



October 25, 2001  
NMPE 0283

NYS Department of Environmental Conservation  
Division of Water  
Bureau of Watershed Compliance Programs  
625 Broadway 4<sup>th</sup> Floor  
Albany, New York 12233-3506

**RE: *Nine Mile Point Nuclear Station  
State Pollutant Discharge Elimination System Permit No. NY 000 1015  
September 2001 Discharge Monitoring Report***

Gentlemen:

In accordance with the State Pollutant Discharge Elimination System (SPDES) Permit No. NY 000 1015 for the Nine Mile Point Nuclear Station, dated December 1, 1994, (latest revision dated November 15, 1999), enclosed is the Discharge Monitoring Report (DMR) for the month of September 2001.

SPDES samples were collected pursuant to the requirements set forth in the SPDES permit. During the month there were no known permit limitations exceeded.

Any questions concerning the enclosed report should be directed to Kent E. Stoffle at (315) 349-1364.

Sincerely,

Lawrence A. Hopkins  
Plant Manager - Unit 1

Michael F. Peckham  
Plant Manager - Unit 2

LAH/MFP/KES/cld

Enclosure

xc: Steve Eidt, NYSDEC  
Oswego County Dept. of Health  
Nuclear Learning Center Library  
Records Management

IE25

**DISCHARGE MONITORING REPORT  
PERMIT NUMBER NY 000 1015  
NINE MILE POINT NUCLEAR STATION  
SEPTEMBER 2001**

**Comments**

**UNIT 1**

1. On the attached State Pollutant Discharge Elimination System (SPDES)/Discharge Monitoring Report (DMR) forms, "NODI C" was indicated for Unit 1 Outfall 010 for Clam-Trol CT-1 as there were no zebra mussel treatments performed during September 2001 using this product. A zebra mussel treatment was performed during the month using EVAC, an ONDEO Nolco product.

**UNIT 2**

1. On the attached SPDES/DMR forms, "NODI C" was indicated for Unit 2 Outfall 040 for Clam-Trol CT-1 as there were no zebra mussel treatments performed during September 2001 using this product. A zebra mussel treatment was performed using EVAC, an ONDEO Nolco product.

**Enclosure 1**

PERMITTEE NAME/ADDRESS (Include Facility Name & Location (if different))  
**NIAGARA MOHAWK POWER CORP**  
**ADDRESS NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCOMING**  
**NY 13093**

PERMIT NUMBER  
**NY0001015**

DISCHARGE NUMBER  
**10A M**

MAJOR (SUBR 07)  
**F - FINAL**  
**UNIT #1 FOREBAY CLEANING BASIN**

FACILITY NAME/ADDRESS  
**POINT NUCLEAR GENERA**  
**LYCOMING**  
**NY 13093**

ATTN: MS JANEI MARSDEN

MONITORING PERIOD  
 FROM **01 09 01** TO **01 09 30**

NO DISCHARGE IX-1 \*\*\*  
 NOTE: Read instructions before completing this form.

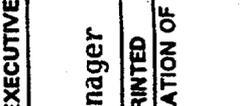
PARAMETER	QUANTITY OR LOADING				Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	*****	*****	*****	( 19)				
00530 1 0 0	*****	*****	*****	*****	*****	100	MG/L		TWICE/MONTH	GRAB	
EFFLUENT GROSS VALUE OIL & GREASE	*****	*****	*****	*****	*****	*****	( 19)				
00556 1 0 0	*****	*****	*****	*****	*****	15	MG/L		TWICE/MONTH	GRAB	
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	*****	*****	*****	*****				
50050 1 0 0	*****	*****	*****	*****	*****	*****	*****		TWICE/MONTH	CALC/D	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**L.A. Hopkins**  
**NMP-1 Plant Manager**

TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE  
**315 349 1364**

DATE  
 YEAR **01** MO **10** DAY **25**

AREA CODE  
**315**

NUMBER  
**349 1364**

MO  
**10**

DAY  
**25**

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location (if different))

NAME **NIAGARA MOHAWK POWER CORP**  
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCOMING NY 13093**  
 FACILITY **NINE MILE POINT NUCLEAR GENERA**  
 LOCATION **LYCOMING NY 13093**  
 ATTN: **MS JANET MARSDEN**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

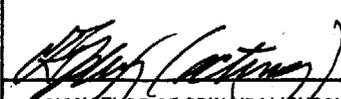
**NY0001015** PERMIT NUMBER  
**022 0** DISCHARGE NUMBER

MAJOR (SUBR 07)  
**F - FINAL**  
**SECURITY BLDG AIR CONDITIONING**

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	07	01	TO	01	09 30

\*\*\* NO DISCHARGE  \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU			QTRLY GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 DAILY AV	50 DAILY MX	MG/L			QTRLY GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****		( 19 )			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L			QTRLY GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			315 349 1364	01 10 25	AREA CODE	NUMBER	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME **NIAGARA MOHAWK POWER CORP.**  
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCOMING NY 13093**  
 FACILITY **NINE MILE POINT NUCLEAR GENERA**  
 LOCATION **LYCOMING NY 13093**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

**NY0001015**  
 PERMIT NUMBER

**022 H**  
 DISCHARGE NUMBER

MAJOR  
 (SUBR 07)  
 F - FINAL  
 SECURITY BLDG AIRCONDITIONING

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

\*\*\* NO DISCHARGE  \*\*\*  
 NOTE: Read instructions before completing this form.

