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Constellation
Energy



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,

John H. J. For E.P. Perkins

Everett P. Perkins
Director - Licensing

EPP/MHS

Enclosure: September 2013 Discharge Monitoring Report

cc: NRC Resident Inspector
NRC Regional Administrator, Region I

Nine Mile Point Nuclear Station, LLC
P.O. Box 63, Lycoming, NY 13093

*IE23
IE25
MLL*

ENCLOSURE

SEPTEMBER 2013 DISCHARGE MONITORING REPORT

Nine Mile Point Nuclear Station, LLC
October 25, 2013

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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
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

Nine Mile Point Nuclear Station, LLC
P.O. Box 63, Lycoming, NY 13093

ENCLOSURE 1

DISCHARGE MONITORING REPORT – SEPTEMBER 2013

PERMIT NUMBER NY-000 1015

Nine Mile Point Nuclear Station, LLC
October 25, 2013

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

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

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

NY0001015
PERMIT NUMBER

010-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
CONDENSER COOLING WATER UNIT 1
External Outfall

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

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			
Temperature, water deg.fahrenheit 00011 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	107	deg F	0	99/99	RC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	115 DAILY MX	deg F		Continuous	RCORDR
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8.3	*****	8.3	SU	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9 (1)	NODI 9 (1)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Daily When Discharging	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.01	mg/L	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.053 DAILY MX	mg/L		Monthly	GRAB
Oxidants, total residual 34044 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.1	mg/L	0	01/BA	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.1 DAILY MX	mg/L		Once Per Batch	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	403.5	Mgal/d	*****	*****	*****	*****	0	99/99	CA
	PERMIT REQUIREMENT	*****	417.6 DAILY MX	Mgal/d	*****	*****	*****	*****		Continuous	CALCTD
Net rate of addition of heat 61575 2 0 Effluent Net	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4254	MBTU/hr	0	24/01	CA
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4405 DAILY MX	MBTU/hr		Hourly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Kent E. Stoffle / Principal Environmental Engineer		(315) 349-1364		10/24/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER <i>Kent E. Stoffle</i>	AREA Code	NUMBER	MM/DD/YYYY
	OR AUTHORIZED AGENT			

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.

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

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

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

NY0001015
PERMIT NUMBER

010-M
DISCHARGE NUMBER


DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
CONDENSER COOLING WATER UNIT 1
External Outfall

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

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			
Net rate of addition of heat 61575 P 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9 (1)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	MBTU/hr		Hourly	CALCTD
Temp. diff. between intake and discharge 61576 2 0 Effluent Net	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	30	deg F	0	99/99	RC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	35 DAILY MX	deg F		Continuous	RCORDR
Temp. diff. between intake and discharge 61576 P 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9 (1)				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Continuous	RCORDR
EVAC Whole Product	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.5	mg/l	0	02/99	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2.0 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 assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Kent E. Stoffle / Principal Environmental Engineer			(315) 349-1364	10/24/2013	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

ENTER 'NODI 9' IN PLACE OF 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.

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

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

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

NY0001015
PERMIT NUMBER

011-M
DISCHARGE NUMBER

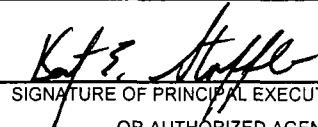
DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
UNIT #1 WASTEWATER
External Outfall

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

ATTN: TERRY SYRELL

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****							
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Per Batch	GRAB
pH 00400 U 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****							
	PERMIT REQUIREMENT	*****	*****	*****	4 MINIMUM	*****	9 MAXIMUM	SU		Once Per Batch	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	50 DAILY MX	mg/L		Once Per Batch	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Once Per Batch	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****	*****			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Once Per Batch	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Kent E. Stoffle / Principal Environmental Engineer			(315) 349-1364	10/24/2013
TYPED OR PRINTED			AREA Code	NUMBER
				MM/DD/YYYY

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

PH RANGE OF 4.0 TO 9.0 IS FOR REPORTING WHEN CONDUCTIVITY IS LOWER THAN 10 MICROMHOS/CM THAT AT MONITORING LOCATION EQUALS U. ENTER 'NODI 9' IN PLACE OF A MEASUREMENT FOR PARAMETERS WHICH DO NOT APPLY FOR THE MONITORING PERIOD.

