



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

December 21, 2006  
JAFP-06-0179

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 November 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

<sup>MDR</sup>  
PD/MDR/jbh

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 NOVEMBER 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)

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF **November**, 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.s (mg/l)		Effluent				
Date	Day	Flow No. MGD	Flow Avg MGD	Influent Grab	Effluent Grab	Influent Grab	Effluent Grab	Effluent SS Grab M/L	Effluent TSS Grab M/L	Influent Grab	Effluent Grab	Fecal Coliform Col/100 ml	CL2 Mg/L avg	
1	Wed	91720	0.008	16.8	16.8	7.5	7.5	<0.1	<0.1				0.9	
2	Thur		0.011	16.7	16.7	7.67	7.67	<0.1	5.0		<4	30	0.8	
3	Fri		0.013	16.5	16.5	7.3	7.3	<0.1					0.6	
4	Sat		0.021	16.0	16.0	7.2	7.2	<0.1					0.7	
5	Sun		0.006	15.6	15.6	7.4	7.4	<0.1					1.0	
6	Mon		0.008	15.6	15.6	7.5	7.5	<0.1					0.8	
7	Tue		0.012	15.6	15.6	7.4	7.4	<0.1					0.9	
8	Wed		0.012	15.7	15.7	7.2	7.2	<0.1					1.4	
9	Thur		0.011	15.8	15.8	7.1	7.1	<0.1					1.3	
10	Fri		0.011	16.0	16.0	7.3	7.3	<0.1					1.2	
11	Sat		0.003	15.5	15.5	7.3	7.3	<0.1					1.3	
12	Sun	200290 / 0	0.003	15.1	15.1	7.3	7.3	<0.1					1.3	
13	Mon		0.004	14.6	14.6	7.1	7.1	<0.1					0.8	
14	Tue		0.005	14.9	14.9	7.4	7.4	<0.1					0.9	
15	Wed		0.014	15.7	15.7	7.2	7.2	<0.1					0.8	
16	Thur		0.007	15.8	15.8	7.2	7.2	<0.1					0.9	
17	Fri		0.015	16.5	16.5	7.1	7.1	<0.1					0.8	
18	Sat		0.011	15.3	15.3	7.2	7.2	<0.1					0.7	
19	Sun		0.003	15.0	15.0	7.3	7.3	<0.1					1.4	
20	Mon		0.002	14.3	14.3	7.5	7.5	<0.1					1.9	
21	Tue		0.005	14.7	14.7	7.3	7.3	<0.1					0.8	
22	Wed		0.006	15.0	15.0	7.4	7.4	<0.1					1.2	
23	Thur		0.005	15.1	15.1	7.2	7.2	<0.1					1.0	
24	Fri		0.003	15.0	15.0	7.2	7.2	<0.1					0.9	
25	Sat		0.002	14.7	14.7	7.4	7.4	<0.1					0.8	
26	Sun		0.002	14.5	14.5	7.3	7.3	<0.1					1.6	
27	Mon		0.001	15.0	15.0	7.3	7.3	<0.1					1.2	
28	Tue		0.005	15.6	15.6	7.5	7.5	<0.1					1.1	
29	Wed		0.009	15.9	15.9	7.3	7.3	<0.1					0.6	
30	Thur	111760	0.008	15.8	15.8	7.1	7.1	<0.1					0.8	
				Minimum	Minimum	Minimum	Minimum							
				0.0	14.3	0.0	7.1							
				Maximum	Maximum	Maximum	Maximum							
				0.0	16.8	0.0	7.7							
				0.021	15.5	0.0	7.7							
				0.0073	15.5									
				0.220	14.3	0.0	7.1							
				0.021	16.8	0.0	7.7							
				0.0073	15.5									
				5.0										
				30 d/avg										
				<0.1										
				<4										
				30										
				1.9										
				1.1										

Signature: *Dave T. Stallone* Date: 12/07/2006



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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

DMR MAILING ZIP CODE: 13093

MAJOR (SUBR07)  
CLARIFIER BLOWDOWN  
External Outfall

No Data Indicator

NY0020109	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
06	11	01	06	11	30
FROM			TO		

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
solids, total suspended	*****		*****	<0.4	mg/L	1.0	0	WEEKLY	GRAB
530 2 0 Effluent Net	*****		*****	30 DAILY AV	mg/L	50 DAILY MX		Weekly	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system of quality assurance which complies with the NPDES permit conditions, and that the information submitted herein is true and accurate. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.



NAME/TITLE PRINCIPAL EXECUTIVE OFFICER J. DIETRICH VICE PRESIDENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 315 342-3840	DATE 06 11 13
TYPED OR PRINTED		AREA CODE 315	YEAR 06
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		NUMBER	MO 11
			DAY 13

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

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

NAME: ENERGENCY NUCLEAR FITZPATRICK  
ADDRESS: 268 LAKE ROAD EAST  
LYCOMING, NY 13093  
CITY: ENERGENCY NUCLEAR FITZPATRICK  
LOCATION: 268 LAKE ROAD EAST  
LYCOMING, NY 13093  
CONTACT: A SULLIVAN

NY0020109  
PERMIT NUMBER

002A  
DISCHARGE NUMBER

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

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY	
06	11	01	TO	06	11	30

FROM

No Data Indicator

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
1400 1 0 fluent Gross	*****	*****	*****	*****	*****	*****			
slids, total suspended	*****	*****	6 MINIMUM	*****	*****	9 MAXIMUM		Twice Per Month	GRAB
1530 1 0 fluent Gross	*****	*****	*****	30 DAILY AV	*****	50 DAILY MX		Twice Per Month	GRAB
oil & grease	*****	*****	*****	*****	*****	15 DAILY MX		Twice Per Month	GRAB
1556 1 0 fluent Gross	*****	*****	*****	*****	*****	*****		*****	*****

I certify under penalty of law that this document and all data therein were prepared under my direction or supervision in accordance with a permit to discharge into navigable waters, and that I am a duly licensed operator and employee of the permittee. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
P. DIETRICH  
SITE VICE PRESIDENT  
TYPED OR PRINTED



SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
315 342-3840	06 11 13
AREA CODE NUMBER	YEAR MO DAY
315 342-3840	06 11 13

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

NO ADDITIONAL GRAB SAMPLE SHALL BE TAKEN DURING ANY DISCHARGE FROM THE FLY ASH HOPPER.

