



October 25, 2001
NMPE 0283

NYS Department of Environmental Conservation
Division of Water
Bureau of Watershed Compliance Programs
625 Broadway 4th Floor
Albany, New York 12233-3506

**RE: *Nine Mile Point Nuclear Station
State Pollutant Discharge Elimination System Permit No. NY 000 1015
September 2001 Discharge Monitoring Report***

Gentlemen:

In accordance with the State Pollutant Discharge Elimination System (SPDES) Permit No. NY 000 1015 for the Nine Mile Point Nuclear Station, dated December 1, 1994, (latest revision dated November 15, 1999), enclosed is the Discharge Monitoring Report (DMR) for the month of September 2001.

SPDES samples were collected pursuant to the requirements set forth in the SPDES permit. During the month there were no known permit limitations exceeded.

Any questions concerning the enclosed report should be directed to Kent E. Stoffle at (315) 349-1364.

Sincerely,

A handwritten signature in dark ink, appearing to read "Lawrence A. Hopkins".

Lawrence A. Hopkins
Plant Manager - Unit 1

A handwritten signature in dark ink, appearing to read "Michael F. Peckham".

Michael F. Peckham
Plant Manager - Unit 2

LAH/MFP/KES/cld
Enclosure

xc: Steve Eidt, NYSDEC
Oswego County Dept. of Health
Nuclear Learning Center Library
Records Management

IE25

**DISCHARGE MONITORING REPORT
PERMIT NUMBER NY 000 1015
NINE MILE POINT NUCLEAR STATION
SEPTEMBER 2001**

Comments

UNIT 1

1. On the attached State Pollutant Discharge Elimination System (SPDES)/Discharge Monitoring Report (DMR) forms, "NODI C" was indicated for Unit 1 Outfall 010 for Clam-Trol CT-1 as there were no zebra mussel treatments performed during September 2001 using this product. A zebra mussel treatment was performed during the month using EVAC, an ONDEO Nolco product.

UNIT 2

1. On the attached SPDES/DMR forms, "NODI C" was indicated for Unit 2 Outfall 040 for Clam-Trol CT-1 as there were no zebra mussel treatments performed during September 2001 using this product. A zebra mussel treatment was performed using EVAC, an ONDEO Nolco product.

Enclosure 1

NAME NIAGARA MOHAWK POWER CORP
ADDRESS NINE MILE POINT NUCLEAR GENERA
348 LAKE ROAD
LYCOMING NY 13099
FACILITY NINE MILE POINT NUCLEAR GENERA
LOCATION LYCOMING NY 13099

MAJOR
(SUBR 07)
F - FINAL
UNIT #1 F

NY0001015
PERMIT NUMBER

10A M
DISCHARGE NUMBER

LYCOMING NY 13093
FACILITY NINE MILE POINT NUCLEAR GENERA
LOCATION LYCOMING NY 13093

ATTN: MS JANET HARSDEM

NO DISCHARGE IX-1 4-44
NOTE: Read instructions before completing the form.

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING				Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)				
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	50 DAILY AV	100 DAILY MX				TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	*****	(19)				
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	15 DAILY MX				TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****					
50050 1 0 0	PERMIT REQUIREMENT	*****	REPORT DAILY MX		*****	*****	*****	***			TWICE/MONTH	CALC'D
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT							***				
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
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	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L.A. Hopkins

NMP-1 Plant Manager

TYPED OR PRINTED

Signature of Principal Executive Officer or Authorized Agent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

315 349 1364

DATE

YEAR 01 MO 10 DAY 25

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

NAME **NIAGARA MOHAWK POWER CORP**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCOMING NY 13093
 FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCOMING NY 13093**
 ATTN: **MS JANET MARSDEN**

NY0001015

PERMIT NUMBER

022 0

DISCHARGE NUMBER

MAJOR
 (SUBR 07)
 F - FINAL

SECURITY BLDG AIR CONDITIONING

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
01	07	01		01	09	30

 *** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		QTRLY GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 DAILY AV	50 DAILY MX	MG/L		QTRLY GRAB	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		QTRLY GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L.A. Hopkins
NMP-1 Plant Manager

TYPED OR PRINTED

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

TELEPHONE

315 349 1364

DATE

01 10 25

AREA CODE NUMBER YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT *[Signature]*

