

NINE MILE POINT NUCLEAR STATION

October 25, 2013

U.S. Nuclear Regulatory Commission Washington, DC 20555-0001

**ATTENTION:** 

Document Control Desk

**SUBJECT:** 

Nine Mile Point Nuclear Station, Unit 2

Renewed Facility Operating License No. NPF-69

Docket No. 50-410

Unusual or Important Environmental Event

As required by the Nine Mile Point Nuclear Station, LLC (NMPNS) Unit 2 Improved Technical Specifications, Appendix B, "Environmental Protection Plan", section 5.4.2, please find enclosed a copy of a report submitted to the New York State Department of Environmental Conservation. Please note that Attachment 2 of this report discusses the events that led to a minor fish kill on September 25, 2013.

Should you have any questions regarding the information in this submittal, please contact me at (315) 349-5219.

Very truly yours,

Everett P. Perkins

**Director - Licensing** 

EPP/MHS

**Enclosure:** 

September 2013 Discharge Monitoring Report

cc:

**NRC Resident Inspector** 

NRC Regional Administrator, Region I

TE23

ENCLOSURE
SEPTEMBER 2013 DISCHARGE MONITORING REPORT







## NINE MILE POINT NUCLEAR STATION

October 25, 2013

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, September 2013 Discharge Monitoring Report

REFERENCE:

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 (Reference), Enclosure 1 is the Discharge Monitoring Report (DMR) for the month of September 2013. Enclosure 2 provides the Report of Noncompliance Event for September 25, 2013.

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 E. Stoffle, Principal Environmental Engineer, at (315) 349-1364.

Sincerely,

Everett P. Perkins

Jon E.P. Perluns

Director - Licensing

EPP/tab

Enclosure:

1. Discharge Monitoring Report – September 2013, Permit Number NY-000 1015

2. Report of Noncompliance Event, September 25, 2013

cc:

Regional Water Engineer, Region 7, NYSDEC

Oswego County Dept. of Health

#### **ENCLOSURE 1**

# DISCHARGE MONITORING REPORT – SEPTEMBER 2013 PERMIT NUMBER NY-000 1015

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

010-M DISCHARGE NUMBER DMR Mailing ZIP CODE: 130930063 MAJOR

CONDENSER COOLING WATER UNIT 1

External Outfall

(SUBR 07)

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/01/2013 09/30/2013 TO

ATTN: TERRY SYRELL

No Discharge

PARAMETER		QUAN	ITITY OR LOADING	,	QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
	(	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg.fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	****	*****	107	deg F	0	99/99	RC
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	115 DAILY MX	deg F		Continuous	RCORDR
рН	SAMPLE MEASUREMENT	*****	*****	*****	8.3	****	8.3	SU	0	01/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
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	*****	****	*****	*****	*****	<0.01	mg/L	0	01/30	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	****	*****	*****	*****	*****	0.1 DAILY MX	mg/L		Once Per Batch	GRAB
low, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	403.5	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	****	*****	*****	*****	*****	4254	MBTU/hr	0	24/01	CA
31575 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	,	4405 DAILY MX	MBTU/hr		Hourly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kent E. Stoffle / Principal Environmental Engineer TYPED OR PRINTED

certify under penalty of law that this document and all attachments were prepared under my rection 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 helief rue, 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

FROM

NATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE (315) 349-1364 10/24/2013 NUMBER AREA Code 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 43.

MONITORING PERIOD

TO

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

NAME: NINE MILE POINT NUCLEAR STA

LYCOMING, NY 13093

FACILITY: NINE MILE POINT NUCLEAR STA

LOCATION: 348 LAKE ROAD

ADDRESS: PO BOX 63

LYCOMING, NY 13093

NY0001015 PERMIT NUMBER

MM/DD/YYYY

09/01/2013

\*\*\*\*\*

FROM

\*\*\*\*\*

010-M DISCHARGE NUMBER

MM/DD/YYYY

09/30/2013

\*\*\*\*\*

DMR Mailing ZIP CODE: 130930063

**MAJOR** (SUBR 07)

mg/L

CONDENSER COOLING WATER UNIT 1

No Discharge

Multiple Grab

External Outfall

2.0

DAILY MX

ATTN: TERRY SYRELL

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	]		
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
Temp, diff, between intake and discharge	SAMPLE MEASUREMENT	*****	****	*****	****	*****	30	deg F	0	99/99	RC
61576 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	35 DAILY MX	deg F		Continuous	RCORDR
Temp, diff, between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9 (1)				
61576 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F	. •	Continuous	RCORDR
EVAC Whole Product	SAMPLE MEASUREMENT	****	****	*****	****	*****	0.5	mg/l	0	02/99	GR

\*\*\*\*\*

\*\*\*\*\*

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		TELE	PHONE	DATE
Kent E. Stoffle / Principal Environmental	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.	Ket 8. Stiffle	(315) 3	349-1364	10/24/2013
	Vue. 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	AREA Code	NUMBER	MM/DD/YYYY

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

PERMIT

REQUIREMENT

ENTER 'NODI 9' IN PLACE OF MEASUREMENT 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 43.

Grab

то

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

ATTN: TERRY SYRELL

LOCATION: 348 LAKE ROAD

LYCOMING, NY 13093

NY0001015 PERMIT NUMBER

MM/DD/YYYY

09/01/2013

FROM

011-M DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 09/30/2013

DMR Mailing ZIP CODE: 130930063

**MAJOR** (SUBR 07)

**UNIT #1 WASTEWATER** 

External Outfall

No Discharge

X

PARAMETER		QUAN	TITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	su		Once Per Batch	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	4 MINIMUM	*****	9 MUMIXAM	SU		Once Per Batch	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	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. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Once Per Batch	. CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified		TELE	EPHONE	DATE
Kent E. Stoffle / Principal Environmental	personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible (or gathering the information, the information submitted is, to the best of my knowledge and belief,	Ket E. Staffe	(315) 3	349-1364	10/24/2013
	true, accurate, and complete. I am aware that there are significant penalties for submitting talse information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (De	forence all attachments here)		<del>~~~</del>		

ENTS 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.

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

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

NAME: NINE MILE POINT NUCLEAR STA

ADDRESS: PO BOX 63

ATTN: TERRY SYRELL

LYCOMING, NY 13093

FACILITY: NINE MILE POINT NUCLEAR STA

LOCATION: 348 LAKE ROAD

LYCOMING, NY 13093

FROM

NY0001015 PERMIT NUMBER

01A-M DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/01/2013 TO 09/30/2013 DMR Mailing ZIP CODE: 130930063

MAJOR (SUBR 07)

DECAY HEAT COOLING BLOWDOWN

Internal Outfall

No Discharge

PARAMETER		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					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
рН	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

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	2.	TELE	PHONE	DATE
Kent E. Stoffle / Principal Environmental	personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible tor gathering the information, the information submitted is, to the best of my knowledge and belief,	Ket 3. Stuffle	(315) 3	349-1364	10/24/2013
TYPED OR PRINTED	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	AREA Code	NUMBER	MM/DD/YYYY

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

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

020-M DISCHARGE NUMBER **DMR Mailing ZIP CODE**: 130930063 MAJOR

(SUBR 07)

STORM DRAINAGE UNIT #1

External Outfall

MM/DD/YYY MM/DD/YYYY
09/01/2013 TO 09/30/2013

ATTN: TERRY SYRELL

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		1	
Flow rate	SAMPLE MEASUREMENT	E43000	E43000	gal/d	****	*****	*****	*****	0	01/30	CA
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	CALCTD
рН	SAMPLE MEASUREMENT	****	*****	*****	8.3	****	8.3	su	0	01/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	ďν
Kent E. Stoffle / Principal Environmental	pei pei
Engineer	gai
TYPED OR PRINTED	fals

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 property 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 complets. I am aware that there are exprificant penalties for submitting false Information, including the possibility of fine and imprisonment for knowing violations.

