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

February 21, 2006
JAFP-06-0041

T.A. Sullivan
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 January 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/[redacted]bh

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 JANUARY 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 (313-344-1800)

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF January ,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.$_s$ (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	Sun	34910	0.013		11.1		7.5	<0.1					0.9
2	Mon		0.009		11.3		7.7	<0.1					0.9
3	Tue		0.005		11.2		7.6	<0.1					1.1
4	Wed		0.014		12.1		7.2	<0.1					0.9
5	Thur		0.012		11.6		7.1	<0.1					0.7
6	Fri		0.015		11.4		7.2	<0.1					1.0
7	Sat		0.013		11.2		7.4	<0.1					0.7
8	Sun		0.005		11.0		7.5	<0.1					0.9
9	Mon		0.009		12.5		7.8	<0.1					1.0
10	Tue		0.010		11.3		7.32	<0.1	<4		<4	<10	0.7
11	Wed		0.010		12.2		7.3	<0.1					0.8
12	Thur		0.011		12.1		7.1	<0.1					0.8
13	Fri		0.011		12.5		7.4	<0.1					0.4
14	Sat		0.010		12.9		7.5	<0.1					0.1
15	Sun		0.009		11.3		7.6	<0.1					0.6
16	Mon		0.006		10.7		7.7	<0.1					1.1
17	Tue		0.008		10.3		7.2	<0.1					0.7
18	Wed		0.010		11.1		7.3	<0.1					0.8
19	Thur	218750 / 0	0.018		10.6		7.1	<0.1					1.1
20	Fri		0.013		11.2		7.4	<0.1					1.1
21	Sat		0.010		11.6		7.5	<0.1					1.5
22	Sun		0.006		11.0		7.6	<0.1					1.2
23	Mon		0.006		10.9		7.7	<0.1					1.7
24	Tue		0.010		11.0		7.3	<0.1					1.0
25	Wed		0.011		11.3		7.2	<0.1					0.5
26	Thur		0.010		11.0		7.2	<0.1					0.8
27	Fri		0.010		11.0		7.4	<0.1					0.6
28	Sat		0.010		11.1		7.2	<0.1					0.5
29	Sun		0.008		11.2		7.4	<0.1					0.7
30	Mon		0.005		11.7		7.5	<0.1					0.8
31	Tue	109410	0.010		11.9		7.3	<0.1					0.6
		Total	0.293	Minimum 0.0	Minimum 10.3	Minimum 0.0	Minimum 7.1						
			Maximum 0.018	Maximum 0.0	Maximum 12.9	Maximum 0.0	Maximum 7.8	Maximum <0.1	SPDES 30 d/avg		SPDES <4	SPDES <10	Maximum 1.7
		Average	0.0095		11.4			<0.1	<4				0.8

Signature: Gary T. Hallman

Date: 02/07/2006

Form Approved.
OMB No. 2040-0004

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

PERMIT 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: NY0020109
DISCHARGE NUMBER: 001 A

MAJOR
(SUBR 07)
F - FINAL
CLARIFIER BLOWDOWN

MONITORING PERIOD
FROM YEAR 06 MO 01 DAY 01 TO YEAR 06 MO 01 DAY 31

*** 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
SOLIDS, TOTAL SUSPENDED 00530 2 0 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	******	******		******	< 0.1	<0.1	(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										

RECEIVED JAN 2 3 2006 ENERGY

RECEIVED JAN 2 3 2006 ENTERGY J.A.F. PLANT

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 AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
315	342-3840	06	02	09

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	001 B
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR 07)
F - FINAL
ANTHRACITE FILTER BACKWASH

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

*** 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			
SOLIDS, TOTAL SUSPENDED 00530 2 0 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	******	******		******	3.3	5.5	(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	02	09
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	001 C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

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

*** 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
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 > 0 0 INCREASE (NOT END OF PIPE)	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ BATCH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 > 0 0 INCREASE (NOT END OF PIPE)	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										
	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	02	09
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NY0020109 — PERMIT NUMBER
001 E — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

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

*** 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			
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	******	******		******	******		(11)			
00095 > 0 0 INCREASE (NOT END OF	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UMHO/ CM		MEASRD MONTH	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			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	02	09
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 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

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 LOCATION ENTERGY NUCLEAR FITZPATRICK
LYCOMING NY 13093
ATTN: T A SULLIVAN

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

NY0020109	001 F
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

*** 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			
FLOW RATE	SAMPLE MEASUREMENT	******	5.0	(78)	******	******	******		0	ONCE/ MONTH	INSTAN
00058 > 0 0 INCREASE (NOT END OF PIPE)	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPM	******	******	******	**** ****		ONCE/ MONTH	INSTAN
BORON, TOTAL (AS B)	SAMPLE MEASUREMENT	******	******		******	******	2480	(19)	0	ONCE/ MONTH	GRAB
01022 > 0 0 INCREASE (NOT END OF PIPE)	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			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	02	09
TYPED OR PRINTED			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 LOCATION ENTERGY NUCLEAR FITZPATRICK
LYCOMING NY 13093
ATTN: T A SULLIVAN