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

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

NAME **NIAGARA MOHAWK POWER CORP.**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCOMING NY 13093
 FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCOMING** NY 13093

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

NY0001015

PERMIT NUMBER

022 M

DISCHARGE NUMBER

MAJOR
 (SUBR 07)

F - FINAL

SECURITY BLDG AIRCONDITIONING

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

FROM

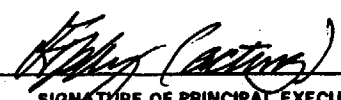
TO

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

ATTN: MS JANET MARSDEN

PARAMETER		QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT			(07)	*****	*****	*****				
00056 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/ MONTH	CALCTD
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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			
L.A. Hopkins NMP-1 Plant Manager TYPED OR PRINTED			315 349 1364	01	10	25	
			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME **NIAGARA MOHAWK POWER CORP**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCOMING NY 13093
 FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCOMING NY 13093**
 ATTN: **MS JANET MARSDEN**

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

NY0001015

PERMIT NUMBER

021 M

DISCHARGE NUMBER

MAJOR

(SUBR 07)

F - FINAL

FILTER BACKWASH/DEMIN. MAKE-UP


MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE				(07)	*****	*****	*****				
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	GPD	*****	*****	*****	****	ONCE/	CALCTD	
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	ONCE/	GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 DAILY AV	50 DAILY MX	MG/L	ONCE/	GRAB	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L	ONCE/	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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		
L.A. Hopkins NMP-1 Plant Manager			315 349 1364	01	10	25
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO

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

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

NAME **NIAGARA MOHAWK POWER CORP**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCONING NY 13093

FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCONING** NY 13093

ATTN: **MS JANET MARSDEN**

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

NY0001015
 PERMIT NUMBER

020 M
 DISCHARGE NUMBER

MAJOR
 (SUBR 07)
 F - FINAL
 STORM DRAINAGE UNIT #1

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	09	01	TO	01	09 30

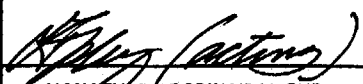
FROM

TO

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	E17000	E17000	(07)	*****	*****	*****		0	1/30	Calctd
00056 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/ BATCH	CALCTD
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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		
L.A. Hopkins NMP-1 Plant Manager			315 349 1364	01	10	25	
TYPED OR PRINTED	AREA CODE	NUMBER	YEAR	MO	DAY		

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

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

NAME **NIAGARA MOHAWK POWER CORP**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCONING NY 13093
 FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCONING NY 13093**

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

NY0001015

PERMIT NUMBER

011 V

DISCHARGE NUMBER

MAJOR
 (SUBR 07)

F - FINAL

OUTFALL 011 ACTION LEVELS

MONITORING PERIOD								
YEAR			MO			DAY		
FROM	01	07	01	TO	01	09	30	

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

ATTN: MS JANET MARSDEN

PARAMETER		QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PHENOLS 46000 V O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	*** ***	*****	*****	1.0 DAILY MK	MG/L		DIRTY GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L.A. Hopkins
 NMP-1 Plant Manager

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

315 349 1364

01 10 25

AREA CODE

NUMBER

YEAR

MO

DAY

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

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

NAME **NIAGARA MOHAWK POWER CORP**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCONING NY 13093
 FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCONING NY 13093**
 ATTN: **MS JANET MARSDEN**

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

NY0001015

PERMIT NUMBER

011 0

DISCHARGE NUMBER

MAJOR
 (SUBR 07)
 F - FINAL

UNIT #1 (HIGH CONDUCTIVITY)

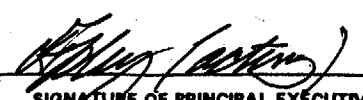
MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
01	07	01		01	09	30

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	30 DAILY AV	50 DAILY MX	MG/L		OTRLY GRAB	
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		OTRLY GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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		
L.A. Hopkins NMP-1 Plant Manager TYPED OR PRINTED			315 349 1364	01	10	25

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

ENTER *NODI 9* IN PLACE OF MEASUREMENTS FOR PARAMETERS NOT APPLICABLE DURING THE ENTIRE MONITORING PERIOD

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

NAME **NIAGARA MOHAWK POWER CORP**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCOMING NY 13093

FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCOMING NY 13093**

ATTN: **MS JANET MARSDEN**

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

NY0001015

PERMIT NUMBER

011 M

DISCHARGE NUMBER

MAJOR
 (SUBR 07)