ATTN: MS JANET MARSDEN

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE				( 07 )	*****	*****	*****				
00056 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	GPD	*****	*****	*****	***		ONCE/ MONTH	CALCTD
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**L.A. Hopkins**  
**NMP-1 Plant Manager**  
 TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

*[Signature]*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 315 349 1364  
 DATE: 01 10 25  
 AREA CODE: 315 NUMBER: 349 1364 YEAR: 01 MO: 10 DAY: 25

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if different))

NAME **NIAGARA MOHAWK POWER CORP**  
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCOMING NY 13093**  
 FACILITY **NINE MILE POINT NUCLEAR GENERA**  
 LOCATION **LYCOMING NY 13093**  
 ATTN: **MS JANET MARSDEN**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

**NY0001015**  
 PERMIT NUMBER

**021 M**  
 DISCHARGE NUMBER

MAJOR (SUBR 07)  
 F - FINAL  
 FILTER BACKWASH/DEMIN. MAKE-UP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

FROM

TO

\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE				( 07 )	*****	*****	*****				
00056 1 0 0 EFFLUENT GROSS VALUE		REPORT DAILY AV	REPORT DAILY MX	GPD	*****	*****	*****	***	ONCE/ BATCH	CALCTD	
PH		*****	*****			*****		( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	ONCE/ BATCH	GRAB	
SOLIDS, TOTAL SUSPENDED		*****	*****		*****			( 19 )			
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30 DAILY AV	50 DAILY MX	MG/L	ONCE/ BATCH	GRAB	
OIL & GREASE		*****	*****		*****	*****		( 19 )			
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	15 DAILY MX	MG/L	ONCE/ BATCH	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**L.A. Hopkins**  
**NMP-1 Plant Manager**  
 TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

*(Signature)*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	349 1364	01	10	25
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if different))

NAME **NIAGARA MOHAWK POWER CORP**  
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCOMING NY 13093**  
 FACILITY **NINE MILE POINT NUCLEAR GENERA**  
 LOCATION **LYCOMING NY 13093**  
 ATTN: **MS JANET MARSDEN**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

<b>NY0001015</b> PERMIT NUMBER			<b>020 M</b> DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM <b>01</b>	<b>09</b>	<b>01</b>	TO <b>01</b>	<b>09</b>	<b>30</b>

MAJOR  
 (SUBR 07)  
 F - FINAL  
 STORM DRAINAGE UNIT #1

\*\*\* NO DISCHARGE  \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
<b>FLOW RATE</b>	SAMPLE MEASUREMENT	<b>E17000</b>	<b>E17000</b>	<b>( 07 )</b>	<b>*****</b>	<b>*****</b>	<b>*****</b>		<b>0</b>	<b>1/30</b>	<b>Calctd</b>
<b>00056 1 0 0</b>	PERMIT REQUIREMENT	<b>REPORT</b>	<b>REPORT</b>		<b>*****</b>	<b>*****</b>	<b>*****</b>	<b>****</b>		<b>ONCE/</b>	<b>CALCTD</b>
<b>EFFLUENT GROSS VALUE</b>	PERMIT REQUIREMENT	<b>DAILY AV</b>	<b>DAILY MX</b>	<b>GPD</b>				<b>****</b>		<b>BATCH</b>	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>L.A. Hopkins</b> <b>NMP-1 Plant Manager</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			AREA CODE <b>315</b>	NUMBER <b>349 1364</b>	YEAR <b>01</b>	MO <b>10</b>	DAY <b>25</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if Different))

NAME **NIAGARA MOHAWK POWER CORP**  
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCOMING NY 13093**  
 FACILITY **NINE MILE POINT NUCLEAR GENERA**  
 LOCATION **LYCOMING NY 13093**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

**NY0001015** PERMIT NUMBER  
**011 V** DISCHARGE NUMBER

MAJOR (SUBR 07)  
 F - FINAL  
 OUTFALL 011 ACTION LEVELS

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	07	01		01	09	30

\*\*\* NO DISCHARGE  \*\*\*  
 NOTE: Read instructions before completing this form.

ATTN: MS JANET MARSDEN

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PHENOLS 46000 V O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****		( 19 )			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.0 DAILY PK	MG/L			DIRTY GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**L.A. Hopkins**  
**NMP-1 Plant Manager**  
 TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

*(Signature)*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 315 349 1364  
 DATE: 01 10 25  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Fac. City Name/ Location (if Different))

NAME **NIAGARA MOHAWK POWER CORP**  
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCONING NY 13093**  
 FACILITY **NINE MILE POINT NUCLEAR GENERA**  
 LOCATION **LYCONING NY 13093**  
 ATTN: **MS JANET MARSDEN**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

**NY0001015**  
 PERMIT NUMBER

**011 0**  
 DISCHARGE NUMBER

MAJOR  
 (SUBR 07)  
 F - FINAL  
 UNIT #1 (HIGH CONDUCTIVITY)

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	07	01	TO	01	09 30

\*\*\* NO DISCHARGE  \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			( 19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	30 DAILY AV	50 DAILY MX	MG/L			OTRLY GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		( 19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	15 DAILY MX	MG/L			OTRLY GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**L.A. Hopkins**  
**NMP-1 Plant Manager**  
 TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

*(Signature)*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
**315 349 1364**  
 AREA CODE NUMBER  
 DATE  
**01 10 25**  
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
**ENTER \*NODI 9\* IN PLACE OF MEASUREMENTS FOR PARAMETERS NOT APPLICABLE DURING THE ENTIRE MONITORING PERIOD**

NAME **NIAGARA MOHAWK POWER CORP**  
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCOMING NY 13093**

**NY0001015**  
 PERMIT NUMBER

**011 M**  
 DISCHARGE NUMBER

MAJOR  
**(SUBR 07)**  
**F - FINAL**  
**UNIT #1 WASTEWATER**

FACILITY **NINE MILE POINT NUCLEAR GENERA**  
 LOCATION **LYCOMING NY 13093**

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	09	01	TO	01	09	30

\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

ATTN: **MS JANET MARSDEN**

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		( 12 )			
00400 U 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*** ****	4.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ GRAB BATCH	
PH	SAMPLE MEASUREMENT	*****	*****			*****		( 12 )			
00400 I 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ GRAB BATCH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
00530 I 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	*****	30 DAILY AV	50 DAILY MX	MG/L		ONCE/ GRAB BATCH	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****		( 19 )			
00556 I 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	15 DAILY MX	MG/L		ONCE/ GRAB BATCH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			( 03 )	*****	*****	*****				
50050 I 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*****	*****	*****	*** ****		ONCE/ CALCTD BATCH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**L.A. Hopkins**  
**NMP-1 Plant Manager**  
 TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