SEE COMMENTS ON PAGE 44.

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

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

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

NY0001015	01A-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 09/01/2013	TO 09/30/2013

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
DECAY HEAT COOLING BLOWDOWN
Internal 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			
Temperature, water deg.fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00011 IN 0 Allowed increase	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	90 DAILY MX	deg F		Monthly	GRAB
Flow rate	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
00056 IN 0 Allowed increase	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 IN 0 Allowed increase	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Kent E. Stoffle / Principal Environmental Engineer		(315) 349-1364		10/24/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE COMMENTS ON PAGE 44.

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

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

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


NY0001015	020-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 09/01/2013	TO 09/30/2013

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
STORM DRAINAGE UNIT #1
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			
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
pH	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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Kent E. Stoffle / Principal Environmental Engineer			(315) 349-1364	10/24/2013	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

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

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

NY0001015
PERMIT NUMBER


021-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
FILTER BACKWASH/DEMIN. MAKE-UP
External Outfall

MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
09/01/2013 TO 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			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Once Per Batch	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Per Batch	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	50 DAILY MX	mg/L		Once Per Batch	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Once Per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Kent E. Stoffle / Principal Environmental Engineer			(315) 349-1364	10/24/2013
TYPED OR PRINTED			AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE COMMENTS ON PAGE 44.

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

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

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


NY0001015	023-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 09/01/2013	TO 09/30/2013

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
UNIT 1 OIL SPILL RETENTION BSN
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			
Flow rate	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Once Per Discharge	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Per Discharge	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Once Per Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Kent E. Stoffle / Principal Environmental Engineer			(315) 349-1364	10/24/2013
TYPED OR PRINTED			AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE COMMENTS ON PAGE 44.

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

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


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

NY0001015	024-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
NMP-1 DIESEL OFF-LOADING PAD
External Outfall

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Kent E. Stoffle / Principal Environmental Engineer			(315) 349-1364	10/24/2013
TYPED OR PRINTED			AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE COMMENTS ON PAGE 44.

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

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

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

NY0001015
PERMIT NUMBER

025-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
COOLING TOWER EMERGENCY OVRFLW
External Outfall

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

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			
00011 0 0 Intake	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Once Per Discharge	GRAB
00011 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Once Per Discharge	GRAB
00056 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Once Per Discharge	ESTIMA
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Once Per Discharge	GRAB
01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Once Per Discharge	GRAB
01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.163 DAILY MX	mg/L		Once Per Discharge	GRAB
34044 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.19 DAILY MX	mg/L		Once Per Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Kent E. Stoffle / Principal Environmental Engineer		(315) 349-1364		10/24/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE COMMENTS ON PAGE 44.

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

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

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


NY0001015	025-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 09/01/2013	TO 09/30/2013

DMR Mailing ZIP CODE: 130930063
MAJOR
(SUBR 07)
COOLING TOWER EMERGENCY OVRFLW
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			
Chlorine, free available	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.19 DAILY MX	mg/L		Once Per Discharge	GRAB
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
61576 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Once Per Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Kent E. Stoffle / Principal Environmental Engineer			(315) 349-1364	10/24/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE COMMENTS ON PAGE 44.

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

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

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


NY0001015	026-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 09/01/2013	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			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
pH	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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Kent E. Stoffle / Principal Environmental Engineer			(315) 349-1364	10/24/2013
TYPED OR PRINTED			AREA Code	NUMBER
				MM/DD/YYYY

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

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

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

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


NY0001015	030-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 09/01/2013	TO 09/30/2013

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
SANITARY WASTES
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			
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
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.6	SU	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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Kent E. Stoffie / Principal Environmental Engineer			(315) 349-1364	10/24/2013
TYPED OR PRINTED			AREA Code	NUMBER
				MM/DD/YYYY

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

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

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

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

NY0001015
PERMIT NUMBER

030-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
SANITARY WASTES
External Outfall

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

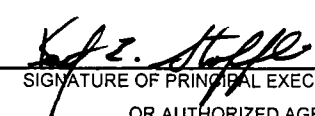
FROM

TO

ATTN: TERRY SYRELL

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Kent E. Stoffle / Principal Environmental Engineer			(315) 349-1364	10/24/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

