Entergy

Entergy Nuclear Northeast
Entergy Nuclear Operations, Inc.
James A. Fitzpatrick NPP
P.O. Box 110
Lycoming, NY 13093
Tel 315 349 6024 Fax 315 349 6480

October 20, 2006
JAFP-06-0154

Pete Dietrich
Site Vice President - JAF

New York State Department
Of Environmental Conservation
Bureau of Watershed Compliance Programs
625 Broadway 4th Floor
Albany, NY 12233-3506

SUBJECT: JAMES A. FITZPATRICK NUCLEAR POWER PLANT
SPDES REPORT FACILITY ID #NY0020109

Gentlemen:

Attached is the James A. FitzPatrick Nuclear Power Plant State Pollutant Discharge Elimination System Discharge Monitoring Report (DMR) for the month of September 2006.

If you have any questions, please contact Mr. Michael Rodgers, P.E. of the plant staff at 315-349-6571.

Sincerely,

P. DIETRICH
SITE VICE PRESIDENT - JAF

PD/MDR/jh

Attachments:
1) NOTES
2) Wastewater Facility Operations Report
3) Discharge Monitoring Report (DMR)

Xc: Gillette, F. (NYSDEC-Region 7)w/att
Nutter, V. (WPO)w/att
Buckley, R. (M-ECH-30)w/att
Oswego Co. Dept of Health (OCDOH)w/att
RMS (JAF)w/att

ENTERGY NUCLEAR OPERATIONS, INC.
JAMES A. FITZPATRICK NUCLEAR POWER PLANT

MONTH OF SEPTEMBER 2006
SPDES REPORT

-- NOTES --

SPDES NY0020109

1. In agreement with the Region 7 Water Engineer, a DMR for sanitary wastes (discharge number 012-A) and an appropriate monthly Wastewater Facility Operation Report is being submitted in lieu of Form 92-15-7.

2. In accordance with section 5.13 of the 1999 NELAC Manual the following SPDES analyses are subcontracted as follows:

   - O'Brien & Gere Laboratories, Inc. (Lab ID# NY 00034): Oil and Grease (00556)
   - Life Science Laboratories, Inc. (Lab ID# NY 01042): Sewage Treatment Plant Effluent:
     - Biological Oxygen Demand (BOD-5) (00310)
     - Total Suspended Solids (00530)
     - Fecal Coliform (74055)

92-15-7 (7/91)-27c

NEW YORK STATE DEPARTMENT OF ENVIROMENTAL CONSERVATION

DIVISION OF WATER

Forms by EnviroWin (312-244-1900)

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF September ,2006

SPDES PERMIT No. NY-0020109	FACILITY NAME	FACILITY OWNER	FACILITY LOCATION
	James A Fitzpatrick Wastewater Treatment Plant	Entergy Nuclear Fitzpatrick,LLC	268 Lake Road Lycoming, NY 13093