FROM

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICE
OR AUTHORIZED AGENT

TELEPHONE DATE
(315) 349-1364 10/24/2013

AREA Code NUMBER MM/DD/YYYY

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

021-M DISCHARGE NUMBER

MAJOR (SUBR 07)

DMR Mailing ZIP CODE: 130930063

FILTER BACKWASH/DEMIN. MAKE-UP

External Outfall

MONITORING PERIOD

MM/DD/YYYY

FROM

09/01/2013 TO

MM/DD/YYYY 09/30/2013

ATTN: TERRY SYRELL

No Discharge

PARAMETER		QUAN	TITY OR LOADING	;	(	QUALITY OR CON	CENTRATION		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	
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****						
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	su		Once Per Batch	GŖAB	
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	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		TELE	PHONE	DATE
Kent E. Stoffle / Principal Environmental Engineer	personnel property 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,	Let 5. Staffer	(315)	349-1364	10/24/2013
TYPED OR PRINTED	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 PRINAPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

09/01/2013

FROM

023-M DISCHARGE NUMBER

DMR Mailing ZIP CODE: 130930063

MAJOR (SUBR 07)

UNIT 1 OIL SPILL RETENTION BSN

External Outfall

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY TO 09/30/2013

ATTN: TERRY SYRELL

No Discharge

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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
рН	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

	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		TELE	EPHONE	DATE
Findinger	personnel property 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,	Ktr. Staffer	(315) 3	349-1364	10/24/2013
	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	AREA Code	NUMBER	MM/DD/YYYY

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

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

PARAMETER

LYCOMING, NY 13093

NY0001015 PERMIT NUMBER

QUANTITY OR LOADING

FROM

024-M DISCHARGE NUMBER

**QUALITY OR CONCENTRATION** 

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/01/2013 то 09/30/2013

DMR Mailing ZIP CODE: 130930063

MAJOR (SUBR 07)

NMP-1 DIESEL OFF-LOADING PAD

External Outfall

ATTN: TERRY SYRELL

No Discharge

NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	Once Per Discharge	ESTIMA

		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1	
Flow rate	SAMPLE MEASUREMENT	*****			****	*****	*****	*****	·	
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****	Once Per Discharge	ESTIMA
рН	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

	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		TELEPHONE	DATE
Findinger	personnet 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,	Let 3. Stuffe	(315) 349-1364	10/24/2013
	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	AREA Code NUMBER	MM/DD/YYYY

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

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

NAME: NINE MILE POINT NUCLEAR STA

ADDRESS: PO BOX 63

ATTN: TERRY SYRELL

LYCOMING, NY 13093

FACILITY: NINE MILE POINT NUCLEAR STA

LOCATION: 348 LAKE ROAD

LYCOMING, NY 13093

**FROM** 

NY0001015 PERMIT NUMBER

025-M DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/01/2013 09/30/2013 TO

DMR Mailing ZIP CODE: 130930063

MAJOR (SUBR 07)

COOLING TOWER EMERGENCY OVRFLW

External Outfall

No Di

ischarge	X
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PARAMETER		QUAN	TITY OR LOADING	)	C	QUALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1		
Temperature, water deg. Fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	****					
00011 0 0 Intake	PERMIT REQUIREMENT	*****	*****	.*****	*****	*****	Req. Mon. DAILY MX	deg F		Once Per Discharge	GRAB
Temperature, water deg. Fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****	*****					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Once Per Discharge	GRAB
Flow rate	SAMPLE MEASUREMENT	****			****	*****	*****	*****			, <u>-</u>
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Once Per Discharge	ESTIMA
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	su		Once Per Discharge	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	****	****	*****	*****	*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Once Per Discharge	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.163 DAILY MX	mg/L		Once Per Discharge	GRAB
Oxidants, total residual	SAMPLE MEASUREMENT	****	*****	*****	****	*****					
34044 1 0 Effluent Gross	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		TELEPHONE		DATE
Kent E. Stoffle / Principal Environmental	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.	Kent E. Stoffe	(315) 349-1364		10/24/2013
		SIGNATURE OF PRINCIPALEXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

NAME: NINE MILE POINT NUCLEAR STA

ADDRESS: PO BOX 63

ATTN: TERRY SYRELL

LYCOMING, NY 13093

FACILITY: NINE MILE POINT NUCLEAR STA

LOCATION: 348 LAKE ROAD

LYCOMING, NY 13093

NY0001015
PERMIT NUMBER

025-M DISCHARGE NUMBER DMR Mailing ZIP CODE: 130930063

MAJOR (SUBR 07)

COOLING TOWER EMERGENCY OVRFLW

External Outfall

MONITORING PERIOD

MM/DD/YYYY 09/01/2013

FROM

то

MM/DD/YYYY 09/30/2013

No Discharge

X

SAMPLE FREQUENCY QUANTITY OR LOADING QUALITY OR CONCENTRATION EX OF ANALYSIS TYPE **PARAMETER** VALUE VALUE VALUE UNITS VALUE VALUE UNITS Chlorine, free available SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* **MEASUREMENT** 50064 1 0 PERMIT .19 Once Per \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* mg/L **GRAB** Effluent Gross REQUIREMENT DAILY MX Discharge Temp, diff, between intake and SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* discharge **MEASUREMENT** 61576 2 0 PERMIT Req. Mon. Once Per \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* **GRAB** deg F Effluent Net REQUIREMENT DAILY MX Discharge

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	It 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		TELE	EPHONE	DATE
F	Kent E. Stoffle / Principal Environmental Engineer	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,	Str. Staffe	(315) 3	349-1364	10/24/2013
	TYPED OR PRINTED	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	AREA Code	NUMBER	MM/DD/YYYY

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

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

FROM

NY0001015
PERMIT NUMBER

MM/DD/YYYY

09/01/2013

026-M DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

TO 09/30/2013

DMR Mailing ZIP CODE: 130930063

MAJOR (SUBR 07)

UNIT 2 RESIN REGEN, ETC.

