

PACIFIC GAS AND ELECTRIC COMPANY
NUCLEAR PLANT OPERATIONS

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

6602240521 860131
PDR ADOCK 05000275
R PDR

7E25
11

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OVERVIEW

During the month of January, discharges were made from discharge paths 001 (main circulating pumps), 001-B, 001-D, 001-E, 001-F, 001-G, 001-H, 001-J, 001-K, 001-L, 002, 003, and 004. 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.

SUMMARY OF MONITORING PROGRAM

A. Monitoring of Plant Influent and Effluent

1. Results of monitoring of plant influent and effluent in January are reported on Form Q-2's found in Appendix 1.
2. Static bioassay for Discharge 001 is reported in Appendix 2.

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

Measurement of surface water temperatures is not required until commercial operation of Unit 2.

5. Stratified Water Temperatures

Stratified water temperatures are recorded 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

December 1985

- 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. Enter monthly summary data (MONTHLY AVERAGE, MONTHLY HIGH, etc.).
 5. Enter monthly signature data (MONTHLY AVERAGE, MONTHLY HIGH, etc.).
 6. Appropriate signature is required on 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 LAMAR LANE
SAN LUIS OBISPO, CA 93401

PACIFIC GAS AND ELECTRIC CO
DIABLO CYN NUCLEAR POWER PLANT

P.O. BOX 56
AVILA BEACH
93424

CALIF

YOUR REPORTING PERIOD IS MONTHLY AND YOUR REPORTS MUST
BE SUBMITTED BY 1 DAYS FOLLOWING THIS PERIOD.

Transaction Code Q2 Facility ID 340200311 Year Month for this report 11/01/03 Reporting Period Beginning 11/01/03 Ending 11/01/03 State Code 06 NPDES Permit Number 0003751 Date form was computer printed 11/12/03 PAGE 1

STATION DESCRIPTION		INFLUENT		EFFLUENT 001		EFFLUENT 002		EFFLUENT 003		EFFLUENT 004	
CONSTITUENT NAME		TEMPERATURE DEGREES F		TEMPERATURE DEGREES F		TEMPERATURE DEGREES F		TEMPERATURE DEGREES F		TEMPERATURE DEGREES F	
SAMPLE TYPE		METERED		METERED		METERED		METERED		METERED	
FREQUENCY		CONTINUOUS		CONTINUOUS		CONTINUOUS		CONTINUOUS		CONTINUOUS	
MONTH DAY		* 00403		* 00403		* 00403		* 00403		* 00403	
JAN 1		57.1		69.9		1880		8.10		8.10	
2		57.4		69.6		2190		8.10		8.10	
3		57.4		69.3		1830		8.10		8.10	
4		57.5		71.2		1830		8.05		8.00	
5		57.4		75.5		1830		7.95		7.90	
6		57.5		75.4		2420		7.90		7.90	
7		57.4		73.9		1930		7.90		7.90	
8		57.5		71.6		2440		7.90		7.90	
9		57.5		69.1		2460		7.90		7.90	
10		57.5		73.1		2460		7.90		7.90	
11		57.5		73.8		2460		7.95		7.95	
12		57.5		74.0		2460		8.00		8.00	
13		57.5		74.9		1820		8.00		8.00	
14		57.6		73.6		1210		8.00		8.00	
15		57.5		69.4		1210		7.99		7.98	
16		57.0		74.3		1210		8.11		8.06	
17		56.7		74.4		1210		7.95		7.95	
18		56.2		73.9		1210		7.90		7.90	
19		56.7		74.0		1210		7.90		7.90	
20		55.8		73.9		1210		7.90		7.90	
21		55.5		74.0		1210		7.90		7.90	
22		55.8		74.4		1210		7.90		7.90	
23		56.3		74.7		1120		7.95		7.95	
24		55.0		73.7		980		7.86		7.82	
25		55.3		74.3		1210		8.00		8.00	
26		55.4		74.4		1210		8.00		8.00	
27		56.0		75.0		1210		8.00		8.00	
28		56.1		75.2		1210		8.00		8.00	
29		56.0		75.0		1210		8.00		8.00	
30		56.0		75.1		1210		8.00		8.00	
31		56.0		75.0		1210		8.00		8.00	
+ MONTHLY AVERAGE		56.7		73.4		1596					
MONTHLY HIGH		57.6		75.5		2460					
MONTHLY LOW		55.0		69.1		980					
TOTAL RECORDINGS MO		31		31		31					
REQUIREMENT #1		Times Exceeded		MAXIMUM		MINIMUM 6.0		MINIMUM 6.0		MINIMUM 6.0	
REQUIREMENT #2		Times Exceeded		INTAKE FLOW		MAXIMUM 9.0		MAXIMUM 9.0		MAXIMUM 9.0	
REQUIREMENT #3		Times Exceeded		22 MINUTES							

* Enter number of samples taken during this day

Signature of Discharger Executive Officer
HEIFER JAMES D.

