

## **Byron Environmental Audit – Request for Additional Information Response**

**Question #: HCR-1**

**Category: Historical and Cultural Resources**

### **Statement of Question:**

Provide a series of aerial photographs of the entire plant site and associated transmission line(s) (during pre-construction, construction, and post-construction periods) looking at levels of disturbance that occurred during construction or since operation, whether any historic structures or possible sites are present on the property, and identifying any recent projects that will require a review of additional documentation.

### **Response:**

Aerial photographs of the plant site during the pre-construction and construction time frames are attached to this response. Also, in a letter dated February 1974, the Illinois SHPO stated that no cultural or historical sites of significance were located within the Byron project boundaries. A copy of the 1974 letter from the Illinois SHPO to the U.S. Atomic Energy Commission is attached to this response.

There are no ongoing or anticipated construction projects at Byron that would require review of additional documentation.

### **List Attachments Provided:**

1. Aerial photographs
2. Letter from Illinois State Historic Preservation Officer (A. Dean) to U.S. Atomic Energy Commission (D. Muller) regarding review of environmental reports for Braidwood, Byron, and Clinton Stations, February 1974.



# BLINDORN LINE TRENCHING

N4+



A6/2/78E14



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P5/1/75A15



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P5/1/75A17





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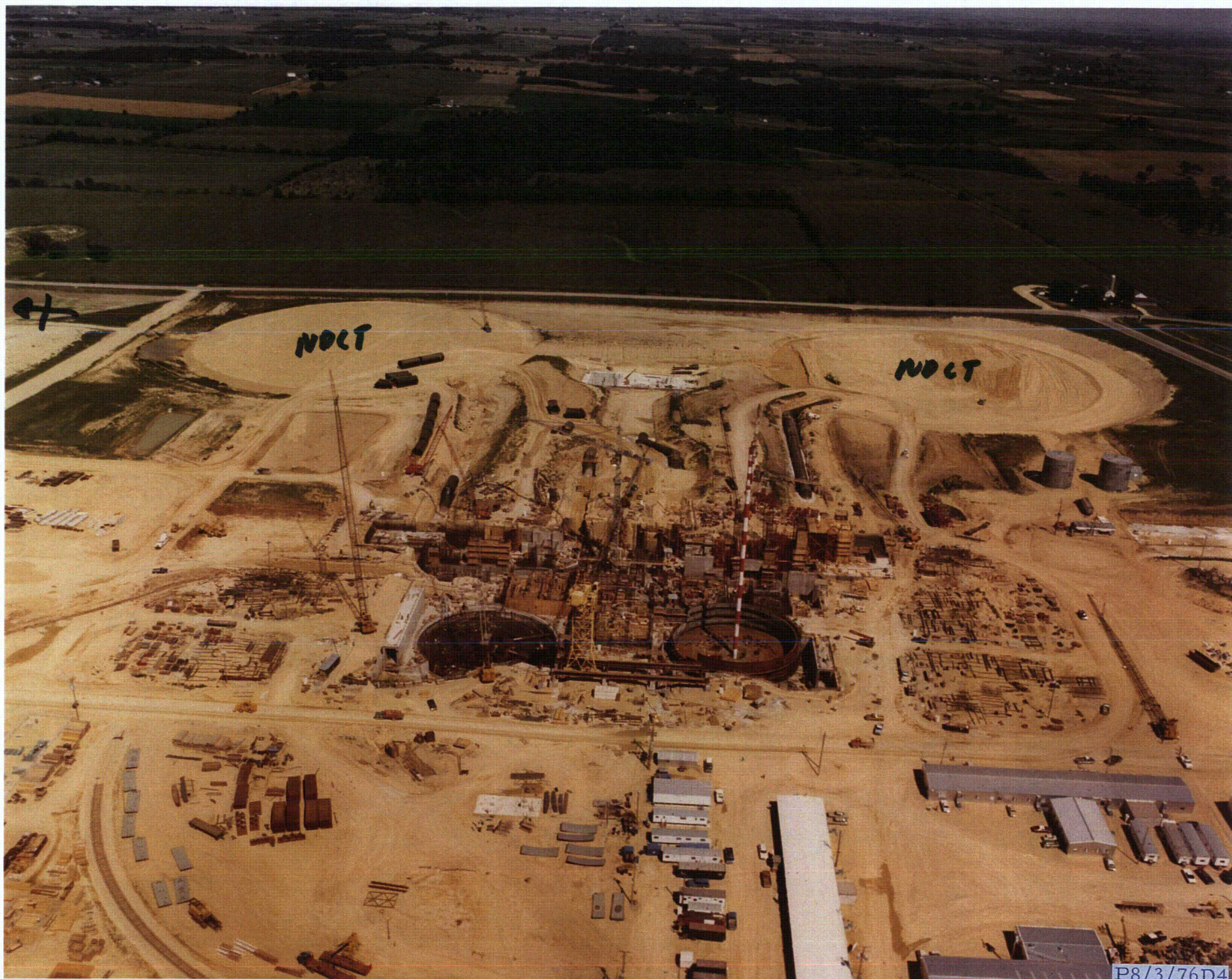


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**The following drawing  
specifically reference**

**Map**

**Of**

**Archaeological**

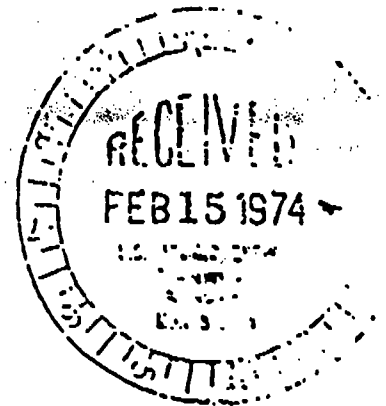
**Site**

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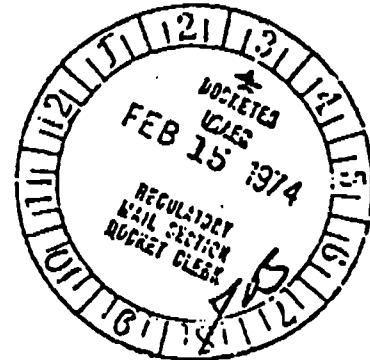


STATE OF ILLINOIS  
DEPARTMENT OF CONSERVATION  
SPRINGFIELD 62706



Docket Nos.: STN 50-454, STN 50-455  
STN 50-456, STN 50-457  
STN 50-461, STN 50-462

Mr. Daniel R. Muller  
Assistant Director for Environmental Projects  
Directorate of Licensing  
U. S. Atomic Energy Commission  
Washington, D. C. 20545



Dear Mr. Muller:

The environmental reports prepared by Commonwealth Edison on Braidwood Station (Units 1 and 2, Will County) and Byron Station (Units 1 and 2, Ogle County) and Illinois Power Company's environmental report on the Clinton Power Station (Units 1 and 2, De Witt County) have been reviewed. This review was made to determine what effect, if any, undertaking the Byron, Braidwood, or Clinton projects would have on cultural and historical sites of significance within or adjacent to project work boundaries.

Archaeological studies conducted on the project sites by members of the Illinois Archaeological Survey for Illinois Power and Commonwealth Edison indicate the existence of archaeological sites within the boundaries of each of the three projects. Results of the archaeological surveys for each site should be included in the final environmental statements. The final statements should also indicate Commonwealth Edison's and Illinois Power's plans for archaeological salvage of the located sites and their plans for recording and salvage of archaeological sites which may be discovered during project construction.

It has been determined that, with the exception of the aforementioned archaeological sites, no cultural or historical sites of significance are located within the projects' boundaries. No National Register of

RECYCLED PAPER



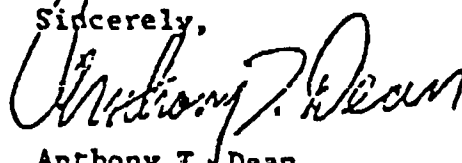
Mr. Daniel R. Muller

-2-

February

Historic Places sites are found within the project boundaries of the Braidwood, Byron, or Clinton Power Stations.

Sincerely,



Anthony T. Dean

Director

State Historic Preservation  
Officer

ATD:gjf

cc. Mr. George Montet, Building 11A, Environmental Statement Projects,  
Argonne National Laboratory, 9700 South Cass Avenue, Argonne,  
Illinois 60439

Mr. Charles Bareis, Illinois Archaeological Survey, 109 Davenport  
Hall, University of Illinois, Urbana, Illinois 61801

Mrs. Ann Webster Smith, Director, Office of Compliance, Advisory  
Council on Historic Preservation, Washington, D. C. 20240



## **Byron Environmental Audit – Request for Additional Information Response**

**Question #: HCR-2**

**Category: Historical and Cultural Resources**

### **Statement of Question:**

Provide a copy of the avoidance measures recommended by the Illinois State Historic Preservation Office (IL SHPO) for construction of Byron as referenced in Section 2.11.2 of the ER.

### **Response:**

Attached is Section 2.6.1 from the Byron Station ER-OL, as amended January 1983 (ComEd 1981a, p. 2.6-1). This section states (1) that “[i]t was recommended [in the 1974 Phase II Archaeological Report] that the sites along the Rock River in the river screenhouse area be fenced and construction crews be instructed to remain 50 feet from the fence in order to avoid impact during construction activities,” and (2) that “[a]rchaeological site Oq-153 [sic], the only site near any construction activity, was fenced in the fall of 1976.” [Note: While the ER-OL refers to archaeological site Oq-153, current SHPO records refer to the same site as 11OG153.]

Also attached is a letter dated September 18, 1974, in which the Illinois SHPO acknowledged receipt and review of the Phase II Archaeological Report for the Byron Station site. The letter notes that “safeguards are being taken to protect the known archaeological sites and that construction crews will be instructed to remain a minimum of 50 feet from them.”

A copy of the Phase II Archaeological Report is attached to the response to Audit Needs Question HCR-12.

### **List Attachments Provided:**

1. Section 2.6.1 from the Byron Station ER-OL, as amended January 1983 (ComEd 1981a, p. 2.6-1).
2. Letter from Illinois SHPO (A. Dean) to Commonwealth Edison (J. McCluskey), September 18, 1974.



## 2.6 REGIONAL HISTORIC, ARCHAEOLOGICAL, ARCHITECTURAL, SCENIC, CUTURAL, AND NATURAL FEATURES

This section reviews the findings of the historical study and the archaeological surveys of both the Byron Nuclear Generating Station - Units 1 & 2 (Byron Station) site and the transmission line rights-of-way.

### 2.6.1 Plant Site

There are no sites on the station property that are included or are eligible for inclusion in the "National Register of Historic Places" (Federal Register 1977a, 1977b), the "National Registry of Natural Landmarks" (Federal Register 1975; Resseguie 1977), or the other listings of locally significant sites.

Although six historic sites were listed for Ogle County in the "National Register of Historic Places" (see Table 2.6-1), none of these will be affected by the Byron Station. The "Historic American Buildings Survey" (Ison 1977) lists three structures in Ogle County (see Table 2.6-1), and again none of these will be affected by the Byron Station. The "Pictorial Archives of Early American Architecture" (Ison 1977) lists four buildings in Ogle County, none of which will be affected by Byron Station (see Table 2.6-1).