External Outfall

ATTN: TERRY SYRELL

No Discharge

PARAMETER		QUANTITY OR LOADING		3	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	E29000		*****	*****	*****	*****	0	01/BA	CA
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Once Per Batch	CALCTD
рH	SAMPLE MEASUREMENT	*****	****	*****	6.9	*****	7.1	su	0	01/BA	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Per Batch	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified		TELE	PHONE	DATE
Engineer	personnel properly gather and evaluate the information submitted. Based on my inquity 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 betef.	Cat E. Steffer	(315) 3	349-1364	10/24/2013
<u> </u>	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	AREA Code	NUMBER	MM/DD/YYYY

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

FROM

030-M DISCHARGE NUMBER DMR Mailing ZIP CODE: 130930063

MAJOR (SUBR 07)

SANITARY WASTES

External Outfall

MM/DD/YYYY MM/DD/YYYY
09/01/2013 TO 09/30/2013

ATTN: TERRY SYRELL

No Discharge

PARAMETER		QUAN	TITY OR LOADING	3	G	QUALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	E80000	E118000	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	*****	*****	*****	8	****	*****	mg/L	0	02/30	GR
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MINIMUM	*****	*****	mg/L		Twice Per Month	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	<4	<4	mg/L	0	02/30	GR
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	25 MO AVG	45 DAILY MX	mg/L		Twice Per Month	GRAB
pΗ	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.6	sυ	0	02/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	su		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	4	4	mg/L	0	02/30	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	mg/L	0	02/30	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	******	.1 DAILY MX	mL/L		Twice Per Month	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	****	0.3	0.4	mg/L	0	02/30	GR
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. · MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified	4.	TELE	PHONE	DATE
Kent E. Stoπie / Principal Environmental	personnel property 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,	Ket E. Stoffe	(315) 3	349-1364	10/24/2013
	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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED		OR AUTHORIZED AGENT			

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

030-M DISCHARGE NUMBER

DMR Mailing ZIP CODE: 130930063 MAJOR

(SUBR 07) SANITARY WASTES

External Outfall

MONITORING PERIOD

MM/DD/YYYY 09/01/2013

то

MM/DD/YYYY 09/30/2013

ATTN: TERRY SYRELL

FROM

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	*****	<0.1	mg/L	0	02/30	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	******	.1 DAILY MX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	****	<10	****	#/100ml	0	02/30	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	200 30DA GEO	*****	#/100mL		Twice Per Month	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified	_	TELEPHONE	DATE
Engineer	personnel property gather and evaluate the information submitted. Based on my inquiry of the person of 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 belaf,	St. Stelle	(315) 349-1364	10/24/2013
	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	AREA Code NUMBER	MM/DD/YYYY

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

NAME: NINE MILE POINT NUCLEAR STA

ADDRESS: PO BOX 63

ATTN: TERRY SYRELL

LYCOMING, NY 13093

FACILITY: NINE MILE POINT NUCLEAR STA

LOCATION: 348 LAKE ROAD

LYCOMING, NY 13093

FROM

NY0001015 PERMIT NUMBER

040-M DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 09/01/2013
 TO
 09/30/2013

DMR Mailing ZIP CODE: 130930063

MAJOR (SUBR 07)

TOWER BLOWDOWN/ SERVICE UNIT#2

External Outfall

No Discharge

PARAMETER		QUAN	TITY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	j	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	)		
Temperature, water deg.fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83	deg F	0	99/99	МТ
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	110 DAILY MX	deg F		Continuous	METER
pΗ	SAMPLE MEASUREMENT	*****	*****	*****	8.8	****	8.9	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	*****	*****	*****	****	*****	<0.1	mg/L	0	01/30	GR
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	mg/L		Monthly	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	0.05	mg/L	0	01/30	GR
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.25 DAILY MX	mg/L		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0.08	mg/L	0	01/30	GR
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 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

	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	0, .	TELE	PHONE	DATE
	Kent E. Stoffle / Principal Environmental Engineer	personnel property 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,	Kef 8. Steffe	(315) 3	49-1364	10/24/2013
l		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	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, ARE AN ANNUAL GRAB.

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

FROM

040-M DISCHARGE NUMBER DMR Mailing ZIP CODE: 130930063

MAJOR (SUBR 07)

TOWER BLOWDOWN/ SERVICE UNIT#2

External Outfall

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

09/01/2013

09/30/2013 TO

No Discharge ATTN: TERRY SYRELL

PARAMETER		QUAN	TITY OR LOADING			QUALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ļ.	]	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		]	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	38	51	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	0.27 DAILY MX	mg/L		Once Per Batch	GRAB
Net rate of addition of heat	SAMPLE MEASUREMENT	****	*****	*****	****	*****	173	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	*****	*****	*****	****	****	12	deg F	0	99/99	МТ
61576 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	DAILY MX	deg F		Continuous	METER
Mercury, total (as Hg)	SAMPLE MEASUREMENT	****	*****	*****	****	****	0.7	ng/L	0	01/30	GR
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ng/L		Monthly	GRAB
EVAC Whole Product	SAMPLE MEASUREMENT	****	*****	*****	*****	. ****	0.4 (1)	mg/l	0	02/99	GR
	PERMIT REQUIREMENT	*****	*****	*****	****	****	1.0 DAILY MX	mg/L		Multiple Grab	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 assigned that qualified personnel property gather and evaluate the information submitted. Based on my floairy of the	0. 1	TEL	EPHONE	DATE
Kent E. Stoffle / Principal Environmental Engineer	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,	Ket 8. Stuffe	(315)	349-1364	10/24/2013
TYPED OR PRINTED	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 PRING BAL 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, ARE AN ANNUAL GRAB.

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

041-M DISCHARGE NUMBER DMR Mailing ZIP CODE: 130930063

MAJOR (SUBR 07)

**UNIT #2 WASTEWATER** 

External Outfall

MONITORING PERIOD

MM/DD/YYYY 09/01/2013

FROM

то MM/DD/YYYY
то 09/30/2013

ATTN: TERRY SYRELL

No Discharge

X

PARAMETER		QUAN	TITY OR LOADING	3	(	QUALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		1	
Specific conductance	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00095 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req, Mon. MO AVG	Req. Mon. DAILY MX	umho/cm		Once Per Batch	GRAB
pН	SAMPLE MEASUREMENT	******	*****	*****		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	. 6 MINIMUM	*****	9 MAXIMUM	SU		Once Per Batch	GRAB
рН	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 MO AVG	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. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified	^	TELE	EPHONE	DATE
Kent E. Stoffle / Principal Environmental	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,	Kest 2. Stoffle	(315) 3	349-1364	10/24/2013
	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 PRECUTIVE 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. SEE COMMENTS ON PAGE 44.

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

NAME: NINE MILE POINT NUCLEAR STA

ADDRESS: PO BOX 63

ATTN: TERRY SYRELL

LYCOMING, NY 13093

FACILITY: NINE MILE POINT NUCLEAR STA

LOCATION: 348 LAKE ROAD

LYCOMING, NY 13093

FROM

NY0001015 PERMIT NUMBER

10A-M DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/01/2013 то 09/30/2013

DMR Mailing ZIP CODE: 130930063

**MAJOR** (SUBR 07)

UNIT #1 FOREBAY CLEANING BASIN

Internal Outfall

No Discharge

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Ŀ	ᄍ	

PARAMETER		QUAN	TITY OR LOADING		C	QUALITY OR CON	CENTRATION		NO. EX		1
·	[	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рΗ	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	\$U		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****			mg/l			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	50 MO AVG	100 DAILY MX	mg/L		Daily When Discharging	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		mg/l			
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		TEL	EPHONE	DATE
Kent E. Stoffle / Principal Environmental Engineer	personnel property gather and evaluate the information submitted. Based on my inqury 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,	Et E. Stiffe	(315)	349-1364	10/24/2013
TYPED OR PRINTED	true, accurate, and complete. I am eware 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	AREA Code	NUMBER	MM/DD/YYYY

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

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

NAME: NINE MILE POINT NUCLEAR STA

ADDRESS: PO BOX 63

ATTN: TERRY SYRELL

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 (SUBR 07)

