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

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

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)

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

NEW YORK STATE DEPARTMENT OF ENVIROMENTAL CONSERVATION

DIVISION OF WATER

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF November ,2006

Forms by EnviroWin (312-244-1900)

SPDES PERMIT No. NY--0020109

FACILITY NAME: James A Fitzpatrick Wastewater Treatment Plant

FACILITY OWNER: Entergy Nuclear Fitzpatrick,LLC

FACILITY LOCATION: 268 Lake Road Lycoming, NY 13093

Date	Day	VOLUME OF WASTEWATER		TEMPERATURE (°C.)		pH (S.U)		Solids		B.O.D.$_5$ (mg/l)		Effluent	
		Flow No. MGD	Flow Avg MGD	Influent Grab	Effluent Grab	Influent Grab	Effluent Grab	Effluent SS Grab Ml/L	Effluent TSS Grab Mg/L	Influent Grab	Effluent Grab	Fecal Coliform Col/100 ml	CL2 Mg/L avg
1	Wed	91720	0.008		16.8		7.5	<0.1					0.9
2	Thur		0.011		16.7		7.67	<0.1	5.0		<4	30	0.8
3	Fri		0.013		16.5		7.3	<0.1					0.6
4	Sat		0.021		16.0		7.2	<0.1					0.7
5	Sun		0.006		15.6		7.4	<0.1					1.0
6	Mon		0.008		15.6		7.5	<0.1					0.8
7	Tue		0.012		15.6		7.4	<0.1					0.9
8	Wed		0.012		15.7		7.2	<0.1					1.4
9	Thur		0.011		15.8		7.1	<0.1					1.3
10	Fri		0.011		16.0		7.3	<0.1					1.2
11	Sat	200290 / 0	0.003		15.5		7.3	<0.1					1.9
12	Sun		0.003		15.1		7.1	<0.1					1.3
13	Mon		0.004		14.6		7.4	<0.1					1.3
14	Tue		0.005		14.9		7.2	<0.1					0.8
15	Wed		0.014		15.7		7.2	<0.1					0.9
16	Thur		0.007		15.8		7.2	<0.1					0.8
17	Fri		0.015		16.5		7.1	<0.1					0.7
18	Sat		0.011		15.3		7.2	<0.1					1.4
19	Sun		0.003		15.0		7.3	<0.1					1.9
20	Mon		0.002		14.3		7.5	<0.1					1.2
21	Tue		0.005		14.7		7.3	<0.1					1.0
22	Wed		0.006		15.0		7.4	<0.1					0.9
23	Thur		0.005		15.1		7.2	<0.1					0.8
24	Fri		0.003		15.0		7.4	<0.1					1.6
25	Sat		0.002		14.7		7.3	<0.1					1.2
26	Sun		0.002		14.5		7.3	<0.1					1.1
27	Mon		0.001		15.0		7.5	<0.1					1.1
28	Tue		0.005		15.6		7.3	<0.1					0.6
29	Wed		0.009		15.9		7.3	<0.1					0.8
30	Thur	111760	0.008		15.8		7.1	<0.1					0.8
		Total	0.220	Minimum 0.0	Minimum 14.3	Minimum 0.0	Minimum 7.1						
			Maximum 0.021	Maximum 0.0	Maximum 16.8	Maximum 0.0	Maximum 7.7	Maximum <0.1	SPDES 30 d/avg		SPDES <4	SPDES 30	Maximum 1.9
		Average	0.0073		15.5			<0.1	5.0				1.1

Signature: Daryl T. Hallinan

Date: 12/07/2006

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

AME: ENTERGY NUCLEAR FITZPATRICK
DDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093
ACILITY: ENTERGY NUCLEAR FITZPATRICK
OCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093
TTN:T A SULLIVAN

NY0020109	001A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
olids, total suspended	SAMPLE MEASUREMENT	******	******		******	<0.4	1.0	mg/L	0	WEEKLY	GRAB
0530 2 0 ffluent Net	PERMIT REQUIREMENT	******	******		******	30 DAILY AV	50 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
. DIETRICH ITE 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	11	13
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