Many areas of local historical interest, however, do exist in the area. Table 2.6-2 lists and briefly describes these historic sites and markers located within 10 miles of the site as supplied by information from various local sources (see references).

In February 1974, Anthony T. Dean, State Historic Preservation Officer for Illinois, stated that no cultural or historical sites in the area would be affected by Byron Station. A copy of his comments is included in Appendix 2.6A.

An archaeological survey of Byron Station was conducted in June 1973 by the University of Wisconsin - Milwaukee, a member institution of the Illinois Archaeological Survey. Seven previously unrecorded archaeological sites and one previously recorded site were encountered. In 1974 test excavations were performed to further evaluate the sites so that procedures could be developed that would preclude any potentially harmful effects. It was recommended that the sites along the Rock River in the river greenhouse area be fenced and construction crews be instructed to remain 50 feet from the fence in order to avoid impact during construction activities. Archaeological site Oq-153, the only site near any construction activity, was fenced in the fall of 1976. In September 1974, the State Historic Preservation Officer of Illinois stated that no archaeological sites would be disturbed by the construction of the Byron Station. A copy of his comments is included in Appendix 2.6A.



### 2.6.2 Transmission Line Rights-of-Way

The historical sites of interest for the Byron East to Cherry Valley-Nelson transmission line right-of-way and the Byron South to Cherry Valley-Nelson transmission line right-of-way are the same as those listed in Subsection 2.6.1. The "Camling-Cline Mound Group," an archaeological site located in Section 10 of Rockvale Township in Ogle County, is being considered for nomination to the "National Register of Historic Places." The Byron North to Wempletown right-of-way is adjacent to the site but does not impact on it. This right-of-way also crosses into Winnebago County where the "National Register of Historic Places" lists 13 sites (see Table 2.6-3). These sites will not be affected by the Byron North to Wempletown right-of-way. There are no sites listed on the "National Registry of Natural Landmarks" for Winnebago County.

Archaeological surveys were conducted on these transmission line rights-of-way out of Byron Station. The results of the surveys were submitted to the Illinois State Historic Preservation Officer, and his assessment of transmission line impacts on historic and cultural resources is contained in letters dated May 12 and July 16, 1981. Copies of these letters were submitted in response to NRC Question 310.4, which is part of Amendment No. 1 to this ER-OLS.

The Byron North to Wempletown transmission line will be visible at the Rock River crossing.



Byron ER-OLS



STATE OF ILLINOIS



DEPARTMENT OF CONSERVATION

605 STATE OFFICE BUILDING

400 SOUTH SPRING ST.

SPRINGFIELD 62706

CHICAGO OFFICE—1227 S. MICHIGAN AVE. 60605

September 18, 1974

Mr. J. P. McCluskey  
Director of Environmental Affairs  
Commonwealth Edison  
Post Office Box 767  
Chicago, Illinois 60690

Dear Mr. McCluskey:

On August 22, this office received the Phase II Archaeological Report for the Byron Station site. The Report has been reviewed and the Department is satisfied that no archaeological sites will be disturbed by construction activities detailed in your transmittal letter and surveyor's map. It is noted that safeguards are being taken to protect the known archaeological sites and that construction crews will be instructed to remain a minimum of 50 feet from them. Thank you for this opportunity of review and comment.

Sincerely,

Anthony T. Dean  
Director

State Historic Preservation Officer

· ATD: tmm



## **Byron Environmental Audit – Request for Additional Information Response**

**Question #:** HCR-3

**Category:** Historical and Cultural Resources

### **Statement of Question:**

Provide any maintenance or avoidance measures currently in place for site 11OG153, or any other site within Byron site boundaries.

### **Response:**

Specific avoidance measures have not been implemented for site 11OG153 or other archaeological sites within the Byron owner-controlled area because the Final Environmental Statement related to operation of Byron specifies no mitigation requirements for historic and archaeological sites on the Byron plant site (NRC 1982, p. 9-5) and states that “[o]peration of the plant will not result in any significant impact on historic and archeological sites in the area” (NRC 1982, pp. iv and 5-17).

Copies of the pertinent pages from NRC 1982 are attached.

### **List Attachments Provided:**

1. Page iv from NRC 1982
2. Page 5-17 from NRC 1982
3. Page 9-5 from NRC 1982



- a. The additional generating capacity provided by operation of Units 1 and 2 of the Byron station will result in a significant savings in system production costs and will assist CECO in maintaining a diverse mix of generating resources (Sec. 2).
- b. The land use impacts will be small (Sec. 5.2).
- c. The Byron station will draw most of the water it consumes in operation from the Rock River; a small portion for the makeup water system will be pumped from wells. The average net use will be about 1.3 m<sup>3</sup>/sec (47 cfs), which is about 1% of the average annual flow; therefore, no water-use impacts are expected (Sec. 5.3.1).
- d. The chemical, thermal, and other waste discharges into the Rock River will be rapidly assimilated; hence, no adverse impacts on downstream water users or aquatic biota are expected (Secs. 5.3.2 and 5.5.2). The staff expects that applicable standards will be met.
- e. The plant area does not alter the flood plain of the Rock River or its tributaries in the vicinity to affect their flood-prone areas (Sec. 5.3.3).
- f. There will be a visible plume extending from the cooling tower most of the time; however, the ground-level fogging and icing caused by this plume will be negligible (Sec. 5.4.1).
- g. The potential for impacts on the terrestrial ecosystem, which could be caused by operation of the cooling-tower emissions, bird impaction, noise, or transmission-line effects, has been examined and no additional impacts are expected (Sec. 5.5.1).
- h. The potential for impacts on the aquatic ecosystem, which could be caused by impingement or entrainment, thermal discharges, or discharges of chemical and sanitary wastes, has been examined and are expected to be small (Sec. 5.5.2).
- i. Operation of the plant will not have an adverse effect on any rare, endangered, or threatened species (Sec. 5.6).
- j. Operation of the plant will not result in any significant impact on historic and archeological sites in the area nor along the transmission corridors (Sec. 5.7).
- k. The staff concludes that the primary socioeconomic impacts of plant operations are tax benefits and employment. Other socioeconomic impacts of operation are expected to be small (Sec. 5.8).
- l. No significant environmental impacts are anticipated from normal operational releases of radioactive materials. The estimated maximum individual dose for a member of the public subject to the maximum exposure will be very small compared to natural-background doses. As a result, the staff concludes that there should be no measurable radiological impact on members of the public from routine operation of the plant (Sec. 5.9.3).



## 5.7 Historic and Archeological Sites

Operation of the station will not result in any significant impact on historic and archeological sites in the area (FES-CP Section 5.1) nor along the transmission corridors (ER-OL, RQ 310.4). However, as directed in a letter from the State Historic Preservation Officer to the applicant (See Appendix H), care must be taken to avoid the known archeological sites in the transmission corridors during maintenance activities, and in the event that a future major ground disturbance related to the operation and maintenance of the transmission lines is anticipated at the sites, the applicant is required to consult the SHPO before taking action. The applicant shall provide copies of this correspondence to NRC.

## 5.8 Socioeconomics

The socioeconomic impacts of station operation are analyzed in Section 5.5 of the FES-CP with visual impacts covered in Section 5.1.2. The primary impacts of plant operation are tax benefits and employment. The tax benefits are estimated to be approximately \$11 million (1981 dollars) in 1985 when the station is scheduled to be completed. These annual revenues will be paid to nine local jurisdictions ranging in amount from \$4.9 million to \$10,900 (1981 dollars) as shown in Table 5.5. The plant will employ about 400 personnel when operating, with an annual payroll of \$10.9 million (1981 dollars). Approximately 25% of these will be local hires. There will also be 100 security force employees with an annual payroll of \$1,450,000 (1981 dollars). It is estimated that all of the security staff will be hired locally. (ER-OL, RQ 310.7.) The inflow of operating personnel will not significantly affect local services especially when compared to the number of workers required for the construction phase of the station.

Table 5.5 Byron station property taxes

Taxing Jurisdiction	1985 Estimated*
Ogle County	\$ 2,022,800
Rockvale Township	1,322,600
School District U-226	4,944,300
Byron Fire District	1,516,000
Junior College District 511	629,200
Oregon Park District	313,300
Byron Library District	45,900
School District U-220	199,200
Junior College District 52?	10,900
	<u>\$11,004,200</u>

\*1981 dollars.

Source: ER-OL, Amendment No. 1, Table 8.2-1.



on the Byron station property had been buried by others prior to the acquisition of the property by Commonwealth Edison and has been reported to be cleaned up in a satisfactory manner by the Illinois EPA. Additional monitoring of ground-water wells will be conducted by the Illinois EPA to monitor the effects of dumping on adjacent property.

#### 9.5.3.1 Aquatic (DI-2, CEC0-29, CEC0-32)

DI commented on Section 5.5.2.1. This section has been revised based on comments received from the applicant (see Appendix A). The applicant points out that neither the operational Section 316(b) demonstration study nor the concerns of the IDOC to be studied include entrainment. The applicant has committed to keep the Rock Island Field Office of the Fish and Wildlife Service informed of the findings from both the NPDES monitoring program and the special study addressing the IDOC concerns (according to a letter from C. L. McDonough, Commonwealth Edison Director of Environmental Assessment, to S. Chesnut, NRC Licensing Project Manager, March 9, 1982).

In response to the applicant's comments, the first sentence on page 5-16 has been deleted. Corrected information is in Section 5.5.2.2.

Section 5.5.2.2 has been revised to reflect the monitoring requirements specified by the NPDES permit and the applicant's agreement with the IDOC.

However, while Section 5.5.2.2 has been revised, the title has not been altered as suggested because the applicability of the information is stated in the first sentence of the revised text.

A new Section 5.5.2.3 has been added to clarify the separate monitoring program being conducted under the agreement between the applicant and the IDOC.

#### 9.5.4 Historic and Archeological Sites (CEC0-33)

It was not the staff's intent to eliminate CEC0's communication with the SHPO but that SHPO and NRC be informed if archeological sites in the transmission corridors are to be affected by future activities. See revised Section 5.7.

#### 9.5.5 Radiological (CEC0-35; HHS-1, -2; EPA-1, -2, -5; IDNS-3, -4, -5)

In response to CEC0 and IDNS, the staff's judgment that the calculated results of the consequences are more likely overestimates is based upon the following:

- (1) The release fractions of fission products, shown in Table 5.11, are believed to be conservatively high for those radionuclides that are dominant risk contributors. This is due to the complexities of modelling more accurately natural plate-out and aerosol agglomeration and settling tendencies within containment.
- (2) The meteorological dispersion model employed is believed to be conservative.
- (3) The staff's estimates of the effectiveness of protective actions, particularly evacuation times, are believed to be conservative.



## **Byron Environmental Audit – Request for Additional Information Response**

**Question #:** HCR-4

**Category:** Historical and Cultural Resources

### **Statement of Question:**

Provide a description of how historic and cultural resources are considered in land disturbing activities.

