



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

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)

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF WATER

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF

September ,2006

Page 1 of 1

Form by E2060/MN (312-244-1900)

SPDES PERMIT No. NY-0020109		FACILITY NAME James A Fitzpatrick Wastewater Treatment Plant				FACILITY OWNER Entergy Nuclear Fitzpatrick, LLC				FACILITY LOCATION 268 Lake Road Lycoming, NY 13093			
Date	Day	VOLUME OF WASTEWATER		TEMPERATURE (°C.)		pH (S.U.)		Solids		B.O.D. ₅ (mg/l)		Effluent	
		Flow No. MGD	Flow Avg MGD	Influent Grab	Effluent Grab	Influent Grab	Effluent Grab	Effluent SS Grab MI/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	Minimum	Minimum	Minimum					
				Maximum	Maximum	Maximum	Maximum	Maximum	SPDES		SPDES	SPDES	Maximum
				0.018	0.0	21.5	0.0	7.8	<0.1	30 d/avg	<4	<10	2.0
		Average		0.0074		19.9			<0.1	5.5			1.0

Signature: Amy T. Hallinan

Date: 10/06/2006

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

Form Approved
OMB No. 2040-0004

Page 1

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
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 13093

MAJOR
(SUBR07)
CLARIFIER BLOWDOWN
External Outfall

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

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 00530 2 0 Effluent Net	SAMPLE MEASUREMENT	*****	*****		*****	<4.0	15.5	mg/L	0	WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AV	50 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER P. DIETRICH SITE VICE PRESIDENT 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	342-3840	06	10	18
			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

Page 2

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

DMR MAILING ZIP CODE: 13093

MAJOR
(SUBR07)
OIL/WATER SEPARATOR
External Outfall

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

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
AN ADDITIONAL GRAB SAMPLE SHALL BE TAKEN 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)

Page 3

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)

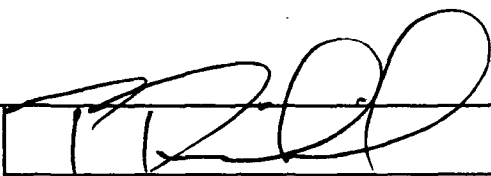
SEDIMENT CONTAINMENT POND

External Outfall

No Data Indicator ☒ X

MONITORING PERIOD							
FROM					TO		
YEAR	MO	DAY	YEAR		MO	DAY	
06	09	01			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 P. DIETRICH SITE VICE PRESIDENT 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 persons 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		
			315 342-3840	06	10	18	
			AREA Code	NUMBER	YEAR	MO	DAY

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

DISCHARGE MONITORING REPORT (DMR)

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

PERMIT NUMBER

012A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 13093

MAJOR

(SUBR07)

SANITARY WASTES

External Outfall

No Data Indicator ☐

FROM

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

TO

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	*****	18000	GPD	*****	*****	*****		0	DAILY	INSTAN
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	80000 DAILY MX	gal/d	*****	*****	*****			Once Per Month	INSTAN
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****		*****	< 4	< 4	mg/L	0	ONCE/MONTH	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 30DA AVG	45 7 DA AVG	mg/L		Once Per Month	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.8	pH	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	8 MAXIMUM	pH		Once Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	5.5	5.5	mg/L	0	ONCE/MONTH	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 30DA AVG	45 7 DA AVG	mg/L		Once Per Month	GRAB
Solids, settleable	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.1	mL/L	0	DAILY	GRAB
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	.1 DAILY MX	mL/L		Once Per Month	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.0	mg/L	0	DAILY	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	2 MAXIMUM	mg/L		Once Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****		*****	< 10	< 10	#/100mL	0	ONCE/MONTH	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	200 30DA GEO	400 7 DA GEO	#/100mL		Once Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

P. DIETRICH
SITE VICE PRESIDENT

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

315 342-3840

DATE

06 10 18

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

Page 5

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

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

NY0020109
PERMIT NUMBER

026A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 13093

MAJOR

(SUBR07)

DIESEL GEN. OIL/WATER SEPARATE

External Outfall

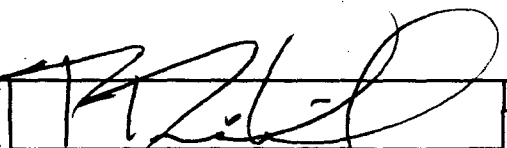
FACILITY: ENTERGY NUCLEAR FITZPATRICK
LOCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093

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

No Data Indicator ☒

ATTN: T A SULLIVAN

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 P. DIETRICH SITE VICE PRESIDENT 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			
			315 342-3840	06	10	18	AREA Code	NUMBER

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

DISCHARGE MONITORING REPORT (DMR)

Page 6

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

PERMIT NUMBER

001B

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 13093

MAJOR

(SUBR07)

ANTHRACITE FILTER BACKWASH

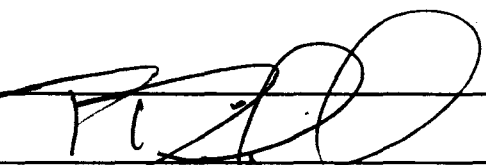
External Outfall

No Data Indicator ☐

MONITORING PERIOD

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

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

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		
P. DIETRICH SITE VICE PRESIDENT			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 MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

Page 7

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
PERMIT NUMBER

001C
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 13093

MAJOR

(SUBR07)

WASTE NEUTRALIZATION TANK DIS.