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

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

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


MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
06	11	01	06	11	30
FROM			TO		

No Data Indicator  X

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
low rate	*****		*****	*****		*****			
0056 IN 0 flowed increase	*****	Req. Mon. DAILY MX	*****	*****		*****		Once Per Batch	CALCTD
0530 IN 0 flowed increase	*****		*****	*****		*****		Once Per Batch	GRAB
0545 IN 0 flowed increase	*****		*****	*****		*****		Once Per Batch	GRAB

Locally 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. I am authorized to certify that the information submitted in this report is true to the best of my knowledge and belief, true, accurate, and complete, and that there are no omissions or material misstatements that are significant to the permittee's compliance with the requirements of the permit. I understand that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
J. DIETRICH  
SITE VICE PRESIDENT  
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE	DATE
315 342-3840	06 11 13
AREA Code	NUMBER
	YEAR MO DAY

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

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

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

NAME: ENERGY NUCLEAR FITZPATRICK  
ADDRESS: 268 LAKE ROAD EAST  
LYCOMING, NY 13093  
CITY: ENERGY NUCLEAR FITZPATRICK  
LOCATION: 268 LAKE ROAD EAST  
LYCOMING, NY 13093  
ATTN: A SULLIVAN

NY0020109  
PERMIT NUMBER

012A  
DISCHARGE NUMBER

FROM

MONITORING PERIOD		YEAR		MO		DAY	
06	11	01	TO	06	11	30	30

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

No Data Indicator

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	*****	21000	gal/d	*****	*****	*****	0	DAILY	INSTAN
0056 10 Effluent Gross	*****	60000 DAILY MX	gal/d	*****	*****	*****	0	Once Per Month	INSTAN
OD, 5-day, 20 deg. C	*****	*****	*****	< 4	< 4	mg/L	0	ONCE/MONTH	GRAB
00310 10 Effluent Gross	*****	*****	*****	30 30DA AVG	45 7 DA AVG	mg/L	0	Once Per Month	GRAB
H	*****	*****	*****	7.1	7.7	SU	0	DAILY	GRAB
0400 10 Effluent Gross	*****	*****	*****	*****	9 MAXIMUM	SU	0	Once Per Month	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	mg/L	0	ONCE/MONTH	GRAB
0530 10 Effluent Gross	*****	*****	*****	5.0	5.0	mg/L	0	Once Per Month	GRAB
Solids, settleable	*****	*****	*****	*****	45 7 DA AVG	mg/L	0	Once Per Month	GRAB
0545 10 Effluent Gross	*****	*****	*****	*****	< 0.1	mL/L	0	DAILY	GRAB
Chlorine, total residual	*****	*****	*****	*****	1 DAILY MX	mL/L	0	Once Per Month	GRAB
0060 10 Effluent Gross	*****	*****	*****	*****	1.9	mg/L	0	DAILY	GRAB
Coliform, fecal general	*****	*****	*****	*****	2 MAXIMUM	mg/L	0	Once Per Month	GRAB
4055 10 Effluent Gross	*****	*****	*****	30	30	#/100mL	0	ONCE/MONTH	GRAB
	*****	*****	*****	200 30DA GEO	400 7 DA GEO	#/100mL	0	Once Per Month	GRAB

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 and 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 11 13

AREA Code NUMBER

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
P. DIETRICH  
SITE VICE PRESIDENT  
TYPED OR PRINTED

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



WASTEWATER POLLUTION CONTROL ACT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

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

NAME: ENERGY NUCLEAR FITZPATRICK  
ADDRESS: 268 LAKE ROAD EAST  
LYCOMING, NY 13093  
ACILITY: ENERGY NUCLEAR FITZPATRICK  
OCATION: 268 LAKE ROAD EAST  
LYCOMING, NY 13093  
ATTN: A SULLIVAN

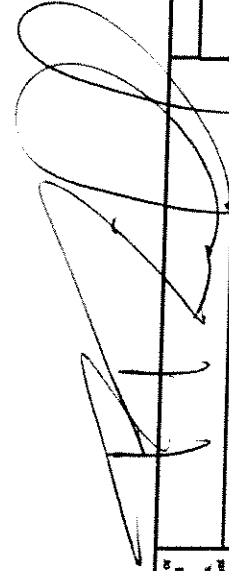
NY0020109	026A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
YEAR	MO	DAY	
06	11	01	
TO	YEAR	MO	DAY
	06	11	30

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

No Data Indicator  X

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
low rate									
0056 1 0 fluent Gross	Req. Mon. DAILY AV		Req. Mon. DAILY MX	*****	*****	*****			
H	*****		*****	*****	*****	*****		Once Per Discharge	ESTIMA
0400 1 0 fluent Gross	*****		*****	*****	*****	*****			
oids, total suspended	*****		*****	6 MINIMUM	*****	9 MAXIMUM		Once Per Batch	GRAB
0530 1 0 fluent Gross	*****		*****	*****	*****	*****			
if & grease	*****		*****	*****	*****	*****		Once Per Batch	GRAB
0556 1 0 fluent Gross	*****		*****	*****	*****	*****		Once Per Batch	GRAB
	*****		*****	*****	*****	*****		Once Per Batch	GRAB



NAME/TITLE PRINCIPAL EXECUTIVE OFFICER S. DIETRICH SITE VICE PRESIDENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED		AREA Code NUMBER	YEAR MO DAY
		315 342-3840	06 11 13

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



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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

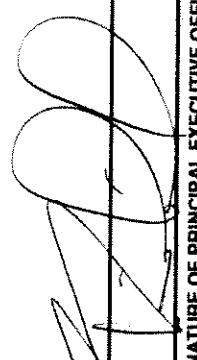
NY0020109	001B
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
06	11	01	06	11	30
FROM			TO		

No Data Indicator

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
solids, total suspended		*****		*****	12.4		29.5	0	WEEKLY	GRAB
SS30 20 effluent Net		*****		*****	30 DAILY AV	50 DAILY MX			Weekly	GRAB

NAME/TITLE: P. DIETRICH SITE VICE PRESIDENT	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED		315 342-3840	06 11 13
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER
		315	342-3840
		YEAR	MO DAY
		06	11 13

I certify under penalty of law that this document and all attachments were prepared under the supervision or direct supervision of a system responsible to ensure 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 true and 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.