		VOLUME OF WASTEWATER		TEMPERATURE (°C.)		pH (S.U)		Solids		B.O.D.$_5$ (mg/l)		Effluent	
Date	Day	Flow No. MGD	Flow Avg MGD	Influent Grab	Effluent Grab	Influent Grab	Effluent Grab	Effluent SS Grab Ml/L	Effluent TSS Grab Mg/L	Influent Grab	Effluent Grab	Fecal Coliform Col/100 ml	CL2 Mg/L avg
1	Fri	28860	0.010		21.5		7.2	<0.1					0.8
2	Sat		0.005		21.1		7.2	<0.1					1.2
3	Sun		0.009		20.3		7.4	<0.1					1.0
4	Mon		0.004		20.0		7.6	<0.1					1.98
5	Tue		0.004		19.9		7.80	<0.1	5.5		<4	<10	1.3
6	Wed		0.004		19.9		7.2	<0.1					0.8
7	Thur		0.006		19.9		7.2	<0.1					1.0
8	Fri		0.006		20.1		7.0	<0.1					0.9
9	Sat		0.005		20.5		7.0	<0.1					1.1
10	Sun		0.005		20.0		7.3	<0.1					0.6
11	Mon		0.004		19.1		7.5	<0.1					0.7
12	Tue		0.006		18.8		7.2	<0.1					1.0
13	Wed		0.010		19.4		7.0	<0.1					0.5
14	Thur		0.008		19.5		7.2	<0.1					0.9
15	Fri		0.012		20.1		7.2	<0.1					0.8
16	Sat		0.009		20.2		7.3	<0.1					0.7
17	Sun		0.001		20.1		7.8	<0.1					1.9
18	Mon		0.004		20.3		7.3	<0.1					0.8
19	Tue		0.010		20.8		7.3	<0.1					0.7
20	Wed		0.010		20.5		7.3	<0.1					0.7
21	Thur		0.009		19.7		7.2	<0.1					1.9
22	Fri		0.008		19.5		7.2	<0.1					0.7
23	Sat		0.009		19.7		7.0	<0.1					1.7
24	Sun		0.006		20.4		7.4	<0.1					0.5
25	Mon		0.002		19.8		7.3	<0.1					0.6
26	Tue		0.009		19.7		7.2	<0.1					1.2
27	Wed	194570/0	0.012		19.0		7.1	<0.1					1.9
28	Thur		0.010		19.4		7.1	<0.1					1.1
29	Fri		0.018		18.4		7.1	<0.1					0.7
30	Sat	57310	0.017		18.6		7.0	<0.1					1.3
31													
		Total	0.223	Minimum 0.0	Minimum 18.4	Minimum 0.0	Minimum 7.0						
			Maximum 0.018	Maximum 0.0	Maximum 21.5	Maximum 0.0	Maximum 7.8	Maximum <0.1	SPDES 30 d/avg		SPDES <4	SPDES <10	Maximum 2.0
		Average	0.0074		19.9			<0.1	5.5				1.0

Signature: Barry T. Halloran

Date: 10/06/2006

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: ENTERGY NUCLEAR FITZPATRICK
ADDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093

FACILITY: ENTERGY NUCLEAR FITZPATRICK
LOCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093

ATTN:T A SULLIVAN

NY0020109	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	09	01	TO	06	09	30

DMR MAILING ZIP CODE: 13093
MAJOR
(SUBR07)
CLARIFIER BLOWDOWN
External Outfall

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	<4.0	15.5	mg/L	0	WEEKLY	GRAB
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******		******	30 DAILY AV	50 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	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.		315 342-3840		06	10	18
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: ENTERGY NUCLEAR FITZPATRICK
ADDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093

FACILITY: ENTERGY NUCLEAR FITZPATRICK
LOCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093

ATTN:T A SULLIVAN

NY0020109	002A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	09	01	TO	06	09	30

DMR MAILING ZIP CODE: 13093
MAJOR
(SUBR07)
OIL/WATER SEPARATOR
External Outfall

No Data Indicator [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	30 DAILY AV	50 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	******	******		******						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	15 DAILY MX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	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	315	342-3840	06	10	18
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

AN ADDITIONAL GRAB SAMPLE SHALL BETAKEN DURING ANY DISCHARGE FROM THE FLY ASH HOPPER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved;
OMB No. 2040-0004

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

NAME: ENTERGY NUCLEAR FITZPATRICK
ADDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093
FACILITY: ENTERGY NUCLEAR FITZPATRICK
LOCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093
ATTN:T A SULLIVAN

NY0020109	005A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 13093
MAJOR
(SUBR07)
SEDIMENT CONTAINMENT POND
External Outfall

No Data Indicator [X]

