

8501, P 8512 770304
MONTHLY REPORT FORM

AGENCY COPY

OhioEPA

NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION N

TOLEDO Edison COMPANY

21800011001 FEB 1985

PF 1 05/08/84 24000370

DAVIS-BESSE NUCLEAR

POWER STATION - UNIT NO. 1

SAMPLING STATION DESCRIPTION

5501 NORTH STATE ROUTE 2

001 COLLECTION BOX

CAK 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 Co.

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 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
	00C11	00400	50050	50050	50064									
01	43	8.1	22.9	0.0	0.0									
02	43	AN	22.9	AN	AN									
03	44	AN	23.2	AN	AN									
04	44	7.5	23.3	0.0	0.0									
05	44	8.1	22.8	0.0	0.0									
06	42	8.1	21.1	0.0	0.0									
07	42	7.1	20.9	0.0	0.0									
08	42	8.5	20.9	0.0	0.0									
09	42	AN	21.0	AN	AN									
10	43	AN	20.9	AN	AN									
11	44	8.4	20.7	0.0	0.0									
12	44	8.4	21.5	0.0	0.0									
13	44	8.5	21.8	0.1	0.0									
14	43	8.3	21.5	0.1	0.0									
15	43	8.5	20.4	0.2	0.0									
16	43	AN	18.2	AN	AN									
17	44	AN	18.6	AN	AN									
18	44	AN	18.6	AN	AN									
19	44	8.3	19.5	0.0	0.0									
20	45	7.8	20.3	0.1	0.0									
21	45	7.9	18.5	0.0	0.0									
22	46	8.3	18.2	0.0	0.0									
23	48	AN	19.0	AN	AN									
24	48	AN	18.7	AN	AN									
25	46	7.4	19.5	0.0	0.0									
26	46	8.3	24.5	0.0	0.0									
27	46	7.8	26.9	0.1	0.0									
28	47	7.7	26.9	0.1	0.0									
29	--	--	--	--	--									
30	--	--	--	--	--									
31	--	--	--	--	--									
TOTAL	1239	--	593.2	0.7	0.0									
AVG.	44	--	21.2	0.0	0.0									
MAX.	48	8.5	26.9	0.2	0.0									
MIN.	42	7.1	18.2	0.0	0.0									

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

8503250480 850228
PDR ADOCK 05000346
R PDR

IE 25
111

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 C
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
3/5/85

SIGNATURE OF REPORTER

S. M. Quennoz

TITLE OF REPORTER

Plant Manager

5501 > 3-12 7703
MONTHLY REPORT FORM

AGENCY COPY

REPORTED

OhioEPA

NAME ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION NO

TOLEDO EDISON COMPANY

2IR00011002 FEB 1985

Pf 1 06/08/84 04003373

DAVIS-BESSE NUCLEAR

POWER STATION - UNIT NO. 1

SAMPLING STATION DESCRIPTION

5501 NORTH STATE ROUTE 2

002 AREA RUNOFF

CAK HARBOR 43449 LTTALA

NOTE: THIS FORM MUST BE TYPE

1. ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE				REPORTING LAB				ANALYST			
2. ENTER FREQUENCY OF SAMPLING				Toledo Edison Co.				R. J. Scott			
1)	1	3	3								
2)	999	1	1								
	CONDUI	PH	RESIDU								
	FLOW	S.U.	T. AFL								
	MGD		PG/L								
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
1	50050	00400	00530								
2	0.046										
3	0.046										
4	0.046	8.3	9								
5	0.055										
6	0.046										
7	0.046										
8	0.046										
9	0.046										
10	0.055										
11	0.215	8.1	15								
12	0.234										
13	0.046										
14	0.046										
15	0.046										
16	0.046										
17	0.046										
18	0.046										
19	0.046	8.0	9								
20	0.046										
21	0.098										
22	0.154										
23	0.342										
24	0.088										
25	0.046	7.9	15								
26	0.070										
27	0.084										
28	0.046										
29	---										
30	---										
31	---										
TOTAL	2.223	---	48								
AVG.	0.079	---	12								
MAX.	0.342	8.3	15								
MIN.	0.046	7.9	9								