OMMENTS 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

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

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

NY0020109	002A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 13093
MAJOR
(SUBR07)
OIL/WATER SEPARATOR
External Outfall
No Data Indicator X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
	SAMPLE MEASUREMENT	******	******			******					
400 1 0 fluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	SU		Twice Per Month	GRAB
lids, total suspended	SAMPLE MEASUREMENT	******	******		******						
530 1 0 fluent Gross	PERMIT REQUIREMENT	******	******		******	30 DAILY AV	50 DAILY MX	mg/L		Twice Per Month	GRAB
l & grease	SAMPLE MEASUREMENT	******	******		******						
556 1 0 fluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	15 DAILY MX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		315	342-3840	06	11	13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
N ADDITIONAL GRAB SAMPLE SHALL BETAKEN DURING ANY DISCHARGE FROM THE FLY ASH HOPPER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

AME: ENTERGY NUCLEAR FITZPATRICK
DDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093
ACILITY: ENTERGY NUCLEAR FITZPATRICK
OCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093
TTN:T A SULLIVAN

NY0020109	005A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Data Indicator X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
low rate	SAMPLE MEASUREMENT	******			******	******	******				
0056 IN 0 llowed Increase	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/d	******	******	******			Once Per Batch	CALCTD
olids, total suspended	SAMPLE MEASUREMENT	******	******		******	******					
0530 IN 0 llowed Increase	PERMIT REQUIREMENT	******	******		******	******	50 DAILY MX	mg/L		Once Per Batch	GRAB
olids, settleable	SAMPLE MEASUREMENT	******	******		******	******					
0545 IN 0 llowed Increase	PERMIT REQUIREMENT	******	******		******	******	.3 DAILY MX	mL/L		Once Per Batch	GRAB

AME/TITLE PRINCIPAL EXECUTIVE OFFICER

. DIETRICH
ITE 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	11	13
AREA Code	NUMBER	YEAR	MO	DAY

MMENTS 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

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

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

NY0020109	012A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 13093

MAJOR
(SUBR07)
SANITARY WASTES
External Outfall

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
ow rate	SAMPLE MEASUREMENT	******	21000	gal/d	******	******	******		0	DAILY	INSTAN
0056 1 0 ffluent Gross	PERMIT REQUIREMENT	******	60000 DAILY MX	gal/d	******	******	******			Once Per Month	INSTAN
OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******		******	<4	<4	mg/L	0	ONCE/ MONTH	GRAB
0310 1 0 ffluent Gross	PERMIT REQUIREMENT	******	******		******	30 30DA AVG	45 7 DA AVG	mg/L		Once Per Month	GRAB
H	SAMPLE MEASUREMENT	******	******		7.1	******	7.7	SU	0	DAILY	GRAB
0400 1 0 ffluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	SU		Once Per Month	GRAB
olids, total suspended	SAMPLE MEASUREMENT	******	******		******	5.0	5.0	mg/L	0	ONCE/ MONTH	GRAB
0530 1 0 ffluent Gross	PERMIT REQUIREMENT	******	******		******	30 30DA AVG	45 7 DA AVG	mg/L		Once Per Month	GRAB
olids, settleable	SAMPLE MEASUREMENT	******	******		******	******	<0.1	mL/L	0	DAILY	GRAB
0545 1 0 ffluent Gross	PERMIT REQUIREMENT	******	******		******	******	.1 DAILY MX	mL/L		Once Per Month	GRAB
hlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	1.9	mg/L	0	DAILY	GRAB
0060 1 0 ffluent Gross	PERMIT REQUIREMENT	******	******		******	******	2 MAXIMUM	mg/L		Once Per Month	GRAB
oliform, fecal general	SAMPLE MEASUREMENT	******	******		******	30	30	#/100mL	0	ONCE/ MONTH	GRAB
4055 1 0 ffluent Gross	PERMIT REQUIREMENT	******	******		******	200 30DA GEO	400 7 DA GEO	#/100mL		Once Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315 342-3840		06	11	13
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