I certify under penalty of law that this person is duly authorized to sign this information about responsible for this facility and that I am not aware of any person who is not duly authorized to sign this information about this facility.

Signature of Regional Board Representative
2/18 REGIONAL BOARD COPY 1

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

PACIFIC GAS AND ELECTRIC COMPANY
DIABLO CANYON POWER PLANT

P.O. BOX 56
AVILA BEACH, CA 93424

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

Transaction Code ☐ Facility I.D. 3 402003001 Year / Month for this report 86/01/01 Reporting Period Beginning 86/01/01 Ending 86/01/31 State Code 06 NPDES Permit Number 0003751 Page 2 Date form was computer printed 86/01/01

STATION DESCRIPTION		INFLUENT		EFFLUENT 001		EFFLUENT 001		EFFLUENT 001		EFFLUENT 001		INFLUENT		EFFLUENT 001		EFFLUENT 001	
CONSTITUENT NAME		TURBIDITY		TURBIDITY		T CHLOR RES		FREE AVL CHL		CHLORINE USED		OIL & GREASE		OIL & GREASE		OIL & GREASE	
UNITS		NTU		NTU		UG/L		UG/L		LBS/DAY		MG/L		MG/L		MG/L	
SAMPLE TYPE		GRAB		GRAB		GRAB		GRAB		RECORDED		GRAB		GRAB		GRAB	
FREQUENCY		MONTHLY		MONTHLY		2 PER CYCLE		2 PER CYCLE		MONTHLY		JAN/APR/JUL/O		MONTHLY		MONTHLY	
MONTH	DAY	*		*		*		*		*		*		*		*	
JAN	1					6	81	6	57		219						
	2					8	59	8	56		417						
	3					6	65	6	26		219						
	4					6	48	6	40		219						
	5					6	145	6	125		417						
	6					6	48	6	30		219						
	7					8	34	8	34		417						
	8					6	68	8	64		417						
	9																
	10																
	11																
	12																
	13																
	14																
	15																
	16																
	17																
	18																
	19					4	< 10	4	< 10		83						
	20					4	< 10	4	< 10		83						
	21					4	< 10	4	< 10		83						
	22					4	< 10	4	< 10		83						
	23					4	< 10	4	< 10		83						
	24					4	15	4	15		83						
	25					4	38	4	38		83						
	26					4	68	4	55		125						
	27					4	< 10	4	< 10		83						
	28						see remarks		see remarks		83						
	29	I	1.75	I	0.48	4	25	4	20		83						
	30					4	85	4	85		83						
	31					4	< 10	4	< 10		83						
+ MONTHLY AVERAGE																	
MONTHLY HIGH																	
MONTHLY LOW																	
TOTAL RECORDINGS, MO																	
REQUIREMENT #1																	
Times Exceeded						D MAX 200		30-D AV 200									
REQUIREMENT #2																MO AVG 15	
Times Exceeded																	
REQUIREMENT #3						I MAX 200		D MAX 500								D MAX 20	
Times Exceeded																	

* Enter number of samples
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 review of these individuals, I am not aware of any falsification of the information submitted. I am not aware of any falsification of the information submitted.

[Signature]
State of California Principal Executive Officer
(Authorized Agent)

2/2/86
Date

REGIONAL
BOARD COPY

1

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BOARD COPY

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1. Remove COPY 4 (dark yellow) and use for your worksheet.
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 8. Send COPY 2 to EPA, Region 9, San Francisco and COPY 1 to:

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

PACIFIC GAS AND ELECTRIC CO
DIABLO CYN NUCLEAR POWER PLANT

P O BOX 56
AVILA BEACH
93424

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

Transaction Code Q2 Facility ID 54L/00-111 Year Month for this report 10/01/01 Reporting Period Beginning 10/01/01 Ending 10/01/01 State Code 06 NPDES Permit Number 0003751 PAGE 5
Date form was computer printed 10/12/03

STATION DESCRIPTION		INFLUENT		EFFLUENT DOI		INFLUENT		EFFLUENT DOI		INFLUENT		EFFLUENT DOI		INFLUENT		EFFLUENT DOI	
CONSTITUENT NAME		UNITS		UNITS		UNITS		UNITS		UNITS		UNITS		UNITS		UNITS	
COPPER		UG/L		COPPER		UG/L		NICKEL		NICKEL		ZINC		ZINC		AMMONIA (N)	
SAMPLE TYPE		GRAB		GRAB		GRAB		GRAB		GRAB		GRAB		GRAB		GRAB	
FREQUENCY		JA/AP/JUL/0		MONTHLY		JA/AP/JUL/0		MONTHLY		JA/AP/JUL/0		MONTHLY		JA/AP/JUL/0		MONTHLY	
REMARKS:	MONTH	DAY															
	JAN	1	*		01062	*		01067	*		01067	*		01092	*		01092
		2															
		3															
		4															
		5															
		6															
		7															
		8															
		9															
		10															
		11															
		12															
		13															
		14															
		15															
		16															
		17															
		18															
		19															
		20	1	<1	1	<1	1	6	1	9	1	6	1	2	1		
		21															
		22															
		23															
		24															
		25															
		26															
		27															
		28															
		29															
		30															
		31															
+ MONTHLY AVERAGE																	
MONTHLY HIGH																	
MONTHLY LOW																	
TOTAL RECORDINGS MO																	
REQUIREMENT #1																	
Times Exceeded																	
REQUIREMENT #2																	
Times Exceeded																	
REQUIREMENT #3																	
Times Exceeded																	

