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

T.A. Sullivan
Site Vice President - JAF

March 22, 2006
JAFP-06-0054

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 February 2006.

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

Sincerely,

T.A. SULLIVAN
SITE VICE PRESIDENT - JAF

TAS/MDR/jbh

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

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

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

MONTH OF FEBRUARY 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 EmbarMile (313-344-1900)

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF February ,2006

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

		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	Wed	122480	0.015		12.1		7.2	<0.1					0.7
2	Thur		0.011		11.7		7.3	<0.1					1.2
3	Fri		0.010		12.3		7.5	<0.1					0.9
4	Sat		0.009		12.1		7.4	<0.1					0.9
5	Sun		0.004		12.0		7.5	<0.1					1.2
6	Mon		0.006		11.6		7.7	<0.1					1.4
7	Tue		0.008		11.2		7.53	<0.1	7.5		<4	<10	1.0
8	Wed		0.008		11.9		7.4	<0.1					1.4
9	Thur	189590 / 0	0.011		10.7		7.3	<0.1					0.8
10	Fri		0.015		10.6		7.5	<0.1					0.7
11	Sat		0.012		10.6		7.4	<0.1					0.6
12	Sun		0.007		10.4		7.6	<0.1					1.0
13	Mon		0.007		10.2		7.5	<0.1					0.9
14	Tue		0.007		10.4		7.2	<0.1					0.8
15	Wed		0.011		11.8		7.5	<0.1					0.9
16	Thur		0.007		11.7		7.3	<0.1					0.7
17	Fri		0.015		11.5		7.5	<0.1					0.6
18	Sat		0.007		10.7		7.6	<0.1					0.9
19	Sun		0.007		10.1		7.5	<0.1					1.4
20	Mon		0.004		9.8		7.7	<0.1					1.6
21	Tue		0.003		9.5		7.7	<0.1					1.4
22	Wed		0.009		10.2		7.4	<0.1					1.2
23	Thur		0.009		10.3		7.3	<0.1					0.7
24	Fri		0.008		10.5		7.5	<0.1					0.6
25	Sat		0.013		10.1		7.4	<0.1					0.6
26	Sun		0.005		9.4		7.4	<0.1					0.8
27	Mon		0.003		9.2		7.7	<0.1					0.9
28	Tue	160850	0.008		9.3		7.4	<0.1					0.6
		Total	0.228	Minimum 0.0	Minimum 9.2	Minimum 0.0	Minimum 7.2						
			Maximum 0.015	Maximum 0.0	Maximum 12.3	Maximum 0.0	Maximum 7.7	Maximum <0.1	SPDES 30 d/avg		SPDES	SPDES	Maximum 1.6
		Average	0.0081		10.8			<0.1	7.5		<4	<10	0.9

Signature: Gary T. Halliwin

Date: 03/06/2006

Form Approved.
OMB No. 2040-0004

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

MAJOR
(SUBR 07)
F - FINAL
CLARIFIER BLOWDOWN

*** NO DISCHARGE |__| ***

NOTE: Read Instructions before completing this form.

PERMIT NUMBER	DISCHARGE NUMBER
NY0020109	001 A

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	02	01	TO	06	02	28

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

NAME ENTERGY NUCLEAR FITZPATRICK
ADDRESS ENTERGY NUCLEAR FITZPATRICK
PO BOX 110
LYCOMING NY 13093
FACILITY LOCATION ENTERGY NUCLEAR FITZPATRICK
LYCOMING NY 13093
ATTN: T A SULLIVAN

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SOLIDS, TOTAL SUSPENDED 00530 2 0 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	******	******		******	<0.3	0.8	(19)	0	WEEKLY	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	30 DAILY AV	50 DAILY MX	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
.A. SULLIVAN
[TE 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 AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
315	342-3840	06	03	06

MMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

Form Approved.
OMB No. 2040-0004

MITTEE NAME/ADDRESS (*Include Facility Name/Location if Different*)
ME ENTERGY NUCLEAR FITZPATRICK
DRESS ENTERGY NUCLEAR FITZPATRICK
PO BOX 110
LYCOMING NY 13093
CILITY ENTERGY NUCLEAR FITZPATRICK
CATION LYCOMING NY 13093
TTN: T A SULLIVAN