NY0020109	026A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	11	01	TO	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	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
low rate	SAMPLE MEASUREMENT				******	******	******				
0056 1 0 ffluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	******	******	******			Once Per Discharge	ESTIMA
H	SAMPLE MEASUREMENT	******	******			******					
0400 1 0 ffluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	SU		Once Per Batch	GRAB
olids, total suspended	SAMPLE MEASUREMENT	******	******		******						
0530 1 0 ffluent Gross	PERMIT REQUIREMENT	******	******		******	30 DAILY AV	50 DAILY MX	mg/L		Once Per Batch	GRAB
il & grease	SAMPLE MEASUREMENT	******	******		******	******					
0556 1 0 ffluent Gross	PERMIT REQUIREMENT	******	******		******	******	15 DAILY MX	mg/L		Once Per Batch	GRAB

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

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	342-3840	06	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

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

AME: ENTERGY NUCLEAR FITZPATRICK
DDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093
ACILITY: ENTERGY NUCLEAR FITZPATRICK
OCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093
TTN:T A SULLIVAN

NY0020109	001B
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
olids, total suspended	SAMPLE MEASUREMENT	******	******		******	12.4	29.5	mg/L	0	WEEKLY	GRAB
0530 2 0 ffluent Net	PERMIT REQUIREMENT	******	******		******	30 DAILY AV	50 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	342-3840	06	11	13
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

OMMENTS 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

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

IAME: ENTERGY NUCLEAR FITZPATRICK
DDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093
ACILITY: ENTERGY NUCLEAR FITZPATRICK
OCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093
TTN:T A SULLIVAN

NY0020109	001C
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Data Indicator [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
H	SAMPLE MEASUREMENT	******	******			******					
0400 IN 0 lowed Increase	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	SU		Once Per Batch	GRAB
olids, total suspended	SAMPLE MEASUREMENT	******	******		******						
0530 IN 0 owed Increase	PERMIT REQUIREMENT	******	******		******	30 DAILY AV	50 DAILY MX	mg/L		Once Per Batch	GRAB

AME/TITLE PRINCIPAL EXECUTIVE OFFICER
. DIETRICH
ITE 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	11	13
AREA Code	NUMBER	YEAR	MO	DAY

IMENTS 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

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

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

NY0020109	001E
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 13093
MAJOR
(SUBR07)
LOW COND. WASTE SAMPLE TANK
External Outfall
No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
ecific conductance	SAMPLE MEASUREMENT	******	******		******	******	0.79	uS/cm	0	Meas when Monitored	GRAB
095 IN 0 owed Increase	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	uS/cm		Measured When Monitor	GRAB
	SAMPLE MEASUREMENT	******	******		NODI9	******	NODI9	SU	0	ONCE/ BATCH	GRAB
400 IN 0 lowed Increase	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	SU		Once Per Batch	GRAB
	SAMPLE MEASUREMENT	******	******		5.8	******	6.2	SU	0	ONCE/ BATCH	GRAB
400 P 0 e Comments	PERMIT REQUIREMENT	******	******		4 MINIMUM	******	9 MAXIMUM	SU		Once Per Batch	GRAB
lids, total suspended	SAMPLE MEASUREMENT	******	******		******	<0.1	<0.1	mg/L	0	ONCE/ BATCH	GRAB
530 IN 0 lowed Increase	PERMIT REQUIREMENT	******	******		******	30 DAILY AV	50 DAILY MX	mg/L		Once Per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		315	342-3840	06	11	13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) There were 19 batch discharges during this reporting period.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

AME: ENTERGY NUCLEAR FITZPATRICK
DDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093
ACILITY: ENTERGY NUCLEAR FITZPATRICK
OCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093
TTN:T A SULLIVAN

NY0020109	001F
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
low rate	SAMPLE MEASUREMENT	******	4.8	gal/min	******	******	******		0	FOUR/ MONTH	INSTAN
0058 IN 0 llowed Increase	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/min	******	******	******			Once Per Month	INSTAN
oron, total (as B)	SAMPLE MEASUREMENT	******	******		******	******	2100	mg/L	0	FOUR/ MONTH	GRAB
1022 IN 0 llowed Increase	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		Once Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315 342-3840		06	11	13
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