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	09	01	TO	06	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	******			******	******	******				
00056 IN 0 Allowed Increase	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/d	******	******	******			Once Per Batch	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	******					
00530 IN 0 Allowed Increase	PERMIT REQUIREMENT	******	******		******	******	50 DAILY MX	mg/L		Once Per Batch	GRAB
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******					
00545 IN 0 Allowed Increase	PERMIT REQUIREMENT	******	******		******	******	.3 DAILY MX	mL/L		Once Per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	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.		315 342-3840		06	10	18
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: ENTERGY NUCLEAR FITZPATRICK
ADDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093
FACILITY: ENTERGY NUCLEAR FITZPATRICK
LOCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093
ATTN:T A SULLIVAN

NY0020109	012A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	09	01	TO	06	09	30

DMR MAILING ZIP CODE: 13093
MAJOR
(SUBR07)
SANITARY WASTES
External Outfall

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate 00056 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	18000	GPD	******	******	******		0	DAILY	INSTAN
	PERMIT REQUIREMENT	******	60000 DAILY MX	gal/d	******	******	******			Once Per Month	INSTAN
BOD, 5-day, 20 deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		******	<4	<4	mg/L	0	ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	******	******		******	30 30DA AVG	45 7 DA AVG	mg/L		Once Per Month	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		7.0	******	7.8	pH	0	DAILY	GRAB
	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	pH		Once Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		******	5.5	5.5	mg/L	0	ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	******	******		******	30 30DA AVG	45 7 DA AVG	mg/L		Once Per Month	GRAB
Solids, settleable 00545 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		******	******	<0.1	mL/L	0	DAILY	GRAB
	PERMIT REQUIREMENT	******	******		******	******	.1 DAILY MX	mL/L		Once Per Month	GRAB
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		******	******	2.0	mg/L	0	DAILY	GRAB
	PERMIT REQUIREMENT	******	******		******	******	2 MAXIMUM	mg/L		Once Per Month	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		******	<10	<10	#/100mL	0	ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	******	******		******	200 30DA GEO	400 7 DA GEO	#/100mL		Once Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	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	315	342-3840	06	10	18
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

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

NAME: ENTERGY NUCLEAR FITZPATRICK
ADDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093
FACILITY: ENTERGY NUCLEAR FITZPATRICK
LOCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093
ATTN:T A SULLIVAN

NY0020109	026A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	09	01	TO	06	09	30

DMR MAILING ZIP CODE: 13093
MAJOR
(SUBR07)
DIESEL GEN. OIL/WATER SEPARATE
External Outfall

No Data Indicator [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				******	******	******				
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	******	******	******			Once Per Discharge	ESTIMA
pH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	pH		Once Per Batch	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	30 DAILY AV	50 DAILY MX	mg/L		Once Per Batch	GRAB
Oil & grease	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	15 DAILY MX	mg/L		Once Per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	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	315	342-3840	06	10	18
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: ENTERGY NUCLEAR FITZPATRICK
ADDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093
FACILITY: ENTERGY NUCLEAR FITZPATRICK
LOCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093
ATTN:T A SULLIVAN

NY0020109	001B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	09	01	TO	06	09	30

DMR MAILING ZIP CODE: 13093
MAJOR
(SUBR07)
ANTHRACITE FILTER BACKWASH
External Outfall

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	5.9	8.8	mg/L	0	WEEKLY	GRAB
00530 2 0 Effluent Net	PERMIT REQUIREMENT	******	******		******	30 DAILY AV	50 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	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	315	342-3840	06	10	18
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: ENTERGY NUCLEAR FITZPATRICK
ADDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093

FACILITY: ENTERGY NUCLEAR FITZPATRICK
LOCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093

ATTN:T A SULLIVAN

NY0020109	001C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	09	01	TO	06	09	30

DMR MAILING ZIP CODE: 13093
MAJOR
(SUBR07)
WASTE NEUTRALIZATION TANK DIS.
External Outfall

No Data Indicator [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******			******					
00400 IN 0 Allowed Increase	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	pH		Once Per Batch	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******						
00530 IN 0 Allowed Increase	PERMIT REQUIREMENT	******	******		******	30 DAILY AV	50 DAILY MX	mg/L		Once Per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	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.		315 342-3840		06	10	18
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: ENTERGY NUCLEAR FITZPATRICK
ADDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093