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

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

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

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


NY0001015	040-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 09/01/2013	TO 09/30/2013

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
TOWER BLOWDOWN/ SERVICE UNIT#2
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			
Temperature, water deg.fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83	deg F	0	99/99	MT
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	110 DAILY MX	deg F		Continuous	METER
pH	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 personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Kent E. Stoffle / Principal Environmental Engineer			(315) 349-1364
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
			MM/DD/YYYY

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

FOR TOTAL SUSPENDED SOLIDS, SAMPLE FREQUENCY IS DAILY DURING FOREBAY CLEANING. THE 126 PRIORITY POLLUTANTS (APPENDIX A OF 40 CFR 423) CONTAINED IN CHEMICALS ADDED TO COOLING TOWER MAINTENANCE, EXCEPT AS NOTED AT THIS OUTFALL, ARE AN ANNUAL GRAB.

1) SEE COMMENTS ON PAGE 43.

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

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

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

NY0001015	040-M	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD		
MM/DD/YYYY	TO	MM/DD/YYYY
09/01/2013		09/30/2013

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
TOWER BLOWDOWN/ SERVICE UNIT#2
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			
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	MT
61576 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 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 assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Kent E. Stoffle / Principal Environmental Engineer		(315) 349-1364	10/24/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
			MM/DD/YYYY

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

FOR TOTAL SUSPENDED SOLIDS, SAMPLE FREQUENCY IS DAILY DURING FOREBAY CLEANING. THE 126 PRIORITY POLLUTANTS (APPENDIX A OF 40 CFR 423) CONTAINED IN CHEMICALS ADDED TO COOLING TOWER MAINTENANCE, EXCEPT AS NOTED AT THIS OUTFALL, ARE AN ANNUAL GRAB.

1) SEE COMMENTS ON PAGE 44.

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

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


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

NY0001015	041-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 09/01/2013	TO 09/30/2013

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
UNIT #2 WASTEWATER
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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
pH	SAMPLE MEASUREMENT	*****	*****	*****							
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM		9 MAXIMUM	SU		Once Per Batch	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****							
00400 U 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	4 MINIMUM		9 MAXIMUM	SU		Once Per Batch	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Kent E. Stoffle / Principal Environmental Engineer			(315) 349-1364	10/24/2013
TYPED OR PRINTED			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.

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

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


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

NY0001015	10A-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 09/01/2013	TO 09/30/2013

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
UNIT #1 FOREBAY CLEANING BASIN
Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		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 personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Kent E. Stoffle / Principal Environmental Engineer			(315) 349-1364	10/24/2013
TYPED OR PRINTED		OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

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

SEE COMMENTS ON PAGE 44.

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

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

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


NY0001015	40A-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 09/01/2013	TO 09/30/2013

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
CIRCULATING WATER PUMPS - SUMP
Internal 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			
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.5	*****	8.9	SU	0	02/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Kent E. Stoffle / Principal Environmental Engineer			(315) 349-1364	10/24/2013	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

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

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

NY0001015	40B-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 09/01/2013	TO 09/30/2013

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
UNIT #2 FOREBAY CLEANING BASIN
Internal 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			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	50 MO AVG	100 DAILY MX	mg/L		Daily When Discharging	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Daily When Discharging	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Kent E. Stoffle / Principal Environmental Engineer		(315) 349-1364		10/24/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY

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

SEE COMMENTS ON PAGE 44.

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

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

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

NY0001015	023-V
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 09/01/2013	TO 09/30/2013

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
Unit 1 - Oil spill retention basin (Basin capacity 0.214
External Outfall

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Kent E. Stoffle / Principal Environmental Engineer		(315) 349-1364		10/24/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY

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

SEE COMMENTS ON PAGE 44.