F - FINAL
 UNIT #1 WASTEWATER

MONITORING PERIOD

FROM

YEAR	MO	DAY
01	09	01

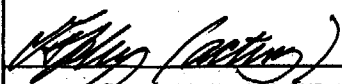
 TO

YEAR	MO	DAY
01	09	30

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 U 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	4.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ GRAB BATCH	
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ GRAB BATCH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 DAILY AV	50 DAILY MX	MG/L		ONCE/ GRAB BATCH	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/ GRAB BATCH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/ CALCTD BATCH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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		
L.A. Hopkins NMP-1 Plant Manager TYPED OR PRINTED			315 349 1364	01	10	25

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 10MHOS. ENTER *NODI 9* IN PLACE OF A MEASUREMENT FOR PARAMETERS WHICH DO NOT APPLY FOR THE MONITORING PERIOD.

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

NAME **NIAGARA MOHAWK POWER CORP**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCOMING NY 13093
 FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCOMING NY 13093**
 ATTN: **MS JANET MARSDEN**

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

NY0001015

PERMIT NUMBER

010 M

DISCHARGE NUMBER

MAJOR

(SUBR 07)

F - FINAL


CONDENSER COOLING WATER UNIT 1

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	01	09	01		01	09	30

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMP. DIFF. BETWEEN INTAKE AND DISCHARGE 61576 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	NODI 9	(15)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	DEG.F		CONTINUOUS	RECORD
TEMP. DIFF. BETWEEN INTAKE AND DISCHARGE 61576 2 0 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	31	(15)	0	Contin-	Rcordr
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	35 DAILY MX	DEG.F		CONTINUOUS	RECORD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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		
L.A. Hopkins NMP-1 Plant Manager TYPED OR PRINTED			315 349 1364	01	10	25

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 A

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

NAME **NIAGARA MOHAWK POWER CORP**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCONING NY 13093
 FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCONING NY 13093**
 ATTN: **MS JANET MARSDEN**

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

NY0001015

PERMIT NUMBER

024 H

DISCHARGE NUMBER

MAJOR
 (SUBR 07)
 F - FINAL

NMP-1 DIESEL OFF-LOADING PAD

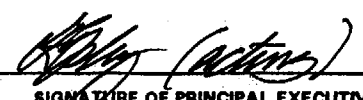
MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	*****	E5000	(07)	*****	*****	*****		0	1/ DISCHG	Estima
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX GPD		*****	*****	*****	****		ONCE/ ESTIMA DISCHG	
PH	SAMPLE MEASUREMENT	*****	*****		7.7	*****	7.7	(12)	0	1/ DISCHG	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ GRAB DISCHG	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.5	(19)	0	1/ DISCHG	Grab
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/ GRAB DISCHG	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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		
			315 349 1364	01 10 25	AREA CODE	NUMBER	YEAR

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

NAME **NIAGARA MOHAWK POWER CORP**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCOMING NY 13093
 FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCOMING NY 13093**
 ATTN: **MS JANET MARSDEN**

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

NY0001015

PERMIT NUMBER

023 M

DISCHARGE NUMBER

MAJOR

(SUBR 07)

F - FINAL

UNIT 1 OIL SPILL RETENTION BSN

MONITORING PERIOD

FROM YEAR **01** MO **09** DAY **01** TO YEAR **01** MO **09** DAY **30**

 *** NO DISCHARGE ☒ ***

NOTE: Read Instructions before completing this form.


PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	*****	E154000	(07)	*****	*****	*****		0	1/ DISCHG	Estima
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY HX GPD		*****	*****	*****	****		ONCE/ DISCHG	ESTINA
PH	SAMPLE MEASUREMENT	*****	*****		8.8	*****	9.0	(12)	0	1/ DISCHG	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ DISCHG	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5	(19)	0	1/ DISCHG	Grab
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY HX	MG/L		ONCE/ DISCHG	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L.A. Hopkins
NMP-1 Plant Manager

TYPED OR PRINTED

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


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

315 349 1364

AREA CODE NUMBER

DATE

01 10 25

YEAR MO DAY

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

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

NAME **NIAGARA MOHAWK POWER CORP**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCOMING NY 13093
 FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCOMING NY 13093**

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

NY0001015
 PERMIT NUMBER

030 M
 DISCHARGE NUMBER

MAJOR
(SUBR 07)
F - FINAL
SANITARY WASTES

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	09	01	TO	01	09 30

*** NO DISCHARGE **1** ***

NOTE: Read instructions before completing this form.