* Enter number of samples
taken during this day

Type/Name of Regional Executive Officer
SHIFFER JAMES D.

I certify under penalty of law that I have personally examined and am familiar with the information submitted on this report and all attachments and that, based on my review of these documents, I am fully responsible for ensuring the information is true, accurate, and complete. I am aware that there is a legal obligation to provide this information, including the provision of false information.

[Signature]
Regional Executive
Authorized Agent

10/22/03
Date

REGIONAL
BOARD COPY 1

- INSTRUCTIONS FOR DISCHARGER
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CONTROL BOARD
CENTRAL COAST REGION
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SAN LUIS OBISPO, CA 93401

PACIFIC GAS AND ELECTRIC CO
DIABLO CYN NUCLEAR POWER PLANT

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VILA BEACH
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YOUR REPORTING PERIOD IS MONTHLY AND YOUR REPORTS MUST
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Transaction Code 02 Facility ID 3402003601 Year Month for this report 01/01 Reporting Period Beginning 01/01/01 Ending 06/01/01 State Code 06 NPDES Permit Number 0003751 PAGE 6
Date form was computer printed 05/12/03

STATION DESCRIPTION		EFFLUENT 001		EFFLUENT 002		EFFLUENT 003		EFFLUENT 004	
CONSTITUENT NAME		TITANIUM		LITHIUM		BORON		HYDRAZINE	
UNITS		UG/L		UG/L		UG/L		UG/L	
SAMPLE TYPE		GRAB		MONTHLY COMP		MONTHLY COMP		GRAB	
FREQUENCY		MONTHLY		MONTHLY		MONTHLY		MONTHLY	
MONTH	DAY	*		*		*		*	
JAN	1	*		*		*		*	
	2						27		
	3						10		
	4						13		
	5						29		
	6	1	< 10						
	7						10		
	8			1	76	1	2.20E5		
	9						20		
	10						42		
	11						40		
	12						15		
	13						10		
	14						10		
	15								
	16						22		
	17						10		
	18								
	19						17500		
	20						100		
	21								
	22						48		
	23						20000		
	24								
	25								
	26								
	27						850		
	28						3600		
	29								
	30						78500		
	31								
+ MONTHLY AVERAGE									
MONTHLY HIGH									
MONTHLY LOW									
TOTAL RECORDINGS MO									
REQUIREMENT #1									
Times Exceeded									
REQUIREMENT #2									
Times Exceeded									
REQUIREMENT #3									
Times Exceeded									

REMARKS: EFFL 001D - LITHIUM and BORON -- DECEMBER 1985
LOW COMPOSITE (12-1-85 to 12-31-85) WAS ANALYZED ON
JANUARY 8, 1986.

+ MONTHLY AVERAGE
MONTHLY HIGH
MONTHLY LOW
TOTAL RECORDINGS MO
REQUIREMENT #1
Times Exceeded
REQUIREMENT #2
Times Exceeded
REQUIREMENT #3
Times Exceeded

* Enter number of samples
taken during the day

Type Name of Principal Executive Officer
SHEFFER 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 named directly or indirectly in this document, the information is true, accurate, and complete. I am not aware of any information that would cause this document or any part of it to be false, misleading, or incomplete.

[Signature]
Principal Executive Officer

05/21/03 REGIONAL
BOARD COPY

INSTRUCTIONS FOR DISCHARGER

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DISCHARGER SELF MONITORING REPORT

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CONTROL BOARD
CENTRAL COAST REGION
1111A LACREL LANE
SAN LUIS OBISPO, CA 93401

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YOUR REPORTING PERIOD IS QUARTERLY AND YOUR REPORTS MUST
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Transaction Code Q2 Facility ID 3 402J03L01 Year Month for this report 7 Reporting Period Beginning 6/01/01 Ending 6/03/01 State Code 06 NPDES Permit Number 0003751 Date form was computer printed 6/12/03 PAGE 1