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

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

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

NY0001015
PERMIT NUMBER

07A-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 130930063
MAJOR
(SUBR 07)
Manhole #110 in the Unit 2 Chiller building, 1000
Intake Structure

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


FROM

TO

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			
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
pH	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 the document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
Kent E. Stoffle / Principal Environmental Engineer			(315) 349-1364	10/24/2013	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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

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

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

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

NY0001015
PERMIT NUMBER

07B-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 130930063
MAJOR
(SUBR 07)
Unit 1 Administration Building Sump 1; 1000 gpd
Internal Outfall

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


FROM

TO

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			
Flow rate	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
pH	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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
Kent E. Stoffle / Principal Environmental Engineer			(315) 349-1364	10/24/2013	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE COMMENTS ON PAGE 44.

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

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

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

NY0001015
PERMIT NUMBER

07C-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
Unit 2 service water pump 2DFM-Sump2B-1600
Internal Outfall

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


FROM

TO

ATTN: TERRY SYRELL

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	E800	gal/d	*****	*****	*****	*****	0	01/30	ES
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
pH	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 personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Kent E. Stoffle / Principal Environmental Engineer			(315) 349-1364	10/24/2013	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

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

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

NY0001015
PERMIT NUMBER

07D-M
DISCHARGE NUMBER


DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
Unit 2 service water pump 2DFM-Sump2A; 1600 Internal Outfall

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

ATTN: TERRY SYRELL

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	E800	gal/d	*****	*****	*****	*****	0	01/30	ES
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
pH	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 personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Kent E. Stoffle / Principal Environmental Engineer			(315) 349-1364	10/24/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

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

NY0001015
PERMIT NUMBER

07E-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
Unit 2 control building 2DFM-Sump4; 460 gpd
Internal Outfall

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


FROM

TO

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			
Flow rate	SAMPLE MEASUREMENT	*****	E500	gal/d	*****	*****	*****	*****	0	01/30	ES
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
pH	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 personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Kent E. Stoffle / Principal Environmental Engineer			(315) 349-1364	10/24/2013	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

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

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

NY0001015
PERMIT NUMBER

07F-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
Manhole # 103 screenhouse west, no regular flow
Internal Outfall

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

FROM

TO

ATTN: TERRY SYRELL

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
pH	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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Kent E. Stoffle / Principal Environmental Engineer		(315) 349-1364		10/24/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE COMMENTS ON PAGE 44.

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

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

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

NY0001015
PERMIT NUMBER

07G-M
DISCHARGE NUMBER


DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
Manhole # 207 screenhouse north; no regular flow
Internal Outfall

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

ATTN: TERRY SYRELL

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
pH	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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Kent E. Stoffle / Principal Environmental Engineer			(315) 349-1364	10/24/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE COMMENTS ON PAGE 44.

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

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

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

NY0001015	011-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2013	TO 09/30/2013

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
UNIT #1 (HIGH CONDUCTIVITY)
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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 personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
ent E. Stoffle / Principal Environmental Engineer		(315) 349-1364		10/24/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ENTER 'NOD1 9' IN PLACE OF MEASUREMENTS FOR PARAMETERS NOT APPLICABLE DURING THE ENTIRE MONITORING PERIOD.
SEE COMMENTS ON PAGE 44.

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

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

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

NY0001015		020-Q	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	07/01/2013	TO	09/30/2013

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
STORM DRAINAGE UNIT #1
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5	mg/L	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Quarterly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<5	mg/L	0	01/90	GR
	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 personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	TELEPHONE		DATE
ent E. Stoffle / Principal Environmental Engineer		(315) 349-1364		10/24/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY

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

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

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

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

ATTN: TERRY SYRELL

NY0001015	041-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2013	TO 09/30/2013

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
UNIT #2 (HIGH CONDUCTIVITY)
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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 personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
ent E. Stoffle / Principal Environmental Engineer		(315) 349-1364		10/24/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY

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

ENTER 'NOD1 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.

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

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

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

NY0001015	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 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
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate 00056 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	E100000	gal/d	*****	*****	*****	*****	0	03/90	ES
	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	ESTIMA
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<4	<4	mg/L	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	50 DAILY MX	mg/L		Quarterly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<5	mg/L	0	01/90	GR
	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 personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
ent E. Stoffle / Principal Environmental Engineer		(315) 349-1364	10/24/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER <i>Kent E. Stoffle</i>	AREA Code	NUMBER
	OR AUTHORIZED AGENT		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.

