

CENG

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Constellation
Energy



P.O. Box 63
Lycoming, NY 13093

NINE MILE POINT NUCLEAR STATION

May 28, 2010

NYS Department of Environmental Conservation
625 Broadway
Albany, New York 12233-3506

ATTENTION: Division of Water
Bureau of Water Compliance Programs

SUBJECT: Nine Mile Point Nuclear Station

State Pollutant Discharge Elimination System
Permit No. NY 000 1015, April 2010, Discharge Monitoring Report

REFERENCE: (1) Nine Mile Point Nuclear Station, LLC, SPDES Permit Number NY 000
1015, DEC Number 7-3556-00013/00001

In accordance with the State Pollutant Discharge Elimination System (SPDES) Permit Number NY 000 1015 for the Nine Mile Point Nuclear Station (NMPNS), with an effective date of December 1, 2009 (Reference 1), enclosed is the Discharge Monitoring Report (DMR) for the month of April 2010.

SPDES samples were collected pursuant to the requirements of the SPDES Permit. During the month, there were no SPDES Permit limit exceedances.

If you have any questions regarding the DMR, please contact Kent Stoffle, Principal Environmental Engineer, at (315) 349-1364.

Sincerely,

Terry F. Syrell
Director, Licensing

TFS/JJH

Enclosure: Discharge Monitoring Report – April 2010, Permit Number NY 000 1015

cc: Fred Gillette, NYSDEC
Oswego County Dept. of Health

JES
NRB

ENCLOSURE

DISCHARGE MONITORING REPORT – APRIL 2010

PERMIT NUMBER NY 000 1015

Nine Mile Point Nuclear Station, LLC
May 28, 2010

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

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

NAME: NINE MILE POINT NUCLEAR STA
ADDRESS: PO BOX 63
LYCOMING, NY 13093
FACILITY: NINE MILE POINT NUCLEAR STA
LOCATION: 348 LAKE ROAD
LYCOMING, NY 13093
ATTN: TERRY SYRELL

NY0001015		007-M	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
FROM	MM/DD/YYYY	TO	MM/DD/YYYY
	04/01/2010		04/30/2010

DMR MAILING ZIP CODE: 130930063
MAJOR (SUBR07)
FLOOR AND EQUIPMENT DRAINS
External Outfall

No Discharge

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	*****	3200	gal/d	*****	*****	*****	*****	0	1/30	ES
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	8.2	SU	0	4/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	<4	<4	mg/L	0	4/30	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	50 DAILY MX	mg/L		Monthly	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<6	mg/L	0	5/30 (1)	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.9	mg/L	0	4/30	GR
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4 DAILY MX	mg/L		Monthly	GRAB
Aluminum, total (as Al)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.03	mg/L	0	4/30	GR
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Terry F. Syrell Director, Licensing			(315) 349-5219	05/28/2010
TYPED OR PRINTED			AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ENTER 'NODI 9' IN PLACE OF MEASUREMENTS FOR PARAMETERS NOT APPLICABLE DURING THE ENTIRE MONITORING PERIOD.

1) See comments on Pages 22 and 23.

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

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

NAME: NINE MILE POINT NUCLEAR STA
ADDRESS: PO BOX 63
LYCOMING, NY 13093
FACILITY: NINE MILE POINT NUCLEAR STA
LOCATION: 348 LAKE ROAD
LYCOMING, NY 13093
ATTN: TERRY SYRELL

NY0001015
PERMIT NUMBER

010-M
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 130930063
MAJOR (SUBR07)
CONDENSER COOLING WATER UNIT 1
External Outfall

MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
04/01/2010 TO 04/30/2010

No Discharge

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	*****	*****	*****	*****	*****	84	deg F	0	99/99	RC
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	115 DAILY.MX	deg F		Continuous	RCORDR
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9 (1)	NODI 9 (1)				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY.AV	Req. Mon. DAILY.MX	mg/L		Daily When Discharging	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.020	mg/L	0	1/30	GR
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.053 DAILY.MX	mg/L		Monthly	GRAB
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.1	mg/L	0	01/BA	GR
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY.MX	mg/L		Once Per Batch	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	384.9	Mgal/d	*****	*****	*****	*****	0	99/99	CA
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	417.6 DAILY.MX	Mgal/d	*****	*****	*****	*****		Continuous	CALCTD
Net rate of addition of heat	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4272	MBTU/hr	0	24/01	CA
61575 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4405 DAILY.MX	MBTU/hr		Hourly	CALCTD
Net rate of addition of heat	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9 (1)				
61575 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY.MX	MBTU/hr		Hourly	CALCTD

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Terry F. Syrell Director, Licensing		(315) 349-5219	05/28/2010
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
			MM/DD/YYYY

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

ENTER 'NODI 9' IN PLACE OF MEASUREMENTS FOR PARAMETERS NOT APPLICABLE DURING THE ENTIRE MONITORING PERIOD. MONITORING LOCATION 'P' IS TO REPORT DELTA TEMPERATURE IN ACCORDANCE WITH FOOTNOTE 6

1) SEE COMMENTS ON PAGE 22 and 23.

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

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

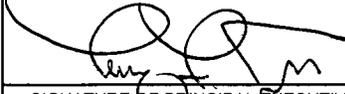
NAME: NINE MILE POINT NUCLEAR STA
ADDRESS: PO BOX 63
LYCOMING, NY 13093
FACILITY: NINE MILE POINT NUCLEAR STA
LOCATION: 348 LAKE ROAD
LYCOMING, NY 13093
ATTN: TERRY SYRELL

NY0001015	010-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2010	04/30/2010

DMR MAILING ZIP CODE: 130930063
MAJOR (SUBR07)
CONDENSER COOLING WATER UNIT 1
External Outfall

No Discharge

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	*****	*****	*****	*****	*****	32	deg F	0	99/99	RC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	35 DAILY.MX	deg F		Continuous	RCORDR
Temp. diff. between intake and discharge 61576 P 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9 (1)	deg F			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req: Mon DAILY.MX	deg F		Continuous	RCORDR
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU	0	1/30	GR (1)
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE	
Terry F. Syrell Director, Licensing			(315) 349-5219	05/28/2010	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

ENTER 'NODI 9' IN PLACE OF MEASUREMENTS FOR PARAMETERS NOT APPLICABLE DURING THE ENTIRE MONITORING PERIOD. MONITORING LOCATION 'P' IS TO REPORT DELTA TEMPERATURE IN ACCORDANCE WITH FOOTNOTE 6
1) SEE COMMENTS ON PAGES 22 AND 23.

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

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

NAME: NINE MILE POINT NUCLEAR STA
ADDRESS: PO BOX 63
LYCOMING, NY 13093
FACILITY: NINE MILE POINT NUCLEAR STA
LOCATION: 348 LAKE ROAD
LYCOMING, NY 13093
ATTN: TERRY SYRELL

NY0001015		011-M	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/01/2010	TO	04/30/2010

DMR MAILING ZIP CODE: 130930063
MAJOR (SUBR07)
UNIT #1 WASTEWATER
External Outfall

No Discharge

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		Once Per Batch	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	4 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
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Once Per Batch	CALCTD

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Terry F. Syrell Director, Licensing		(315) 349-5219		05/28/2010
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PH RANGE OF 4.0 TO 9.0 IS FOR REPORTING WHEN CONDUCTIVITY IS LOWER THAN 10 MICROMHOS/CM THAT AT MONITORING LOCATION EQUALS U. ENTER 'NODI 9' IN PLACE OF A MEASUREMENT FOR PARAMETERS WHICH DO NOT APPLY FOR THE MONITORING PERIOD.
1) SEE COMMENTS ON PAGE 23.