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

Form Approved  
OMB No. 2040-0004

Page 7

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

NAME: ENERGY NUCLEAR FITZPATRICK  
ADDRESS: 268 LAKE ROAD EAST  
LYCOMING, NY 13093  
ACILITY: ENERGY NUCLEAR FITZPATRICK  
LOCATION: 268 LAKE ROAD EAST  
LYCOMING, NY 13093  
ATTN: A SULLIVAN

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

No Data Indicator  X

NY0020109	001C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
06	11	01	06	11	30
FROM			TO		

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
1400 IN 0 lowed Increase	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****			
slids, total suspended	*****	*****	6 MINIMUM	*****	*****	9 MAXIMUM		Once Per Batch	GRAB
	*****	*****	*****	*****	*****	*****			
530 IN 0 lowed Increase	*****	*****	*****	30 DAILY AV	*****	50 DAILY MX		Once Per Batch	GRAB
	*****	*****	*****	*****	*****	*****			



I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the requirements of the Act, and that I am a duly licensed professional engineer or geologist in the State of New York, and that the information submitted herein is true and correct to the best of my knowledge and belief, was accurate and complete when submitted, and that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	DATE	
D. DIETRICH	315 342-3840	06 11 13
TITLE VICE PRESIDENT	AREA Code	NUMBER
TYPED OR PRINTED	315	342-3840
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
MENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		

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

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

ME: ENRGY NUCLEAR FITZPATRICK  
DRESS: 268 LAKE ROAD EAST  
LYCOMING, NY 13093  
CILITY: ENRGY NUCLEAR FITZPATRICK  
CATION: 268 LAKE ROAD EAST  
LYCOMING, NY 13093  
TNT A SULLIVAN

NY0020109  
PERMIT NUMBER

001E  
DISCHARGE NUMBER

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

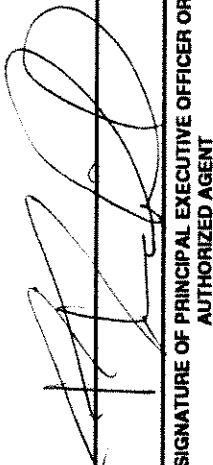
MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY	
06	11	01	TO	06	11	30

No Data Indicator

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Specific conductance	095 IN 0	*****	*****	*****	*****	*****	0.79	uS/cm	Meas when Monitored	GRAB
	lowed Increase	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	uS/cm	Measured When Monitor	GRAB
1400 IN 0	MEASUREMENT	*****	*****	NODI9	*****	*****	NODI9	SU	ONCE/BATCH	GRAB
	lowed Increase	*****	*****	*****	*****	*****	6 MINIMUM	SU	Once Per Batch	GRAB
1400 P 0	MEASUREMENT	*****	*****	*****	*****	*****	6.2	SU	ONCE/BATCH	GRAB
	Comments	*****	*****	*****	*****	*****	9 MAXIMUM	SU	Once Per Batch	GRAB
Slids, total suspended	MEASUREMENT	*****	*****	*****	*****	*****	6.2	SU	ONCE/BATCH	GRAB
	lowed Increase	*****	*****	*****	*****	*****	9 MAXIMUM	SU	Once Per Batch	GRAB
1530 IN 0	MEASUREMENT	*****	*****	*****	*****	*****	<0.1	mg/L	ONCE/BATCH	GRAB
	lowed Increase	*****	*****	*****	*****	*****	30 DAILY AV	mg/L	Once Per Batch	GRAB

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
P. DIETRICH	315 342-3840	06 11 13
SITE VICE PRESIDENT	AREA Code NUMBER	YEAR MO DAY
TYPED OR PRINTED		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) There were 19 batch discharges during this reporting period.  
CONDUCTIVITY IS EQUAL TO OR LESS THAN 100µMOS/CM, THEN THE PH LIMITS (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 FUTURE 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: ENERGY NUCLEAR FITZPATRICK  
ADDRESS: 268 LAKE ROAD EAST  
LYCOMING, NY 13093  
FACILITY: ENERGY NUCLEAR FITZPATRICK  
LOCATION: 268 LAKE ROAD EAST  
LYCOMING, NY 13093  
ATTN: A SULLIVAN

NY0020109	001F
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
06	11	01	06	11	30
FROM			TO		

No Data Indicator

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
low rate 0058 IN 0 flowed Increase	*****	gal/min	*****	*****	*****	*****	FOUR/ MONTH Once Per Month	INSTAN	
iron, total (as B)	*****	gal/min	*****	*****	*****	*****	FOUR/ MONTH Once Per Month	INSTAN	
1022 IN 0 flowed Increase	*****	*****	*****	*****	*****	*****	Once Per Month	GRAB	



NAME/TITLE PRINCIPAL EXECUTIVE OFFICER P. DIETRICH SITE VICE PRESIDENT TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 315 342-3840	DATE 06 11 13
REMARKS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER
		YEAR	MO DAY

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

MITTEE NAME/ADDRESS (include Facility Name/Location if Different)

ME: ENRGY NUCLEAR FITZPATRICK  
DRESS: 268 LAKE ROAD EAST  
LYCOMING, NY 13093  
CILITY: ENRGY NUCLEAR FITZPATRICK  
CATION: 268 LAKE ROAD EAST  
LYCOMING, NY 13093  
TN: T A SULLIVAN

NY0020109  
PERMIT NUMBER

001H  
DISCHARGE NUMBER

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

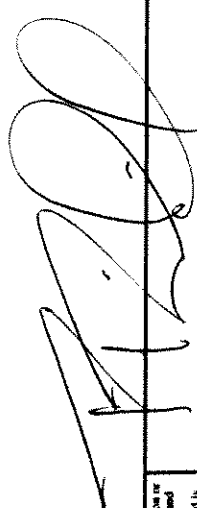
MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY	
06	11	01	TO	06	11	30

FROM

No Data Indicator

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
1400 IN 0 lowed Increase	*****	*****	8.0	*****	8.2	SU	0	DAILY	GRAB
ow, in conduit or thru treatment plant	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU	0	Daily	GRAB
050 IN 0 lowed Increase	75.1	Mgal/d	79.0	*****	*****		0	CONTIN- UOUS	CALCTD
hlorine, total residual	Req. Mon. DAILY AV	Mgal/d	Req. Mon. DAILY MX	*****	*****		0	Continous	PMPLOG
060 IN 0 lowed Increase	*****	*****	*****	*****	0.07	mg/L	0	CLRNIN OCCURS	GRAB
	*****	*****	*****	*****	DAILY MX	mg/L		Chlorination occurrences	GRAB