STATION DESCRIPTION	EFFL 001C	EFFL 001G	EFFL 001G	EFFL 001H	EFFL 001I	EFFL 001J	EFFL 001K	EFFL 001L
CONSTITUENT NAME	OIL & GREASE	OIL & GREASE	OIL & GREASE	OIL & GREASE	OIL & GREASE	OIL & GREASE	OIL & GREASE	OIL & GREASE
UNITS	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L
SAMPLE TYPE	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB
FREQUENCY	JA/AP/JUL/O	JA/AP/JUL/O	JA/AP/JUL/O	JA/AP/JUL/O	JA/AP/JUL/O	JA/AP/JUL/O	JA/AP/JUL/O	JA/AP/JUL/O
MONTH	JAN	JAN	JAN	JAN	JAN	JAN	JAN	JAN
DAY	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2
	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	4
	5	5	5	5	5	5	5	5
	6	6	6	6	6	6	6	6
	7	7	7	7	7	7	7	7
	8	8	8	8	8	8	8	8
	9	9	9	9	9	9	9	9
	10	10	10	10	10	10	10	10
	11	11	11	11	11	11	11	11
	12	12	12	12	12	12	12	12
	13	13	13	13	13	13	13	13
	14	14	14	14	14	14	14	14
	15	15	15	15	15	15	15	15
	16	16	16	16	16	16	16	16
	17	17	17	17	17	17	17	17
	18	18	18	18	18	18	18	18
	19	19	19	19	19	19	19	19
	20	20	20	20	20	20	20	20
	21	21	21	21	21	21	21	21
	22	22	22	22	22	22	22	22
	23	23	23	23	23	23	23	23
	24	24	24	24	24	24	24	24
	25	25	25	25	25	25	25	25
	26	26	26	26	26	26	26	26
	27	27	27	27	27	27	27	27
	28	28	28	28	28	28	28	28
	29	29	29	29	29	29	29	29
	30	30	30	30	30	30	30	30
	31	31	31	31	31	31	31	31
REMARKS								
MONTHLY AVERAGE								
MONTHLY HIGH								
MONTHLY LOW								
TOTAL RECORDINGS MO								
REQUIREMENT #1	MO AVG 15	MO AVG 15	MO AVG 15	MO AVG 15	MO AVG 15	MO AVG 15	MO AVG 15	MO AVG 15
REQUIREMENT #2	MAX 20	MAX 20	MAX 20	MAX 20	MAX 20	MAX 20	MAX 20	MAX 20
REQUIREMENT #3								

* Enter signature of discharger
taken during this trip

Type Name of Discharger and Executive Officer

SHEETER JAMES D.

I certify under penalty of law that I have personally examined and am familiar with the information submitted on this document and I am a duly licensed and bonded professional engineer or geologist. I am responsible for obtaining the information and certifying its accuracy. I am aware that this document is a public record and that the information on it may be subject to public release under the California Public Information Act.

[Signature]
Regional Engineer
Authorized Agent

6/2/03
Date

REGIONAL
BOARD COPY 1

- INSTRUCTIONS FOR DISCHARGER
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DIABLO CYN NUCLEAR POWER PLANT

P O BOX 56
SANTA VILA BEACH
93424

CALIF

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Transaction Code Q2 Facility ID 440206501 Year Month for this report 01/01 Reporting Period Beginning 06/01/01 Ending 06/03/01 State Code 06 NPDES Permit Number 0003751 Date form was computer printed 05/12/03 PAGE 2

STATION DESCRIPTION	EFFL 001M	EFFL 002	EFFL 003A (001P)	EFFL 004	INFLUENT	EFFLUENT 001	INFLUENT	EFFLUENT 001
CONSTITUENT NAME	OIL & GREASE	OIL & GREASE	OIL & GREASE	OIL & GREASE	PHENOLIC CMP	PHENOLIC CMP	CHLOR PHENOL	CHLOR PHENOL
UNITS	MG/L	MG/L	MG/L	MG/L	UG/L (NONCL)	UG/L (NONCL)	UG/L	UG/L
SAMPLE TYPE	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB	GRAB
FREQUENCY	JA/AP/JUL/O	JA/AP/JUL/O	JA/AP/JUL/O	JA/AP/JUL/O	OCTOBER	JA/AP/JUL/O	OCTOBER	JA/AP/JUL/O
MONTH	JAN							
DAY	1	0052	0052	0052	0052	0052	0052	0052
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
	10							
	11							
	12							
	13							
	14							
	15							
	16							
	17							
	18							
	19							
	20							
	21							
	22							
	23	2	4.9	1	<3			
	24							
	25							
	26							
	27							
	28							
	29							
	30							
	31							
REMARKS								
MONTHLY AVERAGE								
MONTHLY HIGH								
MONTHLY LOW								
TOTAL RECORDINGS MO								
REQUIREMENT #1	MO AVG 15	MO AVG 15	MO AVG 15	MO AVG 15	MO MEAN 222	MO MEAN 10		
Times Exceeded								
REQUIREMENT #2	MAX 20	MAX 20	MAX 20	MAX 20	MAX 888	MAX 30		
Times Exceeded								
REQUIREMENT #3					MAX 2200	MAX 70		
Times Exceeded								

* Enter number of samples
taken during the day

Typed Name of Discharger 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. I am a duly licensed and duly qualified person and I am not aware of any false or misleading information being submitted or included in this document.