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 C
THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I A
AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

DATE REPORT COMPLETED
3/5/85

SIGNATURE OF REPORTER
S. M. Quennoz *Sm Quennoz*

TITLE OF REPORTER
Plant Manager

5501 8612 770309
MONTHLY REPORT FORM

AGENCY COPY

REPORTED

OhioEPA

NAME ADDRESS CITY COUNTY ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION N

TOLEDO EDISON COMPANY

21800011003 FEB 1985

OF 1 06/08/84 CH00.378

DAVIS-BESSE NUCLEAR

POWER STATION - UNIT NO.1

SAMPLING STATION DESCRIPTION

5501 NORTH STATE ROUTE 2

003 SCREENWASH

CAN HARBOUR

43449 OTTAWA

NOTE: THIS FORM MUST BE TYPE

N 1 ENTER 1 FOR CONTINUOUS 2 FOR COMPOSITE 3 FOR GRAB SAMPLE

N 2 ENTER FREQUENCY OF SAMPLING

REPORTING LAB

Toledo Edison Co.

ANALYST

R. J. Scott

1	1	3									
2	999	1									
	CONDUIT	RESIDU									
	FLOW	T. NFL									
	MGD	MG/L									
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
	50050	00530									
1	0.222										
2	0.222										
3	0.222										
4	0.222	7									
5	0.222										
6	0.222										
7	0.222										
8	0.222										
9	0.222										
0	0.222										
1	0.222										
2	0.222										
3	0.222										
4	0.222										
5	0.222										
6	0.222										
7	0.222										
8	0.222										
9	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	6.216	7									
AVG.	0.222	7									
MAX.	0.222	7									
MIN.	0.222	7									

ADDITIONAL REMARKS (AM 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

3/5/85

SIGNATURE OF REPORTER

S. M. Quennoz

TITLE OF REPORTER

Plant Manager

6501 M 8512 770309
MONTHLY REPORT FORM

AGENCY COPY

REPORTED

OhioEPA

NAME ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION NO

TOLEDO EDISON COMPANY

21800011601 FEB 1985

PF 1 05/05/84 140003735

DAVIS-BESSE NUCLEAR

POWER STATION - UNIT NO. 1

SAMPLING STATION DESCRIPTION

5501 NORTH STATE ROUTE 2

601 SANITARY

CAN HARBOR

43449 CITALA

NOTE: THIS FORM MUST BE TYPED

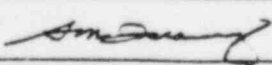
ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE				REPORTING LAB			ANALYST		
ENTER FREQUENCY OF SAMPLING				Toledo Edison Co.			R. J. Scott		
3	3	3	1	3	3	3	3	3	3
1	1	1	999	1	1	1	1	1	1
COLOR SEVER UNITS	COLOR SEVER UNITS	TURBID SEVER UNITS	CONDUIT FLOW MGD	CHLOR TOT RE MG/L	BOD 5 DAY MG/L	PH S.U.	RESIDU T. NFL MG/L	FEC C1 PF-FC3 #/100M	
REPORTING CODE	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	31510	
2	1	2	0.009	3.0					
AN	AN	AN	0.009	AN					
AN	AN	AN	0.009	AN					
2	1	2	0.009	1.2					
2	2	2	0.009	2.0	AA			AA	
2	2	2	0.009	2.0					
2	2	2	0.009	1.0					
2	2	2	0.009	1.3					
AN	AN	AN	0.009	AN					
AN	AN	AN	0.009	AN					
2	2	2	0.009	1.0		8.5	23		
2	2	2	0.009	1.0					
2	2	2	0.009	1.0					
2	2	2	0.009	0.8					
2	2	2	0.009	1.0					
AN	AN	AN	0.009	AN					
AN	AN	AN	0.009	AN					
AN	AN	AN	0.009	AN					
2	2	2	0.009	2.0					
2	2	2	0.009	2.0					
1	1	2	0.009	2.0					
1	1	2	0.009	4.0					
AN	AN	AN	0.009	AN					
AN	AN	AN	0.009	AN					
2	2	2	0.009	3.0					
2	2	2	0.009	2.0					
2	2	2	0.009	2.0					
2	2	2	0.009	2.0					
---	---	---	---	---					
---	---	---	---	---					
---	---	---	---	---					