*(Signature)*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **315 349 1364** DATE **01 10 25**  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PH RANGE OF 4.0 TO 9.0 IS FOR REPORTING WHEN CONDUCTIVITY IS LOWER THAN 10MHOS. ENTER \*NODI 9\* IN PLACE OF A MEASUREMENT FOR PARAMETERS WHICH DO NOT APPLY FOR THE MONITORING PERIOD.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME **NIAGARA MOHAWK POWER CORP**  
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCOMING NY 13093**  
 FACILITY **NINE MILE POINT NUCLEAR GENERA**  
 LOCATION **LYCOMING NY 13093**  
 ATTN: **MS JANET MARSDEN**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

**NY0001015** PERMIT NUMBER  
**010 M** DISCHARGE NUMBER

MAJOR  
 (SUBR 07)  
 F - FINAL  
 CONDENSER COOLING WATER UNIT 1

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	09	01	TO	01	09	30

\*\*\* NO DISCHARGE  \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMP. DIFF. BETWEEN INTAKE AND DISCHARGE 61576 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	NODI 9	( 15)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	DEG.F		CONTINUOUS	RECORD
TEMP. DIFF. BETWEEN INTAKE AND DISCHARGE 61576 2 0 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	31	( 15)	0	Contin-uous	Rcordr
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	35 DAILY MX	DEG.F		CONTINUOUS	RECORD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**L.A. Hopkins**  
**NMP-1 Plant Manager**  
 TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

*(Signature)*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **315 349 1364** DATE **01 10 25**  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
**ENTER "NODI 9" IN PLACE OF MEASUREMENT FOR PARAMETERS NOT APPLICABLE DURING THE ENTIRE MONITORING PERIOD. MONITORING LOCATION "P" IS TO REPORT DELTA TEMPERATURE IN ACCORDANCE WITH FOOTNOTE A**

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location (if different))

NAME **NIAGARA MOHAWK POWER CORP**  
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCOMING NY 13093**  
 FACILITY **NINE MILE POINT NUCLEAR GENERA**  
 LOCATION **LYCOMING NY 13093**  
 ATTN: **MS JANET MARSDEN**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

**NY0001015**  
 PERMIT NUMBER

**024 H**  
 DISCHARGE NUMBER

MAJOR  
**(SUBR 07)**  
**F - FINAL**  
**NMP-1 DIESEL OFF-LOADING PAD**

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	09	01	TO	01	09	30

\*\*\* NO DISCHARGE **1** \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
<b>FLOW RATE</b>		*****	E5000	( 07)	*****	*****	*****		0	1/ DISCHG	Estima
<b>00056 1 0 0</b>	PERMIT REQUIREMENT	*****	REPORT		*****	*****	*****	***		ONCE/ ESTIMA	
<b>EFFLUENT GROSS VALUE</b>			DAILY MX	GPD				***		DISCHG	
<b>PH</b>		*****	*****		7.7	*****	7.7		0	1/ DISCHG	Grab
<b>00400 1 0 0</b>	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0			ONCE/ GRAB	
<b>EFFLUENT GROSS VALUE</b>				***	MINIMUM		MAXIMUM	SU		DISCHG	
<b>OIL &amp; GREASE</b>		*****	*****		*****	*****	<0.5		0	1/ DISCHG	Grab
<b>00556 1 0 0</b>	PERMIT REQUIREMENT	*****	*****	***	*****	*****	15			ONCE/ GRAB	
<b>EFFLUENT GROSS VALUE</b>				***			DAILY MX	MG/L		DISCHG	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**L.A. Hopkins**  
**NMP-1 Plant Manager**  
 TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

*(Signature)*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
**315 349 1364**  
 AREA CODE NUMBER  
 DATE  
**01 10 25**  
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME **NIAGARA MOHAWK POWER CORP**  
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCOMING NY 13093**  
 FACILITY **NINE MILE POINT NUCLEAR GENERA**  
 LOCATION **LYCOMING NY 13093**  
 ATTN: **MS JANET MARSDEN**

**NY0001015**  
 PERMIT NUMBER

**023 M**  
 DISCHARGE NUMBER

MAJOR  
**(SUBR 07)**  
**F - FINAL**  
**UNIT 1 OIL SPILL RETENTION BSN**

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	09	01	TO	01	09	30

\*\*\* NO DISCHARGE  \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	*****	E154000	( 07)	*****	*****	*****		0	1/ DISCHG	Estima
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	***		ONCE/ DISCHG	ESTINA
PH	SAMPLE MEASUREMENT	*****	*****		8.8	*****	9.0	( 12)	0	1/ DISCHG	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ DISCHG	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5	( 19)	0	1/ DISCHG	Grab
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	15 DAILY MX	MG/L		ONCE/ DISCHG	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**L.A. Hopkins**  
**NMP-1 Plant Manager**  
 TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

*(Signature)*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
**315 349 1364**  
 AREA CODE NUMBER  
 DATE  
**01 10 25**  
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME **NIAGARA MOHAWK POWER CORP**  
ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCOMING NY 13093**  
FACILITY **NINE MILE POINT NUCLEAR GENERA**  
LOCATION **LYCOMING NY 13093**

**NY0001015**  
PERMIT NUMBER

**030 M**  
DISCHARGE NUMBER

MAJOR  
(SUBR 07)  
F - FINAL  
SANITARY WASTES

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

\*\*\* NO DISCHARGE  \*\*\*  
NOTE: Read instructions before completing this form.