[Signature]
Principal Executive
or Authorized Agent

05/2/03
Date

REGIONAL
BOARD COPY 1

- 1

- 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

PACIFIC GAS AND ELECTRIC CO
DIABLO CYN NUCLEAR POWER PLANT
P O BOX 56
VILA BEACH
CALIF 93424

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

Transaction Code Q2 Facility ID 340003001 Year Month for this report 01/01/01 Reporting Period Beginning 06/01/01 Ending 06/03/01 State Code 06 NPDES Permit Number 0003751 Date form was computer printed 05/12/03 PAGE 4

STATION DESCRIPTION	EFFL 001D	EFFL 001F	EFFL 001H	EFFL 001L	EFFL 001D	EFFL 001F	EFFL 001H	EFFL 001L
CONSTITUENT NAME	CHROMIUM	CHROMIUM	CHROMIUM	CHROMIUM	COPPER	COPPER	COPPER	COPPER
UNITS	UG/L	UG/L	UG/L	UG/L	UG/L	UG/L	UG/L	UG/L
SAMPLE TYPE	WTRLY COMP	WEEKLY COMP	WTRLY COMP	WTRLY COMP	WTRLY COMP	WEEKLY COMP	WTRLY COMP	WTRLY COMP
FREQUENCY	JA/AP/JUL/O	JA/AP/JUL/O	JA/AP/JUL/O	JA/AP/JUL/O	JA/AP/JUL/O	JA/AP/JUL/O	JA/AP/JUL/O	JA/AP/JUL/O
MONTH	JAN	JAN	JAN	JAN	JAN	JAN	JAN	JAN
DAY	1	1	1	1	1	1	1	1
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
	10							
	11							
	12							
	13							
	14							
	15							
	16							
	17							
	18							
	19							
	20							
	21	1	1	2	2	1	1	2
	22	< 88	< 88	198	88	104	64	2880
	23							638
	24							
	25							
	26							
	27							
	28							
	29							
	30							
	31							

REMARKS

+ MONTHLY AVERAGE
MONTHLY HIGH
MONTHLY LOW
TOTAL RECORDINGS MO
REQUIREMENT #1
Times Exceeded
REQUIREMENT #2
Times Exceeded
REQUIREMENT #3
Times Exceeded

* Enter number of samples
taken during the day

Typed Name of Discharger/Executive Officer
SHIFFER JAMES D.

I certify under penalty of law that I have personally examined and am familiar with the information submitted on 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 not aware of any falsification of information or any other information that would make this document misleading or otherwise unreliable.

[Signature]
Regional Executive
or Authorized Agent

05/12/03
Date

REGIONAL
BOARD COPY 1

- 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 TPA, 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

PACIFIC GAS AND ELECTRIC CO
DIABLO CYN NUCLEAR POWER PLANT

P O BOX 56
PACIFIC BEACH
94024

CALIF

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

Transaction Code ☐ Facility ID 540200001 Year - Month for this report 11 Reporting Period Beginning 6/01/01 Ending 6/30/01 State Code 06 NPDES Permit Number 0003751 PAGE 5
Data form was computer printed 05/12/01

STATION DESCRIPTION	FFFL 001D	FFFL 001E	FFFL 001H	FFFL 001L	FFFL 001D	FFFL 001F	FFFL 001H	FFFL 001L
CONSTITUENT NAME	LEAD	LEAD	LEAD	LEAD	MERCURY	MERCURY	MERCURY	MERCURY
UNITS	UG/L	UG/L	UG/L	UG/L	UG/L	UG/L	UG/L	UG/L
SAMPLE TYPE	WTRLY COMP	WTRLY COMP	WTRLY COMP	WTRLY COMP	WTRLY COMP	WTRLY COMP	WTRLY COMP	WTRLY COMP
FREQUENCY	JA/AP/JUL/0	JA/AP/JUL/0	JA/AP/JUL/0	JA/AP/JUL/0	JA/AP/JUL/0	JA/AP/JUL/0	JA/AP/JUL/0	JA/AP/JUL/0
MONTH	JAN	JAN	JAN	JAN	JAN	JAN	JAN	JAN
DAY	1	1	2	2	1	1	2	2
	2	2	2	2	2	2	2	2
	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	4
	5	5	5	5	5	5	5	5
	6	6	6	6	6	6	6	6
	7	7	7	7	7	7	7	7
	8	8	8	8	8	8	8	8
	9	9	9	9	9	9	9	9
	10	10	10	10	10	10	10	10
	11	11	11	11	11	11	11	11
	12	12	12	12	12	12	12	12
	13	13	13	13	13	13	13	13
	14	14	14	14	14	14	14	14
	15	15	15	15	15	15	15	15
	16	16	16	16	16	16	16	16
	17	17	17	17	17	17	17	17
	18	18	18	18	18	18	18	18
	19	19	19	19	19	19	19	19
	20	20	20	20	20	20	20	20
	21	21	21	21	21	21	21	21
	22	22	22	22	22	22	22	22
	23	23	23	23	23	23	23	23
	24	24	24	24	24	24	24	24
	25	25	25	25	25	25	25	25
	26	26	26	26	26	26	26	26
	27	27	27	27	27	27	27	27
	28	28	28	28	28	28	28	28
	29	29	29	29	29	29	29	29
	30	30	30	30	30	30	30	30
	31	31	31	31	31	31	31	31
REMARKS								
MONTHLY AVERAGE								
MONTHLY HIGH								
MONTHLY LOW								
TOTAL RECORDINGS MO								
REQUIREMENT #1								
Times Exceeded								
REQUIREMENT #2								
Times Exceeded								
REQUIREMENT #3								
Times Exceeded								

