

8301 N 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

21800011001 FEB 1984

PF 1 06/14/83 OH0003786

DAVIS-BESSE NUCLEAR

POWER STATION - UNIT NO. 1

SAMPLING STATION DESCRIPTION

5501 NORTH STATE ROUTE 2

001 COLLECTION BOX

OKA HARBOR

43449 ATTAWA

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	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
01	62	AD	20.7	AD	AD					
02	AN	AD	AN	AD	AD					
03	AN	7.4	AN	0.0	0.0					
04	AN	AN	AN	AN	AN					
05	AN	AN	AN	AN	AN					
06	42	8.1	25.8	0.0	0.0					
07	42	8.2	27.1	0.0	0.0					
08	42	8.2	27.1	0.0	0.0					
09	44	8.1	26.3	0.0	0.0					
10	46	7.3	26.0	0.0	0.0					
11	5	AN	26.0	AN	AN					
12	AN	AN	AN	AN	AN					
13	9	8.2	25.7	0.0	0.0					
14	46	8.1	24.8	0.0	0.0					
15	46	8.4	24.8	0.0	0.0					
16	46	8.5	25.2	0.0	0.0					
17	AN	8.0	AN	0.0	0.0					
18	47	AN	25.0	AN	AN					
19	AN	8.1	AN	AN	AN					
20	47	AN	25.6	AN	AN					
21	45	8.3	25.9	0.0	0.0					
22	47	8.3	26.5	0.0	0.0					
23	48	8.1	25.0	0.0	0.0					
24	48	8.2	26.4	0.0	0.0					
25	46	AN	26.8	AN	AN					
26	44	AN	27.5	AN	AN					
27	45	8.2	27.6	0.0	0.0					
28	45	AN	27.6	AN	AN					
29	AN	7.6	AN	0.0	0.0					
30	---	---	---	---	---					
31	---	---	---	---	---					

TOTAL	972	---	542.9	0.1	0.0					
AVG	46	---	25.9	0.0	0.0					
MAX	62	8.5	27.6	0.1	0.0					
MIN	42	7.3	20.2	0.0	0.0					

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

8403190213 840229
PDR ADOCK 05000346
R PDR

DISTRIBUTION
WHITE - AGENCY
YELLOW - AGENCY
GREEN - REPORTER
FORM NO. EPA-4500 (10-80)
APPLY EPA 510.1

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

3/7/84

SIGNATURE OF REPORTER

T. D. Murray

TITLE OF REPORTER

Station Superintendent

MONTHLY REPORT FORM

REPORTED

NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION NO.

TOLEDO EDISON COMPANY

21B00011002 FEB 1984

PF 1 06/14/83 OH0003786

DAVIS-BESSE NUCLEAR

POWER STATION - UNIT NO.1

SAMPLING STATION DESCRIPTION

5501 NORTH STATE ROUTE 2

002 AREA RUNOFF

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

(1)	1	3	3							
(2)	999	1	1							
	CONDUIT FLOW MGD	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
Y	50050	00400	00530							
1	0.000									
2	0.000									
3	0.033									
4	0.019									
5	0.000									
6	0.000	8.2	11							
7	0.000									
8	0.000									
9	0.000									
10	0.047									
11	0.005									
12	0.005									
13	0.146	8.3	12							
14	0.005									
15	0.000									
16	0.000									
17	0.033									
18	0.014									
19	0.000									
20	0.000									
21	0.000	8.2	15							
22	0.000									
23	0.000									
24	0.085									
25	0.047									
26	0.000									
27	0.047	8.1	21							
28	0.005									
29	0.000									
30	--									
31	--									
TOTAL	0.491	--	59							
/G.	0.017	--	15							
4X.	0.146	8.3	21							
N.	0.000	8.1	11							