CIRCULATING WATER PUMPS - SUMP

Internal Outfall

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

09/01/2013

FROM

то 09/30/2013

No Discharge

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		]	
рН	SAMPLE MEASUREMENT	****	****	*****	8.5	*****	8.9	ŞU	0	02/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	******	9 MAXIMUM	ŞU		Monthly	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<5	mg/L	0	02/30	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	. *****	- ******	15 DAILY MX	mg/L		Monthly .	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	E219000	gal/d	****	*****	****	*****	0	01/30	CA
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	******	*****		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified	0. 4	TELE	PHONE	DATE
Findinger	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,	KJ 5. Helle	(315) 3	349-1364	10/24/2013
	true, accurate, and complete. I am sware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPALEXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NAME: NINE MILE POINT NUCLEAR STA

ADDRESS: PO BOX 63

ATTN: TERRY SYRELL

LYCOMING, NY 13093

FACILITY: NINE MILE POINT NUCLEAR STA

LOCATION: 348 LAKE ROAD

LYCOMING, NY 13093

NY0001015
PERMIT NUMBER

40B-M
DISCHARGE NUMBER

MAJOR

DMR Mailing ZIP CODE: 130930063

MAJOR (SUBR 07)

UNIT #2 FOREBAY CLEANING BASIN

Internal Outfall

MONITORING PERIOD

MM/DD/YYYY 09/01/2013

FROM

TO 09/30/2013

.. \_.

No Discharge

PARAMETER		QUAN'	TITY OR LOADING	3	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	]		
рH	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

	I certify under penaity 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		TELEP	PHONE	DATE
Kent E. Storrie / Principal Environmental	personnel properly gather and we'duste the information submitted. Based on my inquiry of the person or persons who menuage the system, or those persons directly responsible for grathering the information, the information submitted is to the best of my knowledge and belief,	Lit ? Halle	(315) 34	49-1364	10/24/2013
<u> </u>	true, occurate, and complete I am exerce that there are significant penalties for submitting false information, including the possibility of fine and exprisonment for knowling violations.	SIGNATURE OF PRINGS AL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

FROM

NY0001015 PERMIT NUMBER

023-V DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/30/2013 09/01/2013 то

DMR Mailing ZIP CODE: 130930063

MAJOR (SUBR 07)

Unit 1 - Oil spill retention basin (Basin capacity 0.214

External Outfall

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	ļ		
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		TELE	EPHONE	DATE
Kent E. Stoffle / Principal Environmental Engineer	personnel property 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,	Kt 8. Steffer	(315) 3	349-1364	10/24/2013
TYPED OR PRINTED	true, accurate, and complete. I am aware that there are significant penalties for submitting fulse information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

MONITORING PERIOD

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

NINE MILE POINT NUCLEAR STA NAME:

ADDRESS: PO BOX 63

LYCOMING, NY 13093

FACILITY: NINE MILE POINT NUCLEAR STA

LOCATION: 348 LAKE ROAD

LYCOMING, NY 13093

NY0001015 PERMIT NUMBER

07A-M DISCHARGE NUMBER

DMR Mailing ZIP CODE: 130930063 MAJOR

(SUBR 07)

Manhole #110 in the Unit 2 Chiller building, 1000

No Discharge

Intake Structure

MM/DD/YYYY MM/DD/YYYY 09/30/2013 09/01/2013 FROM то

ATTN: TERRY SYRELL

PARAMETER		QUAN	TITY OR LOADING		G	UALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	<u> </u>	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	l		
Flow rate	SAMPLE MEASUREMENT	*****	E380	gal/d	****	*****	*****	*****	0	01/30	ES
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
рН	SAMPLE MEASUREMENT	****	*****	*****	7.0	*****	7.0	SU	0	01/30	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	01/30	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	50 DAILY MX	mg/L		Monthly	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<5	mg/L	0	01/30	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.05	mg/L	0	01/30	GR
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4 DAILY MX	mg/L		Monthly	GRAB
Aluminum, total (as Al)	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	<0.1	mg/L	0	01/30	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	4.	TELE	EPHONE	DATE
Kent E. Stoffle / Principal Environmental Engineer	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 belsef,	Kt 8. Stoffe	(315)	349-1364	10/24/2013
TYPED OR PRINTED	true, accurate, and complete. I am eware that there are significant penalties for submitting false information, including the possibility of fine and impresonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

MONITORING PERIOD

то

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

MM/DD/YYYY

09/01/2013

FROM

07B-M DISCHARGE NUMBER

MM/DD/YYYY

09/30/2013

DMR Mailing ZIP CODE: 130930063 MAJOR

(SUBR 07)

Unit 1 Administration Building Sump 1; 1000 gpd

Internal Outfall

No Discharge

ATTN: TERRY SYRELL

PARAMETER		QUAN	TITY OR LOADING	•	(	QUALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1	<u> </u>	
Flow rate	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	su		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	50 DAILY MX	mg/L		Monthly	GRAB
Oil & grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4 DAILY MX	mg/L		Monthly	GRAB
Aluminum, total (as Al)	SAMPLE MEASUREMENT	****	****	*****	*****	*****					
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4 DAILY MX	mg/L		Monthly	GRAB

	I cerufy 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		TEL	EPHONE	DATE
Kent E. Stoffie / Principal Environmental	Dersonnel 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,	Ket 3. Steffen	(315)	349-1364	10/24/2013
	true, accurate, and complete I am aware that there are significant parallies for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE COMMENTS ON PAGE 44.

Page 22

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

FROM

NY0001015 PERMIT NUMBER

MM/DD/YYYY

09/01/2013

07C-M DISCHARGE NUMBER

09/30/2013

MONITORING PERIOD MM/DD/YYYY

то

DMR Mailing ZIP CODE: 130930063

MAJOR

(SUBR 07)

Unit 2 service water pump 2DFM-Sump2B-1600

Internal Outfall

No Discharge

ATTN: TERRY SYRELL

PARAMETER		QUAN	TITY OR LOADING	)	C	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
<u> </u>		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	<u> </u>		
Flow rate	SAMPLE MEASUREMENT	*****	E800	gal/d	*****	*****	*****	*****	0	01/30	ES
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
ρΗ	SAMPLE MEASUREMENT	*****	*****	*****	8.2	*****	8.2	SU	0	01/30	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	01/30	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	50 DAILY MX	mg/L		Monthly	GRAB
Oil & grease	SAMPLE MEASUREMENT	****	****	*****	****	*****	<5	mg/L	0	01/30	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.1	mg/L	0	01/30	GR
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4 DAILY MX	mg/L		Monthly	GRAB
Aluminum, total (as Al)	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	<0.05	mg/L	0	01/30	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	_	TEL	EPHONE	DATE
Kent E. Stoffle / Principal Environmental	personnel property 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,	Ktr. Stiffe	(315)	349-1364	10/24/2013
TYPED OR PRINTED	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 PRAY IPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

MONITORING PERIOD

то

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

NY0001015 PERMIT NUMBER

MM/DD/YYYY

09/01/2013

FROM

07D-M DISCHARGE NUMBER

MM/DD/YYYY

09/30/2013

MAJOR

DMR Mailing ZIP CODE: 130930063

(SUBR 07)