External Outfall

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

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	*****	*****			*****					
00400 IN 0 Allowed Increase	PERMIT REQUIREMENT	*****	*****		8 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 P. DIETRICH SITE VICE PRESIDENT 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 fines and imprisonment for knowing violations.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">TELEPHONE</th><th colspan="3">DATE</th></tr> <tr> <td>315</td><td>342-3840</td><td>06</td><td>10</td><td>18</td></tr> <tr> <td style="font-size: x-small;">AREA Code</td><td style="font-size: x-small;">NUMBER</td><td style="font-size: x-small;">YEAR</td><td style="font-size: x-small;">MO</td><td style="font-size: x-small;">DAY</td></tr> </table>	TELEPHONE		DATE			315	342-3840	06	10	18	AREA Code	NUMBER	YEAR	MO	DAY
TELEPHONE		DATE																
315	342-3840	06	10	18														
AREA Code	NUMBER	YEAR	MO	DAY														
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT																		

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)

Page 8

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

NY0020109
PERMIT NUMBER

001E
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 13093

MAJOR
(SUBR07)
LOW COND. WASTE SAMPLE TANK
External Outfall

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

ATTN: T A SULLIVAN

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

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	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	uS/cm		Measured When Monitor	GRAB
pH	SAMPLE MEASUREMENT	*****	*****			*****					
00400 IN 0	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Once Per Batch	GRAB
pH	SAMPLE MEASUREMENT	*****	*****			*****					
00400 P 0	PERMIT REQUIREMENT	*****	*****		4 MINIMUM	*****	9 MAXIMUM	pH		Once Per Batch	GRAB
See Comments											
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****						
00530 IN 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AV	50 DAILY MX	mg/L		Once Per Batch	GRAB
Allowed Increase											

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

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

IF CONDUCTIVITY IS EQUAL TO OR LESS THAN 100MHOS/CM, THEN THE PH LIMIT IS (4.0 - 9.0). MONITORING OF CONDUCTIVITY IS REQUIRED ONLY WHEN STANDARD PH LIMIT IS EXCEEDED. ENTER 'NODI 9' IN PLACE OF MEASUREMENT WHEN PARAMETER IS NOT REQUIRED FOR ENTIRE MONITORING PERIOD.

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

Form Approved
OMB No. 2040-0004

Page 9

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

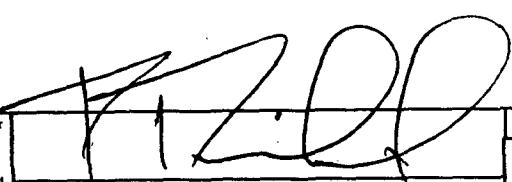
DMR MAILING ZIP CODE: 13093

MAJOR
(SUBR07)
BORATED WATER (SURVEIL. TEST.)
External Outfall

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

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 00058 IN 0 Allowed Increase	SAMPLE MEASUREMENT	*****			*****	*****	*****				
	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/min	*****	*****	*****			Once Per Month	INSTAN
Boron, total (as B) 01022 IN 0 Allowed Increase	SAMPLE MEASUREMENT	*****	*****		*****	*****					
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/L		Once Per Month	GRAB

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

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

Page 10

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
PERMIT NUMBER

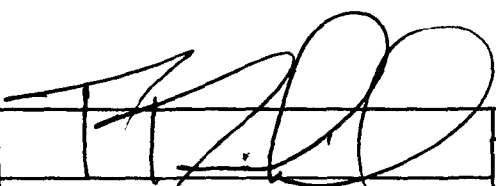
001H
DISCHARGE NUMBER

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

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

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	CONTINUOUS	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/Occurrences	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER P. DIETRICH SITE VICE PRESIDENT 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		
			315 342-3840	06 10 18	AREA Code	NUMBER	YEAR

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

SEE FOOTNOTE F REGARDING CHLORINE AND PH

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

Form Approved
OMB No. 2040-0004

Page 11

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
PERMIT NUMBER

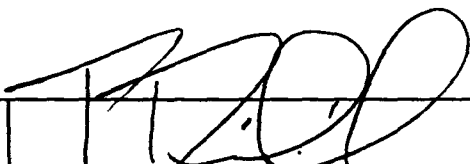
0011
DISCHARGE NUMBER

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

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

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 P. DIETRICH SITE VICE PRESIDENT 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		
			315 342-3840	06	10	18	
			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