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

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

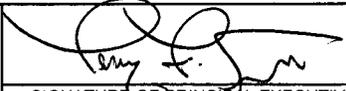
NAME: NINE MILE POINT NUCLEAR STA
ADDRESS: PO BOX 63
LYCOMING, NY 13093
FACILITY: NINE MILE POINT NUCLEAR STA
LOCATION: 348 LAKE ROAD
LYCOMING, NY 13093
ATTN: TERRY SYRELL

NY0001015		01A-M	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
FROM	MM/DD/YYYY	TO	MM/DD/YYYY
	04/01/2010		04/30/2010

DMR MAILING ZIP CODE: 130930063
MAJOR (SUBR07)
DECAY HEAT COOLING BLOWDOWN
Internal Outfall

No Discharge

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	*****	*****	*****	*****	*****					
00011 IN 0 Allowed increase	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	90 DAILY MX	deg F		Monthly	GRAB
Flow rate	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
00056 IN 0 Allowed increase	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 IN 0 Allowed increase	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	mg/L		Monthly	GRAB

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Terry F. Syrell Director, Licensing			(315) 349-5219	05/28/2010	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
1) SEE COMMENTS ON PAGE 23.

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

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

NAME: NINE MILE POINT NUCLEAR STA
ADDRESS: PO BOX 63
LYCOMING, NY 13093
FACILITY: NINE MILE POINT NUCLEAR STA
LOCATION: 348 LAKE ROAD
LYCOMING, NY 13093
ATTN: TERRY SYRELL

NY0001015
PERMIT NUMBER

020-M
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 130930063
MAJOR (SUBR07)
STORM DRAINAGE UNIT #1
External Outfall

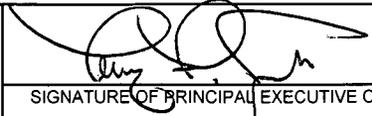
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2010	04/30/2010

FROM

TO

No Discharge

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	E40000	E40000	gal/d	*****	*****	*****	*****	0	1/30	CA
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.0	*****	8.0	SU	0	1/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violators.		TELEPHONE		DATE
Terry F. Syrell Director, Licensing			(315) 349-5219	05/28/2010	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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: NINE MILE POINT NUCLEAR STA
ADDRESS: PO BOX 63
LYCOMING, NY 13093
FACILITY: NINE MILE POINT NUCLEAR STA
LOCATION: 348 LAKE ROAD
LYCOMING, NY 13093
ATTN: TERRY SYRELL

NY0001015
PERMIT NUMBER

021-M
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 130930063
MAJOR (SUBR07)
FILTER BACKWASH/DEMIN. MAKE-UP
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/01/2010	TO	04/30/2010

No Discharge

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

1) SEE COMMENTS ON PAGE 23.

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

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

NAME: NINE MILE POINT NUCLEAR STA
ADDRESS: PO BOX 63
LYCOMING, NY 13093
FACILITY: NINE MILE POINT NUCLEAR STA
LOCATION: 348 LAKE ROAD
LYCOMING, NY 13093

NY0001015
PERMIT NUMBER

023-M
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 130930063
MAJOR (SUBR07)
UNIT 1 OIL SPILL RETENTION BSN
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2010	04/30/2010

FROM

TO

ATTN: TERRY SYRELL

No Discharge

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 MX	gal/d	*****	*****	*****	*****		Once Per Discharge	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Per Discharge	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY-MX	mg/L		Once Per Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Terry F. Syrell Director, Licensing		(315) 349-5219	05/28/2010
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code NUMBER

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

1) SEE COMMENTS ON PAGE 23.