Unit 2 service water pump 2DFM-Sump2A; 1600

Internal Outfall

No Discharge

LYCOMING, NY 13093

ATTN: TERRY SYRELL

PARAMETER		QUAN	TITY OR LOADING		C	QUALITY OR CONC	ENTRATION	· · · · · ·	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	]		
Flow rate	SAMPLE MEASUREMENT	****	E800	gal/d	*****	****	*****	*****	0	01/30	ES
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
pН	SAMPLE MEASUREMENT	****	*****	*****	8.3	*****	8.3	su	0	01/30	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	01/30	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	. *****	****	30 MO AVG	50 DAILY MX	mg/L		Monthly	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	<5	mg/L	0	01/30	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	****	*****	*****	*****	****	<0.05	mg/L	0	01/30	GR
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	. *****	****	*****	*****	4 DAILY MX	mg/L		Monthly	GRAB
Aluminum, total (as Al)	SAMPLE MEASUREMENT	*****	*****	*****	****	****	<0.1	mg/L	0	01/30	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		TELE	PHONE	DATE
Kent E. Stoffle / Principal Environmental Engineer	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,	Kt 7. Italle	(315)	349-1364	10/24/2013
TYPED OR PRINTED	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	AREA Code	NUMBER	MM/DD/YYYY

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

FROM

07E-M DISCHARGE NUMBER **DMR Mailing ZIP CODE**: 130930063 MAJOR

(SUBR 07)

Unit 2 control building 2DFM-Sump4; 460 gpd

No Discharge

МС	DNITORING	PERIOD	Unit 2 control but
MM/DD/YYYY		MM/DD/YYYY	Internal Outfall
09/01/2013	то	09/30/2013	

ATTN: TERRY SYRELL

PARAMETER		QUAN	TITY OR LOADING	·	C	UALITY OR CONC	ENTRATION	·	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1		<u> </u>
Flow rate	SAMPLE MEASUREMENT	*****	E500	gal/d	*****	*****	*****	*****	0	01/30	EŞ
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
На	SAMPLE MEASUREMENT	*****	*****	*****	8.2	*****	8.2	SU	0	01/30	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	01/30	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	50 DAILY MX	mg/L		Monthly	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	<5	mg/L	0	01/30	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	<0.05	mg/L	0	01/30	GR
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	4 DAILY MX	mg/L		Monthly	GRAB
Aluminum, total (as Al)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.1	mg/L	0	01/30	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		TEL	EPHONE	DATE
Kent E. Stoffle / Principal Environmental Engineer	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,	LACTURE .	(315)	349-1364	10/24/2013
TYPED OR PRINTED	true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and improcument for knowing violations.	SIGNATURE OF PRIMOPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

MONITORING PERIOD

TO

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

NINE MILE POINT NUCLEAR STA NAME:

ADDRESS: PO BOX 63

ATTN: TERRY SYRELL

LYCOMING, NY 13093

FACILITY: NINE MILE POINT NUCLEAR STA

LOCATION: 348 LAKE ROAD

LYCOMING, NY 13093

NY0001015 PERMIT NUMBER

MM/DD/YYYY

09/01/2013

FROM

\*\*\*\*\*

\*\*\*\*

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

\*\*\*\*\*

\*\*\*\*\*

07F-M DISCHARGE NUMBER

MM/DD/YYYY

09/30/2013

DMR Mailing ZIP CODE: 130930063 MAJOR

(SUBR 07)

Manhole # 103 screenhouse west, no regular flow

Internal Outfall

mg/L

mg/L

DAILY MX

4

DAILY MX

No Discharge

PARAMETER		QUAN	ITITY OR LOADING	}	(	QUALITY OR CON	CENTRATION		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	*****	*****	*****	*****		Monthly	ESTIMA
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	su		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	30 MO AVG	50 DAILY MX	mg/L		Monthly	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	. *****	****	15 DAILY MX	mg/L		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
01045 1 0	PERMIT	*****	*****	*****	*****	*****	4			Manthh	CDAD

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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		TELI	EPHONE	DATE
	personnel property gather and evaluate the Information submitted. Based on my inquery 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,	Ket 8. Steffer	(315)	349-1364	10/24/2013
	true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and impresonment for knowing violations.	SIGNATURE OF PRINCHAL EXECUTIVE OFFICER	ARFA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED		OR AUTHORIZED AGENT	AREA COUR	NOWBER	IVIIVII DOTTITI

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

SEE COMMENTS ON PAGE 44.

Effluent Gross

Effluent Gross

01105 1 0

Aluminum, total (as Al)

Monthly

Monthly

GRAB

**GRAB** 

MONITORING PERIOD

то

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

MM/DD/YYYY

09/01/2013

FROM

07G-M DISCHARGE NUMBER

**DMR Mailing ZIP CODE:** 130930063 MAJOR

(SUBR 07)

Manhole # 207 screenhouse north; no regular flow

Internal Outfall

MM/DD/YYYY 1 09/30/2013

No Discharge

ATTN: TERRY SYRELL

PARAMETER		QUAN	ITITY OR LOADING	•	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1		
Flow rate	SAMPLE MEASUREMENT	*****			*****	*****	****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	50 DAILY MX	mg/L		Monthly	GRAB
Oil & grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	******	15 DAILY MX	mg/L		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4 DAILY MX	mg/L		Monthly	GRAB
Aluminum, total (as Al)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	*****	*****	*****	4 DAILY MX	mg/L		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified		TELE	EPHONE	DATE
Kent E. Stoffle / Principal Environmental	personnel property 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 bekef.	Ket Stiller	(315)	349-1364	10/24/2013
<u> </u>	true, accurate, and complete. I am aware that there are eignificant penalties for autimiting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINT PAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

MM/DD/YYYY

07/01/2013

FROM

011-Q DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

TO 09/30/2013

DMR Mailing ZIP CODE: 130930063

MAJOR (SUBR 07)

UNIT #1 (HIGH CONDUCTIVITY)

External Outfall

ATTN: TERRY SYRELL

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ŀ		
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	50 DAILY MX	mg/L		Quarterly	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	*****	*****	******	15 DAILY MX	mg/L		Quarterly	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		TEL	EPHONE	DATE
	personnel property 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 pathering the information, the information submitted is, to the best of my knowledge and belief,	Kat Stapper	(315)	349-1364	10/24/2013
	true, accurate, and complete. I am aware that there are agnificant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRIMOPAL 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.

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

020-Q DISCHARGE NUMBER DMR Mailing ZIP CODE: 130930063

MAJOR (SUBR 07)

STORM DRAINAGE UNIT #1

External Outfall

MONITORING PERIOD

MM/DD/YYYY 07/01/2013

FROM

то мм/DD/YYYY то 09/30/2013

ATTN: TERRY SYRELL

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5	mg/L	0	01/90	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Quarterly	GRAB
Oil & grease	SAMPLE MEASUREMENT	****	****	*****	****	*****	<5	mg/L	0	01/90	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	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		TELE	PHONE	DATE
	personnel property gather and evaluate the information submitted. Based on my industy of the person or persons who manage the system, or those persons directly responsible for pathering the information, the information submitted is, to the best of my knowledge and belief,	LTE. Stille	(315) 349-1364		10/24/2013
	true, accurate, and complete, I am sware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCE AL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

MONITORING PERIOD

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

ATTN: TERRY SYRELL

LOCATION: 348 LAKE ROAD

LYCOMING, NY 13093

NY0001015 PERMIT NUMBER

041-Q DISCHARGE NUMBER

**MAJOR** 

DMR Mailing ZIP CODE: 130930063

(SUBR 07)

UNIT #2 (HIGH CONDUCTIVITY)

External Outfall

FROM

MM/DD/YYYY 07/01/2013 то MM/DD/YYYY 09/30/2013

No Discharge

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	******	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	50 DAILY MX	mg/L		Quarterly	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	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		(315) 349-1364		DATE
ent E. Stoffle / Principal Environmental Engin	personnel property galber 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,	DE Stille			10/24/2013
TYPED OR PRINTED	Tue, accurate, and complete I am aware that there are significant penalties for submitting false information, including the possibility of fine and impresonment for knowing violations.	SIGNATURE OF PRINCY AL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

ENTER 'NOD! 9' IN PLACE OF MEASUREMENTS FOR PARAMETERS NOT APPLICABLE DURING THE ENTIRE MONITORING PERIOD. Ph minimum of 4 and maximum of 9.0 at location U for wastewater having a conductivity of less than 10 umho/cm. SEE COMMENTS ON PAGE 44.