301 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

21B00011003 FEB 1984

PF 1 06/14/83 OH0003786

SAMPLING STATION DESCRIPTION
003 SCREENWASH

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	
(1)	(2)	CONDUI FLOW MGD	RESIDU T. NFL MG/L	REPORTING CODE	REPORTING CODE
1	3				
999	1				
01	0.222				
02	0.222				
03	0.222				
04	0.222				
05	0.222				
06	0.222	11			
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	—				
31	—				
TOTAL	6.438	11			
AVG.	0.222	11			
MAX.	0.222	11			
MIN.	0.222	11			

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

DISTRIBUTION
WHITE - AGENCY
YELLOW - AGENCY
GREEN - REPORTER
FORM NO. EPA-4500 (10-80)

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
3/7/84

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

TITLE OF REPORTER
Station Superintendent

NAME, ADDRESS, CITY, COUNTY, ZIP STATION CODE DATE (MONTH, YEAR) PAGE PRINTING DATE APPLICATION NO.
TOLEDO EDISON COMPANY 2IB00011601 FEB 1984 PF 1 06/14/83 OH0003786
DAVIS-BESSE NUCLEAR
POWER STATION - UNIT NO.1 SAMPLING STATION DESCRIPTION
5501 NORTH STATE ROUTE 2 601 SANITARY
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		
(1)	3	3	3	1	3	3	3	3	
(2)	1	1	1	999	1	1	1	1	
	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
	00083	01330	01350	50050	50060	00310	00400	00530	31616
1	2	2	2	0.009	1.3				
2	2	2	2	0.009	2.0				
3	2	2	2	0.009	0.0				
4	AN	AN	AN	0.009	AN				
5	AN	AN	AN	0.009	AN				
6	2	2	2	0.009	0.9				
7	2	2	2	0.009	1.1				
8	2	2	2	0.009	0.9				
9	2	2	2	0.009	1.0				
10	2	2	2	0.009	0.1				
11	AN	AN	AN	0.009	AN				
12	AN	AN	AN	0.009	AN				
13	2	2	2	0.009	3.0		7.1	15	
14	2	2	2	0.009	2.0	6			35
15	2	2	2	0.009	2.0				
16	2	2	2	0.009	3.0				
17	2	2	2	0.009	0.8				
18	AN	AN	AN	0.009	AN				
19	AN	AN	AN	0.009	AN				
20	AN	AN	AN	0.009	AN				
21	2	2	2	0.009	2.0				
22	2	2	2	0.009	3.0				
23	2	2	2	0.009	2.0				
24	2	2	2	0.009	2.0				
25	AN	AN	AN	0.009	AN				
26	AN	AN	AN	0.009	AN				
27	2	2	2	0.009	0.5				
28	AN	AN	AN	0.009	AN				
29	2	2	2	0.009	0.0				
30	---	---	---						
31	---	---	---						

TOTAL	38	38	38	0.261	27.6	6	---	15	35
W.G.	2	2	2	0.009	1.5	6	---	15	35
A.X.	2	2	2	0.009	3.0	6	7.1	15	35
N.	2	2	2	0.009	0.0	6	7.1	15	35

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 3/7/84	SIGNATURE OF REPORTER T. D. Murray	TITLE OF REPORTER Station Superintendent
---------------------------------	---------------------------------------	---

8301 M 8412 770309
MONTHLY REPORT FORM

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 RD. 2
OAK HARBOR 43449 OTTAWA

21800011602 FEB 1984

1 06/14/83 OH0003786

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	(1)	(2)	PH	RESIDU T. NFL MG/L	O&G TOTAL MG/L	CONQUI FLOW MGD	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	3	3	3	1	999							
DAY	00400	00530	00550	50050								
01				0.202								
02				0.202								
03				0.202								
04				0.202								
05				0.202								
06	8.3	13	0	0.202								
07				0.202								
08				0.202								
09				0.202								
10				0.202								
11				0.202								
12				0.202								
13	8.3	7	0	0.202								
14				0.202								
15				0.202								
16				0.202								
17				0.202								
18				0.202								
19				0.202								
20				0.202								
21	8.0	7	3	0.202								
22				0.202								
23				0.202								
24				0.202								
25				0.202								
26				0.202								
27	8.2	10	1	0.202								
28				0.202								
29				0.202								
30				--								
31				--								
TOTAL	--	37	4	5.858								
AVG.	--	9	1	0.202								
MAX.	8.3	13	3	0.202								
MIN.	8.0	7	0	0.202								