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

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

NAME: NINE MILE POINT NUCLEAR STA
ADDRESS: PO BOX 63
LYCOMING, NY 13093
FACILITY: NINE MILE POINT NUCLEAR STA
LOCATION: 348 LAKE ROAD
LYCOMING, NY 13093
ATTN: TERRY SYRELL

NY0001015
PERMIT NUMBER

024-M
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 130930063
MAJOR (SUBR07)
NMP-1 DIESEL OFF-LOADING PAD
External Outfall

MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
04/01/2010 TO 04/30/2010

No Discharge

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:MX	gal/d	*****	*****	*****	*****		Once Per Discharge	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY:MX	mg/L		Once Per Discharge	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY:MX	mg/L		Once Per Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Terry F. Syrell Director, Licensing		(315) 349-5219		05/28/2010
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

1) SEE COMMENTS ON PAGE 23.

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

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

NAME: NINE MILE POINT NUCLEAR STA
ADDRESS: PO BOX 63
LYCOMING, NY 13093
FACILITY: NINE MILE POINT NUCLEAR STA
LOCATION: 348 LAKE ROAD
LYCOMING, NY 13093
ATTN: TERRY SYRELL

NY0001015		025-M	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/01/2010	TO	04/30/2010

DMR MAILING ZIP CODE: 130930063
MAJOR (SUBR07)
COOLING TOWER EMERGENCY OVRFLW
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
00011 0 0 Intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. Daily MX	deg F		Once Per Discharge	GRAB
00011 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. Daily MX	deg F		Once Per Discharge	GRAB
00056 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	Req. Mon. Daily MX	gal/d	*****	*****	*****	*****		Once Per Discharge	ESTIMA
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Per Discharge	GRAB
01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Once Per Discharge	GRAB
01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	163 DAILY MX	mg/L		Once Per Discharge	GRAB
34044 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY MX	mg/L		Once Per Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Terry F. Syrell Director, Licensing			(315) 349-5219	05/28/2010
TYPED OR PRINTED			AREA Code	NUMBER
				MM/DD/YYYY

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

1) SEE COMMENTS ON PAGE 23.

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

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

NAME: NINE MILE POINT NUCLEAR STA
ADDRESS: PO BOX 63
LYCOMING, NY 13093
FACILITY: NINE MILE POINT NUCLEAR STA
LOCATION: 348 LAKE ROAD
LYCOMING, NY 13093
ATTN: TERRY SYRELL

NY0001015
PERMIT NUMBER

025-M
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 130930063
MAJOR (SUBR07)
COOLING TOWER EMERGENCY OVRFLW
External Outfall

MONITORING PERIOD			
MM/DD/YYYY	FROM	TO	MM/DD/YYYY
04/01/2010			04/30/2010

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, free available 50064 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	19 DAILY.MX	mg/L		Once Per Discharge	GRAB
Temp. diff. between intake and discharge 61576 2 0 Effluent Net	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. Daily MX	deg F		Once Per Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Terry F. Syrell Director, Licensing		(315) 349-5219		05/28/2010
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

1) SEE COMMENTS ON PAGE 23.

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

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

NAME: NINE MILE POINT NUCLEAR STA
ADDRESS: PO BOX 63
LYCOMING, NY 13093
FACILITY: NINE MILE POINT NUCLEAR STA
LOCATION: 348 LAKE ROAD
LYCOMING, NY 13093
ATTN: TERRY SYRELL

NY0001015
PERMIT NUMBER

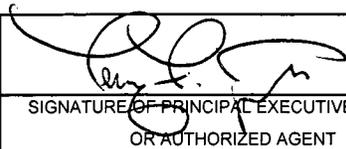
026-M
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 130930063
MAJOR (SUBR07)
UNIT 2 RESIN REGEN, ETC.
External Outfall

MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
04/01/2010 TO 04/30/2010

No Discharge

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	*****	E5900	gal/d	*****	*****	*****	*****	0	01/BA	CA
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY, MX	gal/d	*****	*****	*****	*****		Once Per Batch	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	6.9	SU	0	01/BA	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
Terry F. Syrell Director, Licensing			(315) 349-5219	05/28/2010	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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: NINE MILE POINT NUCLEAR STA
ADDRESS: PO BOX 63
LYCOMING, NY 13093
FACILITY: NINE MILE POINT NUCLEAR STA
LOCATION: 348 LAKE ROAD
LYCOMING, NY 13093
ATTN: TERRY SYRELL