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

NAME: NINE MILE POINT NUCLEAR STA

ADDRESS: PO BOX 63

ATTN: TERRY SYRELL

LYCOMING, NY 13093

FACILITY: NINE MILE POINT NUCLEAR STA

LOCATION: 348 LAKE ROAD

LYCOMING, NY 13093

NY0001015 PERMIT NUMBER

FROM

001-Q DISCHARGE NUMBER

MM/DD/YYYY MM/DD/YYYY
07/01/2013 TO 09/30/2013

DMR Mailing ZIP CODE: 130930063

MAJOR (SUBR 07)

CONTACT COOLING WATER; UNIT 2 FOREBA

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	Γ	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	}		1
Flow rate	SAMPLE MEASUREMENT	*****	E100000	gal/d	*****	*****	*****	*****	0	03/90	ES
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	ESTIMA
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	su	0	01/90	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	su		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	<4	<4	mg/L	0	01/90	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	50 DAILY MX	mg/L		Quarterly	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<5	mg/L	0	01/90	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	GRAB

	certify under penalty of faw that this document and all attachments were prepared under my kraction or supervision in accordance with a system designed to assure that qualified		TELE	PHONE	DATE
ent E. Stoffle / Principal Environmental Engine	personnel properly gather and evaluate the Information submitted. Based on my inquiry of the reson or persons who manage the system, or those persons directly reaponsible for sittlering the information, the information submitted is, to the best of my knowledge and belief,	Kf? Stiffe-	(315) 3	349-1364	10/24/2013
	rue, accurate, and complete. I am aware that there are significant penalties for submitting also information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

AT OUTFALL 001, PH SAMPLING AND REPORTING IS WAIVED DURING NOVEMBER TO MARCH DUE TO UNSAFE CONDITIONS. IN CASE THERE ARE UNSAFE SAMPLING CONDITIONS EXISTING OUTSIDE OF NOVEMBER TO MARCH, THE PERMITTEE MAY ADJUST THE SAMPLING DATES AND REPORT ON THE DMR FORMS.

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

FROM

020-V
DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 07/01/2013
 TO
 09/30/2013

DMR Mailing ZIP CODE: 130930063

MAJOR (SUBR 07)

**OUTFALL 020 ACTION LEVELS** 

External Outfall

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			
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	<0.01	mg/L	0	01/90	GR
01042 V 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.03 DAILY MX	mg/L		Quarterly	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.02	mg/L	0	01/90	GR
01092 V 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.15 DAILY MX	mg/L		Quarterly	GRAB

	under penalty of law that this document and all attachments were prepared under my or supervision in accordance with a system designed to assure that qualified		TELE	PHONE	DATE
part E. Stoffle / Principal Environmental Engine parton or part	al property gather and evaluate the information submitted. Based on my inquity of the ir persons who manage the system, or those persons directly responsible for g the information, the information submitted is, to the best of my knowledge and belief,	Kets Stiffe	(315) 3	49-1364	10/24/2013
	urate, and complete. I am aware that there are significant penalties for submitting rmation, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NINE MILE POINT NUCLEAR STA NAME:

ADDRESS: PO BOX 63

LYCOMING, NY 13093

FACILITY: NINE MILE POINT NUCLEAR STA

LOCATION: 348 LAKE ROAD

LYCOMING, NY 13093

NY0001015 PERMIT NUMBER

040-V DISCHARGE NUMBER DMR Mailing ZIP CODE: 130930063

MAJOR (SUBR 07)

**OUTFALL 040 ACTION LEVELS** 

External Outfall

MONITORING PERIOD

MM/DD/YYYY 07/01/2013

FROM

MM/DD/YYYY 09/30/2013 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			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0.04	mg/L	0	01/90	GR
01092 V 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.3 DAILY MX	mg/L		Quarterly	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified		TELE	PHONE	DATE
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,	Lite Stille	(315) 3	349-1364	10/24/2013
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 PRAYCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

FROM

001-V
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 130930063

MAJOR (SUBR 07)

CONTACT COOLING WATER

External Outfall

MM/DD/YYYY MM/DD/YYYY
07/01/2013 TO 09/30/2013

ATTN: TERRY SYRELL

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.01	mg/L	0	01/90	GR
01042 V 0 See Comments	PERMIT REQUIREMENT	******	*****	*****	*****	*****	.05 DAILY MX	mg/L		Quarterly	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	<0.02	mg/L	0	01/90	GR
01092 V 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	****	*****	.15 DAILY MX	mg/L		Quarterly	GRAB
EVAC Whole Product	SAMPLE MEASUREMENT	*****	****	*****	****	*****	<0.1	mg/l	0	02/99	GR
Ī	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.1 DAILY MX	mg/L		Multiple Grab	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified		TELE	PHONE	DATE
personnel property 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,	KTE SEFFE	(315) 3	49-1364	10/24/2013
true, accurate, and complete. I am aware that there are significant penaltes for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

MONITORING ACTION LEVEL

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

NINE MILE POINT NUCLEAR STA NAME:

ADDRESS: PO BOX 63

LYCOMING, NY 13093

FACILITY: NINE MILE POINT NUCLEAR STA

LOCATION: 348 LAKE ROAD

LYCOMING, NY 13093

NY0001015 PERMIT NUMBER

FROM

010-V DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2013 09/30/2013 TO

DMR Mailing ZIP CODE: 130930063 MAJOR

(SUBR 07) Total Zinc Type I External Outfall

No Discharge

ATTN: TERRY SYRELL

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	1 [	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			!
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	****	****	<0.02	mg/L	0	01/90	GR
01092 ∨ 0	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.05 DAILY MX	mg/L		Quarterly	GRAB

f certify under penalty of faw that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified		TELE	PHONE	DATE
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 pathering the information, the information submitted is, to the best of my knowledge and belief,	K.f. Stille	(315) 3	349-1364	10/24/2013
tive, accurate, and complete 1 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	AREA Code	NUMBER	MM/DD/YYYY

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

MONITORING PERIOD

TO

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

MM/DD/YYYY

07/01/2013

FROM

07A-V DISCHARGE NUMBER

MM/DD/YYYY

09/30/2013

DMR Mailing ZIP CODE: 130930063

MAJOR

(SUBR 07)

Manhole #110 in the Unit 2 Chiller building, 1000

Intake Structure

No	Discharge	

ATTN: TERRY SYRELL

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
	<u> </u>	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	İ		
Copper, total (as Cu)	SAMPL MEASUREMENT	*****	*****	*****	*****	*****	0.2	mg/L	41	04/90	GR (1)
01042 V 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	mg/L		Quarterly	GRAB
Nickel, total (as Ni)	SAMPL MEASUREMENT	****	*****	*****	*****	*****	<0.01	mg/L	0	01/90	GR
01067 V 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	mg/L		Quarterly	GRAB
Zinc, total (as Zn)	SAMPL MEASUREMENT	*****	*****	*****	*****	*****	<0.02	mg/L	0	01/90	GR
01092 V 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.8 DAILY MX	mg/L		Quarterly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified		TELE	EPHONE	DATE
ent E. Stoffle / Principal Environmental Engine	ox-connel 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,	Ket & Steffle	(315)	349-1364	10/24/2013
	True, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and impresorment for knowing violations	SIĞNATURE 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 43 AND 44.

