0	0	0	0.012	0.0	6	9.0	19	30	

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 10/5/83	SIGNATURE OF REPORTER T. D. Murray <i>T. D. Murray</i>	TITLE OF REPORTER Station Superintendent
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820308 OhioEPA

PAGE PRINTING DATE APPLICATION NO

QF 1 06/14/83 CH0003786

NOTE: THIS FORM MUST BE TYPED

R. J. Scott

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.

Station Superintendent

PAGE PRINTING DATE APPLICATION NO

QF 1 06/14/83 OH000379

NOTE: THIS FORM MUST BE TYPE

R. J. Scott

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

Station Superintendent



8301 M 8412 770309  
MONTHLY REPORT FORM

820308 OhioEPA

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

2IB00011604 SEP 1983

1 06/14/83 0H000378

SAMPLING STATION DESCRIPTION  
604 FLOOR DRAINS

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 ANALYZED PARAMETERS AND CODE NO. AT RIGHT	(1)	(2)	CONCUI 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	REPORTING CODE
DAY	1	3	3	1	1	50050	00400	00550							
01	0.232														
02	0.232														
03	0.232														
04	0.232														
05	0.232														
06	0.232	8.2		1											
07	0.232														
08	0.232														
09	0.232														
10	0.232														
11	0.232														
12	0.232	8.2		1											
13	0.232														
14	0.232														
15	0.232														
16	0.232														
17	0.232														
18	0.232														
19	0.232	8.3		0											
20	0.232														
21	0.232														
22	0.232														
23	0.232														
24	0.232														
25	0.232														
26	0.232	8.4		2											
27	0.232														
28	0.232														
29	0.232														
30	0.232														
31	--														

TOTAL	6.960	--	4												
AVG.	0.232	--	1												
MAX.	0.232	8.4	2												
MIN.	0.232	8.2	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.

DATE REPORT COMPLETED

SIGNATURE OF REPORTER

TITLE OF REPORTER

10/5/83

T. D. Murray

Station Superintendent

8301 # 8412 770309  
MONTHLY REPORT FORM

820308 **OhioEPA**

NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

REPORTED

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION NO

TOLEDO EDISON COMPANY

2IB00011801 SEP 1983

P 1 06/14/83 OH000378

DAVIS-BESSE NUCLEAR

POWER STATION - UNIT NO.1

SAMPLING STATION DESCRIPTION

5501 NORTH STATE ROUTE 2

801 INTAKE STATION

OAK 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

DAY	ENTER ANALYST'S FULL NAME AND CODE NO. AT RIGHT	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
(1)	1										
(2)	999										
	WATER										
	TEMP.										
	F										
	00011										
01	80										
02	80										
03	81										
04	81										
05	81										
06	80										
07	79										
08	77										
09	77										
10	77										
11	77										
12	76										
13	74										
14	72										
15	71										
16	70										
17	69										
18	69										
19	70										
20	70										
21	70										
22	67										
23	63										
24	AD										
25	AD										
26	62										
27	63										
28	64										
29	64										
30	66										
31	--										

TOTAL 2030

AVG. 72

MAX. 81

MIN. 62

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

10/5/83

SIGNATURE OF REPORTER

T. D. Murray

TITLE OF REPORTER

Station Superintendent





RR 2 P-8-83-09  
E 2.40.1.1.3  
G83 970AL

October 13, 1983

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

Gentlemen:

Attached is a copy of the September 1983 Wastewater Report for Davis-Besse Nuclear Power Station, Unit No. 1.

Yours truly,

Terry D. Murray  
Station Superintendent  
Davis-Besse Nuclear Power Station  
(419) 259-5660

TDM/KLN/yml

Attachments (2 copies)

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

IK25  
1/1