### **Response:**

Exelon Generation has adopted a procedure applicable to nuclear power plants that provides a process for screening of proposed activities by responsible individuals to determine whether further evaluations for environmental impacts are warranted. [EN-AA-103] Examples of activities that would qualify for further evaluation and that could involve land disturbance include [EN-AA-103-F-02]:

- Changes to or installation of storm drains, ditches or swales (e.g., changes to culverts, removal/addition of vegetative cover, changes to grade, blocking stormwater pathways)
- Changes to or installation of dikes, dams or appurtenances
- Construction, demolition or abandonment in place of any site or non-generating facility buildings or structures
- Dredging or silt removal from intake structures or other structures
- Land disturbance of >1 acre for any one activity, well drilling, soil boring, or changes that would alter storm water runoff
- Paving of previously unpaved areas

Activities determined to warrant further evaluation are reviewed by Environmental personnel to determine whether the actual or potential environmental impacts of the activity are bounded by the environmental basis for the nuclear power plant. [EN-AA-103-F-02] In the case of a land disturbing activity, the cultural, historical and paleontological resources environmental basis for Byron Station has been summarized in a Cultural Resources Management Plan (CRMP), which identifies previously disturbed areas and the locations of known archaeological sites within the Station's boundaries. If the actual or potential impacts of excavation associated with the activity are not bounded by the environmental basis, then a supplemental cultural resources survey may be performed based on consultation with the State Historic Preservation Officer. [EN-AA-103-0001]

### **List Attachments Provided:**

None



## **Byron Environmental Audit – Request for Additional Information Response**

**Question #:** HCR-5      **Category:** Historical and Cultural Resources

**Statement of Question:**

Provide a description of the process for inadvertent discovery of historic and cultural resources.

**Response:**

If cultural, historic or paleontological resources are uncovered during an ongoing excavation at the Byron Station, the work would be stopped, appropriate notifications would be made, a cover would be positioned to protect the exposed resources from the elements, access to the area would be controlled with barriers and/or signs, and work would not resume until authorized by Environmental personnel. Also, Environmental personnel would coordinate the salvage or disposition of any recovered resources. [SA-AA-117]

**List Attachments Provided:**

None



## **Byron Environmental Audit – Request for Additional Information Response**

**Question #: HCR-6**

**Category: Historical and Cultural Resources**

### **Statement of Question:**

Provide a description of ComEd's transmission line management plan, including: timing of activities, danger tree removal and other clearing, inspections and repair activities conducted by ground vehicles, standard operating procedures or guidelines for the applicant and any contractors; erosion control procedures, technician training programs, and any regulations that restrict maintenance activities (e.g., looking for activities that could affect depth of disturbance, if any disturbance is necessary along the corridor).

### **Response:**

In the Byron Station License Renewal ER, Exelon Generation applied the NRC regulations and guidance that were in effect at the time the Byron and Braidwood License Renewal Application (LRA) was submitted (May 2013) to define for which transmission lines environmental impacts should be analyzed. Under the previous regulations and guidance, the in-scope transmission lines for Byron license renewal included the transmission lines that were constructed with the station to connect it to the regional electricity grid. Such lines, which are all owned and operated by ComEd, are identified in the Byron License Renewal ER as follows:

- Byron to Wempleton (345-kV line extending north from the Byron switchyard)
- Byron to Cherry Valley (double circuit 345-kV lines extending east from Byron switchyard)
- Byron South (345-kV line extending south from Byron switchyard)

In June 2013, after the Byron and Braidwood LRA was submitted, the NRC finalized regulations that changed the requirements and guidance defining which transmission lines would be within the scope of license renewal environmental review. Under the new regulations, in-scope transmission lines are defined as transmission lines that connect the nuclear power plant to the substation where electricity is fed into the regional power distribution system and transmission lines that supply power to the nuclear plant from the grid [10 CFR 51, Appendix B to Subpart A, Table B-1, Footnote 4]. This definition is further explained in the Statement of Considerations for the final rule, which states that "those transmission lines that would not be impacted by a license renewal decision (i.e., those lines that would not be dismantled or otherwise decommissioned as a result of a plant terminating operations because its operating license had not been renewed) are considered beyond the scope" for the license renewal environmental review. [78 *Federal Register* 37296 – 37297; June 20, 2013]

Because the NRC will now apply the new regulations to define the scope of transmission lines for which environmental impacts are analyzed in the License Renewal Supplemental Environmental Impact Statement for Byron Station, Exelon Generation has revisited its original evaluation of the in-scope lines. Electricity generated at Byron Station is transformed from generator voltage to a nominal 345-kV transmission system voltage by the main power transformers. The main power transformers are connected via intermediate, on-site transmission lines to the on-site 345-kV Byron Station



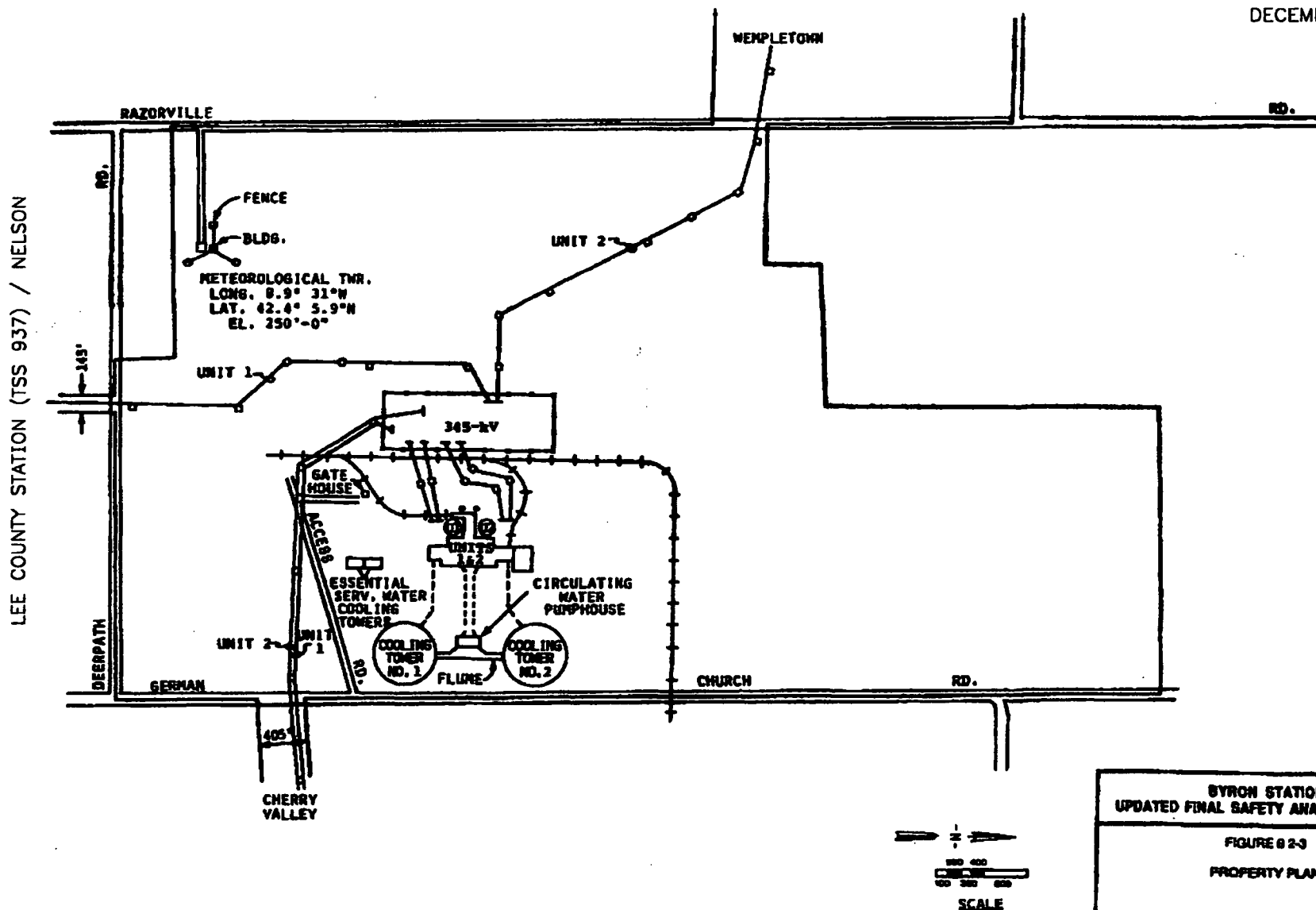
switchyard. The location of the intermediate transmission towers on the site property is shown in Byron UFSAR (Exelon Nuclear 2010a), Figure 8.2-3. For ease of reference, a copy of the figure is attached to this response. Based on this information and that there are no other transmission lines that would be dismantled or otherwise decommissioned as a result of terminating operations at Byron, Exelon concludes that, under the new regulations, the intermediate, on-site transmission lines are the only in-scope transmission lines for the Byron license renewal environmental review. These transmission lines are located entirely within the station's protected area. Grounds management practices for that area are described in the Request for Additional Information Response HCR-7.

**List Attachments Provided:**

Byron UFSAR (Exelon Nuclear 2010a), Figure 8.2-3



REVISION 9  
DECEMBER 2002





## Byron Environmental Audit – Request for Additional Information Response

**Question #:** HCR-7      **Category:** Historical and Cultural Resources

### Statement of Question:

Provide information on management around less-developed areas of the plant site, especially near known historic and cultural resources or near unsurveyed areas, if applicable.

### Response:

Vegetation control at Byron station is the responsibility of the Facilities Maintenance Department. The following guidelines are used as the basis of operation for this activity.

- **Regular** - "Yard" areas both inside and outside of the PA are generally mowed on a regular basis to maintain a height of 6" or less. (e.g., training, plant entrance, shooting range)
- **Secondary** - Security sensitive areas inside and outside the PA are mowed less frequently to maintain vegetation at 12" to 16" or less. These areas are located outside from the center of the plant, and their boundaries depend on defensive strategies of the security force. Security supervision contacts facilities maintenance if the vegetation becomes overgrown to a point that it may hinder their activities. Facilities staff and security management tour these areas as needed to discuss possible issues or special requests. ( e.g., along south road, natural draft cooling towers -- East side)
- **Outlying** – These are areas that are of less significance to security and the overall aesthetics of the site, but warrant some degree of vegetation control for work access, security inspections, or noxious weed control. These areas have a goal of being mowed twice per year. ( e.g., North of main parking lot, outlying areas of shooting range)
- **Blowdown** – The blowdown line and 345 kv line to RSH areas have a goal of being mowed at least twice per year with more frequent mowing dependent on work activities and inspection access. These areas are also monitored for tree growth/infringement on the power lines.
- **Less developed** – Less developed, unsurveyed areas of station property not encompassed in the areas previously described are maintained only in response to special requests.

**Note:** The frequency of mowing activities is subject to weather, other work load, plant priorities, and staffing levels.

**Note:** The known historic and cultural resources indicated on the map in the Cultural Resources Management Plan are not maintained in any way differently than any of the other landscape in the immediate surrounding area.