MONITORING PERIOD

TO

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\*\*\*\*\*

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

NAME: NINE MILE POINT NUCLEAR STA

ADDRESS: PO BOX 63

Zinc, total (as Zn)

See Comments

01092 V 0

LYCOMING, NY 13093

FACILITY: NINE MILE POINT NUCLEAR STA

LOCATION: 348 LAKE ROAD

LYCOMING, NY 13093

NY0001015 PERMIT NUMBER

MM/DD/YYYY

07/01/2013

FROM

\*\*\*\*\*

\*\*\*\*\*

07B-V DISCHARGE NUMBER

MM/DD/YYYY

09/30/2013

\*\*\*\*\*

0.1

8.

DAILY MX

DMR Mailing ZIP CODE: 130930063

MAJOR (SUBR 07)

Unit 1 administative building sump 1; 1000 gpd

Internal Outfall

mg/L

mg/L

0

No Discharge

01/90

Quarterly

GR(1)

GRAB

ATTN: TERRY SYRELL										No Discharge	Ш
PARAMETER		QUAN	TITY OR LOADING		C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1		
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0.01	mg/L	0	01/90	GR
01042 V 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	mg/L		Quarterly	GRAB
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	0.03	mg/L	0	01/90	GR(1)
01067 V 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	- *****	*****	.1 DAILY MX	mg/L		Quarterly	GRAB

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\*\*\*\*\*

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		TELE	EPHONE	DATE
ent E. Stoffle / Principal Environmental Engine	personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons disectly responsible for gathering the information, the information submitted is, to the less of my knowledge and belief,	Kt Tifle	(315)	349-1364	10/24/2013
TYPED OR PRINTED	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 MINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SAMPLE

**MEASUREMENT** 

PERMIT

REQUIREMENT

\*\*\*\*\*

\*\*\*\*\*

1) SEE COMMENTS ON PAGE 43.

MONITORING PERIOD

TO

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

MM/DD/YYYY

07/01/2013

FROM

07C-V DISCHARGE NUMBER

MM/DD/YYYY

09/30/2013

DMR Mailing ZIP CODE: 130930063

MAJOR (SUBR 07)

Unit 2 service water pump 2DFM-Sump2B-1600

Internal Outfall

No Discharge

ATTN: TERRY SYRELL

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	İ		
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0.01	mg/L	0	01/90	GR
01042 V 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	*****	*****	,1 DAILY MX	mg/L		Quarterly	GRAB
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	<0.01	mg/L	0	01/90	GR
01067 V 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	****	,1 DAILY MX	mg/L		Quarterly	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.02	mg/L	0	01/90	GR
01092 V 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.8 DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER   I certify under penalty of taw that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified		TELE	EPHONE	DATE
personnel property gather and evaluate the information submittad. Based on my inquiry of the ent E. Stoffle / Principal Environmental Engine person or persons who manage the system, or those persons directly responsible for adhering the information, the information submitted is, to the best of my knowledge and belief,	KAT Stiffe	(315)	349-1364	10/24/2013
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.  TYPED OR PRINTED	SIGNATURE OF MINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

MONITORING PERIOD

TO

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

MM/DD/YYYY

07/01/2013

FROM

07D-V DISCHARGE NUMBER

MM/DD/YYYY

09/30/2013

MAJOR (SUBR 07)

Unit 2 service water pump 2DFM-Sump2A; 1600

DMR Mailing ZIP CODE: 130930063

Internal Outfall

No Discharge

ATTN: TERRY SYRELL

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1	1	
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.2	mg/L	16	04/90	GR(1)
01042 V 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	mg/L		Quarterly	GRAB
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.07	mg/L	0	01/90	GR
01067 V 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	mg/L		Quarterly	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	0.2	mg/L	0	01/90	GR
01092 V 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.8 DAILY MX	mg/L		Quarterly	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified		TELE	EPHONE	DATE
personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons describ responsible for pathering the information, the information submitted is, to the best of my knowledge and belief,	Lt. Staffe	(315) 3	349-1364	10/24/2013
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.	SIĞNATURE OF PRINDIFAL 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 44.

Page 39

MONITORING PERIOD

TO

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

MM/DD/YYYY

07/01/2013

FROM

07E-V DISCHARGE NUMBER

MM/DD/YYYY

09/30/2013

DMR Mailing ZIP CODE: 130930063

MAJOR (SUBR 07)

Unit 2 control building 2DFM-Sump4; 460 gpd

Internal Outfall No Discharge

ATTN: TERRY SYRELL

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	7	·	
Copper, total (as Cu)	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0.02	mg/L	0	01/90	GR
01042 V 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	mg/L		Quarterly	GRAB
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.02	mg/L	0	01/90	GR
01067 V 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	mg/L		Quarterly	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0.05	mg/L	0	01/90	GR
01092 V 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.8 DAILY MX	mg/L		Quarterly	GRAB

	document and all attachments were prepared under my e with a system designed to assure that qualified	TEL	EPHONE	DATE
ent E. Stoffle / Principal Environmental Engine person or persons who manage the signal entry of the information, the information, the information, the information of the information o			349-1364	10/24/2013
	ware that there are eignificant penalties for submitting old yet fine and imprisonment for knowing violations  SIGNATURE OF PRINTPAL EXECUTIVE OFFICER  OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

MONITORING PERIOD

TO

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

NAME: NIN

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

MM/DD/YYYY

07/01/2013

FROM

07F-V DISCHARGE NUMBER

MM/DD/YYYY

09/30/2013

DMR Mailing ZIP CODE: 130930063 MAJOR

(SUBR 07)

Manhole # 103 screenhouse west, no regular flow

Internal Outfall

No Discharge

ATTN: TERRY SYRELL

PARAMETER		QUANTITY OR LOADING		(	QUALITY OR CONCENTRATION			NO. FREQUENCY EX OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	<u> </u>	ļļ	
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	****	*****	****	*****					
01042 V 0	PERMIT	*****	*****	*****	*****	*****	.1	mg/L		Quarterly	GRAB
See Comments	REQUIREMENT					<u> </u>	DAILY MX				
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	****	*****	****	****		1		1	
01067 V 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	mg/L		Quarterly	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
01092 V 0 See Comments	PERMIT REQUIREMENT	******	*****	*****	*****	*****	.8 DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I cerufy 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		TELE	EPHONE	DATE
ent E. Stoffle / Principal Environmental Engine	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 quitering the information, the information submitted is, to the best of my knowledge and belief,	LA Stable	(315) 3	349-1364	10/24/2013
TYPED OR PRINTED	Vus. securate, 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 PANCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SEE COMMENTS ON PAGE 44.