TOTAL	36	34	38	0.252	34.3	AA	--	23	AA
G	2	2	2	0.009	1.8	AA	--	23	AA
X	2	2	2	0.009	4.0	AA	8.5	23	AA
N	1	1	2	0.009	0.8	AA	8.5	23	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 3/5/85	SIGNATURE OF REPORTER S. M. Quennoz 	TITLE OF REPORTER Plant Manager
---------------------------------	---	------------------------------------

USE NO EPA 4500 (10-80)
VERIFY EPA SUR-1

8501 M 8612 770309
MONTHLY REPORT FORM

AGENCY COPY

REPORTED

OhioEPA

NAME ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH YEAR)

PAGE PRINTING DATE APPLICATION NO.

TOLEDO EDISON COMPANY

2IB00011602

FEB 1985

PF 1 06/08/84 GHJ003735

DAVIS-BESSE NUCLEAR

POWER STATION - UNIT NO. 1

SAMPLING STATION DESCRIPTION

5501 NORTH STATE ROUTE 2

602 LOW VOLUME WASTES

CAK HARBOR

43449 OTTAWA

NOTE: THIS FORM MUST BE TYPED

1. ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE

REPORTING LAB

ANALYST

2. ENTER FREQUENCY OF SAMPLING

Toledo Edison Co.

R. J. Scott

1)	3	3	3	1						
2)	1	1	1	999						
	PH	RESIDU	O&G	CONDUI						
	S.U.	T. NFL	TOTAL	FLOW						
	MG/L	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
1	00470	00530	00550	50050						
2				0.486						
3				0.486						
4	7.0	1	0	0.486						
5				0.486						
6				0.486						
7				0.486						
8				0.486						
9				0.486						
10				0.486						
11				0.486						
12				0.486						
13				0.486						
14				0.486						
15				0.486						
16				0.486						
17				0.486						
18				0.486						
19				0.486						
20				0.486						
21				0.486						
22				0.486						
23				0.486						
24				0.486						
25				0.486						
26				0.486						
27				0.486						
28				0.486						
29				0.486						
30				0.486						
31				0.486						
TAL	--	11	1	13.608						
G.	--	3	0	0.486						
AK.	7.1	6	1	0.486						
N.	6.9	1	0	0.486						

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

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

3/5/85

SIGNATURE OF REPORTER

S. M. Quennoz

TITLE OF REPORTER

Plant Manager

8501.N 8612 770309
MONTHLY REPORT FORM

AGENCY COPY

OhioEPA

NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION NO

TOLEDO EDISON COMPANY

21500011603 FEB 1985

PF 1 06/08/84 OH101373

DAVIS-BESSE NUCLEAR

POWER STATION - UNIT NO. 1

SAMPLING STATION DESCRIPTION

5501 NORTH STATE ROUTE 2

603, REGENERATES

CAK HARBOR

43449 OTTAWA

NOTE: THIS FORM MUST BE TYPED

N 1 - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE

REPORTING LAB

ANALYST

N 2 - ENTER FREQUENCY OF SAMPLING

Toledo Edison Co.