### List Attachments Provided:

None



## **Byron Environmental Audit – Request for Additional Information Response**

**Question #: HCR-8**

**Category: Historical and Cultural Resources**

### **Statement of Question:**

Provide documentation of construction projects that have occurred on the property since the construction of Byron to determine how historic and cultural resources were considered. Any documentation demonstrating compliance with existing environmental procedures would be useful. What materials are used by the staff to determine whether the SHPO should be consulted?

### **Response:**

No construction projects have occurred at the Byron Station since existing procedures requiring environmental review of such projects were implemented, which occurred a few years after the merger in October 2000 of Unicom Corporation and PECO Energy Company to form Exelon Corporation. Prior to the merger, documentation of environmental reviews associated with construction on the Byron owner-controlled property was not archived.

For future reviews of proposed land-disturbing construction projects, Byron environmental personnel will review the cultural, historical and paleontological resources environmental basis for Byron Station, which has been summarized in a Cultural Resources Management Plan (CRMP). The CRMP identifies previously disturbed areas and the locations of known archaeological sites within the Station's boundaries. If the actual or potential impacts of excavation associated with the project are not bounded by the environmental basis, then the State Historic Preservation Officer would be consulted concerning the need for a supplemental cultural resources survey. [EN-AA-103-0001]

### **List Attachments Provided:**

None



## **Byron Environmental Audit – Request for Additional Information Response**

**Question #:** HCR-9      **Category:** Historical and Cultural Resources

### **Statement of Question:**

Provide a percentage of disturbed and undisturbed land within the Byron Site.

### **Response:**

Exelon Generation believes that areas occupied by the power block, switchyard, and other supporting facilities (approximately 154 acres) [Byron UFSAR Section 2.4.2.3, pp. 2.4-6a to 2.4-7] as well as the pipeline corridor (approximately 384 acres) [Byron UFSAR Section 2.1.1.2, p. 2.1-2] were all disturbed by original construction of Byron Station. These areas (approximately 538 acres total) represent 30 percent of the total Byron Station land area (approximately 1,782 acres) [Byron UFSAR Section 2.1.1.2, p. 2.1-2]. Approximately 47 percent of the total Byron Station land area (840 acres) has been leased for agricultural purposes. Such land is considered disturbed because most of it is tilled. The remaining 23 percent of the Byron Station land area (404 acres) is undisturbed land.

### **List Attachments Provided:**

None



## **Byron Environmental Audit – Request for Additional Information Response**

**Question #:** HCR-10

**Category:** Historical and Cultural Resources

### **Statement of Question:**

Provide information about the percent of leased land within the Byron site; how much of the land within the Byron site is directly owner-controlled?

### **Response:**

The Byron Station occupies approximately 1,782 acres of land. This area consists of the main site area and the pipeline corridor to the Rock River. The main site area occupies approximately 1,398 acres, while the corridor occupies the remaining 384 acres. [Byron UFSAR Section 2.1.1.2, p. 2.1-2] Approximately 840 acres (47 percent) of the total land area occupied by the Byron Station is leased for agricultural use. The power block, switchyard, and other supporting facilities under continuous surveillance occupy approximately 154 acres (9 percent) of the total station land area. [Byron UFSAR Section 2.4.2.3, pp. 2.4-6a to 2.4-7]

Regarding control of leased land within the Byron site, Exelon Generation generally retains an unrestricted right to enter, use, and dispose of the leased land for its business purposes and in the event of emergencies. Also, subleases are not allowed, and leases typically restrict use of the leased land solely to a designated purpose, such as for farming and agricultural purposes, for cultivating crops, and/or for pastureland. In addition, some leases may prohibit certain specific activities on the leased land, such as removing top soil, changing the original ground grade level, altering the natural water drainage pattern, and installing irrigation systems.

### **List Attachments Provided:**

None

## **Byron Environmental Audit – Request for Additional Information Response**

**Question #:** HCR-11      **Category:** Historical and Cultural Resources

### **Statement of Question:**

Is there any formal cultural resource training for Byron staff?

### **Response:**

Byron Station personnel receive no formal cultural resources training.

### **List Attachments Provided:**

None.



## **Byron Environmental Audit – Request for Additional Information Response**

**Question #:** HH-1

**Category:** Human Health

**Statement of Question:**

Provide NPDES monthly discharge monitoring reports for the past five years.

**Response:**

The NPDES monthly discharge monitoring reports for all months of years 2008 through 2012 and January through July 2013 are provided.

**List Attachments Provided:**

1. NPDES monthly discharge monitoring reports for January 1, 2013 through July 31, 2013.
2. NPDES monthly discharge monitoring reports for January 1, 2012 through December 31, 2012
3. NPDES monthly discharge monitoring reports for January 1, 2011 through December 31, 2011
4. NPDES monthly discharge monitoring reports for January 1, 2010 through December 31, 2010
5. NPDES monthly discharge monitoring reports for January 1, 2009 through December 31, 2009
6. NPDES monthly discharge monitoring reports for January 1, 2008 through December 31, 2008

Exelon Generation Company, LLC  
Byron Station  
4450 North German Church Road  
Byron, IL 61010-9794

www.exeloncorp.com

February 25, 2013

LTR: BYRON 2013-0029  
File: 2.09.0411  
1.10.0101

Illinois Environmental Protection Agency  
Water Pollution Control  
Compliance Assurance Section #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

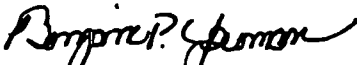
Subject: Byron Station Monthly Discharge Monitoring Report

In accordance with National Pollutant Discharge Elimination System (NPDES) Permit Number IL0048313, issued January 24, 2011, we are submitting the Discharge Monitoring Report for Byron Station, Units 1 and 2. This report covers the period of January 1, 2013 through January 31, 2013.

Special Condition 14 of the NPDES permit requires the station to weigh the copper anodes at the end of the zebra mussel control season and to include the total mass of copper used in the discharge monitoring report. The zebra mussel copper ion skids were shut down on December 26, 2012. The anodes of the 0A copper ion skid were removed and weighed on January 24, 2013. The anodes of the 0B copper ion skid were removed and weighed on January 24, 2013. The total mass of copper used for zebra mussel control was 221 pounds.

If there are any questions regarding this report, please contact Ms. Zoe Cox, Environmental/Radwaste Supervisor, at (815) 406-3035.

Respectfully,

  
Benjamin P. Youman  
Plant Manager  
Byron Nuclear Generating Station

BPY/ZC/eh

Attachments



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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

<b>IL0048313</b>	<b>A01-0</b>
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/2013	TO 01/31/2013

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

DEMINERALIZER REGENERATE WASTE (001A)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended <b>00530 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1.3	<1.3	19	0	01/30	08
Chromium, hexavalent (as Cr) <b>01032 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	30DA AVG	DAILY MAX	mg/L		Monthly	COMP
Chromium, total (as Cr) <b>01034 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	30DA AVG	DAILY MAX	mg/L		Daily	GRAB
Copper, total (as Cu) <b>01042 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	30DA AVG	DAILY MAX	mg/L		Daily	GRAB
Iron, total (as Fe) <b>01045 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	30DA AVG	DAILY MAX	mg/L		Daily	GRAB
Lead, Total (as Pb) <b>01051 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	30DA AVG	DAILY MAX	mg/L		Daily	GRAB
Nickel, total (as Ni) <b>01067 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	30DA AVG	DAILY MAX	mg/L		Daily	GRAB
<b>NAME/TITLE</b> 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			
Benjamin P. Youman						815 406-3700		02/25/2013			
Plant Manager						AREA NUMBER		MM/DD/YYYY			
TYPED OR PRINTED	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT										

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.
2. Flow existed 31 of 31 days during this month.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
PERMIT NUMBER

**A01-0**  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010

MAJOR  
(SUBR 01) CS

DEMINERALIZER REGENERATE WASTE (001A)  
External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 01/01/2013	TO 01/31/2013

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT					300A-AVG	DAILY-MX	MD/L		Daily	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.057	0.243	3	*****	*****	*****	*****	0	01/01	ES
	PERMIT REQUIREMENT	300A-AVG	DAILY-MX	MD/L						Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> 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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
Benjamin P. Youman							815	406-3700	02/25/2013		
Plant Manager							AREA CODE	NUMBER	MM/DD/YYYY		
TYPED OR PRINTED											

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

1. Flows for January 2013 are estimated based on July 2012 values due to totalizers being Out of Service. The totalizers are an obsolete model and work orders are in place to find replacement totalizers and get them installed in the system.



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

PERMITTEE NAME/ADDRESS  
NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555-5701

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

IL0048313		B01-0	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	01/01/2013	TO	01/31/2013

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01) CS

STP PLANT EFFLUENT (FORMER 001B)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day (20 Deg. C) 00310 1 0 Effluent Gross	0.19	0.23	26	*****	5.0	6.0	19	0	02/30	24	
pH	7.08	*****	7.52	12	0	02/30	GR				
Solids, total suspended 00530 1 0 Effluent Gross	0.10	0.12	26	*****	2.7	3.3	19	0	02/30	24	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	0.005	0.011	3	*****	*****	*****	*****	0	01/01	CN	
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				
Benjamin P. Youman					815 406-3700		02/25/2013				
Plant Manager					AREA CODE NUMBER		MM/DD/YYYY				
TYPED OR PRINTED											

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

1. Flow existed through this outfall 29 of 31 days during this month.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>C01-0</b>
PERMIT NUMBER	DISCHARGE NUMBER


MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/2013	TO 01/31/2013

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**WWTP (FORMER 001C)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	4.6	6.6	19	0	02/30	24
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>					15 30DA AVG	50 DAILY MX	mg/L		Twice per Month	COMP 24
Effluent Gross											
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>					1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>					1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>					1 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>					1 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>					1 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Nickel, total (as Ni)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01067 1 0</b>	<b>PERMIT REQUIREMENT</b>					1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<p>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.</p> <p> SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</p>		TELEPHONE		DATE	
Benjamin P. Youman				815	406-3700	02/25/2013	
Plant Manager				AREA CODE	NUMBER	MM/DD/YYYY	
TYPED OR PRINTED							

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.
2. Flow existed through this outfall 12 of 31 days during the month.