ATTN: MS JANET MARSDEN

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE		E61000	*****	( 07)	*****	*****	*****		0	28/30	Estima
00056 1 0 0 EFFLUENT GROSS VALUE		120000	*****		*****	*****	*****	***		TWICE/ESTIMA	
00056 1 0 0 EFFLUENT GROSS VALUE		300A ARI	*****	6PD	*****	*****	*****	***		MONTH	
BOD, 5-DAY (20 DEG. C)		*****	*****		*****	<4	<4	( 19)	0	2/30	Grab
00310 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	25	45			TWICE/GRAB	
00310 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	300A AVG	DAILY MX	MG/L		MONTH	
PH		*****	*****		7.3	*****	7.4	( 12)	0	2/30	Grab
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0	*****	9.0			TWICE/GRAB	
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	MINIMUM	*****	MAXIMUM	SU		MONTH	
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	3	4	( 19)	0	2/30	Grab
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	25	45			TWICE/GRAB	
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	300A AVG	DAILY MX	MG/L		MONTH	
SOLIDS, SETTLEABLE		*****	*****		*****	*****	<0.1	( 25)	0	2/30	Grab
00545 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	0.1			TWICE/GRAB	
00545 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	DAILY MX	ML/L		MONTH	
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	*****	0.1	( 19)	0	2/30	Grab
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	0.5			TWICE/GRAB	
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	DAILY MX	MG/L		MONTH	
COLIFORM, FECAL GENERAL		*****	*****		*****	10	*****	( 13)	0	2/30	Grab
74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	200	*****	#/		TWICE/GRAB	
74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	300A GEO	*****	100ML		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**L.A. Hopkins**  
**NMP-1 Plant Manager**  
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

*(Signature)*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
315 349 1364  
DATE  
01 10 25  
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)

NAME **NIAGARA MOHAWK POWER CORP**  
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCOMING NY 13093**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

**NY0001015**  
 PERMIT NUMBER

**010 M**  
 DISCHARGE NUMBER

**MAJOR (SUBR 07)**  
**F - FINAL**  
**CONDENSER COOLING WATER UNIT 1**

FACILITY **NINE MILE POINT NUCLEAR GENERA**  
 LOCATION **LYCOMING NY 13093**

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01	TO	01	09	30

**\*\*\* NO DISCHARGE [ ] \*\*\***  
 NOTE: Read instructions before completing this form.

ATTN: **MS JANET MARSDEN**

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	104	( 15)	0	Contin-	Rcordr
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	115	DEG.F		CONTIN	CORDR
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.1	( 19)	0	1/30	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.25	DAILY MX		ONCE/	GRAB
CLANTROL CT-1, TOTAL WATER 04251 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	NODI C <sup>1</sup>	( 19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2	DAILY MX		WHEN CK REQ	DISCHR
OXIDANTS, TOTAL RESIDUAL 34044 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.1	( 19)	0	Batch	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2	DAILY MX		ONCE/	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	404.4	( 03)	*****	*****	*****		0	Contin-	Calctd
	PERMIT REQUIREMENT	*****	417.6		*****	*****	*****	****		CONTIN	CALCTD
NET RATE OF ADDITION OF HEAT 61575 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	NODI 9	( 05)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT	MBTU/		HOURLY	CALCTD
NET RATE OF ADDITION OF HEAT 61575 2 0 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	4299	( 05)	0	Hourly	Calctd
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	4405	DA I L Y M X		HOURLY	CALCTD
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						TELEPHONE		DATE		
L.A. Hopkins NMP-1 Plant Manager	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						315 349 1364		01	10	25
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER "NODI 9" IN PLACE OF MEASUREMENT FOR PARAMETERS NOT APPLICABLE DURING THE ENTIRE MONITORING PERIOD.  
 MONITORING LOCATION "P" IS TO REPORT DELTA TEMPERATURE IN ACCORDANCE WITH FOOTNOTE A 1.) See comments

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if Different))

NAME **NIAGARA MOHAWK POWER CORP**  
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCOMING NY 13093**  
 FACILITY **NINE MILE POINT NUCLEAR GENERA**  
 LOCATION **LYCOMING NY 13093**  
 ATTN: **MS JANET MARSDEN**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

**NY0001015**  
 PERMIT NUMBER

**020 V**  
 DISCHARGE NUMBER

MAJOR  
 (SUBR 07)  
 F - FINAL  
 OUTFALL 020 ACTION LEVELS

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	07	01	TO	01	09 30

\*\*\* NO DISCHARGE  \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC, TOTAL (AS ZN) 01092 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.02	( 19)	0	1/90	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.45 DAILY MX	MG/L			OTRLY GRAB
ALUMINUM, TOTAL (AS AL) 01105 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.1	( 19)	0	1/90	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5 DAILY MX	MG/L			OTRLY GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**L.A. Hopkins**  
**NMP-1 Plant Manager**  
 TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

*(Signature)*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
**315 349 1364**  
 AREA CODE NUMBER  
 DATE  
**01 10 25**  
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location (if different))

NAME **NIAGARA MOHAWK POWER CORP**  
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCOMING NY 13093**

FACILITY **NINE MILE POINT NUCLEAR GENERA**  
 LOCATION **LYCOMING NY 13093**

ATTN: **MS JANET MARSDEN**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

**NY0001015**  
 PERMIT NUMBER

**020 0**  
 DISCHARGE NUMBER

MAJOR  
**(SUBR 07)**  
**F - FINAL**  
**STORM DRAINAGE UNIT #1**

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	07	01	TO	01	09 30

FROM

TO

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
<b>OIL &amp; GREASE</b>		*****	*****		*****	*****	<5	( 19 )	0	1/90	Grab
<b>00556 1 0 0</b>	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15	DAILY RX			DAILY GRAB
<b>EFFLUENT GROSS VALUE</b>											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**L.A. Hopkins**  
**NMP-1 Plant Manager**  
 TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

*(Signature)*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
**315 349 1364**  
 AREA CODE NUMBER  
 DATE  
**01 10 25**  
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME **NIAGARA MOHAWK POWER CORP**  
ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCOMING NY 13093**  
FACILITY **NINE MILE POINT NUCLEAR GENERA**  
LOCATION **LYCOMING NY 13093**  
ATTN: **MS JANET MARSDEN**