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

NY0020109 — PERMIT NUMBER
001 B — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	02	01	TO	06	02	28

MAJOR
(SUBR 07)
F - FINAL
ANTHRACITE FILTER BACKWASH

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OLIDS, TOTAL USPENDED 0530 2 0 0 FFLUENT NET VALUE	SAMPLE MEASUREMENT	******	******		******	< 3.2	8.3	(19)	0	WEEKLY	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	30 DAILY AV	50 DAILY MX	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
T.A. SULLIVAN
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	03	06
AREA CODE	NUMBER	YEAR	MO	DAY

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

Form Approved.
OMB No. 2040-0004

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

NAME ENTERGY NUCLEAR FITZPATRICK
ADDRESS ENTERGY NUCLEAR FITZPATRICK
PO BOX 110
LYCOMING NY 13093
FACILITY ENTERGY NUCLEAR FITZPATRICK
LOCATION LYCOMING NY 13093
ATTN: T A SULLIVAN

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

NY0020109 — PERMIT NUMBER
001 C — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	02	01	TO	06	02	28

MAJOR
(SUBR 07)
F - FINAL
WASTE NEUTRALIZATION TANK DIS.

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 > 0 0	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ BATCH	GRAB
INCREASE (NOT END OF PIPE)											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 > 0 0	PERMIT REQUIREMENT	******	******	**** ****	******	30 DAILY AV	50 DAILY MX	MG/L		ONCE/ BATCH	GRAB
INCREASE (NOT END OF PIPE)											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
T.A. SULLIVAN
SITE VICE PRESIDENT
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	342-3840	06	03	06
AREA CODE	NUMBER	YEAR	MO	DAY

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

Form Approved.
OMB No. 2040-0004

ERMITTEE NAME/ADDRESS (*Include Facility Name/Location if Different*)
AME ENTERGY NUCLEAR FITZPATRICK
DDRESS ENTERGY NUCLEAR FITZPATRICK
PO BOX 110
LYCOMING NY 13093
ACILITY ENTERGY NUCLEAR FITZPATRICK
OCATION LYCOMING NY 13093
ATTN: T A SULLIVAN

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

NY0020109 — PERMIT NUMBER
001 E — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	02	01	TO	06	02	28

MAJOR
(SUBR 07)
F - FINAL
LOW COND. WASTE SAMPLE TANK

*** NO DISCHARGE [X] ***
NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	******	******		******	******		(11)			
00095 > 0 0 INCREASE (NOT END OF	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UMHO/ CM		MEASRD MNMON	GRAB
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 > 0 0 INCREASE (NOT END OF	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ BATCH	GRAB
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	4.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ BATCH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 > 0 0 INCREASE (NOT END OF	PERMIT REQUIREMENT	******	******	**** ****	******	30 DAILY AV	50 DAILY MX	MG/L		ONCE/ BATCH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
T.A. SULLIVAN
SITE VICE PRESIDENT
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	342-3840	06	03	06
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 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.

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

NAME ENTERGY NUCLEAR FITZPATRICK
ADDRESS ENTERGY NUCLEAR FITZPATRICK
PO BOX 110
LYCOMING NY 13093
FACILITY LOCATION ENTERGY NUCLEAR FITZPATRICK
LYCOMING NY 13093
ATTN: T A SULLIVAN

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

Form Approved.
OMB No. 2040-0004

NY0020109 — PERMIT NUMBER
001 F — DISCHARGE NUMBER

MAJOR
(SUBR 07)
F - FINAL
BORATED WATER (SURVEIL. TEST.)