MMENTS 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

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

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

NY0020109	001H
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
	SAMPLE MEASUREMENT	******	******		8.0	******	8.2	SU	0	DAILY	GRAB
400 IN 0 lowed Increase	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	SU		Daily	GRAB
ow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	75.1	79.0	Mgal/d	******	******	******		0	CONTIN-UOUS	CALCTD
050 IN 0 lowed Increase	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	Mgal/d	******	******	******			Continuous	PMPLOG
hlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	0.07	mg/L	0	CLRNTN OCCURS	GRAB
060 IN 0 lowed Increase	PERMIT REQUIREMENT	******	******		******	******	.2 DAILY MX	mg/L		Chlorination/Occurances	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		315	342-3840	06	11	13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

AME: ENTERGY NUCLEAR FITZPATRICK
DDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093

ACILITY: ENTERGY NUCLEAR FITZPATRICK
OCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093

TTN:T A SULLIVAN

NY0020109	001I
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
H	SAMPLE MEASUREMENT	******	******		7.9	******	8.0	SU	0	THREE/ MONTH	GRAB
0400 IN 0 llowed Increase	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	SU		Once Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315 342-3840		06	11	13
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

NY0020109	001J
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******		8.0	******	8.2	SU	0	DAILY	GRAB
00400 IN 0 Allowed Increase	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	SU		Once Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.58	2.45	Mgal/d	******	******	******		0	CONTIN-UOUS	CALCTD
50050 IN 0 Allowed Increase	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	Mgal/d	******	******	******			Continuous	PMPLOG
Chlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	0.07	mg/L	0	CLRNTN OCCURS	GRAB
50060 IN 0 Allowed Increase	PERMIT REQUIREMENT	******	******		******	******	.2 DAILY MX	mg/L		Chlorination/Occurances	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		315 342-3840		06	11	13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

AME: ENTERGY NUCLEAR FITZPATRICK
DDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093
ACILITY: ENTERGY NUCLEAR FITZPATRICK
OCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093
TTN:T A SULLIVAN

NY0020109	001K
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
H	SAMPLE MEASUREMENT	******	******		8.0	******	8.2	SU	0	DAILY	GRAB
0400 IN 0 llowed Increase	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	SU		Once Per Month	GRAB
low, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.19	2.31	Mgal/d	******	******	******		0	CONTIN-UOUS	CALCTD
0050 IN 0 llowed Increase	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	Mgal/d	******	******	******			Continuous	PMPLOG
hlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	0.07	mg/L	0	CLRNTN OCCURS	GRAB
0060 IN 0 llowed Increase	PERMIT REQUIREMENT	******	******		******	******	.2 DAILY MX	mg/L		Chlorination/Occurances	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		315 342-3840		06	11	13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
H AND CHLORINE ARE REPEATED VALUES OF THE REPRESENTATIVE GRAB AT 001H. B and D Emergency Diesel Generators

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

Form Approved
OMB No. 2040-0004

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

AME: ENTERGY NUCLEAR FITZPATRICK
DDRESS: 268 LAKE ROAD EAST
LYCOMING, NY 13093
ACILITY: ENTERGY NUCLEAR FITZPATRICK
OCATION: 268 LAKE ROAD EAST
LYCOMING, NY 13093
TTN:T A SULLIVAN