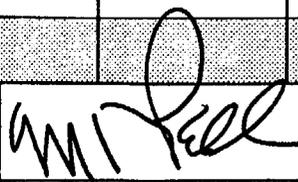
**NY0001015**  
PERMIT NUMBER

**007 M**  
DISCHARGE NUMBER

MAJOR  
**(SUBR 07)**  
**F - FINAL**  
**FLOOR AND EQUIPMENT DRAINS**

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

\*\*\* NO DISCHARGE  \*\*\*  
NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
<b>FLOW RATE</b>		*****	E3000	( 07 )	*****	*****	*****		0	1/30	Estima	
<b>00056 1 0 0</b>	PERMIT REQUIREMENT	*****	REPORT		*****	*****	*****	***		ONCE/	ESTIMA	
<b>EFFLUENT GROSS VALUE</b>			DAILY HX	GPD				****		MONTH		
<b>PH</b>		*****	*****		7.6	*****	8.8		0	8/30	Grab	
<b>00400 1 0 0</b>	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			TWICE/GRAB		
<b>EFFLUENT GROSS VALUE</b>			****	****	MINIMUM		MAXIMUM	SU		MONTH		
<b>SOLIDS, TOTAL SUSPENDED</b>		*****	*****		*****	<4	<4		0	8/30	Grab	
<b>00530 1 0 0</b>	PERMIT REQUIREMENT	*****	*****	****	*****	30	50			TWICE/GRAB		
<b>EFFLUENT GROSS VALUE</b>			****	****		DAILY AV	DAILY HX	MG/L		MONTH		
<b>OIL &amp; GREASE</b>		*****	*****		*****	*****	6		0	8/30	Grab	
<b>00556 1 0 0</b>	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15			TWICE/GRAB		
<b>EFFLUENT GROSS VALUE</b>			****	****			DAILY HX	MG/L		MONTH		
<b>IRON, TOTAL (AS FE)</b>		*****	*****		*****	*****	1.6		0	8/30	Grab	
<b>01045 1 0 0</b>	PERMIT REQUIREMENT	*****	*****	****	*****	*****	4.0			TWICE/GRAB		
<b>EFFLUENT GROSS VALUE</b>			****	****			DAILY HX	MG/L		MONTH		
<b>ALUMINUM, TOTAL (AS AL)</b>		*****	*****		*****	*****	2.0		0	4/30	Grab	
<b>01105 1 0 0</b>	PERMIT REQUIREMENT	*****	*****	****	*****	*****	4.0			ONCE/GRAB		
<b>EFFLUENT GROSS VALUE</b>			****	****			DAILY HX	MG/L		MONTH		
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							<b>TELEPHONE</b>		<b>DATE</b>		
<b>M.F. Peckham</b> <b>NMP-2 Plant Manager</b>								315 349 1364		01	10	25
<b>TYPED OR PRINTED</b>								<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA CODE</b>	<b>NUMBER</b>	<b>YEAR</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER "N001 9" IN PLACE OF MEASUREMENT FOR PARAMETERS NOT APPLICABLE DURING THE ENTIRE MONITORING PERIOD.

NAME **NIAGARA MOHAWK POWER CORP**  
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCOMING NY 13093**  
 FACILITY **NINE MILE POINT NUCLEAR GENERA**  
 LOCATION **LYCOMING NY 13093**  
 ATTN: **MS JANET MARSDEN**

**NY0001015** PERMIT NUMBER  
**007 V** DISCHARGE NUMBER

**MAJOR (SUBR 07)**  
**F - FINAL**  
**OUTFALL 007 ACTION LEVELS**

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	07	01	01	09	30

**\*\*\* NO DISCHARGE 1 1 \*\*\***  
 NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
<b>BARIUM, TOTAL (AS BA)</b> <b>01007 V 0 0</b> <b>SEE COMMENTS BELOW</b>	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.2	( 19)	0	4/90	Grab	
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.5 DAILY MX	MG/L			OTRLY GRAB	
<b>MANGANESE, TOTAL (AS MN)</b> <b>01055 V 0 0</b> <b>SEE COMMENTS BELOW</b>	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.1	( 19)	0	4/90	Grab	
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.0 DAILY MX	MG/L			OTRLY GRAB	
<b>ZINC, TOTAL (AS ZN)</b> <b>01092 V 0 0</b> <b>SEE COMMENTS BELOW</b>	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.1	( 19)	0	4/90	Grab	
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.2 DAILY MX	MG/L			OTRLY GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b> <b>M.F. Peckham</b> <b>NMP-2 Plant Manager</b> <b>TYPED OR PRINTED</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					 <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b> 315 349 1364		<b>DATE</b> 01 10 25		
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>	<b>AREA CODE</b>		<b>NUMBER</b>		<b>YEAR</b>	<b>MO</b>	<b>DAY</b>					

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location (if different))  
 NAME **NIAGARA MOHAWK POWER CORP**  
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCOMING NY 13093**  
 FACILITY **NINE MILE POINT NUCLEAR GENERA**  
 LOCATION **LYCOMING NY 13093**  
 ATTN: **MS JANET MARSDEN**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

**NY0001015** PERMIT NUMBER  
**01A H** DISCHARGE NUMBER

MAJOR (SUBR 07)  
 F - FINAL  
 DECAY HEAT COOLING BLOWDOWN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

\*\*\* NO DISCHARGE  \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 > 0 0 INCREASE (NOT END OF PIPE) FLOW RATE	SAMPLE MEASUREMENT	*****	*****		*****	*****		( 15)			
	PERMIT REQUIREMENT	*****	*****	*** ***	*****	*****	90 DAILY MX	DEG.F		ONCE/ GRAB MONTH	
00056 > 0 0 INCREASE (NOT END OF PIPE) CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****		( 07)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	*** ****		ONCE/ CALCTD MONTH	
50060 > 0 0 INCREASE (NOT END OF PIPE)	SAMPLE MEASUREMENT	*****	*****		*****	*****		( 19)			
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	0.2 DAILY MX	MG/L		ONCE/ GRAB MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**M.F. Peckham**  
**NMP-2 Plant Manager**  
 TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