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

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

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


ATTN: TERRY SYRELL

NY0001015	020-V
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2013	TO 09/30/2013

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
OUTFALL 020 ACTION LEVELS
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Kent E. Stoffle / Principal Environmental Engineer			(315) 349-1364	10/24/2013	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

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

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

NY0001015	040-V
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2013	TO 09/30/2013

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
OUTFALL 040 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			
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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
ent E. Stoffle / Principal Environmental Engine		(315) 349-1364		10/24/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

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

NY0001015	001-V
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2013	TO 09/30/2013

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
CONTACT COOLING WATER
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) 01042 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.01	mg/L	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	mg/L		Quarterly	GRAB
Zinc, total (as Zn) 01092 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.02	mg/L	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.15 DAILY MX	mg/L		Quarterly	GRAB
EVAC Whole Product	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.1	mg/l	0	02/99	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.1 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 assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	TELEPHONE		DATE
ent E. Stoffle / Principal Environmental Engineer		(315) 349-1364		10/24/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY

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

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

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

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

NY0001015
PERMIT NUMBER

010-V
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 130930063
MAJOR
(SUBR 07)
Total Zinc Type I
External Outfall

FROM

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	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	*****	*****	*****	*****	*****	<0.02	mg/L	0	01/90	GR
01092 V 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 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 personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Robert E. Stoffle / Principal Environmental Engineer		(315) 349-1364		10/24/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

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

NY0001015
PERMIT NUMBER

07A-V
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
Manhole #110 in the Unit 2 Chiller building, 1000 Intake Structure

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

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) 01042 V 0 See Comments	SAMPL MEASUREMENT	*****	*****	*****	*****	*****	0.2	mg/L	41	04/90	GR (1)
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	mg/L		Quarterly	GRAB
Nickel, total (as Ni) 01067 V 0 See Comments	SAMPL MEASUREMENT	*****	*****	*****	*****	*****	<0.01	mg/L	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	mg/L		Quarterly	GRAB
Zinc, total (as Zn) 01092 V 0 See Comments	SAMPL MEASUREMENT	*****	*****	*****	*****	*****	<0.02	mg/L	0	01/90	GR
	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 personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	TELEPHONE		DATE
Kent E. Stoffle / Principal Environmental Engineer		(315) 349-1364		10/24/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

(1) SEE COMMENTS ON PAGE 43 AND 44.

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

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

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

NY0001015
PERMIT NUMBER

07B-V
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 130930063
MAJOR
(SUBR 07)
Unit 1 administrative building sump 1; 1000 gpd
Internal Outfall

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

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) 01042 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.01	mg/L	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	mg/L		Quarterly	GRAB
Nickel, total (as Ni) 01067 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.03	mg/L	0	01/90	GR(1)
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	mg/L		Quarterly	GRAB
Zinc, total (as Zn) 01092 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.1	mg/L	0	01/90	GR(1)
	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 personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
ent E. Stoffle / Principal Environmental Engineer		(315) 349-1364	10/24/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
			MM/DD/YYYY

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

1) SEE COMMENTS ON PAGE 43.

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

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

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

NY0001015
PERMIT NUMBER

07C-V
DISCHARGE NUMBER


DMR Mailing ZIP CODE: 130930063
MAJOR
(SUBR 07)
Unit 2 service water pump 2DFM-Sump2B-1600
Internal Outfall

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

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) 01042 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.01	mg/L	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	mg/L		Quarterly	GRAB
Nickel, total (as Ni) 01067 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.01	mg/L	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	mg/L		Quarterly	GRAB
Zinc, total (as Zn) 01092 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.02	mg/L	0	01/90	GR
	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 personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
ent E. Stoffle / Principal Environmental Engineer			(315) 349-1364	10/24/2013	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

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

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

NY0001015
PERMIT NUMBER

07D-V
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
Unit 2 service water pump 2DFM-Sump2A; 1600 Internal Outfall

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

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	*****	*****	*****	*****	*****	0.2	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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
ent E. Stoffle / Principal Environmental Engineer		(315) 349-1364		10/24/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER <i>Kate Stoffle</i>	AREA Code	NUMBER	MM/DD/YYYY
	OR AUTHORIZED AGENT			

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

(1) SEE COMMENTS ON PAGE 44.