ATTN: **MS JANET MARSDEN**

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE											
00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	E61000	*****	(07)	*****	*****	*****		0	28/30	Estima
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	120000	*****		*****	*****	*****	***		TWICE/ESTIMA	
00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	300A ARI	*****	6PD	*****	*****	*****	***		MONTH	
00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<4	<4	(19)	0	2/30	Grab
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	25	45	MG/L		TWICE/GRAB	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	300A AVG	DAILY MX	MG/L		MONTH	
00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.3	*****	7.4	(12)	0	2/30	Grab
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0	SU		TWICE/GRAB	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU		MONTH	
00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	3	4	(19)	0	2/30	Grab
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	25	45	MG/L		TWICE/GRAB	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	300A AVG	DAILY MX	MG/L		MONTH	
00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.1	(25)	0	2/30	Grab
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.1	ML/L		TWICE/GRAB	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	DAILY MX	ML/L		MONTH	
00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.1	(19)	0	2/30	Grab
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.5	MG/L		TWICE/GRAB	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	DAILY MX	MG/L		MONTH	
00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	10	*****	(13)	0	2/30	Grab
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	200	*****	#/		TWICE/GRAB	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	300A GEO	*****	100ML		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
L.A. Hopkins
NMP-1 Plant Manager
 TYPED OR PRINTED

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

(Signature)
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
315 349 1364
 AREA CODE NUMBER
 DATE
01 10 25
 YEAR MO DAY

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

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

NAME **NIAGARA MOHAWK POWER CORP**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCOMING NY 13093
 FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCOMING NY 13093**
 ATTN: **MS JANET MARSDEN**

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

NY0001015
 PERMIT NUMBER

010 M
 DISCHARGE NUMBER

MAJOR
(SUBR 07)
F - FINAL
CONDENSER COOLING WATER UNIT 1

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
FROM 01	09	01	TO	01	09	30

***** NO DISCHARGE *****
 NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	104	(15)	0	Contin-	Rcordr
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	115	DEG.F		CONTIN	CORDR
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.1	(19)	0	1/30	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.25	DAILY MX		ONCE/	GRAB
CLANTROL CT-1, TOTAL WATER 04251 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	NODI C ¹	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2	DAILY MX		WHEN CK REQ	
OXIDANTS, TOTAL RESIDUAL 34044 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.1	(19)	0	Batch	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2	DAILY MX		ONCE/	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	404.4	(03)	*****	*****	*****		0	Contin-	Calctd
	PERMIT REQUIREMENT	*****	417.6		*****	*****	*****	****		CONTIN	CALCTD
NET RATE OF ADDITION OF HEAT 61575 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	NODI 9	(05)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT	MBTU/		HOURLY	CALCTD
NET RATE OF ADDITION OF HEAT 61575 2 0 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	4299	(05)	0	Hourly	Calctd
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	4405	MBTU/		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			
L.A. Hopkins NMP-1 Plant Manager						315 349 1364	01 10 25				
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY	

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

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 A /.) see comments

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

NAME **NIAGARA MOHAWK POWER CORP**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCOMING NY 13093
 FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCOMING NY 13093**
 ATTN: **MS JANET MARSDEN**

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

NY0001015

PERMIT NUMBER

020 V

DISCHARGE NUMBER

MAJOR
 (SUBR 07)
 F - FINAL

OUTFALL 020 ACTION LEVELS

MONITORING PERIOD

FROM YEAR **01** MO **07** DAY **01** TO YEAR **01** MO **09** DAY **30**

*** NO DISCHARGE **1** ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC, TOTAL (AS ZN) 01092 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.02	(19)	0	1/90	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.45 DAILY MX	MG/L		QTRLY	GRAB
ALUMINUM, TOTAL (AS AL) 01105 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.1	(19)	0	1/90	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5 DAILY MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

L.A. Hopkins
 NMP-1 Plant Manager

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

315 349 1364

AREA CODE

NUMBER

DATE

01 10 25

YEAR MO DAY

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

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

NAME **NIAGARA MOHAWK POWER CORP**ADDRESS **NINE MILE POINT NUCLEAR GENERA****348 LAKE ROAD****LYCOMING****NY 13093**FACILITY **NINE MILE POINT NUCLEAR GENERA**LOCATION **LYCOMING****NY 13093**ATTN: **MS JANET MARSDEN**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**NY0001015**