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

NY0020109 — PERMIT NUMBER
001 H — DISCHARGE NUMBER

MAJOR
(SUBR 07)
F - FINAL
SERVICE WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

*** 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	******	******		8.0	******	8.1	(12)	0	DAILY	GRAB
00400 > 0 0 INCREASE (NOT END OF PIPE)	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	52.0	53.5	(03)	******	******	******		0	CONTIN-UOUS	CALCTD
50050 > 0 0 INCREASE (NOT END OF PIPE)	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	PMPLOG
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	******	0.06	(19)	0	CLRNTN OCCURS	GRAB
50060 > 0 0 INCREASE (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
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	02	09
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

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*)

NY0020109	001 I
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR 07)
F - FINAL
REVERSE OSMOSIS

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

*** 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			
PH	SAMPLE MEASUREMENT	******	******		8.0	******	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	02	09
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 LOCATION ENTERGY NUCLEAR FITZPATRICK
LYCOMING NY 13093
ATTN: T A SULLIVAN

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

NY0020109 — PERMIT NUMBER
001 J — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

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	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 INCREASE (NOT END OF PIPE)	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.75	2.33	(03)	******	******	******		0	CONTIN-UOUS	CALCTD
50050 > 0 0 INCREASE (NOT END OF PIPE)	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	IMPLOG
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	******	0.06	(19)	0	CLRNTN OCCURS	GRAB
50060 > 0 0 INCREASE (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
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: AREA CODE 315 NUMBER 342-3840

DATE: YEAR 06 MO 02 DAY 09

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

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	001 K
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

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
PH	SAMPLE MEASUREMENT	******	******		8.0	******	8.1	(12)	0	DAILY	GRAB
00400 > 0 0 INCREASE (NOT END OF PIPE)	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.91	2.38	(03)	******	******	******		0	CONTIN-UOUS	CALCTD
50050 > 0 0 INCREASE (NOT END OF PIPE)	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	PHPLOG
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	******	0.06	(19)	0	CLRNTN OCCURS	GRAB
50060 > 0 0 INCREASE (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
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 AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
315	342-3840	06	02	09

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

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

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	001 M
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR 07)
F - FINAL
OUTFALL 001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

*** 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
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	******	******		******	80.9	85.0	(15)	0	CONTIN-UOUS	RCORDR
00011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT DAILY AV	112 DAILY MX	DEG. F		CONTIN-UOUS	RCORDR
PH	SAMPLE MEASUREMENT	******	******		8.0	******	8.1	(12)	0	DAILY	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	< 5.2	(19)	0	ONCE/ MONTH	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	******	******		******	******	NODI9	(19)	0	WHEN DISCHG	GRAB
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.2 DAILY MX	MG/L		WHEN DISCHG	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	513	522	(03)	******	******	******		0	CONTIN-UOUS	CALCTD
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN-UOUS	RPLDG
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	******	0.09	(19)	0	WHEN DISCHG	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.2 DAILY MX	MG/L		WHEN DISCHG	GRAB
NET RATE OF ADDITION OF HEAT	SAMPLE MEASUREMENT	******	******		******	5.73	5.75	(3V)	0	DAILY	CALCTD
61575 2 0 0 EFFLUENT 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	02	09
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 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	001 M
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR 07)
F - FINAL
OUTFALL 001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

*** 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	SAMPLE MEASUREMENT	******	******		******	27.9	28.7	(15)	0	CONTIN-UOUS	RCORDR
61576 2 0 0 EFFLUENT NET VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT DAILY AV	32.4 DAILY MX	DEG. F		CONTIN UOUS	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 AREA CODE	NUMBER	DATE YEAR	MO	DAY
315	342-3840	06	02	09

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 LOCATION ENTERGY NUCLEAR FITZPATRICK
LYCOMING NY 13093
ATTN: T A SULLIVAN

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

NY0020109 — PERMIT NUMBER
002 A — DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

*** 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
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	02	09
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 — PERMIT NUMBER
005 A — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

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 INCREASE (NOT END OF	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ BATCH	CALCTD
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	******		(19)			
00530 > 0 0 INCREASE (NOT END OF	PERMIT REQUIREMENT	******	******	**** ****	******	******	50 DAILY MX	MG/L		ONCE/ BATCH	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******		******	******		(25)			
00545 > 0 0 INCREASE (NOT END OF	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
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 AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
315	342-3840	06	02	09

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	01	01	TO	06	01	31

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	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE	SAMPLE MEASUREMENT	******	18000	(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	******	******		7.1	******	7.8	(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	******	******		******	< 4	< 4	(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	******	******		******	******	1.7	(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	02	09
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	01	01	TO	06	01	31

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

*** 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 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			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	02	09
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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