*M. Peckham*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 315 349 1364  
 AREA CODE NUMBER  
 DATE  
 01 10 25  
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location (if Different))

NAME **NIAGARA MOHAWK POWER CORP**  
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCOMING NY 13093**  
 FACILITY **NINE MILE POINT NUCLEAR GENERA**  
 LOCATION **LYCOMING NY 13093**  
 ATTN: **MS JANET MARSDEN**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

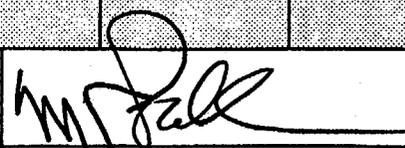
**NY0001015** PERMIT NUMBER  
**025 M** DISCHARGE NUMBER

MAJOR (SUBR 07)  
**F - FINAL**  
**COOLING TOWER EMERGENCY OVRFLW**

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	09	01	TO	01	09	30

**\*\*\* NO DISCHARGE IX \*\*\***  
 NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****					( 12 )			
	PERMIT REQUIREMENT	*****	*****	*** ****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ GRAB DISCHG	
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		( 19 )			
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	0.25 DAILY MX	MG/L		ONCE/ GRAB DISCHG	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  M.F. Peckham NMP-2 Plant Manager  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
			315 349 1364	01	10	25	
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME **NIAGARA MOHAWK POWER CORP**  
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCONING NY 13093**  
 FACILITY **NINE MILE POINT NUCLEAR GENERA**  
 LOCATION **LYCONING NY 13093**

**NY0001015**  
 PERMIT NUMBER

**040 M**  
 DISCHARGE NUMBER

**MAJOR (SUBR 07)**  
**F - FINAL**  
**TOWER BLOWDOWN/ SERVICE UNIT#2**

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	09	01	TO	01	09	30

**\*\*\* NO DISCHARGE [ ] \*\*\***  
 NOTE: Read instructions before completing this form.

ATTN: **MS JANET MARSDEN**

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0		*****	*****		*****	*****	81	( 15)	0	Contin-uous	Rcorder
EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	*****	****	*****	*****	110 DAILY MX	DEG.F		CONTINUOUS	RCORDR
00400 1 0 0		*****	*****		8.2	*****	8.5	( 12)	0	2/7	Grab
EFFLUENT GROSS VALUE PHOSPHORUS, TOTAL (AS P) 00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/GRAB WEEK	
00400 1 0 0		*****	*****		*****	*****	NODI 9	( 19)			
EFFLUENT GROSS VALUE COPPER, TOTAL (AS CU) 01042 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5 DAILY MX	MG/L		ONCE/GRAB MONTH	
01042 1 0 0		*****	*****		*****	*****	0.06	( 19)	0	1/7	Grab
EFFLUENT GROSS VALUE CLANTROL CT-1, TOTAL WATER 04251 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.25 DAILY MX	MG/L		WEEKLY GRAB	
04251 1 0 0		*****	*****		*****	*****	NODI C <sup>1</sup>	( 19)			
EFFLUENT GROSS VALUE OXIDANTS, TOTAL RESIDUAL 34044 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2 DAILY MX	MG/L		WHEN CK REQ DISCHR	
34044 1 0 0		*****	*****		*****	*****	<0.1	( 19)	0	1/ Batch	Grab
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	PERMIT REQUIREMENT	*****	50.6	( 03)	*****	*****	0.2 DAILY MX	MG/L		ONCE/GRAB BATCH	
50050 1 0 0		*****	72.0	DAILY MX MGD	*****	*****	*****	****	0	Contin-uous	Calctd
EFFLUENT GROSS VALUE		*****			*****	*****	*****	****		CONTINUOUS	UOUS
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					TELEPHONE		DATE		
M.F. Peckham NMP-2 Plant Manager TYPED OR PRINTED							315 349 1364		01	10	25
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT USE OF BUTYL BENZOTRIAZOLE ON A BLANK LINE.

1.) See Comments

NAME **NIAGARA MOHAWK POWER CORP**  
ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCOMING NY 13093**  
FACILITY **NINE MILE POINT NUCLEAR GENERA**  
LOCATION **LYCOMING NY 13093**

**NY0001015**  
PERMIT NUMBER

**040 M**  
DISCHARGE NUMBER

MAJOR  
(SUBR 07)  
F - FINAL  
TOWER BLOWDOWN/ SERVICE UNIT#2

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

FROM

TO

\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

ATTN: MS JANET MARSDEN

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHLORINE, FREE AVAILABLE 50064 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.1	0.2	( 19)	0	1/ Batch	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 DAILY AV	0.5 DAILY MX	MG/L		ONCE/ BATCH	GRAB
NET RATE OF ADDITION OF HEAT 61575 2 0 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	*****	*****		*****		130	( 05)	0	Daily	Calctd
	PERMIT REQUIREMENT	*****	*****	****	*****		470 DAILY MX	MBTU/ HR		DAILY	CALCTD
TEMP. DIFF. BETWEEN INTAKE AND DISCHARGE 61576 2 0 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	*****	*****		*****		9	( 15)	0	Contin-uous	Rcorder
	PERMIT REQUIREMENT	*****	*****	****	*****		30 DAILY MX	DEG-F		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M.F. Peckham  
NMP-2 Plant Manager

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

315 349 1364 01 10 25  
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT USE OF BUTYL BENZOTRIAZOLE ON A BLANK LINE.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if Different))

NAME **NIAGARA MOHAWK POWER CORP**  
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCONING NY 13093**  
 FACILITY **NINE MILE POINT NUCLEAR GENERA**  
 LOCATION **LYCONING NY 13093**  
 ATTN: **MS JANET MARSDEN**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