Page 12

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: A SULLIVAN

NY0020109
PERMIT NUMBER

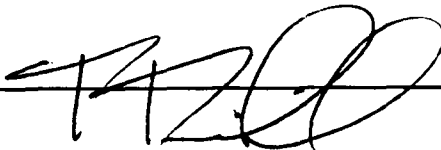
001J
DISCHARGE NUMBER

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

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

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 00400 IN 0 Allowed Increase	SAMPLE MEASUREMENT	*****	*****		7.9	*****	8.3	pH	0	DAILY	GRAB
	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Once Per Month	GRAB
Flow, in conduit or thru treatment plant 50050 IN 0 Allowed Increase	SAMPLE MEASUREMENT	1.06	1.84	Mgal/d	*****	*****	*****		0	CONTINUOUS	CALCTD
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Continuous	PMPLOG
Chlorine, total residual 50060 IN 0 Allowed Increase	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.07	mg/L	0	CLRNTN OCCURS	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	2 DAILY MX	mg/L		Chlorination/Occurrences	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER P. DIETRICH SITE VICE PRESIDENT 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		
			315 342-3840	06	10	18	
			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

DISCHARGE MONITORING REPORT (DMR)

Page 13

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

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

NY0020109
 PERMIT NUMBER

001K
 DISCHARGE NUMBER

DMR MAILING ZIP CODE: 13093

MAJOR

(SUBR07)

EMERGENCY DIESEL N/C COOLING

External Outfall

No Data Indicator ☐

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

ATTN: T A SULLIVAN

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

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

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)

Page 14

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

NY0020109
PERMIT NUMBER

001M
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 13093

MAJOR
(SUBR07)
OUTFALL 001
External Outfall

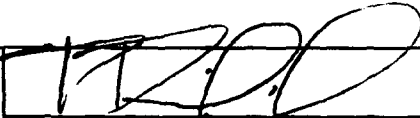
FACILITY: ENTERGY NUCLEAR FITZPATRICK
LOCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093

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

No Data Indicator ☐

ATTN: T A SULLIVAN

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	CONTINUOUS	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	CONTINUOUS	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 addition of 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 P. DIETRICH SITE VICE PRESIDENT 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		
			315 342-3840	06	10	18	
			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 TO THERMODYNAMIC FLUCTUATION IN THE PROCESS STEAM CYCLE. ENTER 'NODI 9' IN PLACE OF A MEASUREMENT WHEN A PARAMETER DOES NOT APPLY DURING THE ENTIRE MONITORING PERIOD.

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

Form Approved
OMB No. 2040-0004

Page 15

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
PERMIT NUMBER

001M
DISCHARGE NUMBER

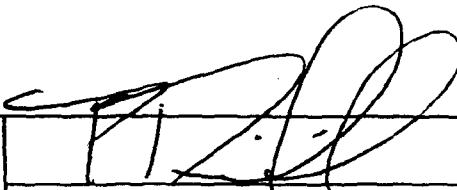
DMR MAILING ZIP CODE: 13093

MAJOR
(SUBR07)
OUTFALL 001
External Outfall

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

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 61576 2 0 Effluent Net	SAMPLE MEASUREMENT	*****	*****		*****	26.5	28.9	deg F	0	CONTINUOUS	RCORDR
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. DAILY AV	32.4 DAILY MX	deg F		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER P. DIETRICH SITE VICE PRESIDENT 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		
			315 342-3840	06 10 18	AREA Code	NUMBER	YEAR

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 TO THERMODYNAMIC FLUCTUATION IN THE PROCESS STEAM CYCLE. ENTER 'NODI 9' IN PLACE OF A MEASUREMENT WHEN A PARAMETER DOES NOT APPLY DURING THE ENTIRE MONITORING PERIOD.

DISCHARGE MONITORING REPORT (DMR)

Page 16

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

PERMIT NUMBER

001Q

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 13093

MAJOR

(SUBR07)

OUTFALL 001 QUARTERLY

External Outfall

No Data Indicator ☐

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

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

P. DIETRICH
SITE VICE PRESIDENT

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

315 342-3840

DATE

06 10 18

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

Page 17

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
PERMIT NUMBER

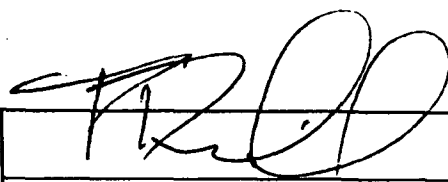
002Q
DISCHARGE NUMBER

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

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

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 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.1	mg/L	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	CALCTD
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.80	5.0	Mgal/d	*****	*****	*****		0	QTRLY	CALCTD
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Quarterly	CALCTD

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

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

DISCHARGE MONITORING REPORT (DMR)

Page 18

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

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

ATTN: T A SULLIVAN

NY0020109
PERMIT NUMBER005Q
DISCHARGE NUMBER

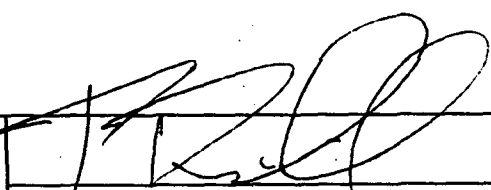
DMR MAILING ZIP CODE: 13093

MAJOR
(SUBR07)
STORM RUNOFF & SEDIMENT POND
External Outfall

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

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	*****	2500000	gal/d	*****	*****	*****		0	QTRLY	CALCTD
	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****			Quarterly	CALCTD
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	mg/L	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		Quarterly	GRAB

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

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