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

DISTRIBUTION
WHITE - AGENCY
YELLOW - AGENCY
GREEN - REPORTER

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DATE REPORT COMPLETED
3/7/84

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

TITLE OF REPORTER
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

21800011603 FEB 1984

PF 1 06/14/83 OH0003786

SAMPLING STATION DESCRIPTION
603, REGENERATES

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	PH S.U.	RESIDU T. NFL MG/L	CONDUIT FLOW MGD	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
01	3	3	1							
02	1	1	999							
03										
04										
05										
06										
07	8.0	18	0.041							
08										
09										
10										
11										
12										
13	7.1	3	0.046							
14										
15										
16										
17										
18										
19	6.3	4	0.048							
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										

TOTAL	--	25	0.129							
AVG.	--	8	0.043							
MAX.	8.0	18	0.048							
MIN.	6.3	3	0.040							

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

DISTRIBUTION
WHITE - AGENCY
YELLOW - AGENCY
GREEN - REPORTER

FORM NO. EPA-4500 (10-80)

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

3/7/84

SIGNATURE OF REPORTER

T. D. Murray

TITLE OF REPORTER

Station Superintendent

8301 M 8412 770309
MONTHLY REPORT FORM

820308 **OhioEPA**
PAGE PRINTING DATE APPLICATION NO.
PF 1 06/14/83 OH0003786

NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

REPORTED DATE (MONTH, YEAR)

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

2IB00011604 FEB 1984

SAMPLING STATION DESCRIPTION

604 FLOOR DRAINS

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	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
	CONDUI FLOW M60	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 CODE	REPORTING CODE	REPORTING CODE
01	50050	00400	00550									
02	0.120											
03	0.120											
04	0.120											
05	0.120											
06	0.120	7.9	0									
07	0.120											
08	0.120											
09	0.120											
10	0.120											
11	0.120											
12	0.120											
13	0.120	7.9	7									
14	0.120											
15	0.120											
16	0.120											
17	0.120											
18	0.120											
19	0.120											
20	0.120											
21	0.120	8.1	2									
22	0.120											
23	0.120											
24	0.120											
25	0.120											
26	0.120											
27	0.120	7.8	0									
28	0.120											
29	0.120											
30	---											
31	---											

TOTAL	3.480	---	9									
AVG.	0.120	---	2									
MAX.	0.120	8.1	7									
MIN.	0.120	7.8	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

3/7/84

SIGNATURE OF REPORTER

T. D. Murray

TITLE OF REPORTER

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

21800011801 FEB 1984

OF 1 06/14/83 OH0003786

DAVIS-RESSE 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

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	37										
02	AN										
03	AN										
04	AN										
05	AN										
06	37										
07	36										
08	36										
09	37										
10	37										
11	37										
12	AN										
13	38										
14	38										
15	38										
16	38										
17	AN										
18	39										
19	AN										
20	39										
21	37										
22	37										
23	38										
24	39										
25	38										
26	36										
27	35										
28	34										
29	AN										
30	—										
31	—										

TOTAL	781										
AVG.	37										
MAX.	39										
MIN.	34										

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

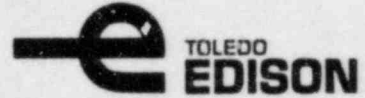
DISTRIBUTION
WHITE - AGENCY
YELLOW - AGENCY
GREEN - REPORTER
FORM NO. EPA-4500 (10-80)

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
3/7/84

SIGNATURE OF REPORTER
T. D. Murray

TITLE OF REPORTER
Station Superintendent



G84 140AL

File: RR 2 P-8-84-02

E 2.40.1.1.3

March 13, 1984

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

Gentlemen:

Attached is a copy of the February 1984 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/ym1

Attachments (2 copies)

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

IF25
11