NY0020109	001M
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
emperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******		******	77.2	84.0	deg F	0	CONTIN-UOUS	RCORDR
0011 1 0	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	112 DAILY MX	deg F		Continuous	RCORDR
H	SAMPLE MEASUREMENT	******	******		8.0	******	8.2	SU	0	DAILY	GRAB
0400 1 0	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
il & grease	SAMPLE MEASUREMENT	******	******		******	******	<5.0	mg/L	0	ONCE/ MONTH	GRAB
0556 1 0	PERMIT REQUIREMENT	******	******		******	******	15 DAILY MX	mg/L		Once Per Month	GRAB
LAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	******	******		******	******	NODI9	mg/L	0	WHEN DSCHG	GRAB
1251 1 0	PERMIT REQUIREMENT	******	******		******	******	.2 DAILY MX	mg/L		When Discharging	GRAB
ow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	514	596	Mgal/d	******	******	******		0	CONTIN-UOUS	CALCTD
0050 1 0	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	Mgal/d	******	******	******			Continuous	PMPLOG
lorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	0.10	mg/L	0	WHEN DSCHG	GRAB
0060 1 0	PERMIT REQUIREMENT	******	******		******	******	.2 DAILY MX	mg/L		When Discharging	GRAB
t rate of additionof heat	SAMPLE MEASUREMENT	******	******		******	4.88	5.72	GBTU/hr	0	DAILY	CALCTD
0575 2 0	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	6 DAILY MX	GBTU/hr		Daily	CALCTD

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

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SCHARGE/INTAKE TEMPERATURE DIFFERENCE & NET RATE OF ADDITION OF HEAT MAY EXCEED LIMIT BY 5% DUE TOTHERMODYNAMIC FLUCTUATION IN THE PROCESS STEAM CYCLE. ENTER 'NODI 9'IN PLACE OF A EASUREMENT WHEN APARAMETER DOES NOT APPLY DURING THE ENTIRE MONITORING PERIOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

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

ATTN:T A SULLIVAN

NY0020109	001M
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
emp. diff. between intake and scharge	SAMPLE MEASUREMENT	******	******		******	23.8	28.3	degF	0	CONTIN-UOUS	RCORDR
1576 2 0	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	32.4 DAILY MX	deg F		Continuous	RCORDR
ffluent Net											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

. DIETRICH
LTE 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		
AREA Code	NUMBER	YEAR	MO	DAY
315	342-3840	06	11	13

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 TOTHERMODYNAMIC 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

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

January 22, 2007
JAFP-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)

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

NEW YORK STATE DEPARTMENT OF ENVIROMENTAL CONSERVATION

DIVISION OF WATER

Forms by EnviroWin (312-244-1900)

WASTEWATER FACILITY OPERATION REPORT FOR THE MONTH OF December ,2006

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

		VOLUME OF WASTEWATER		TEMPERATURE (°C.)		pH (S.U)		Solids		B.O.D.$_5$ (mg/l)		Effluent	
Date	Day	Flow No. MGD	Flow Avg MGD	Influent Grab	Effluent Grab	Influent Grab	Effluent Grab	Effluent SS Grab Ml/L	Effluent TSS Grab Mg/L	Influent Grab	Effluent Grab	Fecal Coliform Col/100 ml	CL2 Mg/L avg
1	Fri	120760	0.009		16.2		7.6	<0.1					0.8
2	Sat		0.009		15.8		7.3	<0.1					0.7
3	Sun		0.006		14.9		7.5	<0.1					1.2
4	Mon		0.002		14.5		7.5	<0.1					1.5
5	Tue		0.006		14.3		7.4	<0.1					0.8
6	Wed		0.007		13.6		7.3	<0.1					0.5
7	Thur		0.004		14.0		7.3	<0.1					1.3
8	Fri		0.005		14.0		7.1	<0.1					1.6
9	Sat		0.002		12.7		7.4	<0.1					1.1
10	Sun		0.002		12.7		7.4	<0.1					1.4
11	Mon		0.002		13.0		7.4	<0.1					1.2
12	Tue		0.004		13.6		7.58	<0.1	<4		<4	<10	0.6
13	Wed		0.004		14.3		7.4	<0.1					0.7
14	Thur		0.004		14.2		7.3	<0.1					0.8
15	Fri		0.004		14.5		7.3	<0.1					0.8
16	Sat		0.004		14.6		7.1	<0.1					0.8
17	Sun		0.001		14.2		7.4	<0.1					1.3
18	Mon		0.001		14.6		7.6	<0.1					1.3
19	Tue		0.004		14.6		7.1	<0.1					0.6
20	Wed		0.003		14.5		7.2	<0.1					1.2
21	Thur		0.003		13.8		7.2	<0.1					0.8
22	Fri		0.008		14.4		7.4	<0.1					0.7
23	Sat	205830 / 0	0.001		14.5		7.5	<0.1					0.7
24	Sun		0.006		14.0		7.5	<0.1					0.9
25	Mon		0.002		13.8		7.5	<0.1					1.5
26	Tue		0.007		13.8		7.4	<0.1					0.6
27	Wed		0.005		12.6		7.5	<0.1					1.4
28	Thur		0.005		12.6		7.5	<0.1					0.8
29	Fri		0.007		12.4		7.4	<0.1					0.8
30	Sat		0.003		12.3		7.5	<0.1					0.8
31	Sun	37610	0.002		12.2		7.6	<0.1					1.0
		Total	0.123	Minimum 0.0	Minimum 12.2	Minimum 0.0	Minimum 7.1						
			Maximum 0.009	Maximum 0.0	Maximum 16.2	Maximum 0.0	Maximum 7.6	Maximum <0.1	SPDES 30 d/avg		SPDES <4	SPDES <10	Maximum 1.6
		Average	0.0040		13.9			<0.1	<4				1.0