**NY0001015**  
 PERMIT NUMBER

**040 V**  
 DISCHARGE NUMBER

MAJOR  
 (SUBR 07)  
 F - FINAL  
 OUTFALL 040 ACTION LEVELS

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	07	01	TO	01	09 30

FROM

TO

\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IRON, TOTAL (AS FE) 01045 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.1	( 19)	0	1/90	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0	DAILY MX			OTRLY GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**M.F. Peckham**  
**NMP-2 Plant Manager**  
 TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

*M.F. Peckham*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
**315 349 1364**  
 AREA CODE NUMBER  
 DATE  
**01 10 25**  
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME **NIAGARA MOHAWK POWER CORP**  
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCOMING NY 13093**  
 FACILITY **NINE MILE POINT NUCLEAR GENERA**  
 LOCATION **LYCOMING NY 13093**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

**NY0001015**  
 PERMIT NUMBER

**041 0**  
 DISCHARGE NUMBER

MAJOR  
 (SUBR 07)  
 F - FINAL  
 UNIT #2 (HIGH CONDUCTIVITY)

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	07	01	01	09	30

FROM

TO

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

ATTN: MS JANET MARSDEN

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1	( 19)	0	1/90	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	30 DAILY AV	50 DAILY MX	MG/L			OTRLY GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****		<5	( 19)	0	1/90	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****		15 DAILY MX	MG/L			OTRLY GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M.F. Peckham  
 NMP-2 Plant Manager

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

315 349 1364

AREA CODE

NUMBER

DATE

01 10 25

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER "NODI 9" IN PLACE OF MEASUREMENT FOR PARAMETERS NOT APPLICABLE DURING THE ENTIRE MONITORING PERIOD.

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location (if different))  
 NAME **NIAGARA MOHAWK POWER CORP**  
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCONING NY 13093**  
 FACILITY **NINE MILE POINT NUCLEAR GENERA**  
 LOCATION **LYCONING NY 13093**  
 ATTN: **MS JANET MARSDEN**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

**NY0001015** PERMIT NUMBER  
**041 V** DISCHARGE NUMBER

MAJOR (SUBR 07)  
 F - FINAL  
 OUTFALL 041 ACTION LEVELS

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	07	01		01	09	30

\*\*\* NO DISCHARGE  \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PHENOLS 46000 V O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.1	( 19)	0	1/90	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	MG/L			OTRLY GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**M.F. Peckham**  
**NMP-2 Plant Manager**  
 TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
**315 349 1364**  
 AREA CODE NUMBER  
 DATE  
**01 10 25**  
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location (if Different))

NAME **NIAGARA MOHAWK POWER CORP**  
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCOMING NY 13093**  
 FACILITY **NINE MILE POINT NUCLEAR GENERA**  
 LOCATION **LYCOMING NY 13093**  
 ATTN: **MS JANET MARSDEN**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

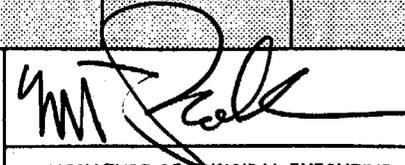
**NY 0001015** PERMIT NUMBER  
**40A H** DISCHARGE NUMBER

MAJOR (SUBR 07)  
**F - FINAL**  
**CIRCULATING WATER PUMPS - SUMP**

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	09	01	TO	01	09	30

**\*\*\* NO DISCHARGE \*\*\***  
 NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
<b>OIL &amp; GREASE</b>	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5	( 19 )	0	2/30	Grab
<b>00556 1 0 0</b>	PERMIT REQUIREMENT	*****	*****	***	*****	*****	15	DAILY MX		ONCE/ MONTH	GRAB
<b>EFFLUENT GROSS VALUE</b>	SAMPLE MEASUREMENT	*****	E17000	( 03 )	*****	*****	*****		0	1/30	Calctd
<b>FLOW, IN CONDUIT OR</b>	PERMIT REQUIREMENT	*****	REPORT		*****	*****	*****	***		ONCE/ MONTH	CALCTD
<b>THRU TREATMENT PLANT</b>	SAMPLE MEASUREMENT		DAILY MX	MGD							
<b>50050 1 0 0</b>	PERMIT REQUIREMENT										
<b>EFFLUENT GROSS VALUE</b>	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			315 349 1364	01 10 25	AREA CODE	NUMBER	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)

NAME **NIAGARA MOHAWK POWER CORP**  
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCOMING NY 13093**  
 FACILITY **NINE MILE POINT NUCLEAR GENERA**  
 LOCATION **LYCOMING NY 13093**  
 ATTN: **MS JANET MARSDEN**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

**NY0001015**  
 PERMIT NUMBER

**408 M**  
 DISCHARGE NUMBER

**MAJOR (SUBR 07)**  
**F - FINAL**  
**UNIT #2 FOREBAY CLEANING BASIN**

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01	TO	01	09	30

FROM

TO

**\*\*\* NO DISCHARGE \*\*\***

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
<b>SOLIDS, TOTAL SUSPENDED</b> 00530 1 0 0 <b>EFFLUENT GROSS VALUE</b>	SAMPLE MEASUREMENT	*****	*****		*****			( 19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	50 DAILY AV	100 DAILY MX	MG/L		TWICE/GRAB	MONTH
<b>OIL &amp; GREASE</b> 00556 1 0 0 <b>EFFLUENT GROSS VALUE</b>	SAMPLE MEASUREMENT	*****	*****		*****	*****		( 19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		TWICE/GRAB	MONTH
<b>FLOW, IN CONDUIT OR THRU TREATMENT PLANT</b> 50050 1 0 0 <b>EFFLUENT GROSS VALUE</b>	SAMPLE MEASUREMENT	*****		( 03)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		TWICE/CALCTD	MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**M.F. Peckham**  
**NMP-2 Plant Manager**  
 TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

*M. Peckham*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
**315 349 1364**  
 AREA CODE NUMBER  
 DATE  
**01 10 25**  
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location (if different))

NAME **NIAGARA MOHAWK POWER CORP**  
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCOMING NY 13093**  
 FACILITY **NINE MILE POINT NUCLEAR GENERA**  
 LOCATION **LYCOMING NY 13093**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

**NY0001015**  
 PERMIT NUMBER

**026 M**  
 DISCHARGE NUMBER

**MAJOR (SUBR 07)**  
**F - FINAL**  
**UNIT 2 RESIN REGEN, ETC.**

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

FROM

TO

**\*\*\* NO DISCHARGE 1-1 \*\*\***

NOTE: Read instructions before completing this form.