NAME/TITLE PRINCIPAL EXECUTIVE OFFICER P. DIETRICH SITE VICE PRESIDENT TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 315 342-3840	DATE 06 11 13
		AREA Code NUMBER	YEAR MO DAY

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

EE FOOTNOTE F REGARDING CHLORINE AND PH

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

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

NAME: ENERGY NUCLEAR FITZPATRICK  
ADDRESS: 268 LAKE ROAD EAST  
LYCOMING, NY 13093  
FACILITY: ENERGY 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	11	01	06	11	30

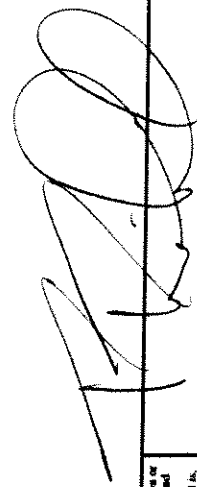
FROM TO

No Data Indicator

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
H	*****	*****	7.9	*****	SU	8.0	0	THREE/MONTH	GRAB
0400 IN 0 flowed Increase	*****	*****	MINIMUM	*****	SU	MAXIMUM		Once Per Month	GRAB

I certify under penalty of law that this document and all attachments were prepared under the direction or supervision of someone with a systems design to assure that qualified persons prepared properly and that the information submitted is true and correct. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
P. DIETRICH  
SITE VICE PRESIDENT  
TYPED OR PRINTED



SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
315 342-3840	06 11 13
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

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

NAME: ENERGY NUCLEAR FITZPATRICK  
ADDRESS: 268 LAKE ROAD EAST  
LYCOMING, NY 13093  
ACILITY: ENERGY 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 N/C COOLING  
External Outfall

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
06	11	01	06	11	30

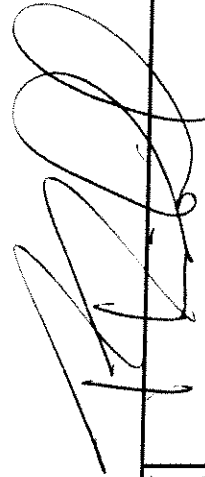
FROM

No Data Indicator

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
0400 IN 0 flowed increase	*****	*****	8.0	*****	*****	8.2	0	DAILY	GRAB
0500 IN 0 flow, in conduit or thru treatment plant	*****	*****	MINIMUM	*****	*****	MAXIMUM	0	Once Per Month	GRAB
0050 IN 0 flowed increase	1.58	Mgal/d	2.45	*****	*****	*****	0	CONTINUOUS	CALCTD
Chlorine, total residual	*****	Mgal/d	*****	*****	*****	*****	0	Continuous	PMPLOG
0060 IN 0 flowed increase	*****	*****	*****	*****	*****	0.07	0	CLRNTN OCCURS	GRAB
	*****	*****	*****	*****	*****	DAILY MX	0	Chlorination occurrences	GRAB

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 reported. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
P. DIETRICH  
SITE VICE PRESIDENT  
TYPED OR PRINTED



SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
315 342-3840	06 11 13

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

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

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

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

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

ATTN: A SULLIVAN

NY0020109	001K
PERMIT NUMBER	DISCHARGE NUMBER

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

No Data Indicator

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
06	11	01	TO	06	11 30

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
0400 IN 0 flowed Increase	*****	*****	8.0	*****	8.2	SU	0	DAILY	GRAB
	*****	*****	MINIMUM	*****	MAXIMUM	SU		Once Per Month	GRAB
flow, in conduit or thru treatment plant	1.19	Mgal/d	*****	*****	*****		0	CONTINUOUS	CALCTD
	Req. Mon. DAILY MX		*****	*****	*****			Continuous	PMPLOG
0050 IN 0 flowed Increase	*****	*****	*****	*****	0.07	mg/L	0	CONTINUOUS	GRAB
	*****	*****	*****	*****	DAILY MX			Continuous	GRAB
chlorine, total residual	*****	*****	*****	*****	*****			CONTINUOUS	GRAB
	*****	*****	*****	*****	*****			Continuous	GRAB
0060 IN 0 flowed Increase	*****	*****	*****	*****	*****			CONTINUOUS	GRAB
	*****	*****	*****	*****	*****			Continuous	GRAB

I hereby under penalty of law for this document and all attachments, were prepared under my direction or supervision in accordance with the information furnished to me by the permittee and I am not aware of any falsification of the information furnished to me by the permittee. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.



NAME/TITLE PRINCIPAL EXECUTIVE OFFICER P. DIETRICH SITE VICE PRESIDENT TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 315 342-3840	DATE 06 11 13
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) H AND CHLORINE ARE REPEATED VALUES OF THE REPRESENTATIVE GRAB AT 001H.		AREA Code NUMBER	YEAR MO DAY

B and D Emergency Diesel Generators

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

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

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

NY0020109	001M
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD			
YEAR	MO	DAY	TO
06	11	01	06 11 30

No Data indicator

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
temperature, water deg. fahrenheit	*****		77.2	84.0	deg F	0	CONTINUOUS	RCORDR	
0011 0 effluent Gross	*****		Req. Mon. DAILY AV	112 DAILY MX	deg F	0	CONTINUOUS	RCORDR	
4 0400 1 0 effluent Gross	*****		8.0	8.2	SU	0	DAILY	GRAB	
oil & grease	*****		*****	9 MAXIMUM	SU	0	Weekly	GRAB	
0556 1 0 effluent Gross	*****		*****	< 5.0	mg/L	0	ONCE/MONTH	GRAB	
LAMTROL CT-1, TOTAL WATER	*****		*****	15 DAILY MX	mg/L	0	Once Per Month	GRAB	
0251 1 0 effluent Gross	*****		*****	NODI9	mg/L	0	WHEN D SCHG	GRAB	
flow, in conduit or thru treatment plant	*****		*****	2 DAILY MX	mg/L	0	When Discharging	GRAB	
0050 1 0 effluent Gross	514	Mgal/d	*****	*****		0	CONTINUOUS	CALCTD	
chlorine, total residual	Req. Mon. DAILY AV		*****	*****		0	CONTINUOUS	PMPLOG	
0060 1 0 effluent Gross	*****		*****	0.10	mg/L	0	WHEN D SCHG	GRAB	
rate of addition of heat	*****		*****	2 DAILY MX	mg/L	0	When Discharging	GRAB	
0575 2 0 effluent Net	*****		4.88	5.72	GBTU/hr	0	DAILY	CALCTD	
	*****		Req. Mon. DAILY AV	6 DAILY MX	GBTU/hr	0	Daily	CALCTD	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER P. DIETRICH	TELEPHONE 315 342-3840	DATE 06 11 13
SITE VICE PRESIDENT	AREA Code	NUMBER
TYPED OR PRINTED	YEAR	MO
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		DAY