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	02	01	TO	06	02	28

*** NO DISCHARGE |__| ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE	SAMPLE MEASUREMENT	******	3.3	(78)	******	******	******		0	ONCE/ MONTH	INSTAN
00058 > 0 0	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPM	******	******	******	**** ****		ONCE/ MONTH	INSTAN
INCREASE (NOT END OF PIPE)											
BORON, TOTAL (AS B)	SAMPLE MEASUREMENT	******	******		******	******	2460	(19)	0	ONCE/ MONTH	GRAB
01022 > 0 0	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	GRAB
INCREASE (NOT END OF PIPE)											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

T.A. SULLIVAN
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	03	06
AREA CODE	NUMBER	YEAR	MO	DAY

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

Form Approved.
OMB No. 2040-0004

IMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
ME ENTERGY NUCLEAR FITZPATRICK
DRESS ENTERGY NUCLEAR FITZPATRICK
PO BOX 110
LYCOMING NY 13093
CILITY ENTERGY NUCLEAR FITZPATRICK
CATION LYCOMING NY 13093
TTN: T A SULLIVAN

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

NY0020109	001 H
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	02	01	TO	06	02	28

MAJOR
(SUBR 07)
F - FINAL
SERVICE WATER

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
H	SAMPLE MEASUREMENT	******	******		8.0	******	8.1	(12)	0	DAILY	GRAB
0400 > 0 0	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
LOW, IN CONDUIT OR	SAMPLE MEASUREMENT	51.9	53.5	(03)	******	******	******		0	CONTIN-UOUS	CALCTD
HRU TREATMENT PLANT 0050 > 0 0	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	INPLDG
HLORINE, TOTAL	SAMPLE MEASUREMENT	******	******		******	******	0.06	(19)	0	CLRNTN OCCURS	GRAB
ESIDUAL 0060 > 0 0	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.2 DAILY MX	MG/L		CLRNTN OCCURS	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
T.A. SULLIVAN
SITE VICE PRESIDENT
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	342-3840	06	03	06
AREA CODE	NUMBER	YEAR	MO	DAY

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

Form Approved.
OMB No. 2040-0004

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

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

NAME: ENTERGY NUCLEAR FITZPATRICK
ADDRESS: ENTERGY NUCLEAR FITZPATRICK
PO BOX 110
LYCOMING NY 13093
FACILITY: ENTERGY NUCLEAR FITZPATRICK
LOCATION: LYCOMING NY 13093
ATTN: T A SULLIVAN

PERMIT NUMBER	DISCHARGE NUMBER
NY0020109	001 I

MAJOR
(SUBR 07)
F - FINAL
REVERSE OSMOSIS

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	02	01	TO	06	02	28

*** NO DISCHARGE |__| ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******		7.9	******	8.0	(12)	0	WEEKLY	GRAB
00400 > 0 0 INCREASE (NOT END OF	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

T.A. SULLIVAN
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	03	06
AREA CODE	NUMBER	YEAR	MO	DAY

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

Form Approved.
OMB No. 2040-0004

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

AME ENTERGY NUCLEAR FITZPATRICK
DDRESS ENTERGY NUCLEAR FITZPATRICK
PO BOX 110
LYCOMING NY 13093
ACILITY ENTERGY NUCLEAR FITZPATRICK
OCATION LYCOMING NY 13093
ATTN: T A SULLIVAN

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

NY0020109	001 J
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	02	01	TO	06	02	28

MAJOR
(SUBR 07)
F - FINAL
EMERGENCY DIESEL N/C COOLING

*** NO DISCHARGE |__| ***
NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
H	SAMPLE MEASUREMENT	******	******		8.0	******	8.1	(12)	0	DAILY	GRAB
00400 > 0 0 NCREASE (NOT END OF PIPE)	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.12	2.14	(03)	******	******	******		0	CONTIN-UOUS	CALCTD
00050 > 0 0 NCREASE (NOT END OF PIPE)	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	IMPLOC
HLORINE, TOTAL ESIDUAL	SAMPLE MEASUREMENT	******	******		******	******	0.06	(19)	0	CLRNTN OCCURS	GRAB
00060 > 0 0 NCREASE (NOT END OF PIPE)	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.2 DAILY MX	MG/L		CLRNTN OCCURS	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
T.A. SULLIVAN 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	03	06
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR	MO	DAY

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

H AND CHLORINE ARE REPEATED VALUES OF THE REPRESENTATIVE GRAB AT 001H.
A and C Emergency Diesel Generators