* Enter number of samples
taken during this day

Type 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 review of those materials, I am immediately responsible for ensuring their accuracy. I declare that the information is true and complete to the best of my knowledge and belief, and I am not aware of any information that would materially affect the accuracy of this information.

[Signature]
Principal Executive Officer
Author and Agent

06/21/01
Date

REGIONAL
BOARD COPY 1

INSTRUCTIONS FOR DISCHARGER

1. Remove COPY 4 (black 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

PACIFIC GAS AND ELECTRIC CO
DIABLO CYN NUCLEAR POWER PLANT

PO BOX 56
AVILA BEACH
93424

CALIF

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

Transaction Code Q2 Facility ID 402003331 Year Month for this report 1/01 Reporting Period Beginning 12/01/00 Ending 06/03/01 State Code 06 NPDES Permit Number 0003751 Date form was computer printed 1/12/01 PAGE 1 of 2

STATION DESCRIPTION		EEFL 001D	EEFL 001F	EEFL 001H	EEFL 001L	EEFL 001D	EEFL 001F	EEFL 001H	EEFL 001L
CONSTITUENT NAME		NICKEL	NICKEL	NICKEL	NICKEL	SILVER	SILVER	SILVER	SILVER
UNITS		UG/L	UG/L	UG/L	UG/L	UG/L	UG/L	UG/L	UG/L
SAMPLE TYPE		DIRTY COMP	WEEKLY COMP	DIRTY COMP	DIRTY COMP	DIRTY COMP	WEEKLY COMP	DIRTY COMP	DIRTY COMP
FREQUENCY		JA/AP/JUL/O	JA/AP/JUL/O	JA/AP/JUL/O	JA/AP/JUL/O	JA/AP/JUL/O	JA/AP/JUL/O	JA/AP/JUL/O	JA/AP/JUL/O
MONTH	DAY	* 01067	* 01067	* 01067	* 01067	* 01077	* 01077	* 01077	* 01077
	DAY								
JAN	1								
	2								
	3								
	4								
	5								
	6								
	7								
	8								
	9								
	10								
	11								
	12								
	13								
	14								
	15								
	16								
	17								
	18								
	19								
	20								
	21	1 < 59	1 < 59	2 529	2 69	1 115	1 < 10	2 50	2 61
	22								
	23								
	24								
	25								
	26								
	27								
	28								
	29								
	30								
	31								

REMARKS:

MONTHLY AVERAGE
MONTHLY HIGH
MONTHLY LOW
TOTAL RECORDINGS MO
REQUIREMENT #1
Times Exceeded
REQUIREMENT #2
Times Exceeded
REQUIREMENT #3
Times Exceeded

* Enter number of samples taken during the day

Typed Name of Principal Executive Officer
SHEFFER JAMES D.

I certify under penalty of law that I have personally examined and am familiar with the information submitted on this document and I am a responsible official of the reporting entity. I declare that the information submitted on this document is true and accurate to the best of my knowledge and belief, and I am not aware of any information that would cause this document to be materially false or misleading.

Typed Name of Principal Executive Officer
M. B. S. J.

Typed Date
01/12/01
REGIONAL BOARD COPY 1

- 1

- 1

CALIFORNIA STATE WATER RESOURCES CONTROL BOARD DISCHARGER SELF MONITORING REPORT

CALIFORNIA REGIONAL WATER QUALITY
CONTROL BOARD
CENTRAL COAST REGION
1100 LAUREL LAKE
SAN LUIS OBISPO, CA 93401

- 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

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

Transaction Code Q2

Facility I.D.