R. J. Scott

(1)	3	3	1							
(2)	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
	00400	00530	50050							
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
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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

SIGNATURE OF REPORTER

TITLE OF REPORTER

3/5/85

S. M. Quennoz

Plant Manager

8501 7 8412 770309
MONTHLY REPORT FORM

AGENCY COPY

OhioEPA

NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

REPORTED DATE (MONTH, YEAR)

PAGE PRINTING DATE APPLICATION NO

TOLEDO EDISON COMPANY

ZIP00011604 FEB 1985

1 05/08/84 040003784

DAVIS-BESSE NUCLEAR

POWER STATION - UNIT NO.1

SAMPLING STATION DESCRIPTION

5501 NORTH STATE ROUTE 2

604 FLOOR DRAINS

CAK HARBOR

43449 CTTAWA

NOTE: THIS FORM MUST BE TYPED

(N1) - ENTER 1 FOR CONTINUOUS, 2 FOR COMPOSITE, 3 FOR GRAB SAMPLE

REPORTING LAB

ANALYST

(N2) - ENTER FREQUENCY OF SAMPLING

Toledo Edison Co.

R. J. Scott

(1)	1	3	3							
(2)	999	1	1							
	CONDUI FLOW MGD	PH S.U.	ORG TOTAL MG/L							
	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
1	50050	00420	00550							
2	0.046									
3	0.046									
4	0.046	8.0	0							
5	0.046									
6	0.046									
7	0.046									
8	0.046									
9	0.046									
10	0.046									
11	0.046	8.0								
12	0.046									
13	0.046									
14	0.046									
15	0.046									
16	0.046									
17	0.046									
18	0.046									
19	0.046	8.1	0							
20	0.046									
21	0.046									
22	0.046									
23	0.046									
24	0.046									
25	0.046	7.9	0							
26	0.046									
27	0.046									
28	0.046									
29										
30										
31										
TOTAL	1.288		1							
AVG.	0.046		0							
MAX.	0.046	8.1	1							
MIN.	0.046	7.9	0							

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.

DATE REPORT COMPLETED

3/5/85

SIGNATURE OF REPORTER

S. M. Quennoz

TITLE OF REPORTER

Plant Manager

8501, 8512 770579
MONTHLY REPORT FORM

AGENCY COPY

OhioEPA

NAME, ADDRESS, CITY, COUNTY, ZIP

STATION CODE

DATE (MONTH, YEAR)

PAGE PRINTING, DATE APPLICATION NO

TOLEDO EDISON COMPANY

2IB00011801 FEB 1985

PF 1 06/08/84 OH000378

CAVIS-BESSE NUCLEAR

POWER STATION - UNIT NO.1

SAMPLING STATION DESCRIPTION

5501 NORTH STATE ROUTE 2

801 INTAKE STATION

CAK HARBOR

43449 CTTAWA

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 Co.

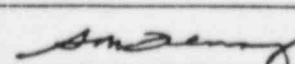
R.J. Scott

(1)	(2)	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE	REPORTING CODE
1	999									
	WATER									
	TEMP.									
	F									
DAY	00011									
01	36									
02	36									
03	36									
04	36									
05	36									
06	36									
07	36									
08	36									
09	36									
10	37									
11	37									
12	37									
13	37									
14	36									
15	36									
16	36									
17	36									
18	36									
19	36									
20	36									
21	37									
22	37									
23	37									
24	38									
25	37									
26	37									
27	38									
28	38									
29	--									
30	--									
31	--									
TOTAL	1023									
AVG.	37									
MAX.	38									
MIN.	36									

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

DISTRIBUTION
WHITE - AGENCY
YELLOW - AGENCY
GREEN - REPORTER
ORM 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 3/5/85	SIGNATURE OF REPORTER S. M. Quennoz 	TITLE OF REPORTER Plant Manager
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File: RR 2 P-8-85-02
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March 14, 1985

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

Gentlemen:

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

Yours truly,

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

SMQ/PMM/ym1

Attachments (2 copies)

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

LE25
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