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

NAME ENTERGY NUCLEAR FITZPATRICK

ADDRESS ENTERGY NUCLEAR FITZPATRICK
PO BOX 110
LYCOMING NY 13093

FACILITY LOCATION ENTERGY NUCLEAR FITZPATRICK
LYCOMING NY 13093

ATTN: T A SULLIVAN

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

Form Approved.
OMB No. 2040-0004

NY0020109 — PERMIT NUMBER

001 K — DISCHARGE NUMBER

MAJOR
(SUBR 07)
F - FINAL
EMERGENCY DIESEL N/C COOLING

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	02	01	TO	06	02	28

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******		8.0	******	8.1	(12)	0	DAILY	GRAB
00400 > 0 0	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
INCREASE (NOT END OF PIPE) FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.38	1.03	(03)	******	******	******		0	CONTIN-UOUS	CALCTD
50050 > 0 0	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	CALCTD
INCREASE (NOT END OF PIPE) CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	******	0.06	(19)	0	CLRNTN OCCURS	GRAB
50060 > 0 0	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.2 DAILY MX	MG/L		CLRNTN OCCURS	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
T.A. SULLIVAN
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	03	06
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

Form 3320-1 (Rev. 3/99) Previous editions may be used.

Form Approved.
OMB No. 2040-0004

RMITTEE NAME/ADDRESS (*Include Facility Name/Location if Different*)
ME ENTERGY NUCLEAR FITZPATRICK
DRESS ENTERGY NUCLEAR FITZPATRICK
PO BOX 110
LYCOMING NY 13093
CILITY ENTERGY NUCLEAR FITZPATRICK
CATION LYCOMING NY 13093
TTN: T A SULLIVAN

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

NY0020109	001 M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	02	01	TO	06	02	28

MAJOR
(SUBR 07)
F - FINAL
OUTFALL 001

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
EMPERATURE, WATER	SAMPLE MEASUREMENT	******	******		******	79.2	83.8	(15)	0	CONTIN-UOUS	RCORDR
EG. FAHRENHEIT 00011 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT DAILY AV	112 DAILY MX	DEG. F		CONTIN-UOUS	RCORDR
H	SAMPLE MEASUREMENT	******	******		8.0	******	8.1	(12)	0	DAILY	GRAB
00400 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
IL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	<5.0	(19)	0	ONCE/ MONTH	GRAB
00556 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
LAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	******	******		******	******	NODI9	(19)	0	WHEN DISCHG	GRAB
94251 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.2 DAILY MX	MG/L		WHEN DISCHG	GRAB
LOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	514	520	(03)	******	******	******		0	CONTIN-UOUS	CALCTD
50050 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN-UOUS	CALCTD
HLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	******	0.11	(19)	0	WHEN DISCHG	GRAB
50060 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.2 DAILY MX	MG/L		WHEN DISCHG	GRAB
ET RATE OF ADDITION OF HEAT	SAMPLE MEASUREMENT	******	******		******	5.73	5.73	(3V)	0	DAILY	CALCTD
51575 2 0 0 FFLUENT NET VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT DAILY AV	6.00 DAILY MX	BBTU/HOUR		DAILY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
T.A. SULLIVAN
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	03	06
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

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

NAME ENTERGY NUCLEAR FITZPATRICK

ADDRESS ENTERGY NUCLEAR FITZPATRICK
PO BOX 110
LYCOMING NY 13093

FACILITY ENTERGY NUCLEAR FITZPATRICK
LOCATION LYCOMING NY 13093

ATTN: T A SULLIVAN

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

Form Approved.
OMB No. 2040-0004

NY0020109 — PERMIT NUMBER

001 M — DISCHARGE NUMBER

MAJOR
(SUBR 07)
F - FINAL
OUTFALL 001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	02	01	TO	06	02	28

*** NO DISCHARGE |__| ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMP. DIFF. BETWEEN INTAKE AND DISCHARGE 61576 2 0 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	******	******		******	27.7	28.1	(15)	0	CONTIN-UOUS	RCORDR
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT DAILY AV	32.4 DAILY MX	DEG. F		CONTINUOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

T.A. SULLIVAN
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	03	06
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.