NY0001015
PERMIT NUMBER

030-M
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 130930063
MAJOR (SUBR07)
SANITARY WASTES
External Outfall

MONITORING PERIOD			
MM/DD/YYYY	FROM	TO	MM/DD/YYYY
04/01/2010			04/30/2010

No Discharge

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	E88000	E135000	gal/d	*****	*****	*****	*****	0	30/30	MT
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	120000 MO AVG	Req. Mon. Daily MX	gal/d	*****	*****	*****	*****		Twice Per Month	METER
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	mg/L	0	2/30	GR
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MINIMUM	*****	*****	mg/L		Twice Per Month	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	9	10	mg/L	0	2/30	GR
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	25 MO AVG	45 DAILY MX	mg/L		Twice Per Month	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.9	SU	0	2/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	18	20	mg/L	0	2/30	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	25 MO AVG	45 DAILY MX	mg/L		Twice Per Month	GRAB
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.1	mL/L	0	2/30	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mL/L		Twice Per Month	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.0	6.5	mg/L	0	2/30	GR
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon MO AVG	Req. Mon DAILY MX	mg/L		Twice Per Month	GRAB

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

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: NINE MILE POINT NUCLEAR STA
ADDRESS: PO BOX 63
LYCOMING, NY 13093
FACILITY: NINE MILE POINT NUCLEAR STA
LOCATION: 348 LAKE ROAD
LYCOMING, NY 13093
ATTN: TERRY SYRELL

NY0001015
PERMIT NUMBER

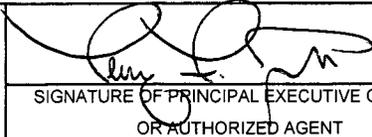
030-M
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 130930063
MAJOR (SUBR07)
SANITARY WASTES
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
04/01/2010	FROM	04/30/2010	TO

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.02	mg/L	0	2/30	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	<6	*****	#/100ml	0	2/30	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Terry F. Syrell Director, Licensing			(315) 349-5219	05/28/2010
TYPED OR PRINTED			AREA Code	NUMBER
				MM/DD/YYYY

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: NINE MILE POINT NUCLEAR STA
ADDRESS: PO BOX 63
LYCOMING, NY 13093
FACILITY: NINE MILE POINT NUCLEAR STA
LOCATION: 348 LAKE ROAD
LYCOMING, NY 13093
ATTN: TERRY SYRELL

NY0001015
PERMIT NUMBER

040-M
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 130930063
MAJOR (SUBR07)
TOWER BLOWDOWN/ SERVICE UNIT#2
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 04/01/2010	TO	04/30/2010	

No Discharge

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	*****	*****	*****	*****	*****	75	deg F	0	99/99	MT
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	110 DAILY.MX	deg F		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.1	*****	8.5	SU	0	02/07	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9 (1)	NODI 9 (1)				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon MO AVG	Req. Mon DAILY.MX	mg/L		Daily When Discharging	GRAB
Phosphorous, total (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.09	mg/L	0	1/30	GR
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY.MX	mg/L		Monthly	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.11	mg/L	0	1/30	GR
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	25 DAILY.MX	mg/L		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.02	mg/L	0	1/30	GR
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY.MX	mg/L		Monthly	GRAB
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9 (1)				
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY.MX	mg/L		Once Per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Terry F. Syrell Director, Licensing		(315) 349-5219		05/28/2010
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

For Total Suspended Solids Sample Frequency is daily during forebay cleaning. The 126 priority pollutants(appendix A of 40 CFR 423) contained in chemicals added to cooling tower maintenance, except as noted at this Outfall, these are a annual grab.

1) SEE COMMENTS ON PAGES 22 AND 23.