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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

<b>IL0048313</b>	<b>C01-0</b>
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 01/01/2013	TO 01/31/2013

**WWTP (FORMER 001C)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENTS			*****		30DA AVG	DAILY MAX	MPL		Daily	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.024	0.042	3	*****	*****	*****	*****	0	01/01	CN
	PERMIT REQUIREMENTS	Regd Mon 30DA AVG	Regd Mon DAILY MAX	Valid						Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENTS										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENTS										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENTS										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENTS										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENTS										

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>  Benjamin P. Youman  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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	<b>TELEPHONE</b>		<b>DATE</b>
			815	406-3700	
			<b>AREA CODE</b>	<b>NUMBER</b>	MM/DD/YYYY

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

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

DMR Mailing ZIP CODE: 61010

MAJOR

(SUBR 01)

CS

RADWASTE TREATMENT (FORMER 001D)

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PERMITTEE NAME/ADDRESS

NAME Exelon Generation Co., LLC

ADDRESS 4300 Winfield Road

Warrenville, IL 60555-5701

FACILITY Byron Nuclear Power Station

LOCATION 4450 North German Church Road

Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

IL0048313  
PERMIT NUMBER

D01-0  
DISCHARGE NUMBER

**MONITORING PERIOD**

MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/2013	TO 01/31/2013

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.6	0.8	19	0	02/30	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					15 30 DAY AVG	1.30 DAILY MAX	mg/L		twice Per Month	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.022	3	*****	*****	*****	*****	0	01/01	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon 30 DAY AVG	Req Mon DAILY MAX	MG/D						Daily	CONTIN
	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.					TELEPHONE		DATE			
Benjamin P. Youman						815	406-3700	02/25/2013			
Plant Manager						AREA CODE	NUMBER	MM/DD/YYYY			
TYPED OR PRINTED						SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

1. Flow existed through this outfall 2 of 31 days during the month.



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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

**IL0048313**  
PERMIT NUMBER

**E01-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 01/01/2013</b>	<b>TO 01/31/2013</b>

DMR Mailing ZIP CODE: 61010

**MAJOR**  
(SUBR 01) CS

**STORMWATER (FORMER 001E)**  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>					15	30	mg/L		Weekly	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>00530 8 0</b>	<b>PERMIT REQUIREMENT</b>					15	30	mg/L		Weekly	GRAB
Other Treatment, Process Complete						30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>					15	30	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>					15	30	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>					15	30	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>					15	30	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>					15	30	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				

<b>NAME/TITLE</b> 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.	<b>TELEPHONE</b>		<b>DATE</b>
Benjamin P. Youman		815	406-3700	02/25/2013
Plant Manager		<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during the month.
2. Flow existed through this outfall 0 of 31 days during the month.

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

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01) CS

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

IL0048313	E01-0
PERMIT NUMBER	DISCHARGE NUMBER

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/2013	TO 01/31/2013

**STORMWATER (FORMER 001E)**  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni) 01067 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT					30DA AVG	DAILY MAX	mg/L		Daily	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT					30DA AVG	DAILY MAX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****	*****			
	PERMIT REQUIREMENT	Req Mon	Req Mon	Mgal/d						Twice per month	CONTIN
	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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Benjamin P. Youman			815 406-3700	02/25/2013
Plant Manager			AREA CODE NUMBER	MM/DD/YYYY

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

1. No Closed Cooling System Drain Water was discharged this month.
2. No Service Water System drain water or Fire Protection drain water was discharged this month.
3. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Cleaning wastewater was discharged this month.



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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

<b>IL0048313</b>		<b>001-0</b>	
PERMIT NUMBER		DISCHARGE NUMBER	
<b>MONITORING PERIOD</b>			
<b>MM/DD/YYYY</b>		<b>MM/DD/YYYY</b>	
FROM	01/01/2013	TO	01/31/2013

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**COOLING SYSTEM BLOWDOWN**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	*****	*****	83.1	15	0	01/01	CN
	PERMIT REQUIREMENT						Reg Mon / MO MAX	deg F		Daily	CONTIN
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8.38	*****	8.84	12	0	01/07	GR
	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	SD		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.9	3.9	19	0	01/30	GR
	PERMIT REQUIREMENT					Reg Mon / 30DA AVG	Reg Mon / DAILY MAX	mg/L		Monthly	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1.9	3.5	19	0	01/07	GR
	PERMIT REQUIREMENT					15 / 30DA AVG	20 / DAILY MAX	mg/L		Weekly	GRAB
Chromium, total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.0021	19	0	01/07	GR
	PERMIT REQUIREMENT						02 / DAILY MAX	mg/L		Weekly	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				500	
	PERMIT REQUIREMENT						0.071 / DAILY MAX	mg/L		Weekly	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.004	0.008	19	0	01/07	GR
	PERMIT REQUIREMENT					213 / 30DA AVG	333 / DAILY MAX	mg/L		Weekly	GRAB
<b>NAME/TITLE</b> 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.					<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>	<b>DATE</b>		
Benjamin P. Youman						815	406-3700	02/25/2013			
Plant Manager						AREA CODE	NUMBER	MM/DD/YYYY			
TYPED OR PRINTED											

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

1. Monitoring data for outfall 001-0 is included on attachment.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

**IL0048313**  
PERMIT NUMBER

**001-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 01/01/2013	TO 01/31/2013

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**COOLING SYSTEM BLOWDOWN**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	0.04	19	0	01/07	GR
<b>34044 1 0</b>	<b>PERMIT REQUIREMENT</b>						0.05 DAILY MAX	mg/L		Weekly	GRAB
Priority pollutants total effluent	<b>SAMPLE MEASUREMENT</b>	*****			*****	*****				500	
<b>50008 1 0</b>	<b>PERMIT REQUIREMENT</b>		Reg Mon DAILY MAX	mg/L			1/Heck on DAILY MAX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	20.27	25.65	3	*****	*****	*****	*****	0	01/01	CN
<b>50050 1 0</b>	<b>PERMIT REQUIREMENT</b>	Reg Mon 30 DAY AVG	Reg Mon DAILY MAX	MGAL/D						Daily	CONTIN
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****				500	
<b>50060 1 0</b>	<b>PERMIT REQUIREMENT</b>						0.05 DAILY MAX	mg/L		Weekly	GRAB
Hydrazine	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****				500	
<b>81313 1 0</b>	<b>PERMIT REQUIREMENT</b>					0.1 30 DAY AVG	0.225 DAILY MAX	mg/L		Daily/When Discharging	GRAB
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
<b>NAME/TITLE</b>	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.						<b>TELEPHONE</b>		<b>DATE</b>		
<b>PRINCIPAL EXECUTIVE OFFICER</b>							815 406-3700		02/25/2013		
<b>Benjamin P. Youman</b>											
<b>Plant Manager</b>							<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>		
<b>TYPED OR PRINTED</b>											
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>											



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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>002-0</b>
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/2013	TO 01/31/2013

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01) CS

STORMWATER RUNOFF BASIN  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
00530 1 0	<b>PERMIT REQUIREMENT</b>					15	20	mg/L		Weekly	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
00530 8 0	<b>PERMIT REQUIREMENT</b>					30	100	mg/L		Weekly	GRAB
Other Treatment, Process Complete						30DA AVG	DAILY MD				
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
01032 1 0	<b>PERMIT REQUIREMENT</b>					0.1	0.6	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
01034 1 0	<b>PERMIT REQUIREMENT</b>					30DA AVG	2	mg/L		Daily	GRAB
Effluent Gross							DAILY MX				
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
01042 1 0	<b>PERMIT REQUIREMENT</b>					0.25	0.4	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
01045 1 0	<b>PERMIT REQUIREMENT</b>						1	mg/L		Daily	GRAB
Effluent Gross							DAILY MX				
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
01051 1 0	<b>PERMIT REQUIREMENT</b>					0.03	0.2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				

NAME/TITLE	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 EXECUTIVE OFFICER		815	406-3700	02/25/2013	
Benjamin P. Youman		AREA CODE	NUMBER	MM/DD/YYYY	
Plant Manager					
TYPED OR PRINTED					
	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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

1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning Wastewater was discharged this month.
2. No Fire Protection, Service Water or Closed Cooling System Drain Water was discharged this month.

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

DMR Mailing ZIP CODE: 61010

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

<b>IL0048313</b>	<b>002-0</b>
PERMIT NUMBER	DISCHARGE NUMBER

**MAJOR**  
(SUBR 01) CS

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 01/01/2013	TO 01/31/2013

**STORMWATER RUNOFF BASIN**  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni) <b>01067 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT					1.10 30DA AVG	175 DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn) <b>01092 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT					1.10 30DA AVG	26 DAILY MX	mg/L		Daily	GRAB
Oil and Grease <b>03582 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT					15 30DA AVG	20 DAILY MX	mg/L		When Discharging	GRAB
Flow, in conduit or thru treatment plant <b>50050 1 0</b> Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****	*****			
	PERMIT REQUIREMENT	Reg Mon 30DA AVG	Reg Mon DAILY MX	mgd						When Discharging	ESTMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

<b>NAME/TITLE</b> 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.		<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>		<b>DATE</b>	
Benjamin P. Youman					815	406-3700	02/25/2013	
Plant Manager					AREA CODE	NUMBER	MM/DD/YYYY	
TYPED OR PRINTED								

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

- This discharge point was not used this month.
- There was no discharge of processed steam generator chemical cleaning wastewater during the month.



ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
January 2013  
Page 1 of 3

**MONITORING DATA:**

<b>DATE</b>	<b>CWBD Temperature deg F</b>	<b>CWBD Flow mgd</b>	<b>Rock River Flow cfs</b>
01/01/2013	67.9	19.52	3,750
01/02/2013	68.9	21.18	3,370
01/03/2013	71.8	17.65	4,070
01/04/2013	74.7	20.20	3,750
01/05/2013	74.7	25.48	3,910
01/06/2013	73.3	20.23	3,910
01/07/2013	74.9	15.29	3,420
01/08/2013	75.8	20.81	3,620
01/09/2013	75.8	20.44	3,450
01/10/2013	74.7	19.42	3,070
01/11/2013	81.5	20.22	3,300
01/12/2013	81.5	24.77	2,930
01/13/2013	68.8	20.69	3,100
01/14/2013	67.5	15.92	3,510
01/15/2013	70.6	22.20	4,540
01/16/2013	76.5	17.72	5,420
01/17/2013	76.5	20.55	5,680
01/18/2013	76.0	19.91	5,510
01/19/2013	77.2	25.65	3,940
01/20/2013	73.3	19.96	5,060
01/21/2013	67.3	13.94	5,850
01/22/2013	62.0	24.35	4,780
01/23/2013	64.6	20.06	5,040
01/24/2013	66.0	18.68	4,750
01/25/2013	72.0	19.19	4,580
01/26/2013	72.0	24.96	4,230
01/27/2013	74.7	20.43	4,000
01/28/2013	76.7	17.04	4,060
01/29/2013	83.1	18.76	4,340
01/30/2013	83.1	20.20	6,290
01/31/2013	71.6	22.90	11,300

**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
January 2013  
Page 2 of 3**

**HYDRAZINE MONITORING:**

There were no steam generator chemical cleaning solutions (or associated rinses) containing hydrazine discharged to the Cooling System Blowdown during the month of January 2013.

**TOTAL QUANTITY DISCHARGED: N/A**

**TOTAL DURATION OF DISCHARGE: N/A**

**COMMENTS:**

1. Sodium Hypochlorite and Bromine compounds were used this month.
2. There was no discharge of steam generator chemical cleaning wastewater containing hydrazine in this month.
3. Flow existed through this outfall 31 of 31 days.
4. Per Special Condition 24 the influent from the Rock River and effluent from Outfall 001-0 was monitored for Total Suspended Solids (TSS) this month. The Rock River TSS value was 4.3 mg/L on 01/14/2013. The CWBD TSS value was 3.9 mg/L on 01/14/2013.
5. Rock River flow for January 2013 was >2400 cfs therefore daily temperature calculations were not required this month. (Special Condition 12).
6. There was no discharge of the 126 Priority Pollutants from cooling tower maintenance chemicals in January 2013. (Special Condition 15).