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

FROM

07G-V DISCHARGE NUMBER DMR Mailing ZIP CODE: 130930063 MAJOR (SUBR 07)

Manhole # 207 screenhouse north; no regular flow

Internal Outfall

No Discharge

ATTN: TERRY SYRELL

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				1 1	FREQUENCY OF ANALYSIS	1
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1		
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	****	*****	****	*****					
01042 V 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	mg/L		Quarterly	GRAB
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
11067 V 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	mg/L		Quarterly	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
1092 V 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.8 DAILY MX	mg/L		Quarterly	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		TEL	EPHONE	DATE
ent E. Stoffle / Principal Environmental Engine	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,	Kt Steffe	(315)	349-1364	10/24/2013
TYPED OR PRINTED	true, accurate, and complete. I am sware 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	AREA Code	NUMBER	MM/DD/YYYY

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

SEE COMMENTS ON PAGE 44.

## ENCLOSURE DISCHARGE MONITORING REPORT – September 2013 PERMIT NUMBER NY-000 1015

### UNIT 1

- 1. 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), as there was no forebay cleaning conducted at Unit 1 during the reported month.
- 2. 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 are reported in accordance with Footnote 6 of the SPDES Permit when applicable.
- 3. 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). The data are reported in accordance with Footnote 6 of the SPDES Permit when applicable.
- 4. On the attached NPDES DMR forms, "(1)" was indicated for Outfall 07B-V, Unit 1 Administrative Building Sump 1, for "Nickel, total (as Ni)" (01067 V 0), and for "Zinc, total (as Zn)" (01092 V 0). The April 17, 2013 sample collected from this outfall indicated results for these metals above the action level. This initiated a short-term, high-intensity monitoring program for nickel and zinc in accordance with page 3 of 35 of the SPDES Permit, Note 2: ACTION LEVELS. A Condition Report, CR-2013-003732, was entered into the corrective action program to document the April 17, 2013 sample result and corrective actions performed in accordance with SPDES Permit for the high-intensity monitoring program.

The sump was first taken out-of-service to permit cleaning. It has since been discharged only once, on July 1, 2013. The analytical results for quarterly samples collected on July 1, 2013 are reported in this DMR. We are now waiting for the sump to fill again so that we can collect the samples required to fulfill the short-term, high-intensity monitoring program. The results of the study will be reported in the applicable DMR.

### 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), as there was no forebay cleaning conducted at Unit 2 during the reported month.
- 2. On the attached NPDES DMR forms, "(1)" was indicated for Outfall 07A-V, Manhole #110 in the Unit 2 Chiller building, for "Copper, total (as Cu)" (01042 V 0), as the sample from this outfall indicated a result above the action level. Resolution of this is demonstrated through following page 3 of 35 of the SPDES Permit, Note 2: ACTION LEVELS.

In accordance with page 3 of 35 of the SPDES Permit for Nine Mile Point Nuclear Station, below are the results of the short-term, high-intensity monitoring program for copper at Outfall 07A:

Date	Result (mg/l)	Pounds/day
9/4/2013	0.17	3.24E-4
9/5/2013	0.14	4.44E-4
9/6/2013	0.16	5.08E-4

## ATTACHMENT DISCHARGE MONITORING REPORT – SEPTEMBER 2013 PERMIT NUMBER NY 000 1015

A Condition Report, CR-2013-007329, was entered into the corrective action program to document the August 21, 2013 sample result and corrective actions performed in accordance with SPDES Permit for the high-intensity monitoring program.

3. On the attached NPDES DMR forms, "(1)" was indicated for Outfall 07D-V, Unit 2 Service Water Pump 2DFM-Sump2A, for "Copper, total (as Cu)" (01042 V 0), as the sample from this outfall indicated a result above the action level. Resolution of this is demonstrated through following page 3 of 35 of the SPDES Permit, Note 2: ACTION LEVELS.

In accordance with page 3 of 35 of the SPDES Permit for Nine Mile Point Nuclear Station, below are the results of the short-term, high-intensity monitoring program for copper at Outfall 07D:

Date	Result (mg/l)	Pounds/day
8/7/2013	< 0.01	6.68E-5
8/8/2013	<0.01	6.68E-5
8/9/2013	< 0.01	6.68E-5

4. On the attached NPDES DMR forms, (1) was indicated for Outfall 040-M, Tower Blowdown/Service Unit #2, for "EVAC Whole Product," as there was an incident that occurred on September 25, 2013 during EVAC treatment at the Unit 2 Intake Structure. This incident is detailed in Enclosure 2.

### **SITE**

- 1. All analytical tests have been performed under New York State Environmental Laboratory Approved Program Laboratory Certifications #10182, #11777, and #10248 unless otherwise stated.
- 2. There were no discharges performed during the reported month from the following Outfalls: 01A, 07B, 07F, 07G, 10A, 011, 021, 023, 024, 025, 40B and 041.

## ENCLOSURE 2

# REPORT OF NONCOMPLIANCE EVENT SEPTEMBER 25, 2013

### New York State Department of Environmental Conservation Division of Water

## Report of Noncompliance Event

To: DEC Water Contact _	Val <u>Mur</u> akami		DEC Region:7
Report Type: 5 Day Permit Viol	ation Order Violation _	Anticipated Noncompliance _	Bypass/Overflow _X_Other
SECTION 2			
SPDES #: NY-000 1015 Facility: Nine	Mile Point Nuclear Station		
Date of noncompliance: 9/25/2013	_ Location (Outfall, Treatn	nent Unit, or Pump Station): <u>Lak</u>	e Ontario – unpermitted discharge
Description of noncompliance(s) and compliance water system, a chemical injection line because. This resulted in a direct injection of the lake as a result of this condition. The compump was secured and the line placed basintakes was made to determine if there we found near both intake structures.	came disconnected from the f the EVAC chemical into the disconnected line was discove tok into the intake tunnel; how	west intake tunnel, and floated to a lake. Approximately 20 gallons of ered by a diver performing an inspe- vever treatment was terminated. A	pproximately ten feet above the intak EVAC whole product was injected intection of the EVAC injection lines. The An inspection of the shoreline and the
Has event ceased? (Yes) If so, when?	9/25/2013 Was e	event due to plant upset? (NO)	SPDES limits violated? (NO)
Start date, time of event: 9/25/2013	, <u>~0700</u> (AM) <b>End d</b>	ate, time of event: <u>9/25/2013</u>	, <u>~1200</u> (PM )
Date, time oral notification made to DE	C? 9/25/2013 , ~1530	_(PM) DEC Official contacted:	Val Murakami
Immediate corrective actions: Terminat	ed chemical (EVAC) treatme	ent	
Preventive (long term) corrective action Station, was initiated (CR-2013-007987)			
SECTION 3			
Complete this section if event was a bypa Bypass amount:	ss: Was prior DEC	authorization received for this even	ent? (Yes) (No)
DEC Official cont	acted:	Date of DEC approval:	<u>'                                    </u>
Describe event in "Description of noncompli	ance and cause" area in Section	on 2. Detail the start and end dates a	and times in Section 2 also.
SECTION 4			
Facility Representative: Kent E. Stoffle	Title: Principal Er	nvironmental Engineer	Date: October 14, 2013
Phone #: (315) 349-1364	Fax #: (315) 349-7442	e-mail #: kent.stoffle@co	engilc.com
I Certify under penalty of law that this docu prepared under my direction or supervision to assure that qualified personnel properly submitted. Based on my inquiry of the person those persons directly responsible for gasubmitted is, to the best of my knowledge at am aware that there are significant penalt Including the possibility of fine and impriso	n in accordance with a system de gather and evaluate the informat son or persons who manage the athering the information, the infor and belief, true, accurate, and co ties for submitting false information	tion system, rmation mplete.  Signature of Pri Signature of Author	or 2 5 cm incipal Executive prized Agent