3 402003001

Year / Month for this report

Reporting Period

Beginning 6/01/01

Ending 6/03/01 State Code 06 NPDES Number 000

STATION DESCRIPTION
CONSTITUENT NAME
SAMPLE TYPE
FREQUENCY

EFFL 001D
IRON
UG/L
24-HR COMP
METAL CLNG
U1045 *

EFFL 001F
IRON
UG/L
24-HR COMP
METAL CLNG
U1045 *

EFFL 001I
IRON
UG/L
24-HR COMP
METAL CLNG
U1045 *

EFFL 001J
IRON
UG/L
24-HR COMP
METAL CLNG
U1045 *

EFFL 001M
IRON
UG/L
24-HR COMP
METAL CLNG
U1045 *

REMARKS

MONTHLY AVERAGE
MONTHLY HIGH
MONTHLY LOW
TOTAL RECORDINGS MO
REQUIREMENT #1
Times Exceeded
REQUIREMENT #2
Times Exceeded
REQUIREMENT #3
Times Exceeded

MO AVG 100
U MAX 100
MO AVG 100
U MAX 100
MO AVG 100
U MAX 100
MO AVG 100
U MAX 100
MO AVG 100
U MAX 100

Signature

JAMES D.

Specify under priority of law that this document is prepared and distributed with the information contained herein is for the use of the public and is not to be used for any other purpose. If you are a private individual, you may wish to consider the possibility of a lawsuit for damages if you are not satisfied with the results of this report. If you are a business, you may wish to consider the possibility of a lawsuit for damages if you are not satisfied with the results of this report.

CALIFORNIA STATE WATER RESOURCES CONTROL BOARD
DISCHARGER SELF MONITORING REPORT

2. Remove COPY 3 (dark yellow) and use for your worksheet
3. Use highlighter pen or "highlighter" for data entry on forms
4. Provide dates for beginning and ending in reporting period blocks
5. Provide dates as specified under column headings
6. Enter monthly summary data (MONTHLY AVERAGE, MONTHLY HIGH, etc.)
7. Appropriate signature is required at the bottom of the form
8. Remove COPY 3 and retain for your records
9. Send COPY 2 to EPA Region 9, San Francisco and COPY 1 to

CALIFORNIA REGIONAL WATER QUALITY
CONTROL BOARD
CENTRAL COAST REGION
LLOYD LACHEL LAKE
SAN LUIS OBISPO, CA 93401

PACIFIC GAS AND ELECTRIC CO
DIABLO CYN NUCLEAR POWER PLANT

P O BOX 56
AVILA BEACH
3424

CALIF

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

Q2	Transaction Code	Facility ID	340003601	Year Mo Day for this report	Reporting Period	Beginning	Year Mo Day	6/11/01	Ending	Year Mo Day	6/03/01	State Code	06	NPDES Permit Number	0003751	Page	9
STATION DESCRIPTION				FFEL 001D	FFEL 001D	Date form was computer printed 12/2/01											

NPOES Permit
Number
0003751

PAGE 9
Year Mo Do

Date form was
computer printed 12/12/03

[illegible]

REF A B W C

4
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N
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R
R

* Enter number of samples taken during the day

SHIETER JAMES D

I certify under penalty of law that I am personally acquainted and am familiar with the information submitted in this document and all information contained therein. I signed my signature of these individuals and I am fully responsible for the accuracy of the information. I am the owner of the information and I am not aware of any other person who is responsible for the information. I am not aware of any other person who is responsible for the information.

86.2.18

REGIONAL
BOARD COPY

1

APPENDIX 2

Static Bioassay

January 6, 1986

DATE STARTED 19 L. 2000 NUMBER OF ORGANISMS PER CONCENTRATION
 VOLUME/DEPTH OF TEST SOLUTION Cond air pump DILUTION WATER SOURCE Seawater pump
 TYPE OF AERATION

TEST CONCENTRATIONS

100%

CONTROL

INITIALS

0 HOURS

TEMP.

D.O.

pH

SALINITY/HARDNESS

13.9
8.0
8.2

13.9
7.8
8.2

TuH
TuH
TuH

24 HOURS

ORGANISMS SURVIVING

% SURVIVAL

TEMP.

D.O.

pH

20
100%
13.9
8.0
8.0

20
100%
13.9
7.8
8.1

TuH
TuH
TuH
TuH
TuH

48 HOURS

ORGANISMS SURVIVING

% SURVIVAL

TEMP.

D.O.

pH

20
100%
13.9
8.0
8.0

20
100%
13.9
7.8
8.0

TuH
TuH
TuH
TuH
TuH

72 HOURS

ORGANISMS SURVIVING

% SURVIVAL

TEMP.

D.O.

pH

20
100%
13.8
8.0
8.0

20
100%
13.8
8.0
8.0

TuH
TuH
TuH
TuH
TuH

96 HOURS

ORGANISMS SURVIVING

% SURVIVAL

TEMP.