Exelon Generation Company, LLC  
Byron Station  
4450 North German Church Road  
Byron, IL 61010-9794

www.exeloncorp.com

March 26, 2013

LTR: BYRON 2013-0042  
File: 2.09.0411  
1.10.0101

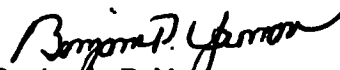
Illinois Environmental Protection Agency  
BOW CAS #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

Subject: Byron Station Monthly Discharge Monitoring Report

In accordance with National Pollutant Discharge Elimination System (NPDES) Permit Number IL0048313, issued January 24, 2011, we are submitting the Discharge Monitoring Report for Byron Station, Units 1 and 2. This report covers the period of February 1, 2013 through February 28, 2013.

If there are any questions regarding this report, please contact Ms. Zoe Cox, Environmental/Radwaste Supervisor, at (815) 406-3035.

Respectfully,

  
Benjamin P. Youman  
Plant Manager  
Byron Nuclear Generating Station

BPY/ZC/eh

Attachments

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

**IL0048313**  
**PERMIT NUMBER**

**A01-0**  
**DISCHARGE NUMBER**

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 02/01/2013</b>	<b>TO 02/28/2013</b>

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR**

**(SUBR 01)**

**CS**

**DEMINERALIZER REGENERATE WASTE (001A)**

**External Outfall**

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	2.2	2.3	19	0	01/30	08
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>					15	30	mg/L		Monthly	COMB 3
Effluent Gross						30DA AVG	DAILY MAX				
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>					30DA AVG	DAILY MAX	mg/L		Daily	GRAB
Effluent Gross											
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>					30DA AVG	DAILY MAX	mg/L		Daily	GRAB
Effluent Gross											
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>					30DA AVG	DAILY MAX	mg/L		Daily	GRAB
Effluent Gross											
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>					30DA AVG	DAILY MAX	mg/L		Daily	GRAB
Effluent Gross											
Lead, Total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>					30DA AVG	DAILY MAX	mg/L		Daily	GRAB
Effluent Gross											
Nickel, total (as Ni)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01067 1 0</b>	<b>PERMIT REQUIREMENT</b>					30DA AVG	DAILY MAX	mg/L		Daily	GRAB
Effluent Gross											

<b>NAME/TITLE</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>	
<b>PRINCIPAL EXECUTIVE OFFICER</b>		815	406-3700	03/26/2013	
<b>TYPED OR PRINTED</b>		<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.

2. Flow existed 28 of 28 days during this month.

BEST COPY AVAILABLE



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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

**IL0048313**  
**PERMIT NUMBER**

**A01-0**  
**DISCHARGE NUMBER**

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 02/01/2013</b>	<b>TO 02/28/2013</b>

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR  
(SUBR 01)**

**CS**

**DEMINERALIZER REGENERATE WASTE (001A)**  
**External Outfall**

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn) <b>01092 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
	<b>PERMIT REQUIREMENT</b>					30DA AVG	DAILY MAX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant <b>50050 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	0.057	0.243	3	*****	*****	*****	*****	0	01/01	ES
	<b>PERMIT REQUIREMENT</b>	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MAX	Mgal/d						Daily	CONTIN
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										

<b>NAME/TITLE</b>	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.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>		<b>DATE</b>
<b>PRINCIPAL EXECUTIVE OFFICER</b>			815	406-3700	
<b>Benjamin P. Youman</b>			<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>
<b>Plant Manager</b>					
<b>TYPED OR PRINTED</b>					

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

1. Flows for February 2013 are estimated based on July 2012 values due to totalizers being Out of Service. The totalizers are an obsolete model and work orders are in place to find replacement totalizers and get them installed in the system.

BEST COPY AVAILABLE

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**B01-0**  
**DISCHARGE NUMBER**

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 02/01/2013</b>	<b>TO 02/28/2013</b>

**DMR Mailing ZIP CODE:**

61010


**MAJOR**  
**(SUBR 01)** CS

**STP PLANT EFFLUENT (FORMER 001B)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day (20 Deg. C) 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.22	0.25	26	*****	4.0	5.0	19	0	02/30	24
	PERMIT REQUIREMENT	0.5	10.5	lb/day	30	60	30	mg/L		Twice Per Month	COMB24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.36	*****	7.36	12	0	02/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0.50	0.57	26	*****	9.0	9.7	19	0	02/30	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	0.5	10.5	lb/day	30	60	30	mg/L		Twice Per Month	COMB24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.006	0.008	3	*****	*****	*****	*****	0	01/01	CN
	PERMIT REQUIREMENT	Reg. Mon	Reg. Mon	lb/day	*****	*****	*****	*****		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

<b>NAME/TITLE</b> Benjamin P. Youman Plant Manager  <b>TYPED OR PRINTED</b>	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.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>		<b>DATE</b>
			815	406-3700	
			<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**  
1. Flow existed through this outfall 27 of 28 days during this month.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>C01-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 02/01/2013</b>	<b>TO 02/28/2013</b>

**DMR Mailing ZIP CODE:**

61010


**MAJOR**  
**(SUBR 01)** CS

**WWTP (FORMER 001C)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended <b>00530 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.2	10.6	19	0	02/30	24
Chromium, hexavalent (as Cr) <b>01032 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
Chromium, total (as Cr) <b>01034 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
Copper, total (as Cu) <b>01042 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
Iron, total (as Fe) <b>01045 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
Lead, total (as Pb) <b>01051 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
Nickel, total (as Ni) <b>01067 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	

<b>NAME/TITLE</b> 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.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>	<b>DATE</b>
Benjamin P. Youman			815 406-3700	03/26/2013
Plant Manager			<b>AREA CODE</b>	<b>NUMBER</b>

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.
2. Flow existed through this outfall 16 of 28 days during the month.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>C01-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 02/01/2013</b>	<b>TO 02/28/2013</b>


**DMR Mailing ZIP CODE:**

**61010**

**MAJOR (SUBR 01) CS**

**WWTP (FORMER 001C)  
External Outfall**

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn) <b>01092 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
	<b>PERMIT REQUIREMENT</b>			*****		300 DA AVG	30 DA AVG	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant <b>50050 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	0.019	0.031	3	*****	*****	*****	*****	0	01/01	CN
	<b>PERMIT REQUIREMENT</b>	Reg. Mon 300 DA AVG	Reg. Mon 30 DA AVG	MGAL/D						Daily	CONTIN
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.					<b>TELEPHONE</b>		<b>DATE</b>			
<b>Benjamin P. Youman</b>						815 406-3700		03/26/2013			
<b>Plant Manager</b>						<b>AREA CODE NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					

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

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>D01-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD			
<b>MM/DD/YYYY</b>		<b>MM/DD/YYYY</b>	
<b>FROM</b>	<b>02/01/2013</b>	<b>TO</b>	<b>02/28/2013</b>

**DMR Mailing ZIP CODE:**

61010

**MAJOR**  
**(SUBR 01)** CS

**RADWASTE TREATMENT (FORMER 001D)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	<0.6	0.7	19	0	02/30	CP
<b>00530 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>					15 mg/L	30 mg/L	mp/L		Twice Per Month	COMPOS
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.021	0.022	3	*****	*****	*****	*****	0	01/01	CN
<b>50050 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	Reg. Mon 30DA AVG	Reg. Mon DAILY MAX	MGAL/D						Daily	CONTIN
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815 406-3700		03/26/2013			
Plant Manager						<b>AREA CODE</b> <b>NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					

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

1. Flow existed through this outfall 3 of 28 days during the month.

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE:

61010

## PERMITTEE NAME/ADDRESS

NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555-5701

IL0048313  
PERMIT NUMBER

E01-0  
DISCHARGE NUMBER

## MAJOR

(SUBR 01)

CS

## STORMWATER (FORMER 001E)

External Outfall

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

MONITORING PERIOD  
FROM MM/DD/YYYY TO MM/DD/YYYY  
02/01/2013 TO 02/28/2013

\*\*\* NO DISCHARGE ☒ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	*****	15	30	mg/L		Weekly	GRAB
Solids, total suspended 00530 8 0 Other Treatment, Process Complete	SAMPLE MEASUREMENT	*****	*****	*****	*****	30	100	mg/L		Weekly	GRAB
Chromium, hexavalent (as Cr) 01032 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	30	100	mg/L		Daily	GRAB
Chromium, total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	30	100	mg/L		Daily	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	30	100	mg/L		Daily	GRAB
Iron, total (as Fe) 01045 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	30	100	mg/L		Daily	GRAB
Lead, total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	30	100	mg/L		Daily	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				
Benjamin P. Youman					815 406-3700		03/26/2013				
Plant Manager					AREA CODE NUMBER		MM/DD/YYYY				
TYPED OR PRINTED					SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT						

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during the month.
2. Flow existed through this outfall 0 of 28 days during the month.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**E01-0**  
**DISCHARGE NUMBER**

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 02/01/2013</b>	<b>TO 02/28/2013</b>

**DMR Mailing ZIP CODE:**

61010

**MAJOR**  
**(SUBR 01)** CS

**STORMWATER (FORMER 001E)**  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni) <b>01067 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT				30DA AVG	DAILY MAX	100%			Daily	GRAB
Zinc, total (as Zn) <b>01092 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT				30DA AVG	DAILY MAX	100%			Daily	GRAB
Flow, in conduit or thru treatment plant <b>50050 1 0</b> Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****	*****			
	PERMIT REQUIREMENT	Reg Mon	Reg Mon	1Mgal/d						Twice Per Month	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815	406-3700	03/26/2013			
Plant Manager						<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					

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

1. No Closed Cooling System Drain Water was discharged this month.
2. No Service Water System drain water or Fire Protection drain water was discharged this month.
3. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Cleaning wastewater was discharged this month.