Form Approved.
OMB No. 2040-0004

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

NAME ENTERGY NUCLEAR FITZPATRICK
ADDRESS ENTERGY NUCLEAR FITZPATRICK
PO BOX 110
LYCOMING NY 13093
FACILITY ENTERGY NUCLEAR FITZPATRICK
LOCATION LYCOMING NY 13093
ATTN: T A SULLIVAN

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

NY0020109	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	02	01	TO	06	02	28

MAJOR
(SUBR 07)
F - FINAL
OIL/WATER SEPARATOR

*** NO DISCHARGE | X | ***

NOTE: Read instructions before completing this form.

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

T.A. SULLIVAN
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	03	06
AREA CODE	NUMBER	YEAR	MO	DAY

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.

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if Different*)
NAME ENTERGY NUCLEAR FITZPATRICK
ADDRESS ENTERGY NUCLEAR FITZPATRICK
PO BOX 110
LYCOMING NY 13093
FACILITY ENTERGY NUCLEAR FITZPATRICK
LOCATION LYCOMING NY 13093
ATTN: T A SULLIVAN

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

NY0020109	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	02	01	TO	06	02	28

MAJOR
(SUBR 07)
F - FINAL
SEDIMENT CONTAINMENT POND

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE	SAMPLE MEASUREMENT	******		(07)	******	******	******				
00056 > 0 0	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ BATCH	CALC'D
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	******		(19)			
00530 > 0 0	PERMIT REQUIREMENT	******	******	**** ****	******	******	50 DAILY MX	MG/L		ONCE/ BATCH	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******		******	******		(25)			
00545 > 0 0	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	ML/L		ONCE/ BATCH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
T.A. SULLIVAN 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	03	06
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*)

Form Approved.
OMB No. 2040-0004

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

NAME ENTERGY NUCLEAR FITZPATRICK
ADDRESS ENTERGY NUCLEAR FITZPATRICK
PO BOX 110
LYCOMING NY 13093
FACILITY ENTERGY NUCLEAR FITZPATRICK
LOCATION LYCOMING NY 13093
ATTN: T A SULLIVAN

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

NY0020109 — PERMIT NUMBER
012 A — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	02	01	TO	06	02	28

MAJOR
(SUBR 07)
F - FINAL
SANITARY WASTES

*** NO DISCHARGE |__| ***
NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE	SAMPLE MEASUREMENT	******	15000	(07)	******	******	******		0	DAILY	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	60000 DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONTH	INSTAN
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	******	******		******	< 4	< 4	(19)	0	ONCE/ MONTH	GRAB
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	30 30DA AVG	45 7 DA AVG	MG/L		ONCE/ MONTH	GRAB
PH	SAMPLE MEASUREMENT	******	******		7.2	******	7.7	(12)	0	DAILY	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	7.5	7.5	(19)	0	ONCE/ MONTH	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	30 30DA AVG	45 7 DA AVG	MG/L		ONCE/ MONTH	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******		******	******	< 0.1	(25)	0	DAILY	GRAB
00545 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.1 DAILY MX	ML/L		ONCE/ MONTH	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	******	1.6	(19)	0	DAILY	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	2.0 MAXIMUM	MG/L		ONCE/ MONTH	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	< 10	< 10	(13)	0	ONCE/ MONTH	GRAB
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	200 30DA GEO	400 7 DA GEO	#/ 100ML		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
T.A. SULLIVAN
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	03	06
AREA CODE	NUMBER	YEAR	MO	DAY

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

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if Different*)
NAME ENTERGY NUCLEAR FITZPATRICK
ADDRESS ENTERGY NUCLEAR FITZPATRICK
PO BOX 110
LYCOMING NY 13093
FACILITY ENTERGY NUCLEAR FITZPATRICK
LOCATION LYCOMING NY 13093
ATTN: T A SULLIVAN

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

NY0020109	026 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	02	01	TO	06	02	28

MAJOR
(SUBR 07)
F - FINAL
DIESEL GEN. OIL/WATER SEPARATE

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

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
T.A. SULLIVAN
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	03	06
AREA CODE	NUMBER	YEAR	MO	DAY

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