D.O.

pH

SALINITY/HARDNESS

20
100%
13.8
8.0
8.0

20
100%
13.8
8.0
8.0

TuH
TuH
TuH
TuH
TuH

TESTED BY tuH

PACIFIC GAS & ELECTRIC COMPANY
DEPARTMENT OF ENGINEERING RESEARCH
DIABLO CANYON BIOLOGICAL LABORATORY
STATIC BIOASSAY REPORT SHEET

ASSAY NO. 139-N

TEST ORGANISM DATA

TEST SPECIES Red Abalone
SOURCE Estero Bay Mariculture
AVERAGE LENGTH 18mm RANGE 15-23 mm
ACCLIMATION TIME 9th TEMPERATURE ambient
WATER SOURCE seawater pump
DATE STARTED 06-Jan-86
VOLUME/DEPTH OF TEST SOLUTION 19 L. /20cm.
TYPE OF AERATION Conde air pump

TEST SOLUTION DATA

SOURCE OF TEST SOLUTION DCPP effluent
DATE/TIME SAMPLED 06-Jan-86 / 1000
TIME STARTED 1400 HRS.
RENEWAL OF TEST SOLUTION AT HRS. INTERVALS
NUMBER OF ORGANISMS PER CONCENTRATION 20
DILUTION WATER SOURCE Seawater pump

TEST CONCENTRATIONS

<u>0 HOURS</u>	<u>100%</u>	<u>CONTROL</u>	<u>INITIALS</u>
TEMP.	<u>13.9</u>	<u>13.9</u>	<u>TWH</u>
D.O.	<u>8.0</u>	<u>7.8</u>	<u>TWH</u>
pH	<u>8.2</u>	<u>8.2</u>	<u>TWH</u>
SALINITY/HARDNESS	<u>—</u>	<u>—</u>	<u>TWH</u>
<u>24 HOURS</u>			
ORGANISMS SURVIVING	<u>20</u>	<u>20</u>	<u>TWH</u>
% SURVIVAL	<u>100%</u>	<u>100%</u>	<u>TWH</u>
TEMP.	<u>13.9</u>	<u>13.9</u>	<u>TWH</u>
D.O.	<u>8.0</u>	<u>7.8</u>	<u>TWH</u>
pH	<u>8.0</u>	<u>8.1</u>	<u>TWH</u>
<u>48 HOURS</u>			
ORGANISMS SURVIVING	<u>20</u>	<u>20</u>	<u>TWH</u>
% SURVIVAL	<u>100%</u>	<u>100%</u>	<u>TWH</u>
TEMP.	<u>13.9</u>	<u>13.9</u>	<u>TWH</u>
D.O.	<u>8.0</u>	<u>7.8</u>	<u>TWH</u>
pH	<u>8.0</u>	<u>8.0</u>	<u>TWH</u>
<u>72 HOURS</u>			
ORGANISMS SURVIVING	<u>20</u>	<u>20</u>	<u>TWH</u>
% SURVIVAL	<u>100%</u>	<u>100%</u>	<u>TWH</u>
TEMP.	<u>13.8</u>	<u>13.8</u>	<u>TWH</u>
D.O.	<u>8.0</u>	<u>8.0</u>	<u>TWH</u>
pH	<u>8.0</u>	<u>8.0</u>	<u>TWH</u>
<u>96 HOURS</u>			
ORGANISMS SURVIVING	<u>20</u>	<u>20</u>	<u>TWH</u>
% SURVIVAL	<u>100%</u>	<u>100%</u>	<u>TWH</u>
TEMP.	<u>13.8</u>	<u>13.8</u>	<u>TWH</u>
D.O.	<u>8.0</u>	<u>8.0</u>	<u>TWH</u>
pH	<u>8.0</u>	<u>8.0</u>	<u>TWH</u>
SALINITY/HARDNESS	<u>—</u>	<u>—</u>	<u>TWH</u>

TU: No Mortalities

TESTED BY fu [signature]

PACIFIC GAS AND ELECTRIC COMPANY



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

R.C. THORNBERRY
PLANT MANAGER

February 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 January 1986 of the Diablo Canyon Power Plant Discharge Monitoring Program, in accordance with Order 85-101, NPDES No. CA003751 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
R.C. THORNBERRY

Enclosure

RCT:cd

IE25
1/1

bcc: WHBarr/TGCasebolt
DWBehrens
JVBoots
PACrane
MJDoyle/VLWyman
JBGibson/DJWilliamson
HMHowe/JFMckenzie
BSLew/ERKendle
RWLorenz/KMGodfrey
HKMcCluer
MNNorem
WAO'Hara
JARobbins
JDShiffer
CPWalton
JWarrick
CJWeinberg/JRAdams
RMS

cc: California Department of Fish and Game
Marine Resources Region
245 W. Broadway, Suite 350
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