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

1/8/2012

PAGE 2

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**IL0048313**  
PERMIT NUMBER

**001-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 02/01/2013	TO 02/28/2013

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**COOLING SYSTEM BLOWDOWN**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY 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		*****	*****	*****	*****	*****	78.3	15	0	01/01	CN
pH		*****	*****	*****	8.47	*****	8.68	12	0	01/07	GR
00400 1 0 Effluent Gross		*****	*****	*****	8.47	*****	8.68	12	0	01/07	GR
Solids, total suspended 00530 1 0 Effluent Gross		*****	*****	*****	*****	5.6	5.6	19	0	01/30	GR
Oil & Grease 00556 1 0 Effluent Gross		*****	*****	*****	*****	<1.5	1.7	19	0	01/07	GR
Chromium, total (as Cr) 01034 1 0 Effluent Gross		*****	*****	*****	*****	*****	0.0021	19	0	01/07	GR
Copper, total (as Cu) 01042 1 0 Effluent Gross		*****	*****	*****	*****	*****	0.071	19	0	01/07	GR
Zinc, total (as Zn) 01092 1 0 Effluent Gross		*****	*****	*****	*****	0.009	0.016	19	0	01/07	GR
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified 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			
Benjamin P. Youman						815 406-3700		03/26/2013			
Plant Manager						AREA CODE NUMBER		MM/DD/YYYY			
TYPED OR PRINTED						SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

1. Monitoring data for outfall 001-0 is included on attachment.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>001-0</b>
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 02/01/2013	TO 02/28/2013

**DMR Mailing ZIP CODE:** 61010  
**MAJOR**  
**(SUBR 01)** CS

**COOLING SYSTEM BLOWDOWN**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual <b>34044 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	0.05	19	0	01/07	GR
	<b>PERMIT REQUIREMENT</b>						0.05 DAILY MAX	mg/L		Weekly	GRAB
Priority pollutants total effluent <b>50008 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****			*****	*****				500	
	<b>PERMIT REQUIREMENT</b>		Reg. Mon DAILY MAX				Reg. Mon DAILY MAX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant <b>50050 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	20.19	26.33	3	*****	*****	*****	*****	0	01/01	CN
	<b>PERMIT REQUIREMENT</b>	Reg. Mon 30 DAY AVG	Reg. Mon DAILY MAX	MGAL/DAY						Daily	CONTIN
Chlorine, total residual <b>50060 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****				500	
	<b>PERMIT REQUIREMENT</b>						0.5 DAILY MAX	mg/L		Weekly	GRAB
Hydrazine <b>81313 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
	<b>PERMIT REQUIREMENT</b>					0.1 30 DAY AVG	0.27 DAILY MAX	mg/L		Daily When Discharging	GRAB
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
<b>NAME/TITLE</b> 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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815 406-3700		03/26/2013			
Plant Manager						<b>AREA CODE</b>		<b>NUMBER</b>			
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>											



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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>002-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 02/01/2013</b>	<b>TO 02/28/2013</b>

**DMR Mailing ZIP CODE:**

61010

**MAJOR**

(SUBR 01)

**CS**

**STORMWATER RUNOFF BASIN**

External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>					15	30			Weekly	GRAB
Effluent Gross						30DA AVG	DAILY MAX	mg/L			
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>00530 8 0</b>	<b>PERMIT REQUIREMENT</b>					30	100			Weekly	GRAB
Other Treatment, Process Complete						30DA AVG	DAILY MAX	mg/L			
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>					011	016			Daily	GRAB
Effluent Gross						30DA AVG	DAILY MAX	mg/L			
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>					12	21			Daily	GRAB
Effluent Gross						30DA AVG	DAILY MAX	mg/L			
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>					025	041			Daily	GRAB
Effluent Gross						30DA AVG	DAILY MAX	mg/L			
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>					045	045			Daily	GRAB
Effluent Gross						30DA AVG	DAILY MAX	mg/L			
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>					063	208			Daily	GRAB
Effluent Gross						30DA AVG	DAILY MAX	mg/L			

<b>NAME/TITLE</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>
<b>PRINCIPAL EXECUTIVE OFFICER</b>		815	406-3700	03/26/2013
<b>Benjamin P. Youman</b>				
<b>Plant Manager</b>		<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		

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

1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning Wastewater was discharged this month.

2. No Fire Protection, Service Water or Closed Cooling System Drain Water was discharged this month.

BEST COPY AVAILABLE

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>002-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 02/01/2013</b>	<b>TO 02/28/2013</b>

**DMR Mailing ZIP CODE:**

61010

**MAJOR**  
**(SUBR 01)** CS

**STORMWATER RUNOFF BASIN**  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni) <b>0106710</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT				011	176	mg/L			Daily	GRAB
Zinc, total (as Zn) <b>0109210</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT				047	28	mg/L			Daily	GRAB
Oil and Grease <b>0358210</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT				30DA AVG	20	mg/L			When Discharging	GRAB
Flow, in conduit or thru treatment plant <b>5005010</b> Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****	*****			
	PERMIT REQUIREMENT	Req Mon	Req Mon	Mon/d	30DA AVG					When Discharging	TESTING
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815 406-3700		03/26/2013			
Plant Manager											
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA CODE NUMBER</b>		<b>MM/DD/YYYY</b>	
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>											
1. This discharge point was not used this month.											
2. There was no discharge of processed steam generator chemical cleaning wastewater during the month.											

ATTACHMENT TO  
 COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
 DISCHARGE MONITORING REPORT  
 For Exelon Byron Station  
 Permit IL0048313  
 February 2013  
 Page 1 of 2

**MONITORING DATA:**

<b>DATE</b>	<b>CWBD Temperature deg F</b>	<b>CWBD Flow mgd</b>	<b>Rock River Flow cfs</b>
02/01/2013	65.3	20.28	13300
02/02/2013	69.7	23.64	13500
02/03/2013	66.0	20.00	14700
02/04/2013	68.3	15.26	14900
02/05/2013	74.5	20.77	14300
02/06/2013	74.5	18.78	14500
02/07/2013	72.8	23.83	14300
02/08/2013	72.8	18.08	13200
02/09/2013	72.8	24.85	12600
02/10/2013	75.3	20.16	12500
02/11/2013	75.3	16.74	15400
02/12/2013	68.6	19.62	15600
02/13/2013	68.6	19.29	15300
02/14/2013	78.3	21.55	14500
02/15/2013	74.2	18.42	11700
02/16/2013	67.9	26.33	8960
02/17/2013	67.9	20.17	9090
02/18/2013	76.4	15.18	8480
02/19/2013	76.4	23.65	9130
02/20/2013	64.1	16.80	7330
02/21/2013	71.5	19.83	6980
02/22/2013	74.1	20.92	13400
02/23/2013	74.1	24.90	13200
02/24/2013	70.8	20.02	9810
02/25/2013	75.6	15.29	6390
02/26/2013	75.6	24.28	5674
02/27/2013	75.6	16.40	4920
02/28/2013	75.6	20.44	4770



**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
February 2013  
Page 2 of 2**

**HYDRAZINE MONITORING:**

There were no steam generator chemical cleaning solutions (or associated rinses) containing hydrazine discharged to the Cooling System Blowdown during the month of February 2013.

**TOTAL QUANTITY DISCHARGED:     N/A**

**TOTAL DURATION OF DISCHARGE:   N/A**

**COMMENTS:**

1. Sodium Hypochlorite and Bromine compounds were used this month.
2. There was no discharge of steam generator chemical cleaning wastewater containing hydrazine in this month.
3. Flow existed through this outfall 28 of 28 days.
4. Per Special Condition 24 the influent from the Rock River and effluent from Outfall 001-0 was monitored for Total Suspended Solids (TSS) this month. The Rock River TSS value was 160.7 mg/L on 02/11/2013. The CWBD TSS value was 5.6 mg/L on 02/11/2013.
5. Rock River flow for February 2013 was >2400 cfs therefore daily temperature calculations were not required this month. (Special Condition 12).
6. There was no discharge of the 126 Priority Pollutants from cooling tower maintenance chemicals in February 2013. (Special Condition 15).

Exelon Generation Company, LLC  
Byron Station  
4450 North German Church Road  
Byron, IL 61010-9794

www.exeloncorp.com

April 18, 2013

LTR: BYRON 2013-0049  
File: 2.09.0411  
1.10.0101

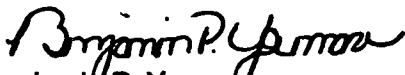
Illinois Environmental Protection Agency  
BOW CAS #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

Subject: Byron Station Monthly Discharge Monitoring Report

In accordance with National Pollutant Discharge Elimination System (NPDES) Permit Number IL0048313, issued January 24, 2011, we are submitting the Discharge Monitoring Report for Byron Station, Units 1 and 2. This report covers the period of March 1, 2013 through March 31, 2013.

If there are any questions regarding this report, please contact Ms. Zoe Cox, Environmental/Radwaste Supervisor, at (815) 406-3035.

Respectfully,

  
Benjamin P. Youman  
Plant Manager  
Byron Nuclear Generating Station

BPY/ZC/eh

Attachments

BEST COPY AVAILABLE

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

## PERMITTEE NAME/ADDRESS

NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555-5701

IL0048313  
PERMIT NUMBER

A01-0  
DISCHARGE NUMBER

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

MONITORING PERIOD  
FROM MM/DD/YYYY TO MM/DD/YYYY  
03/01/2013 03/31/2013

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

DEMINERALIZER REGENERATE WASTE (001A)

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.8	<0.9	19	0	01/30	08
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/l	12	Monthly	COMP 9
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01032 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/l		Daily	GRAB
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/l		Daily	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 30DA AVG	1 DAILY MX	mg/l		Daily	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		1 DAILY MX	mg/l		Daily	GRAB
Lead, Total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	2 30DA AVG	4 DAILY MX	mg/l		Daily	GRAB
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/l		Daily	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			
Benjamin P. Youman						815 406-3700		04/18/2013			
Plant Manager						AREA CODE NUMBER		MM/DD/YYYY			
TYPED OR PRINTED						SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.
2. Flow existed 31 of 31 days during this month.



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

## PERMITTEE NAME/ADDRESS

NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555-5701

IL0048313  
PERMIT NUMBER

A01-0  
DISCHARGE NUMBER

## MONITORING PERIOD

FROM MM/DD/YYYY TO MM/DD/YYYY  
03/01/2013 03/31/2013

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

DEMINERALIZER REGENERATE WASTE (001A)

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	100/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.057	0.243	3	*****	*****	*****	*****	0	01/01	ES
50050 1 0	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mo/d	*****	*****	*****	*****		Daily	CONTIN
Effluent Gross											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE	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 EXECUTIVE OFFICER						815 406-3700		04/18/2013			
Benjamin P. Youman						AREA CODE NUMBER		MM/DD/YYYY			
Plant Manager	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE		NUMBER			
TYPED OR PRINTED											

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

1. Flows for March 2013 are estimated based on July 2012 values due to totalizers being Out of Service. The totalizers are an obsolete model and work orders are in place to find replacement totalizers and get them installed in the system.