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

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

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

NY0001015
PERMIT NUMBER

07E-V
DISCHARGE NUMBER


DMR Mailing ZIP CODE: 130930063
MAJOR
(SUBR 07)
Unit 2 control building 2DFM-Sump4; 460 gpd
Internal Outfall

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

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	*****	*****	*****	*****	*****	0.02	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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
Principal E. Stoffle / Principal Environmental Engineer			(315) 349-1364		10/24/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

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

NY0001015
PERMIT NUMBER

07F-V
DISCHARGE NUMBER


DMR Mailing ZIP CODE: 130930063
MAJOR
(SUBR 07)
Manhole # 103 screenhouse west, no regular flow
Internal Outfall

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

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	*****	*****	*****	*****	*****					
01042 V 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	mg/L		Quarterly	GRAB
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
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 certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Typed or Printed Name			(315) 349-1364	10/24/2013	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE COMMENTS ON PAGE 44.

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

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

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

NY0001015
PERMIT NUMBER

07G-V
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 130930063
MAJOR (SUBR 07)
Manhole # 207 screenhouse north; no regular flow
Internal Outfall

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

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	*****	*****	*****	*****	*****					
01042 V 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	mg/L		Quarterly	GRAB
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
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 certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Typed or Printed		(315) 349-1364	10/24/2013	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MM/DD/YYYY

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

Nine Mile Point Nuclear Station, LLC
October 25, 2013



Report of Noncompliance Event

To: DEC Water Contact Val Murakami DEC Region: 7

Report Type: 5 Day Permit Violation Order Violation Anticipated Noncompliance Bypass/Overflow Other

SECTION 2

SPDES #: NY-000 1015 Facility: Nine Mile Point Nuclear Station

Date of noncompliance: 9/25/2013 Location (Outfall, Treatment Unit, or Pump Station): Lake Ontario – unpermitted discharge

Description of noncompliance(s) and cause(s): On September 25, 2013, during a chemical treatment of the Nine Mile Point Unit 2 service water system, a chemical injection line became disconnected from the west intake tunnel, and floated to approximately ten feet above the intake tunnel. This resulted in a direct injection of the EVAC chemical into the lake. Approximately 20 gallons of EVAC whole product was injected into the lake as a result of this condition. The disconnected line was discovered by a diver performing an inspection of the EVAC injection lines. The pump was secured and the line placed back into the intake tunnel; however treatment was terminated. An inspection of the shoreline and the intakes was made to determine if there was a related fish kill. No fish were found on the adjacent shoreline, but about 20 dead gobies were found near both intake structures.

Has event ceased? (Yes) If so, when? 9/25/2013 Was event due to plant upset? (NO) SPDES limits violated? (NO)

Start date, time of event: 9/25/2013, ~0700 (AM) End date, time of event: 9/25/2013, ~1200 (PM)

Date, time oral notification made to DEC? 9/25/2013, ~1530 (PM) DEC Official contacted: Val Murakami

Immediate corrective actions: Terminated chemical (EVAC) treatment

Preventive (long term) corrective actions: A Condition Report, which is a corrective action program report internal to Nine Mile Point Nuclear Station, was initiated (CR-2013-007987) to document the condition, determine the cause and perform the appropriate corrective actions.

SECTION 3

Complete this section if event was a bypass:

Bypass amount: _____ Was prior DEC authorization received for this event? (Yes) (No)

DEC Official contacted: _____ Date of DEC approval: ____/____/____

Describe event in "Description of noncompliance and cause" area in Section 2. Detail the start and end dates and times in Section 2 also.

SECTION 4

Facility Representative: Kent E. Stoffle

Title: Principal Environmental Engineer

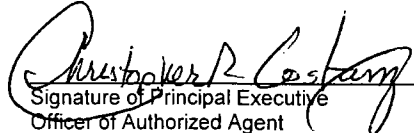
Date: October 14, 2013

Phone #: (315) 349-1364

Fax #: (315) 349-7442

e-mail #: kent.stoffle@cengllc.com

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


Signature of Principal Executive
Officer of Authorized Agent