FACILITY: ENTERGY NUCLEAR FITZPATRICK
LOCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093

ATTN:T A SULLIVAN

NY0020109	001E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	09	01	TO	06	09	30

DMR MAILING ZIP CODE: 13093
MAJOR
(SUBR07)
LOW COND. WASTE SAMPLE TANK
External Outfall

No Data Indicator [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Specific conductance	SAMPLE MEASUREMENT	******	******		******	******					
00095 IN 0 Allowed Increase	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	uS/cm		Measured When Monitor	GRAB
pH	SAMPLE MEASUREMENT	******	******			******					
00400 IN 0 Allowed Increase	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	pH		Once Per Batch	GRAB
pH	SAMPLE MEASUREMENT	******	******			******					
00400 P 0 See Comments	PERMIT REQUIREMENT	******	******		4 MINIMUM	******	9 MAXIMUM	pH		Once Per Batch	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******						
00530 IN 0 Allowed Increase	PERMIT REQUIREMENT	******	******		******	30 DAILY AV	50 DAILY MX	mg/L		Once Per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	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	315	342-3840	06	10	18
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

IF CONDUCTIVITY IS EQUAL TO OR LESSTHAN 10UMHOS/CM, THEN THE PH LIMITIS (4.0 - 9.0). MONITORING OFCONDUCTIVITY IS REQUIRED ONLY WHENSTANDARD PH LIMIT IS EXCEEDED. ENTER 'NODI 9' IN PLACE OF MEASUREMENTWHEN PARAMETER IS NOT REQUIRED FORENTIRE MONITORING PERIOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: ENTERGY NUCLEAR FITZPATRICK
ADDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093

FACILITY: ENTERGY NUCLEAR FITZPATRICK
LOCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093

ATTN:T A SULLIVAN

NY0020109	001F
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	09	01	TO	06	09	30

DMR MAILING ZIP CODE: 13093
MAJOR
(SUBR07)
BORATED WATER (SURVEIL. TEST.)
External Outfall

No Data Indicator [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	******			******	******	******				
00058 IN 0 Allowed Increase	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******			Once Per Month	INSTAN
Boron, total (as B)	SAMPLE MEASUREMENT	******	******		******	******					
01022 IN 0 Allowed Increase	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		Once Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	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.		315	342-3840	06	10	18
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: ENTERGY NUCLEAR FITZPATRICK
ADDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093

FACILITY: ENTERGY NUCLEAR FITZPATRICK
LOCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093

ATTN:T A SULLIVAN

NY0020109	001H
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	09	01	TO	06	09	30

DMR MAILING ZIP CODE: 13093
MAJOR
(SUBR07)
SERVICE WATER
External Outfall

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******		7.9	******	8.3	pH	0	DAILY	GRAB
00400 IN 0 Allowed Increase	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	pH		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	51.9	52.6	Mgal/d	******	******	******		0	CONTIN-UOUS	CALCTD
50050 IN 0 Allowed Increase	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	Mgal/d	******	******	******			Continuous	PMPLOG
Chlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	0.07	mg/L	0	CLRNTN OCCURS	GRAB
50060 IN 0 Allowed Increase	PERMIT REQUIREMENT	******	******		******	******	.2 DAILY MX	mg/L		Chlorination/Occurances	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	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	315	342-3840	06	10	18
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE FOOTNOTE F REGARDING CHLORINEAND PH

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: ENTERGY NUCLEAR FITZPATRICK
ADDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093

FACILITY: ENTERGY NUCLEAR FITZPATRICK
LOCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093

ATTN:T A SULLIVAN

NY0020109	001I
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	09	01	TO	06	09	30