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

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

NAME: NINE MILE POINT NUCLEAR STA
ADDRESS: PO BOX 63
LYCOMING, NY 13093
FACILITY: NINE MILE POINT NUCLEAR STA
LOCATION: 348 LAKE ROAD
LYCOMING, NY 13093
ATTN: TERRY SYRELL

NY0001015
PERMIT NUMBER

040-M
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 130930063
MAJOR (SUBR07)
TOWER BLOWDOWN/ SERVICE UNIT#2
External Outfall

MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
04/01/2010 TO 04/30/2010

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	27	59	Mgal/d	*****	*****	*****	*****	0	99/99	MT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. Mo AVG	72 Daily MX	Mgal/d	*****	*****	*****	*****		Continuous	Meter
Chlorine, free available	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	mg/l	0	01/BA	GR
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	5 DAILY MX	mg/L		Once Per Batch	GRAB
Net rate of addition of heat	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	346	MBTU/hr	0	24/01	CA
61575 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	470 DAILY MX	MBTU/hr		Daily	CALCTD
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	17	deg F	0	99/99	MT
61576 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 DAILY MX	deg F		Continuous	METER
Mercury, total (as Hg)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.5	ng/L	0	01/30	GR
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	70 DAILY MX	ng/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Terry F. Syrell Director, Licensing		(315) 349-5219	05/28/2010
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code NUMBER

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

For Total Suspended Solids Sample Frequency is daily during forebay cleaning. The 126 priority pollutants (appendix A of 40 CFR 423) contained in chemicals added to cooling tower maintenance, except as noted at this Outfall, these are a annual grab.

1) SEE COMMENTS ON PAGE 23.

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

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

NAME: NINE MILE POINT NUCLEAR STA
ADDRESS: PO BOX 63
LYCOMING, NY 13093
FACILITY: NINE MILE POINT NUCLEAR STA
LOCATION: 348 LAKE ROAD
LYCOMING, NY 13093
ATTN: TERRY SYRELL

NY0001015
PERMIT NUMBER

041-M
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 130930063
MAJOR (SUBR07)
UNIT #2 WASTEWATER
External Outfall

MONITORING PERIOD			
MM/DD/YYYY	FROM	TO	MM/DD/YYYY
04/01/2010			04/30/2010

No Discharge

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	*****	*****	*****	*****	0.59	0.62	umho/cm	0	01/BA	GR
00095 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	umho/cm		Once Per Batch	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9 (1)	*****	NODI 9 (1)				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Per Batch	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.8	*****	6.0	SU	0	01/BA	GR
00400 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	4 MINIMUM	*****	9 MAXIMUM	SU		Once Per Batch	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9 (1)	NODI 9 (1)	mg/L			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	50 DAILY MX	mg/L		Once Per Batch	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9 (1)	mg/L			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Once Per Batch	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.02	0.02	Mgal/d	*****	*****	*****	*****	0	02/30	CA
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Terry F. Syrell Director, Licensing		(315) 349-5219	05/28/2010
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
			MM/DD/YYYY

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

PH (00400 U 0 0) IS TO REPORT VALUES OBTAINED WHEN CONDUCTIVITY IS LESS THAN 10 MICROMHOS/CM. ENTER 'NODI 9' FOR THOSE PARAMETERS WHICH DO NOT APPLY TO THIS MONITORING PERIOD.

1) SEE COMMENTS ON PAGE 22

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

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

NAME: NINE MILE POINT NUCLEAR STA
ADDRESS: PO BOX 63
LYCOMING, NY 13093
FACILITY: NINE MILE POINT NUCLEAR STA
LOCATION: 348 LAKE ROAD
LYCOMING, NY 13093

NY0001015
PERMIT NUMBER

10A-M
DISCHARGE NUMBER

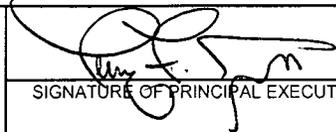
DMR MAILING ZIP CODE: 130930063
MAJOR (SUBR07)
UNIT #1 FOREBAY CLEANING BASIN
Internal Outfall

MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
04/01/2010 TO 04/30/2010

ATTN: TERRY SYRELL

No Discharge

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		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	50 MO AVG	100 DAILY MX	mg/L		Daily When Discharging	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Daily When Discharging	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, this 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	
Terry F. Syrell Director, Licensing			(315) 349-5219	05/28/2010	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

1) SEE COMMENTS ON PAGE 23.