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

CHARGE/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)

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

Form Approved  
OMB No. 2040-0004

Page 15

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

No Data Indicator

NY0020109	001M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
YEAR	MO	DAY	
06	11	01	
TO	YEAR	MO	DAY
	06	11	30

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
emp. diff. between intake and discharge	*****		23.8	deg F	28.3	deg F	0	CONTINUOUS	RCORDR
1576 2 0	*****		Req. Mon. DAILY AV		32.4 DAILY MX	deg F		Continuous	RCORDR
Effluent Net	*****								



NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE	
DIETRICH	315	342-3840	06	11
TITLE VICE PRESIDENT	AREA Code	NUMBER	YEAR	MO
TYPED OR PRINTED				
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		DATE		
MENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		HARGE/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		
SUREMENT WHEN APARAMETER DOES NOT APPLY DURING THE ENTIRE MONITORING PERIOD.				





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

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 December 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

<sup>MDE</sup>  
PD/MDR/jbh

Attachments:

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

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

January 22, 2007  
JAFF-07-0009

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

MONTH OF DECEMBER 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)

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF **December**, 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.s (mg/l)				Effluent	
Date	Day	Flow No. MGD	Flow Avg MGD	Influent Grab	Effluent Grab	Influent Grab	Effluent Grab	Influent Grab	Effluent Grab	Influent Grab	Effluent Grab	Influent Grab	Effluent Grab	Influent Grab	Effluent Grab	Influent Grab	Effluent Grab	Fecal Coliform Col/100 ml	CL2 Mg/L avg		
1	Fri	120760	0.009	16.2	7.6	<0.1	<0.1												0.8		
2	Sat		0.009	15.8	7.3	<0.1	<0.1												0.7		
3	Sun		0.006	14.9	7.5	<0.1	<0.1												1.2		
4	Mon		0.002	14.5	7.5	<0.1	<0.1												1.5		
5	Tue		0.006	14.3	7.4	<0.1	<0.1												0.8		
6	Wed		0.007	13.6	7.3	<0.1	<0.1												0.5		
7	Thur		0.004	14.0	7.3	<0.1	<0.1												1.3		
8	Fri		0.005	14.0	7.1	<0.1	<0.1												1.6		
9	Sat		0.002	12.7	7.4	<0.1	<0.1												1.1		
10	Sun		0.002	12.7	7.4	<0.1	<0.1												1.4		
11	Mon		0.002	13.0	7.4	<0.1	<0.1												1.2		
12	Tue		0.004	13.6	7.58	<0.1	<0.1										<4		0.6		
13	Wed		0.004	14.3	7.4	<0.1	<0.1												0.7		
14	Thur		0.004	14.2	7.3	<0.1	<0.1												0.8		
15	Fri		0.004	14.5	7.3	<0.1	<0.1												0.8		
16	Sat		0.004	14.6	7.1	<0.1	<0.1												0.8		
17	Sun		0.001	14.2	7.4	<0.1	<0.1												1.3		
18	Mon		0.001	14.6	7.6	<0.1	<0.1												1.3		
19	Tue		0.004	14.6	7.1	<0.1	<0.1												0.6		
20	Wed		0.003	14.5	7.2	<0.1	<0.1												1.2		
21	Thur		0.003	13.8	7.2	<0.1	<0.1												0.8		
22	Fri		0.008	14.4	7.4	<0.1	<0.1												0.7		
23	Sat	205830 / 0	0.001	14.5	7.5	<0.1	<0.1												0.7		
24	Sun		0.006	14.0	7.5	<0.1	<0.1												0.9		
25	Mon		0.002	13.8	7.5	<0.1	<0.1												1.5		
26	Tue		0.007	13.8	7.4	<0.1	<0.1												0.6		
27	Wed		0.005	12.6	7.5	<0.1	<0.1												1.4		
28	Thur		0.005	12.6	7.5	<0.1	<0.1												0.8		
29	Fri		0.007	12.4	7.4	<0.1	<0.1												0.8		
30	Sat		0.003	12.3	7.5	<0.1	<0.1												0.8		
31	Sun		0.002	12.2	7.6	<0.1	<0.1												1.0		
<b>Total</b>				Minimum	Maximum	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum	SPDES	SPDES	SPDES	Maximum		
				0.0	12.2	0.0	7.1	0.0	7.6	<0.1	<0.1	30 d/avg	<4	<4	<10	<10	<10	1.6			
<b>Average</b>																			1.0		

Signature: *Dary J. Hallinan* Date: 01/07/2007



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

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

NAME: ENERGY NUCLEAR FITZPATRICK  
ADDRESS: 288 LAKE ROAD EAST  
LYCOMING, NY 13093  
FACILITY: ENERGY NUCLEAR FITZPATRICK  
LOCATION: 288 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

FROM

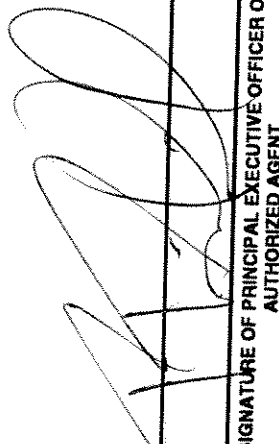
MONITORING PERIOD		YEAR		MO		DAY	
YEAR	MO	DAY	YEAR	MO	DAY	YEAR	MO
06	12	01	06	12	31		

No Data Indicator

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	*****	*****	< 0.1	0.1	50	mg/L	0	Weekly	GRAB
00530 2 0 Effluent Net	*****	*****	30 DAILY AV	50 DAILY MX		mg/L		Weekly	GRAB

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 included. Based on my inquiry of the person or persons who manage the system, or those persons immediately 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
P. DIETRICH  
SITE VICE PRESIDENT  
TYPED OR PRINTED



SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE	
AREA Code	NUMBER	YEAR	MO DAY
315	342-3840	07	01 09

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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: A SULLIVAN

DMR MAILING ZIP CODE: 13093

MAJOR (SUBR07)  
OIL/WATER SEPARATOR  
External Outfall

NY0020109	002A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
06	12	01	06	12	31


FROM

No Data Indicator

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

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision with a system designed to assure that qualified personnel properly use and maintain the reporting system. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
P. DIETRICH  
SITE VICE PRESIDENT  
TYPED OR PRINTED



SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE	
315	342-3840	07	01
AREA Code	NUMBER	YEAR	MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
ADDITIONAL GRAB SAMPLE SHALL BE TAKEN DURING ANY DISCHARGE FROM THE FLY ASH HOPPER.