DMR MAILING ZIP CODE: 13093
MAJOR
(SUBR07)
REVERSE OSMOSIS
External Outfall

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******		8.0	******	8.0	pH	0	WEEKLY	GRAB
00400 IN 0 Allowed Increase	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	pH		Once Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	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	315	342-3840	06	10	18
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: ENTERGY NUCLEAR FITZPATRICK
ADDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093
FACILITY: ENTERGY NUCLEAR FITZPATRICK
LOCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093
ATTN:T A SULLIVAN

NY0020109	001J
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	09	01	TO	06	09	30

DMR MAILING ZIP CODE: 13093
MAJOR
(SUBR07)
EMERGENCY DIESEL N/C COOLING
External Outfall

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******		7.9	******	8.3	pH	0	DAILY	GRAB
00400 IN 0 Allowed Increase	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	pH		Once Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.06	1.84	Mgal/d	******	******	******		0	CONTIN-UOUS	CALCTD
50050 IN 0 Allowed Increase	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	Mgal/d	******	******	******			Continuous	PMPLOG
Chlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	0.07	mg/L	0	CLRNTN OCCURS	GRAB
50060 IN 0 Allowed Increase	PERMIT REQUIREMENT	******	******		******	******	.2 DAILY MX	mg/L		Chlorination/Occurances	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	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.		315	342-3840	06	10	18
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PH AND CHLORINE ARE REPEATED VALUES OF THE REPRESENTATIVE GRAB AT 001H. A and C Emergency Diesel Generators

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

NAME: ENTERGY NUCLEAR FITZPATRICK
ADDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093
FACILITY: ENTERGY NUCLEAR FITZPATRICK
LOCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093
ATTN:T A SULLIVAN

NY0020109	001K
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	09	01	TO	06	09	30

DMR MAILING ZIP CODE: 13093
MAJOR
(SUBR07)
EMERGENCY DIESEL N/C COOLING
External Outfall

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******		7.9	******	8.3	pH	0	DAILY	GRAB
00400 IN 0 Allowed Increase	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	pH		Once Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.91	1.87	Mgal/d	******	******	******		0	CONTIN-UOUS	CALCTD
50050 IN 0 Allowed Increase	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	Mgal/d	******	******	******			Continuous	PMPLOG
Chlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	0.07	mg/L	0	CLRNTN OCCURS	GRAB
50060 IN 0 Allowed Increase	PERMIT REQUIREMENT	******	******		******	******	.2 DAILY MX	mg/L		Chlorination/Occurances	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	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	315	342-3840	06	10	18
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PH AND CHLORINE ARE REPEATED VALUES OF THE REPRESENTATIVE GRAB AT 001H.

B and D Emergency Diesel Generators

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: ENTERGY NUCLEAR FITZPATRICK
ADDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093
FACILITY: ENTERGY NUCLEAR FITZPATRICK
LOCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093
ATTN:T A SULLIVAN

NY0020109	001M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	09	01	TO	06	09	30

DMR MAILING ZIP CODE: 13093
MAJOR
(SUBR07)
OUTFALL 001
External Outfall

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******		******	89.8	93.7	deg F	0	CONTIN-UOUS	RCORDR
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	112 DAILY MX	deg F		Continuous	RCORDR
pH	SAMPLE MEASUREMENT	******	******		7.9	******	8.3	pH	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	pH		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	******	******		******	******	<5.0	mg/L	0	ONCE/ MONTH	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	15 DAILY MX	mg/L		Once Per Month	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	******	******		******	******	NODI9	mg/L	0	WHEN DSCHG	GRAB
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	.2 DAILY MX	mg/L		When Discharging	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	570	570		******	******	******		0	CONTIN-UOUS	CALCTD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	Mgal/d	******	******	******			Continuous	PMPLOG
Chlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	0.11	mg/L	0	WHEN DSCHG	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	.2 DAILY MX	mg/L		When Discharging	GRAB
Net rate of additionof heat	SAMPLE MEASUREMENT	******	******		******	5.51	5.75	GBTU/hr	0	DAILY	CALCTD
61575 2 0 Effluent Net	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	6 DAILY MX	GBTU/hr		Daily	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	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.		315	342-3840	06	10	18
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