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

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

NAME: NINE MILE POINT NUCLEAR STA
ADDRESS: PO BOX 63
LYCOMING, NY 13093
FACILITY: NINE MILE POINT NUCLEAR STA
LOCATION: 348 LAKE ROAD
LYCOMING, NY 13093

NY0001015
PERMIT NUMBER

40A-M
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 130930063
MAJOR (SUBR07)
CIRCULATING WATER PUMPS - SUMP
Internal Outfall

MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
04/01/2010 TO 04/30/2010

ATTN: TERRY SYRELL

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.4	*****	8.6	SU	0	2/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 DAILY.MX	SU		Monthly	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<5	mg/L	0	2/30	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY.MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	E75500	gal/d	*****	*****	*****	*****	0	1/30	CA
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY.MX	gal/d	*****	*****	*****	*****		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
Terry F. Syrell Director, Licensing			(315) 349-5219	05/28/2010	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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: NINE MILE POINT NUCLEAR STA
ADDRESS: PO BOX 63
LYCOMING, NY 13093
FACILITY: NINE MILE POINT NUCLEAR STA
LOCATION: 348 LAKE ROAD
LYCOMING, NY 13093

NY0001015
PERMIT NUMBER

40B-M
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 130930063
MAJOR (SUBR07)
UNIT #2 FOREBAY CLEANING BASIN
Internal Outfall

MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
04/01/2010 TO 04/30/2010

ATTN: TERRY SYRELL

No Discharge

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		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	50 MO AVG	100 DAILY MX	mg/L		Daily When Discharging	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Daily When Discharging	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
Terry F. Syrell Director, Licensing			(315) 349-5219	05/28/2010	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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

1) SEE COMMENTS ON PAGE 23.

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

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

NAME: NINE MILE POINT NUCLEAR STA
ADDRESS: PO BOX 63
LYCOMING, NY 13093
FACILITY: NINE MILE POINT NUCLEAR STA
LOCATION: 348 LAKE ROAD
LYCOMING, NY 13093
ATTN: TERRY SYRELL

NY0001015
PERMIT NUMBER

023-V
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 130930063

MAJOR
(SUBR07)

Unit 1 - Oil spill retention basin; (Basin capacity 0
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/01/2010	TO	04/30/2010

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01092 V 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	05 DAILY MX	mg/l		Once Per Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Terry F. Syrell Director, Licensing		(315) 349-5219		05/28/2010
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

1) See comment on page 23

ATTACHMENT
DISCHARGE MONITORING REPORT – APRIL 2010
PERMIT NUMBER NY 000 1015

UNIT 1

1. On the attached National Pollutant Discharge Elimination System (NPDES) Discharge Monitoring Report (DMR) forms, “Monthly (1)” was indicated for Outfall 007-M, Floor and Equipment Drains for OIL & GREASE 00556 1 0 EFFLUENT GROSS, as the three of the four individual sumps that make up the combined Outfall 007-M, were each sampled once. The fourth sump, Unit 2 Sump 2DFM-Sump 4, Outfall 07E was sampled twice during April. The SPDES Permit requires each outfall to be sampled at a frequency of once per month. The DMR lists the frequency as twice per month. The DMR form was changed to reflect the SPDES Permit requirement.
2. On the attached NPDES DMR forms, “NODI 9” was indicated for Outfall 010-M, Condenser Cooling Water Unit #1, for SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS, as there was no forebay cleaning conducted at Unit 1 during the reported month.
3. On the attached NPDES DMR forms, “NODI 9” was indicated for Outfall 010-M, Condenser Cooling Water Unit #1, for NET RATE OF ADDITION OF HEAT (61575 P 0). The data were reported in accordance with Footnote 6 of the SPDES Permit.
4. On the attached NPDES DMR forms, “NODI 9” was indicated for Outfall 010-M, Condenser Cooling Water Unit #1, for TEMP. DIFF. BETWEEN INTAKE AND DISCHARGE (61576 P 0 See Comments). In accordance with Footnote 6 (page 16 of 35) of the SPDES Permit, it was noted that the temperature difference between the intake and discharge for Unit 1 was within temperature parameter limitations during the month.