PERMIT NUMBER

020 0

DISCHARGE NUMBER

MAJOR

(SUBR 07)**F - FINAL****STORM DRAINAGE UNIT #1**

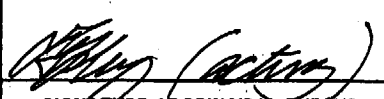
MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
01	07	01		01	09	30

***** NO DISCHARGE *****

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5	(19)	0	1/90	Grab
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15	DAILY MX MG/L		QTRLY GRAB	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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		
L.A. Hopkins NMP-1 Plant Manager TYPED OR PRINTED			315 349 1364 AREA CODE NUMBER	01 YEAR	10 MO	25 DAY

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

NAME **NIAGARA MOHAWK POWER CORP**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCOMING NY 13093
 FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCOMING NY 13093**
 ATTN: **MS JANET MARSDEN**

NY0001015
 PERMIT NUMBER

007 M
 DISCHARGE NUMBER

MAJOR
(SUBR 07)
F - FINAL
FLOOR AND EQUIPMENT DRAINS

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE		*****	E3000	(07)	*****	*****	*****		0	1/30	Estima
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY HX	GPD	*****	*****	*****	***		ONCE/ MONTH	ESTIMA
PH	SAMPLE MEASUREMENT	*****	*****		7.6	*****	8.8	(12)	0	8/30	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/ GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	<4	<4	(19)	0	8/30	Grab
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 DAILY AV	50 DAILY HX	MG/L		TWICE/ GRAB MONTH	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	6	(19)	0	8/30	Grab
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	15 DAILY HX	MG/L		TWICE/ GRAB MONTH	
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.6	(19)	0	8/30	Grab
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	4.0 DAILY HX	MG/L		TWICE/ GRAB MONTH	
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.0	(19)	0	4/30	Grab
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	4.0 DAILY HX	MG/L		ONCE/ GRAB MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M.F. Peckham
NMP-2 Plant Manager

TYPED OR PRINTED

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

TELEPHONE

315 349 1364

DATE

01 10 25

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE

NUMBER

YEAR

MO

DAY

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.

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

NAME **NIAGARA MOHAWK POWER CORP**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCOMING NY 13093
 FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCOMING NY 13093**
 ATTN: **MS JANET MARSDEN**

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

NY0001015

PERMIT NUMBER

007 V

DISCHARGE NUMBER

MAJOR
 (SUBR 07)
 F - FINAL

OUTFALL 007 ACTION LEVELS

MONITORING PERIOD

FROM

YEAR	MO	DAY
01	07	01

 TO

YEAR	MO	DAY
01	09	30

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BARIUM, TOTAL (AS BA) 01007 V O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.2	(19)	0	4/90	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.5 DAILY MX	MG/L			OTRLY GRAB
MANGANESE, TOTAL (AS MN) 01055 V O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.1	(19)	0	4/90	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	MG/L			OTRLY GRAB
ZINC, TOTAL (AS ZN) 01092 V O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.1	(19)	0	4/90	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2 DAILY MX	MG/L			OTRLY GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M.F. Peckham
NMP-2 Plant Manager

TYPED OR PRINTED

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

TELEPHONE

315 349 1364

DATE

01 10 25

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

M.F. Peckham

AREA CODE NUMBER YEAR MO DAY

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

NAME **NIAGARA MOHAWK POWER CORP**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCOMING NY 13093

FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCOMING NY 13093**

ATTN: **MS JANET MARSDEN**

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

NY0001015

PERMIT NUMBER

01A H

DISCHARGE NUMBER

MAJOR

(SUBR 07)

F - FINAL

DECAY HEAT COOLING BLOWDOWN

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
 01 09 01 TO 01 09 30

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 > 0 0 INCREASE (NOT END OF PIPE)	SAMPLE MEASUREMENT	*****	*****		*****	*****		(15)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	90	DAILY RX	DEG.F	ONCE/	GRAB MONTH
FLOW RATE 00056 > 0 0 INCREASE (NOT END OF PIPE)	SAMPLE MEASUREMENT	*****		(07)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT		*****	*****	*****	****		ONCE/	CALCTD MONTH
CHLORINE, TOTAL RESIDUAL 50060 > 0 0 INCREASE (NOT END OF PIPE)	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2	DAILY RX	MG/L	ONCE/	GRAB MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M.F. Peckham
NMP-2 Plant Manager