Signature: Mary T. Hallinan Date: 01/07/2007

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

NY0020109	001A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Data Indicator ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	342-3840	07	01	09
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

NY0020109	002A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Data Indicator X

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

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

OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
I ADDITIONAL GRAB SAMPLE SHALL BETAKEN DURING ANY DISCHARGE FROM THE FLY ASH HOPPER.

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

Form Approved
OMB No. 2040-0004

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

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

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

ATTN:T A SULLIVAN

NY0020109	005A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Data Indicator X

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

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

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the 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	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)

Form Approved
OMB No. 2040-0004

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

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

NY0020109	012A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Data Indicator [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	******	9000	gal/d	******	******	******		0	DAILY	INSTAN
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	******	60000 DAILY MX	gal/d	******	******	******			Once Per Month	INSTAN
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******		******	< 4	< 4	mg/L	0	ONCE/ MONTH	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	30 30DA AVG	45 7 DA AVG	mg/L		Once Per Month	GRAB
pH	SAMPLE MEASUREMENT	******	******		7.1	******	7.6	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	SU		Once Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	< 4	< 4	mg/L	0	ONCE/ MONTH	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	30 30DA AVG	45 7 DA AVG	mg/L		Once Per Month	GRAB
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******	< 0.1	mL/L	0	DAILY	GRAB
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	1 DAILY MX	mL/L		Once Per Month	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	1.6	mg/L	0	DAILY	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	2 MAXIMUM	mg/L		Once Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	******	******		******	< 10	< 10	#/100mL	0	ONCE/ MONTH	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	200 30DA GEO	400 7 DA GEO	#/100mL		Once Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	342-3840	07	01	09
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

NY0020109	026A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Data Indicator [X]

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

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

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	342-3840	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)

Form Approved
OMB No. 2040-0004

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

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

NY0020109	001B
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Data Indicator ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	342-3840	07	01	09
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

NY0020109	001C
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Data Indicator [X]

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		315	342-3840	07	01	09
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

NY0020109	001E
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 13093

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

No Data Indicator [X]

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		315 342-3840		07	01	09
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

NY0020109	001F
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Data Indicator [X]

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

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

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

NY0020109	001H
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 13093

MAJOR
(SUBR07)
SERVICE WATER
External Outfall

No Data Indicator ☐

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******		8.0	******	8.2	SU	0	DAILY	GRAB
00400 IN 0 Allowed Increase	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	SU		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	62.6	79.9	Mgal/d	******	******	******		0	CONTIN-UOUS	CALCTD
50050 IN 0 Allowed Increase	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	Mgal/d	******	******	******			Continuous	PMPLOG
Chlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	0.07	mg/L	0	CLRNTN OCCURS	GRAB
50060 IN 0 Allowed Increase	PERMIT REQUIREMENT	******	******		******	******	2 DAILY MX	mg/L		Chlorination/Occurances	GRAB