ATTN: **MS JANET MARSDEN**

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
<b>FLOW RATE</b>		<b>*****</b>	<b>E19000</b>	<b>( 07)</b>	<b>*****</b>	<b>*****</b>	<b>*****</b>		<b>0</b>	<b>1/30</b>	<b>Estima</b>
<b>00056 1 0 0</b>	<b>PERMIT REQUIREMENT</b>	<b>*****</b>	<b>REPORT</b>	<b>DAILY MX GPD</b>	<b>*****</b>	<b>*****</b>	<b>*****</b>	<b>***</b>		<b>ONCE/</b>	<b>ESTIMA</b>
<b>EFFLUENT GROSS VALUE</b>								<b>***</b>		<b>MONTH</b>	
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
<b>M.F. Peckham</b> <b>NMP-2 Plant Manager</b> TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)								315 349 1364	01	10	25

NAME **NIAGARA MOHAWK POWER CORP**  
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**  
**348 LAKE ROAD**  
**LYCONING NY 13093**  
 FACILITY **NINE MILE POINT NUCLEAR GENERA**  
 LOCATION **LYCONING NY 13093**  
 ATTN: **MS JANET MARSDEN**

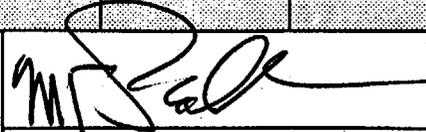
**NY 0001015** PERMIT NUMBER  
**041 M** DISCHARGE NUMBER

MAJOR (SUBR 07)  
**F - FINAL**  
 UNIT #2 WASTEWATER

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	09	01	TO	01	09	30

**\*\*\* NO DISCHARGE \*\*\***  
 NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
<b>SPECIFIC CONDUCTANCE</b>		*****	*****		*****	0.62	0.71	( 11 )	0	1/ Batch	Grab
<b>00095 1 0 0</b>	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT DAILY AV	REPORT DAILY MX	UMHO/CM		CONTINUOUS	CORDOR
<b>EFFLUENT GROSS VALUE</b>											
<b>PH</b>		*****	*****		5.8	*****	5.9	( 12 )	0	1/ Batch	Grab
<b>00400 U 0 0</b>	PERMIT REQUIREMENT	*****	*****	****	4.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ BATCH	GRAB
<b>SEE COMMENTS BELOW</b>											
<b>PH</b>		*****	*****		NODI 9	*****	NODI 9	( 12 )			
<b>00400 1 0 0</b>	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ BATCH	GRAB
<b>EFFLUENT GROSS VALUE</b>											
<b>SOLIDS, TOTAL SUSPENDED</b>		*****	*****		*****	NODI 9	NODI 9	( 19 )			
<b>00530 1 0 0</b>	PERMIT REQUIREMENT	*****	*****	****	*****	30 DAILY AV	50 DAILY MX	MG/L		ONCE/ BATCH	GRAB
<b>EFFLUENT GROSS VALUE</b>											
<b>OIL &amp; GREASE</b>		*****	*****		*****	*****	NODI 9	( 19 )			
<b>00556 1 0 0</b>	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/ BATCH	GRAB
<b>EFFLUENT GROSS VALUE</b>											
<b>FLOW, IN CONDUIT OR THRU TREATMENT PLANT</b>		0.023	0.024	( 03 )	*****	*****	*****		0	1/30	Calctd
<b>50050 1 0 0</b>	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/ MONTH	CALCTD
<b>EFFLUENT GROSS VALUE</b>											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			315 349 1364	01 10 25	AREA CODE	NUMBER	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**PH (00400 U 0 0) IS TO REPORT VALUES OBTAINED WHEN CONDUCTIVITY IS LESS THAN 10 MICRORMS. ENTER \*NODI 9\* FOR THOSE PARAMETERS WHICH DO NOT APPLY TO THIS MONITORING PERIOD. FOR THOSE PARAMETERS WHICH DO NOT**

## Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

## General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "*Permittee Name/Mailing Address*" (and facility name/location, if different), "*Permit Number*," and "*Discharge Number*" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "*Monitoring Period*" covered by form where indicated.
4. Enter each "*Parameter*" as specified in monitoring requirements of permit.
5. Enter "*Sample Measurement*" data for each parameter under "*Quantity*" and "*Quality*" in units specified in permit. "*Average*" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "*Monitoring Period*"; "*Maximum*" and "*Minimum*" are normally extreme high and low measurements obtained during "*Monitoring Period*." (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "*Average*," and enter maximum 7-day average of sample measurements obtained during monitoring period under "*Maximum*.")
6. Enter "*Permit Requirement*" for each parameter under "*Quantity*" and "*Quality*" as specified in permit.
7. Under "*No Ex*" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0."
8. Enter "*Frequency of Analysis*" both as "*Sample Measurement*" (actual frequency of sampling and analysis used during monitoring period) and as "*Permit Requirement*" specified in permit. (e.g., Enter "*Cont.*" for continuous monitoring, "*1/7*" for one day per week, "*1/30*" for one day per month, "*1/90*" for one day per quarter, etc.)
9. Enter "*Sample Type*" both as "*Sample Measurement*" (actual sample type used during monitoring period) and as "*Permit Requirement*," (e.g., Enter "*Grab*" for individual sample, "*24HC*" for 24-hour composite, "*N/A*" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
11. If "no discharge" occurs during monitoring period, enter "*No Discharge*" across form in place of data entry.
12. Enter "*Name/Title of Principal Executive Officer*" with "*Signature of Principal Executive Officer of Authorized Agent*," "*Telephone Number*," and "*Date*" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

## Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.