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

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

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

NY0020109  
PERMIT NUMBER

005A  
DISCHARGE NUMBER

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

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
06	12	01	06	12	31

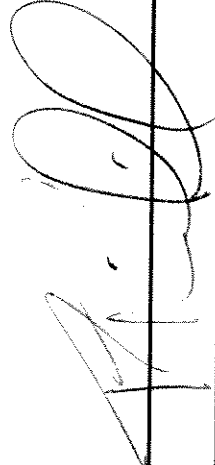
FROM

No Data Indicator

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

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, I am aware that they are personally responsible for gathering the information, the information submitted is 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
P. DIETRICH  
SITE VICE PRESIDENT  
TYPED OR PRINTED



SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
315 342-3840  
DATE  
07 01 09

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)

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

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

NY0020109  
PERMIT NUMBER

012A  
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 13093

MAJOR (SUBR07)  
SANITARY WASTES  
External Outfall

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
06	12	01	06	12	31

FROM


No Data Indicator  X

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow rate	*****	9000	gal/d	*****	*****	*****	0	DAILY	INSTAN
00056 1 0 Effluent Gross	*****	60000 DAILY MX	gal/d	*****	*****	*****		Once Per Month	INSTAN
BOD, 5-day, 20 deg. C	*****	*****		< 4		< 4	0	ONCE/MONTH	GRAB
00310 1 0 Effluent Gross	*****	*****		30 30DA AVG		45 7 DA AVG		Once Per Month	GRAB
pH	*****	*****		7.1		7.6	0	DAILY	GRAB
00400 1 0 Effluent Gross	*****	*****		*****	*****	*****		Once Per Month	GRAB
Solids, total suspended	*****	*****		*****	*****	*****		ONCE/MONTH	GRAB
00530 1 0 Effluent Gross	*****	*****		< 4		< 4	0	Once Per Month	GRAB
Solids, settleable	*****	*****		30 30DA AVG		45 7 DA AVG		Once Per Month	GRAB
00545 1 0 Effluent Gross	*****	*****		*****	*****	< 0.1	0	DAILY	GRAB
Chlorine, total residual	*****	*****		*****	*****	*****		Once Per Month	GRAB
50060 1 0 Effluent Gross	*****	*****		*****	*****	*****		Once Per Month	GRAB
Coliform, fecal general	*****	*****		< 10		< 10	0	ONCE/MONTH	GRAB
74055 1 0 Effluent Gross	*****	*****		200 30DA GEO		400 7 DA GEO		Once Per Month	GRAB

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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
P. DIETRICH  
SITE VICE PRESIDENT  
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE  
315 342-3840  
DATE  
07 01 09

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)

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

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

NY0020109	026A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD			
YEAR	MO	DAY	
06	12	01	
TO	YEAR	MO	DAY
	06	12	31

No Data Indicator  X

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate									
00056 1 0 Effluent Gross	Req. Mon DAILY AV		Req. Mon DAILY MX						
pH	*****		*****				Once Per Discharge	ESTIMA	
00400 1 0 Effluent Gross	*****		*****						
Solids, total suspended	*****		*****						
00530 1 0 Effluent Gross	*****		*****						
Oil & grease	*****		*****						
00556 1 0 Effluent Gross	*****		*****						



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 data. I am a duly licensed professional engineer in the State of New York. I am the Principal Executive Officer of the system, or those persons directly responsible for gathering the data. I understand that this information is being submitted to the best of my knowledge and belief, true, accurate, and complete, and that I am not aware of any circumstances that would preclude the submission of accurate and complete information, including the possibility of false and misleading information for permitting violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE	
P. DIETRICH	315 342-3840		07 01 09	
SITE VICE PRESIDENT	AREA Code	NUMBER	YEAR	MO
TYPED OR PRINTED				DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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

001B  
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 13093

MAJOR (SUBR07)  
ANTHRACITE FILTER BACKWASH  
External Outfall

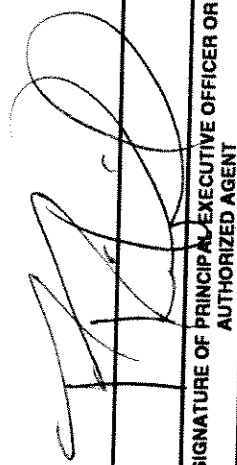
FROM

MONITORING PERIOD		YEAR		MO		DAY	
YEAR	MO	DAY	YEAR	MO	DAY	YEAR	MO
06	12	01	06	12	31		

No Data Indicator

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Solids, total suspended 00530 2 0 Effluent Net	*****		*****	2.9		6.4	0	Weekly	GRAB
	*****		*****	30 DAILY AV		50 DAILY MX		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
P. DIETRICH  
SITE VICE PRESIDENT  
TYPED OR PRINTED



SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
315 342-3840  
AREA Code NUMBER

DATE  
07 01 09  
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 7

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

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

FROM

MONITORING PERIOD		
YEAR	MO	DAY
06	12	01
TO		
YEAR	MO	DAY
06	12	31

No Data Indicator  X

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

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 prepared, reviewed, and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system and 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
P. DIETRICH  
SITE VICE PRESIDENT  
TYPED OR PRINTED

TELEPHONE		DATE	
315	342-3840	07	01
AREA Code	NUMBER	YEAR	MO DAY
315	342-3840	07	01 09

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)

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

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

NY020109	001E
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 13093  
MAJOR (SUBR07)


LOW COND. WASTE SAMPLE TANK  
External Outfall

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
06	12	01	06	12	31

FROM

No Data Indicator

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Specific conductance	*****		*****	*****		*****			
00095 IN 0	*****		*****	*****		*****			
Allowed Increase	*****		*****	*****		*****			
pH	*****		*****	*****		*****		Measured When Monitor	GRAB
00400 IN 0	*****		*****	*****		*****			
Allowed Increase	*****		*****	*****		*****			
pH	*****		*****	*****		*****		Once Per Batch	GRAB
00400 P 0	*****		*****	*****		*****			
See Comments	*****		*****	*****		*****			
Solids, total suspended	*****		*****	*****		*****		Once Per Batch	GRAB
00530 IN 0	*****		*****	*****		*****			
Allowed Increase	*****		*****	*****		*****		Once Per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER P. DIECKICH SITE VICE PRESIDENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 315 342-3840	DATE 07 01 09
TYPED OR PRINTED		AREA Code NUMBER	YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
CONDUCTIVITY IS EQUAL TO OR LESS THAN 100µMOS/CM, THEN THE PH LIMITS (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 FORETIRE MONITORING PERIOD.