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

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

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

ATTN:T A SULLIVAN

NY0020109	001I
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 13093

MAJOR
(SUBR07)
REVERSE OSMOSIS
External Outfall

No Data Indicator [X]

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		315	342-3840	07	01	09
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

NY0020109	001J
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 13093

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

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******		8.0	******	8.2	SU	0	DAILY	GRAB
00400 IN 0 Allowed Increase	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	SU		Once Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.49	1.98	Mgal/d	******	******	******		0	CONTIN-UOUS	CALCTD
50050 IN 0 Allowed Increase	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	Mgal/d	******	******	******			Continuous	PMPLOG
Chlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	0.07	mg/L	0	CLRNTN OCCURS	GRAB
50060 IN 0 Allowed Increase	PERMIT REQUIREMENT	******	******		******	******	.2 DAILY MX	mg/L		Chlorination/Occurances	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		315	342-3840	07	01	09
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

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

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

ATTN:T A SULLIVAN

NY0020109	001K
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******		8.0	******	8.2	SU	0	DAILY	GRAB
00400 IN 0 Allowed Increase	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	SU		Once Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.78	1.75	Mgal/d	******	******	******		0	CONTIN-UOUS	CALCTD
50050 IN 0 Allowed Increase	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	Mgal/d	******	******	******			Continuous	PMPLOG
Chlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	0.07	mg/L	0	CLRNTN OCCURS	GRAB
50060 IN 0 Allowed Increase	PERMIT REQUIREMENT	******	******		******	******	.2 DAILY MX	mg/L		Chlorination/Occurances	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		315	342-3840	07	01	09
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

NY0020109	001M
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******		******	81.0	84.6	deg F	0	CONTIN-UOUS	RCORDR
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	112 DAILY MX	deg F		Continuous	RCORDR
pH	SAMPLE MEASUREMENT	******	******		8.0	******	8.2	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	******	******		******	******	<5.0	mg/L	0	ONCE/ MONTH	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	15 DAILY MX	mg/L		Once Per Month	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	******	******		******	******	NODI9	mg/L	0	WHEN DSCHG	GRAB
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	2 DAILY MX	mg/L		When Discharging	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	510	544	Mgal/d	******	******	******		0	CONTIN-UOUS	CALCTD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	Mgal/d	******	******	******			Continuous	PMPLOG
Chlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	0.10	mg/L	0	WHEN DSCHG	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	2 DAILY MX	mg/L		When Discharging	GRAB
Net rate of additionof heat	SAMPLE MEASUREMENT	******	******		******	5.70	5.71	GBTU/hr	0	DAILY	CALCTD
11575 2 0 Effluent Net	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	6 DAILY MX	GBTU/hr		Daily	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	342-3840	07	01	09
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

NY0020109	001M
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Data Indicator:

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315 342-3840		07	01	09
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

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

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

Form Approved
OMB No. 2040-0004

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

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

NY0020109	001Q
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Boron, total (as B)	SAMPLE MEASUREMENT	******	******		******	******	< 0.2	mg/L	0	4/QTR	GRAB
01022 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	1 DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	342-3840	07	01	09
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

NY0020109	002Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

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

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil & grease	SAMPLE MEASUREMENT	******	******		******	******	< 5.1	mg/L	0	QTRLY	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	Req. Mon. DAILY MX	mg/L		Quarterly	CALCTD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.52	4.8	Mgal/d	******	******	******		0	QTRLY	CALCTD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	Mgal/d	******	******	******			Quarterly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		315	342-3840	07	01	09
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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

Form Approved
OMB No. 2040-0004

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

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

NY0020109	005Q
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	******	2300000	gal/d	******	******	******		0	QTRLY	CALCTD
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	gal/d	******	******	******			Quarterly	CALCTD
Oil & grease	SAMPLE MEASUREMENT	******	******		******	******	< 5.5	mg/L	0	QTRLY	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	15 DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P. DIETRICH SITE VICE PRESIDENT	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		315	342-3840	07	01	09
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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