UNIT 2

1. On the attached NPDES DMR forms, “NODI 9” was indicated for Outfall 040-M, Tower Blowdown/Service Unit #2, for SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS, as there was no forebay cleaning conducted at Unit 2 during the reported month.
2. On the attached NPDES DMR forms, “NODI 9” was indicated for Outfall 040-M, Tower Blowdown/Service Unit #2, for OXIDANTS, TOTAL RESIDUAL 34044 1 0 EFFLUENT GROSS, as there were no treatments or samples due to Unit 2 being shut down for maintenance.
3. On the attached NPDES DMR forms, “NODI 9” was indicated for Outfall 041, Unit #2 Wastewater, for pH 00400 1 0 SEE COMMENTS, as the conductivity was less than 10 micromhos/cm.
4. On the attached NPDES DMR forms, “NODI 9” was indicated for Outfall 041, Unit #2 Wastewater, for SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS, as the conductivity was less than 10 micromhos/cm.
5. On the attached NPDES DMR forms, “NODI 9” was indicated for Outfall 041, Unit #2 Wastewater, for OIL & GREASE 00556 1 0 EFFLUENT GROSS, as the conductivity was less than 10 micromhos/cm.

SITE

1. All analytical tests have been performed under New York State Environmental Laboratory Approved Program Laboratory Certifications #11375 and #10182 unless otherwise stated.
2. There were no discharges performed during the reported month from the following Outfalls: 01A, 10A, 011, 021, 023, 024, 025, and 40B.
3. Deficiencies noted in the NYSDEC version of the monthly DMR:

Outfall	Page	Deficiency
007	1	The NYSDEC version of the monthly DMR denotes "Twice per Month" under the "Frequency of Analysis" Column for the parameter of OIL & GREASE 00556 1 0 EFFLUENT GROSS. On page 7 of 35 of the SPDES Permit, the sample frequency is denoted as "Monthly". This was corrected to read "Monthly" on the DMR submission.
010-M	2 & 3	Comments Section: References Footnote A. Should be footnote 6.
010-M	3	The monitored parameter pH was missing from the reporting page.
011-M	4	Comments Section: The NYSDEC version statement indicates "10MHOS" for conductivity. The 12/1/09 permit indicates "10 umhos/cm"(10 micromhos). This was corrected to read "10 MICROMHOS/CM."
025-M	11	NYSDEC version of the monthly DMR did not include monitoring for the parameter of TEMP. DIFF. BETWEEN INTAKE AND DISCHARGE 61576 2 0 EFFLUENT NET
040-M	15	Comments Section: NYSDEC version refers to "40 CPR 423." This was corrected to read "40 CFR 423."
040-M	16	Comments Section: NYSDEC version refers to "40 CPR 423." This was corrected to read "40 CFR 423."
041-M	17	Comments Section: Repeat of "FOR THOSE PARAMETERS WHICH DO NOT APPLY TO THIS MONITORING PERIOD."
041-M	17	Comments Section: The NYSDEC version statement indicates "10MICROOHMS" for conductivity. The 12/1/09 Permit indicates "10 umhos/cm"(10 micromhos). This was corrected to read "10 MICROMHOS/CM."