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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

001F  
DISCHARGE NUMBER

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

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
06	12	01	06	12	31

FROM

No Data Indicator  X

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



NAME/TITLE PRINCIPAL EXECUTIVE OFFICER P. DIETRICH SITE VICE PRESIDENT TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 315 342-3840	DATE 07 01 09
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER
		YEAR	MO
		DAY	

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

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

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

FACILITY: ENERGY 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

No Data Indicator

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
06	12	01	06	12	31

FROM

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	*****		8.0	*****	8.2	SU	0	DAILY	GRAB
00400 IN 0 Allowed Increase	*****		*****		*****			Daily	GRAB
Flow, in conduit or thru treatment plant	62.6	Mgal/d	*****		*****		0	CONTINUOUS	CALCCTD
50050 IN 0 Allowed Increase	Req. Mon. DAILY AV	Mgal/d	*****		*****			CONTINUOUS	PMPLOG
Chlorine, total residual	*****		*****		0.07	mg/L	0	CLRWYN OCCURS	GRAB
50060 IN 0 Allowed Increase	*****		*****		*****			Chlorination Occurrences	GRAB

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, review, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
P. DIETRICH  
SITE VICE PRESIDENT  
TYPED OR PRINTED



TELEPHONE		DATE	
315	342-3840	07	01 09
AREA Code	NUMBER	YEAR	MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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)

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	12	01	06	12	31

FROM

No Data Indicator  X

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

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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE	
P. DIETRICH SITE VICE PRESIDENT	315 342-3840	07	01	09
TYPED OR PRINTED	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)

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

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

NY0020109  
PERMIT NUMBER

001J  
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 13093

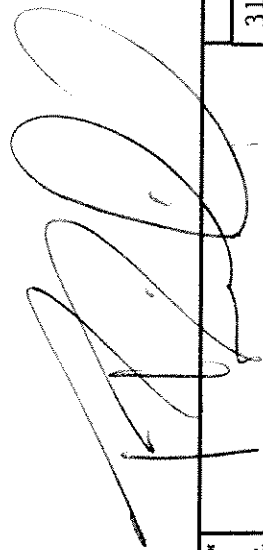
MAJOR  
(SUBR07)  
EMERGENCY DIESEL N/C COOLING  
External Outfall

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
06	12	01	TO	06	31

FROM

No Data Indicator

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow, in conduit or thru treatment plant	0.49	Mgal/d	8.0	8.2	SU	0	DAILY	GRAB	
50050 IN 0 Allowed Increase	1.98	Mgal/d	MINIMUM	MAXIMUM	SU	0	Once Per Month	GRAB	
Chlorine, total residual	Req. Mon. DAILY AV	Mgal/d	*****	*****	mg/L	0	CONTINUOUS	CALCTD	
50060 IN 0 Allowed Increase	*****	*****	*****	*****	DAILY MX	0	CLRN TN OCCURS	PMPLOG	
	*****	*****	*****	*****	*****	0	Chlorination Occurrences	GRAB	



NAME/TITLE PRINCIPAL EXECUTIVE OFFICER P. DIETRICH SITE VICE PRESIDENT TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 315 342-3840	DATE 07 01 09
		AREA Code NUMBER	YEAR MO DAY

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

A and C Emergency Diesel Generators

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

Form Approved  
OMB No. 2040-0004

Page 13

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

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

NY0020109  
PERMIT NUMBER

001K  
DISCHARGE NUMBER

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

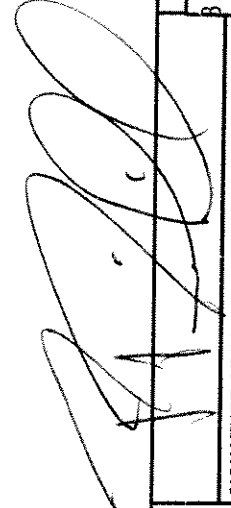
MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
06	12	01	06	12	31

FROM

No Data Indicator

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
pH	*****		8.0	*****		8.2	0	DAILY	GRAB
00400 IN 0 Allowed Increase	*****		*****	*****		*****		Once Per Month	GRAB
Flow, in conduit or thru treatment plant	0.78	Mgal/d	*****	*****		*****	0	CONTINUOUS	CALC'D
50050 IN 0 Allowed Increase	Req. Mon. DAILY AV	Req. Mon. DAILY MX	*****	*****		*****		Continuous	PMPLOG
Chlorine, total residual	*****		*****	*****		0.07	0	CLRNTN OCCURS	GRAB
50060 IN 0 Allowed Increase	*****		*****	*****		DAILY MX		Chlorination Occurrences	GRAB



NAME/TITLE PRINCIPAL EXECUTIVE OFFICER P. DIETRICH SITE VICE PRESIDENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 815 342-3840	DATE 07 01 09
TYPED OR PRINTED	AREA Code NUMBER	YEAR	MO DAY

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

PH AND CHLORINE ARE REPEATED VALUES OF THE REPRESENTATIVE GRAB AT 001H. B and D Emergency Diesel Generators