TYPED OR PRINTED

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TELEPHONE

315 349 1364

DATE

01 10 25

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER YEAR MO DAY

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

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

NAME **NIAGARA MOHAWK POWER CORP**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCOMING NY 13093
 FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCOMING NY 13093**
 ATTN: **MS JANET MARSDEN**

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

NY0001015
 PERMIT NUMBER

025 M
 DISCHARGE NUMBER

MAJOR
 (SUBR 07)
 F - FINAL

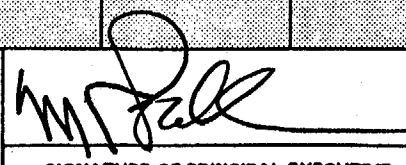
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	09	01	TO	01	09 30

COOLING TOWER EMERGENCY OVRFLW

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ GRAB DISCHG	
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	0.25 DAILY MX	MG/L		ONCE/ GRAB DISCHG	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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		
M.F. Peckham NMP-2 Plant Manager			315 349 1364	01	10	25
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO

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

NAME **NIAGARA MOHAWK POWER CORP**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCONING NY 13093
 FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCONING NY 13093**
 ATTN: **MS JANET MARSDEN**

NY0001015

PERMIT NUMBER

040 M

DISCHARGE NUMBER

MAJOR

(SUBR 07)

F - FINAL

TOWER BLOWDOWN/ SERVICE UNIT#2

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
01	09	01	01	09	30

FROM

TO

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	81	(15)	0	Continuous	Recorder
PH	PERMIT REQUIREMENT	*****	*****	****	*****	*****	110 DAILY MX	DEG.F	0	CONTINUOUS	RECORD
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	8.2	*****	8.5	(12)	0	2/7	Grab
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	0	THICE/GRAB WEEK	
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5 DAILY MX	(19)	0	ONCE/GRAB MONTH	
CLANROL CT-1, TOTAL WATER 04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.06 DAILY MX	(19)	0	1/7	Grab
OXIDANTS, TOTAL RESIDUAL 34044 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.25 DAILY MX	(19)	0	WEEKLYGRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2 DAILY MX	(19)	0	WHEN CK REQ DISCH	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	<0.1 DAILY MX	(19)	0	1/ Batch	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2 DAILY MX	(19)	0	ONCE/GRAB BATCH	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	(03)	0	Continuous	Calctd
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	(03)	0	CONTINUOUS	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			
M.F. Peckham NMP-2 Plant Manager						315 349 1364		01 10 25			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER YEAR MO DAY			

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

REPORT USE OF BUTYL BENZOTRIAZOLE ON A BLANK LINE.

1.) See Comments

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

NAME **NIAGARA MOHAWK POWER CORP**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCOMING NY 13093

FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCOMING** NY 13093

ATTN: MS JANET MARSDEN

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

 NY0001015
 PERMIT NUMBER

 040 M
 DISCHARGE NUMBER

 MAJOR
 (SUBR 07)
 F - FINAL

TOWER BLOWDOWN/ SERVICE UNIT#2


MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.1	0.2	(19)	0	1/ Batch	Grab
50064 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.2	0.5			ONCE/ GRAB	
EFFLUENT GROSS VALUE				****		DAILY AV	DAILY MX	MG/L		BATCH	
NET RATE OF ADDITION OF HEAT	SAMPLE MEASUREMENT	*****	*****		*****	*****	130	(05)	0	Daily	Calctd
61575 2 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	470			DAILY CALCTD	
EFFLUENT NET VALUE				****		DAILY MX		MBTU/ HR			
TEMP. DIFF. BETWEEN INTAKE AND DISCHARGE	SAMPLE MEASUREMENT	*****	*****		*****	*****	9	(15)	0	Contin-uous	Rcldr
61576 2 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30			CONTINUOUS	CORDR
EFFLUENT NET VALUE				****		DAILY MX		DEG.F			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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		
M.F. Peckham NMP-2 Plant Manager TYPED OR PRINTED			315 349 1364	01	10	25

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

REPORT USE OF BUTYL BENZOTRIAZOLE ON A BLANK LINE.