DISCHARGE/INTAKE TEMPERATURE DIFFERENCE & NET RATE OF ADDITION OF HEAT MAY EXCEED LIMIT BY 5% DUE TOTHERMODYNAMIC FLUCTUATION IN THE PROCESS STEAM CYCLE. ENTER 'NODI 9'IN PLACE OF A MEASUREMENT WHEN APARAMETER DOES NOT APPLY DURING THE ENTIRE MONITORING PERIOD.

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

Form Approved
OMB No. 2040-0004

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

NAME: ENTERGY NUCLEAR FITZPATRICK
ADDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093
FACILITY: ENTERGY NUCLEAR FITZPATRICK
LOCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093
ATTN:T A SULLIVAN

NY0020109	001M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	09	01	TO	06	09	30

DMR MAILING ZIP CODE: 13093
MAJOR
(SUBR07)
OUTFALL 001
External Outfall

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	******	******		******	26.5	28.9	deg F	0	CONTIN-UOUS	RCORDR
61576 2 0 Effluent Net	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	32.4 DAILY MX	deg F		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	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.		315 342-3840		06	10	18
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

DISCHARGE/INTAKE TEMPERATURE DIFFERENCE & NET RATE OF ADDITION OF HEAT MAY EXCEED LIMIT BY 5% DUE TOTHERMODYNAMIC FLUCTUATION IN THE PROCESS STEAM CYCLE. ENTER 'NODI 9'IN PLACE OF A MEASUREMENT WHEN APARAMETER DOES NOT APPLY DURING THE ENTIRE MONITORING PERIOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: ENTERGY NUCLEAR FITZPATRICK
ADDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093

FACILITY: ENTERGY NUCLEAR FITZPATRICK
LOCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093

ATTN:T A SULLIVAN

NY0020109	001Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	07	01	TO	06	09	30

DMR MAILING ZIP CODE: 13093
MAJOR
(SUBR07)
OUTFALL 001 QUARTERLY
External Outfall

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Boron, total (as B)	SAMPLE MEASUREMENT	******	******		******	******	< 0.2	mg/L	0	THREE/ QUARTER	GRAB
01022 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	1 DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	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.		315	342-3840	06	10	18
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: ENTERGY NUCLEAR FITZPATRICK
ADDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093

FACILITY: ENTERGY NUCLEAR FITZPATRICK
LOCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093

ATTN:T A SULLIVAN

NY0020109	002Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	07	01	TO	06	09	30

DMR MAILING ZIP CODE: 13093
MAJOR
(SUBR07)
COMBINED STORMWATER
External Outfall

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil & grease	SAMPLE MEASUREMENT	******	******		******	******	<5.1	mg/L	0	QTRLY	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		Quarterly	CALCTD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.80	5.0	Mgal/d	******	******	******		0	QTRLY	CALCTD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	Mgal/d	******	******	******			Quarterly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	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	315	342-3840	06	10	18
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: ENTERGY NUCLEAR FITZPATRICK
ADDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093

FACILITY: ENTERGY NUCLEAR FITZPATRICK
LOCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093

ATTN:T A SULLIVAN

NY0020109	005Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 13093
MAJOR
(SUBR07)
STORM RUNOFF & SEDIMENT POND
External Outfall

No Data Indicator ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	07	01	TO	06	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	******	2500000	gal/d	******	******	******		0	QTRLY	CALCTD
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/d	******	******	******			Quarterly	CALCTD
Oil & grease	SAMPLE MEASUREMENT	******	******		******	******	<5.0	mg/L	0	QTRLY	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	15 DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	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	315	342-3840	06	10	18
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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