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

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

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

NY0020109  
PERMIT NUMBER

001M  
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 13093

MAJOR  
(SUBR07)  
OUTFALL 001  
External Outfall

FROM

MONITORING PERIOD		TO	
YEAR	MO	YEAR	MO
06	12	01	06
DAY	01	DAY	31

No Data Indicator

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit 00011 0 Effluent Gross	*****		81.0	84.6	deg F	0	CONTINUOUS	RCORDR	
	*****		Req. Mon. DAILY AV	112 DAILY MX	deg F		Continuous	RCORDR	
pH 00400 1 0 Effluent Gross	*****		8.0	8.2	SU	0	DAILY	GRAB	
	*****		6 MINIMUM	9 MAXIMUM	SU		Weekly	GRAB	
Oil & grease 00556 1 0 Effluent Gross	*****		*****	<5.0	mg/L	0	ONCE/MONTH	GRAB	
	*****		*****	15 DAILY MX	mg/L		Once Per Month	GRAB	
CLAMTROL CT-1, TOTAL WATER 04251 1 0 Effluent Gross	*****		*****	NODI 9	mg/L	0	WHEN DSCHG	GRAB	
	*****		*****	2 DAILY MX	mg/L		When Discharging	GRAB	
Flow, in conduit or thru treatment plant 00050 1 0 Effluent Gross	510	Mgal/d	544	*****		0	CONTINUOUS	CALCTD	
	Req. Mon. DAILY AV		Req. Mon. DAILY MX	*****			Continuous	PMPLOG	
Chlorine, total residual 00060 1 0 Effluent Gross	*****		*****	0.10	mg/L	0	WHEN DSCHG	GRAB	
	*****		*****	2 DAILY MX	mg/L		When Discharging	GRAB	
Net rate of addition of heat 11575 2 0 Effluent Net	*****		5.70	5.71	GBTU/hr	0	DAILY	CALCTD	
	*****		Req. Mon. DAILY AV	6 DAILY MX	GBTU/hr		Daily	CALCTD	

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, review, and certify the information submitted. Based on my inquiry of the person or persons who manage the system, I am aware that they are directly responsible for gathering the information, the information submitted is 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
P. DIETRICH  
SITE VICE PRESIDENT  
TYPED OR PRINTED

TELEPHONE	DATE
315 342-3840	07 01 09
AREA Code NUMBER	YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DISCHARGE/TAKE 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 APPARATUS DOES NOT APPLY DURING THE ENTIRE MONITORING PERIOD.

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

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

NAME: ENERGY NUCLEAR FITZPATRICK  
ADDRESS: 288 LAKE ROAD EAST  
LYCOMING, NY 13093  
FACILITY: ENERGY NUCLEAR FITZPATRICK  
LOCATION: 288 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

FROM

MONITORING PERIOD		
YEAR	MO	DAY
06	12	01
TO		
YEAR	MO	DAY
06	12	31

No Data Indicator:

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Temp. diff. between intake and discharge 61576 2 0 Effluent Net	*****		*****	28.9	deg F	29.6	0	CONTIN- UOUS	RCORDR
	*****		*****	Req. Mon. DAILY AV	deg F	32.4 DAILY MIX		Continuous	RCORDR

I certify under penalty of law that this document and all attachments were prepared under my instruction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. I am a duly qualified person or person who manages the system, or those persons directly responsible for gathering, analyzing, and reporting the information submitted 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
P. DIETRICH  
SITE VICE PRESIDENT  
TYPED OR PRINTED



SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE	
315	342-3840	07	01 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 8' IN PLACE OF A VIOLATION WHEN APPLICABLE. DOES NOT APPLY DURING THE ENTIRE MONITORING PERIOD.

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

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

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

FROM

MONITORING PERIOD		
YEAR	MO	DAY
06	10	01
TO	YEAR	MO
	06	12
		31

No Data Indicator


PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Boron, total (as B)	*****		*****	*****	*****	mg/L	4/QTR	GRAB	
01022 1 0 Effluent Gross	*****		*****	DAILY MX		mg/L	Quarterly	GRAB	

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
P. DIETRICH  
SITE VICE PRESIDENT  
TYPED OR PRINTED

TELEPHONE		DATE	
315	342-3840	07	01
AREA Code	NUMBER	YEAR	MO
			09

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)

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

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LYCOMING, NY 13093  
FACILITY: ENERGY 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

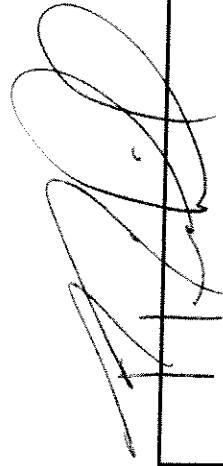
FROM

MONITORING PERIOD		YEAR		MO		DAY	
06	10	01	06	12	31		

TO

No Data Indicator

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION						NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Oil & grease	00556 1 0 Effluent Gross	*****		*****		*****		< 5.1	mg/L	0	QTRLY	GRAB
Flow, in conduit or thru treatment plant	50050 1 0 Effluent Gross	0.52	Mgal/d	*****		*****		Req. Mon DAILY MX	mg/L	0	Quarterly	CALCTD
		*****		*****		*****		*****		0	Quarterly	CALCTD
		*****		*****		*****		*****		0	Quarterly	CALCTD



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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
P. DIETRICH  
SITE VICE PRESIDENT  
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
315 342-3840

DATE  
07 01 09

AREA Code NUMBER  
315 342-3840

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

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

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

NY0020109  
PERMIT NUMBER

005Q  
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 13093

MAJOR (SUBR07)  
STORM RUNOFF & SEDIMENT POND  
External Outfall

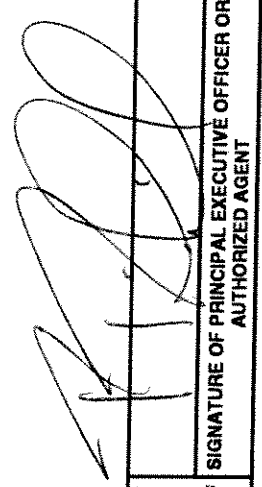
No Data indicator

FROM

YEAR	MO	DAY	TO	YEAR	MO	DAY
06	10	01		06	12	31

MONITORING PERIOD

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow rate	*****			*****			0	QTRLY	CALCTD
00556 1 0 Effluent Gross	*****	2300000	gal/d	*****	*****	*****		Quarterly	CALCTD
Oil & grease	*****			*****			0	QTRLY	GRAB
00556 1 0 Effluent Gross	*****			*****				Quarterly	GRAB



NAME/TITLE PRINCIPAL EXECUTIVE OFFICER P. DIETRICH SITE VICE PRESIDENT TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 315 342-3840	DATE 07 01 09
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code 315	YEAR 07
		NUMBER 342-3840	MO 01
			DAY 09