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

NAME **NIAGARA MOHAWK POWER CORP**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCONING NY 13093
 FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCONING NY 13093**
 ATTN: **MS JANET MARSDEN**

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

NY0001015

PERMIT NUMBER

040 V

DISCHARGE NUMBER

MAJOR

(SUBR 07)

F - FINAL

OUTFALL 040 ACTION LEVELS

MONITORING PERIOD

FROM

YEAR	MO	DAY
01	07	01


 TO

YEAR	MO	DAY
01	09	30

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IRON, TOTAL (AS FE) 01045 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.1	(19)	0	1/90	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0	DAILY MX MG/L			OTRLY GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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		
M.F. Peckham NMP-2 Plant Manager TYPED OR PRINTED			315 349 1364 AREA CODE NUMBER	01 10 25 YEAR MO DAY		

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

NAME **NIAGARA MOHAWK POWER CORP**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCONING NY 13093
 FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCONING NY 13093**

NY0001015
 PERMIT NUMBER

041 0
 DISCHARGE NUMBER

MAJOR
 (SUBR 07)
 F - FINAL
 UNIT #2 (HIGH CONDUCTIVITY)

FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	07	01		01	09	30

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

ATTN: MS JANET MARSDEN

PARAMETER		QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1	(19)	0	1/90	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	30 DAILY AV	50 DAILY MX	MG/L			OTRLY GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<5		(19)	0	1/90	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L			OTRLY GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M.F. Peckham
NMP-2 Plant Manager

TYPED OR PRINTED

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

TELEPHONE

315 349 1364

DATE

01 10 25

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER YEAR MO DAY

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

ENTER "MODI 9" IN PLACE OF MEASUREMENT FOR PARAMETERS NOT APPLICABLE DURING THE ENTIRE MONITORING PERIOD.

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

NAME **NIAGARA MOHAWK POWER CORP**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCONING

FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCONING**
NY 13093

ATTN: MS JANET MARSDEN

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

NY0001015

PERMIT NUMBER

041 V

DISCHARGE NUMBER

MAJOR
 (SUBR 07)

F - FINAL

OUTFALL 041 ACTION LEVELS


MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
 01 07 01 TO 01 09 30

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PHENOLS	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.1	(19)	0	1/90	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0	DAILY MX	MG/L		OTRLY GRAB
46000 V O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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			
			315 349 1364	01	10	25	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME **NIAGARA MOHAWK POWER CORP**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCONING NY 13093
 FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCONING NY 13093**
 ATTN: **MS JANET MARSDEN**

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

NY 0001015

PERMIT NUMBER

40A M

DISCHARGE NUMBER

MAJOR
 (SUBR 07)
 F - FINAL

CIRCULATING WATER PUMPS - SUMP

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
 01 09 01 TO 01 09 30

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

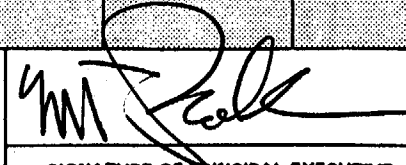
PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5	(19)	0	2/30	Grab
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15	DAILY MX MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	E17000	(03)	*****	*****	*****		0	1/30	Calctd
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT		*****	*****	*****	****		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M.F. Peckham
NMP-2 Plant Manager

TYPED OR PRINTED

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



SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

315 349 1364

AREA CODE NUMBER

DATE

01 10 25

YEAR MO DAY

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

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

NAME **NIAGARA MOHAWK POWER CORP**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCOMING NY 13093
 FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCOMING NY 13093**
 ATTN: **MS JANET MARSDEN**

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

NY0001015
 PERMIT NUMBER

40B M
 DISCHARGE NUMBER

MAJOR
 (SUBR 07)
 F - FINAL
 UNIT #2 FOREBAY CLEANING BASIN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

FROM

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.


PARAMETER		QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	50 DAILY AV	100 DAILY MX	MG/L		TWICE/GRAB MONTH	
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		TWICE/CALCTD MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M.F. Peckham
NMP-2 Plant Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

315 349 1364

AREA CODE NUMBER

DATE

01 10 25

YEAR MO DAY

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

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

NAME **NIAGARA MOHAWK POWER CORP**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCOMING NY 13093

FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCOMING NY 13093**

ATTN: **MS JANET MARSDEN**

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

NY0001015
 PERMIT NUMBER

026 H
 DISCHARGE NUMBER

MAJOR
 (SUBR 07)
 F - FINAL
 UNIT 2 RESIN REGEN, ETC.


MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	09	01	TO	01	09 30

FROM

TO

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	*****	E19000	(07)	*****	*****	*****		0	1/30	Estima
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX GPD		*****	*****	*****	****		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	
M.F. Peckham NMP-2 Plant Manager TYPED OR PRINTED								315 349 1364		01 10 25	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)				AREA CODE	NUMBER	YEAR	MO	DAY			

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

NAME **NIAGARA MOHAWK POWER CORP**
 ADDRESS **NINE MILE POINT NUCLEAR GENERA**
348 LAKE ROAD
LYCONING NY 13093
 FACILITY **NINE MILE POINT NUCLEAR GENERA**
 LOCATION **LYCONING NY 13093**
 ATTN: **MS JANET MARSDEN**

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

NY 0001015

PERMIT NUMBER

041 M

DISCHARGE NUMBER

MAJOR

(SUBR 07)

F - FINAL

UNIT #2 WASTEWATER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY	
01	09	01	TO	01	09	30

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SPECIFIC CONDUCTANCE		*****	*****		*****	0.62	0.71	(11)	0	1/ Batch	Grab
00095 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT DAILY AV	REPORT DAILY MX	UMHO/ CM		CONTINUOUS	CORDOR
PH		*****	*****		5.8	*****	5.9	(12)	0	1/ Batch	Grab
00400 U 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	4.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ BATCH	GRAB
PH		*****	*****		NODI 9	*****	NODI 9	(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ BATCH	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	NODI 9	NODI 9	(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 DAILY AV	50 DAILY MX	MG/L		ONCE/ BATCH	GRAB
OIL & GREASE		*****	*****		*****	*****	NODI 9	(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/ BATCH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.023	0.024	(03)	*****	*****	*****		0	1/30	Calctd
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										


NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 M.F. Peckham
 NMP-2 Plant Manager

 TYPED OR PRINTED

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TELEPHONE
 315 349 1364
 AREA CODE NUMBER
 DATE
 01 10 25
 YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


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 MICROHMS. ENTER *NODI 9* FOR THOSE PARAMETERS WHICH DO NOT APPLY TO THIS MONITORING PERIOD. FOR THOSE PARAMETERS WHICH DO NOT

 APPLY TO THIS MONITORING PERIOD.
 FORM 3330-1 (REV 3/99) Previous editions may be used.

00308/010915-0449

PAGE 1 OF 1

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "*Permittee Name/Mailing Address*" (and facility name/location, if different), "*Permit Number*," and "*Discharge Number*" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "*Monitoring Period*" covered by form where indicated.
4. Enter each "*Parameter*" as specified in monitoring requirements of permit.
5. Enter "*Sample Measurement*" data for each parameter under "*Quantity*" and "*Quality*" in units specified in permit. "*Average*" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "*Monitoring Period*"; "*Maximum*" and "*Minimum*" are normally extreme high and low measurements obtained during "*Monitoring Period*." (Note to municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "*Average*," and enter maximum 7-day average of sample measurements obtained during monitoring period under "*Maximum*.")
6. Enter "*Permit Requirement*" for each parameter under "*Quantity*" and "*Quality*" as specified in permit.
7. Under "*No Ex*" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0."
8. Enter "*Frequency of Analysis*" both as "*Sample Measurement*" (actual frequency of sampling and analysis used during monitoring period) and as "*Permit Requirement*" specified in permit. (e.g., Enter "*Cont.*" for continuous monitoring, "*1/7*" for one day per week, "*1/30*" for one day per month, "*1/90*" for one day per quarter, etc.)
9. Enter "*Sample Type*" both as "*Sample Measurement*" (actual sample type used during monitoring period) and as "*Permit Requirement*," (e.g., Enter "*Grab*" for individual sample, "*24HC*" for 24-hour composite, "*N/A*" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
11. If "no discharge" occurs during monitoring period, enter "*No Discharge*" across form in place of data entry.
12. Enter "*Name/Title of Principal Executive Officer*" with "*Signature of Principal Executive Officer of Authorized Agent*," "*Telephone Number*," and "*Date*" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.