BEST COPY AVAILABLE

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

## PERMITTEE NAME/ADDRESS

NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555-5701

IL0048313  
PERMIT NUMBER

B01-0  
DISCHARGE NUMBER

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

MONITORING PERIOD  
FROM MM/DD/YYYY 03/01/2013 TO MM/DD/YYYY 03/31/2013

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

STP PLANT EFFLUENT (FORMER 001B)

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day (20 Deg. C) 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.66	0.93	26	*****	9.5	14.0	19	0	02/30	24
	PERMIT REQUIREMENT	5.3	10.5	lb/d	*****	30	60	mg/l		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.30	*****	7.39	12	0	02/30	GR
	PERMIT REQUIREMENT	MIN	MAX	MINIMUM	9	*****	9	SU		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.77	0.78	26	*****	10.7	11.7	19	0	02/30	24
	PERMIT REQUIREMENT	5.3	10.5	lb/d	*****	30	60	mg/l		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.007	0.010	3	*****	*****	*****	*****	0	01/01	CN
	PERMIT REQUIREMENT	Req. Mon.	Req. Mon.	Mgals/d	*****	*****	*****	*****		Daily	CONTIN
	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.					TELEPHONE		DATE			
Benjamin P. Youman						815 406-3700		04/18/2013			
Plant Manager						AREA CODE NUMBER		MM/DD/YYYY			
TYPED OR PRINTED	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT										

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

1. Flow existed through this outfall 28 of 31 days during this month.

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

## PERMITTEE NAME/ADDRESS

NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555-5701

IL0048313  
PERMIT NUMBER

C01-0  
DISCHARGE NUMBER

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

MONITORING PERIOD  
FROM MM/DD/YYYY 03/01/2013 TO MM/DD/YYYY 03/31/2013

DMR Mailing ZIP CODE:

61010

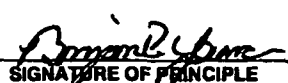
MAJOR  
(SUBR 01) CS

WWTP (FORMER 001C)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.6	7.2	19	0	02/30	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Twice Per Month	COMP24
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01032 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	GRAB
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	2 30DA AVG	4 DAILY MX	mg/L		Daily	GRAB
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE	
Benjamin P. Youman			815	406-3700	04/18/2013	
Plant Manager			AREA CODE	NUMBER	MM/DD/YYYY	
TYPED OR PRINTED						

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.
2. Flow existed through this outfall 17 of 31 days during the month.



BEST COPY AVAILABLE

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

## PERMITTEE NAME/ADDRESS

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>C01-0</b>
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 03/01/2013	TO 03/31/2013

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

WWTP (FORMER 001C)

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0	PERMIT REQUIREMENT			*****	*****	1	2	mg/l		Daily	GRAB
Effluent Gross						130DA AVG	DAILY MX				
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.025	0.046	3	*****	*****	*****	*****	0	01/01	CN
50050 1 0	PERMIT REQUIREMENT	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	Mon/d	*****	*****	*****	*****		Daily	CONTIN
Effluent Gross											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b>	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.					<b>TELEPHONE</b>		<b>DATE</b>			
<b>PRINCIPAL EXECUTIVE OFFICER</b>						815 406-3700		04/18/2013			
Benjamin P. Youman						AREA NUMBER		MM/DD/YYYY			
Plant Manager											
TYPED OR PRINTED						EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

BEST COPY AVAILABLE

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

## PERMITTEE NAME/ADDRESS

NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555-5701

IL0048313  
PERMIT NUMBER

D01-0  
DISCHARGE NUMBER

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

MONITORING PERIOD  
FROM MM/DD/YYYY TO MM/DD/YYYY  
03/01/2013 03/31/2013

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

RADWASTE TREATMENT (FORMER 001D)

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.5	<0.5	19	0	02/30	CP
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15	30	mg/L	0	Twice Per Month	COMPOS
Effluent Gross	SAMPLE MEASUREMENT	0.023	0.023	3	*****	*****	*****	*****	0	01/01	CN
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. SODA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****	0	Daily	CONTIN
50050 1 0	SAMPLE MEASUREMENT										
Effluent Gross	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE	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 EXECUTIVE OFFICER		815	406-3700	04/18/2013	
		AREA CODE	NUMBER	MM/DD/YYYY	

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

1. Flow existed through this outfall 10 of 31 days during the month.

BEST COPY AVAILABLE

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

## PERMITTEE NAME/ADDRESS

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**E01-0**  
**DISCHARGE NUMBER**

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 03/01/2013</b>	<b>TO 03/31/2013</b>

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

STORMWATER (FORMER 001E)

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15	30	mg/l		Weekly	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	2.3	2.6	19	0	01/07	GR
<b>00530 8 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30	100	mg/l		Weekly	GRAB
Other Treatment, Process Complete						30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.1	2	mg/l		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/l		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.5	1	mg/l		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1	mg/l		Daily	GRAB
Effluent Gross							DAILY MX				
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	2	4	mg/l		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>	
<b>Benjamin P. Youman</b>		815-406-3700		04/18/2013	
<b>Plant Manager</b>		<b>AREA CODE</b> <b>NUMBER</b>		<b>MM/DD/YYYY</b>	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>			

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during the month.
2. Flow existed through this outfall 2 of 31 days during the month.
3. Fire Protection drain water was discharged this month

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

1/6/2012

PAGE 1



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

## PERMITTEE NAME/ADDRESS

NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555-5701

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

IL0048313	E01-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 03/01/2013	TO 03/31/2013

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

STORMWATER (FORMER 001E)

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni) 01067 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/l		Daily	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/l		Daily	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.560	1.080	3	*****	*****	*****	*****	0	02/30	CN
	PERMIT REQUIREMENT	Req. Mon 30DA AVG	Req. Mon DAILY MX	Mgal/d	*****	*****	*****	*****		Twice Per Month	CONTIN
	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.					TELEPHONE		DATE			
Benjamin P. Youman						815 406-3700		04/18/2013			
Plant Manager						AREA NUMBER		MM/DD/YYYY			
TYPED OR PRINTED						CODE					
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											
1. No Closed Cooling System Drain Water was discharged this month.											
2. No Service Water System drain water was discharged this month.											
3. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Cleaning wastewater was discharged this month.											
EPA Form 3320-1 (Rev 01/06) Previous editions may be used.											

1/6/2012

PAGE 2

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

## PERMITTEE NAME/ADDRESS

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
PERMIT NUMBER

**001-0**  
DISCHARGE NUMBER

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

COOLING SYSTEM BLOWDOWN

External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 03/01/2013	TO 03/31/2013

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	*****	*****	79.0	15	0	01/01	CN	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. NO MAX	deg F		Daily	CONTIN	
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8.41	*****	8.62	12	0	01/07	GR	
	PERMIT REQUIREMENT	*****	*****	*****	9 MINIMUM	*****	9 MAXIMUM	SI		Weekly	GRAB	
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.6	5.6	19	0	01/30	GR	
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB	
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<2.0	3.8	19	0	01/07	GR	
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		Weekly	GRAB	
Chromium, total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.0021	19	0	01/07	GR	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.2 DAILY MX	mg/L		Weekly	GRAB	
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.071	19		500		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.071 DAILY MX	mg/L		Weekly	GRAB	
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.006	0.009	19	0	01/07	GR	
	PERMIT REQUIREMENT	*****	*****	*****	*****	213 30DA AVG	433 DAILY MX	mg/L		Weekly	GRAB	
<b>NAME/TITLE</b> 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.						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>		<b>DATE</b>	
Benjamin P. Youman							815 406-3700		04/18/2013			
Plant Manager												
TYPED OR PRINTED							AREA CODE		NUMBER		MM/DD/YYYY	

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

1. Monitoring data for outfall 001-0 is included on attachment.

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

## PERMITTEE NAME/ADDRESS

NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555-5701

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

IL0048313	001-0
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 03/01/2013	TO 03/31/2013

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01) CS

COOLING SYSTEM BLOWDOWN  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.04	19	0	01/07	GR
34044 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	mg/l		Weekly	GRAB
Effluent Gross											
Priority pollutants total effluent	SAMPLE MEASUREMENT	*****			*****	*****				500	
50008 1 0	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	lb/d	*****	*****	Req. Mon. DAILY MX	mg/l		Weekly	GRAB
Effluent Gross											
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	20.31	25.66	3	*****	*****	*****	*****	0	01/01	CN
50050 1 0	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
Effluent Gross											
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				500	
50060 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	mg/l		Weekly	GRAB
Effluent Gross											
Hydrazine	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				500	
81313 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.011 30DA AVG	.027 DAILY MX	mg/l	Daily When Discharging	GRAB
Effluent Gross											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE	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 EXECUTIVE OFFICER						815 406-3700		04/18/2013			
Benjamin P. Youman											
Plant Manager	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	MM/DD/YYYY			
TYPED OR PRINTED											
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											



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

## PERMITTEE NAME/ADDRESS

NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555-5701

IL0048313  
PERMIT NUMBER

002-0  
DISCHARGE NUMBER

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

MONITORING PERIOD  
FROM MM/DD/YYYY 03/01/2013 TO MM/DD/YYYY 03/31/2013

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

STORMWATER RUNOFF BASIN

External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15	30	mg/L		Weekly	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 8 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30	100	mg/L		Weekly	GRAB
Other Treatment, Process Complete						30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01032 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.011	.016	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01034 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.025	.041	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****		1	mg/L		Daily	GRAB
Effluent Gross							DAILY MX				
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01051 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.063	.298	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				

NAME/TITLE	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 EXECUTIVE OFFICER		815	406-3700	04/18/2013	
Benjamin P. Youman		AREA CODE	NUMBER	MM/DD/YYYY	
Plant Manager					
TYPED OR PRINTED					

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

1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning Wastewater was discharged this month.
2. No Fire Protection, Service Water or Closed Cooling System Drain Water was discharged this month.

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

## PERMITTEE NAME/ADDRESS

NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555-5701

IL0048313  
PERMIT NUMBER

002-0  
DISCHARGE NUMBER

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

MONITORING PERIOD  
FROM MM/DD/YYYY 03/01/2013 TO MM/DD/YYYY 03/31/2013

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

STORMWATER RUNOFF BASIN

External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni) 01067 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	011 30DA AVG	176 DAILY MX	mg/l		Daily	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	047 30DA AVG	26 DAILY MX	mg/l		Daily	GRAB
Oil and Grease 03582 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/l		When Discharging	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****	*****			
	PERMIT REQUIREMENT	Req. Mon 30DA AVG	Req. Mon DAILY MX	Mgd/d	*****	*****	*****	*****		When Discharging	ESTIMA
	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.					TELEPHONE		DATE			
Benjamin P. Youman						815 406-3700		04/18/2013			
Plant Manager						AREA CODE NUMBER		MM/DD/YYYY			
TYPED OR PRINTED											

*Benjamin P. Youman*  
SIGNATURE OF PRINCIPLE  
EXECUTIVE OFFICER OR  
AUTHORIZED AGENT

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

1. This discharge point was not used this month.
2. There was no discharge of processed steam generator chemical cleaning wastewater during the month.

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
March 2013  
Page 1 of 2

**MONITORING DATA:**

<b>DATE</b>	<b>CWBD Temperature deg F</b>	<b>CWBD Flow mgd</b>	<b>Rock River Flow cfs</b>
03/01/2013	75.0	21.95	4,500
03/02/2013	71.6	23.79	4,410
03/03/2013	69.6	20.25	4,230
03/04/2013	71.2	15.85	4,110
03/05/2013	71.2	20.63	4,369
03/06/2013	72.8	19.84	4,130
03/07/2013	72.8	21.23	4,020
03/08/2013	71.9	19.37	4,020
03/09/2013	71.7	25.34	3,870
03/10/2013	78.3	20.19	5,370
03/11/2013	74.9	15.24	17,000
03/12/2013	74.0	20.96	23,500
03/13/2013	68.2	20.83	20,400
03/14/2013	69.3	20.14	17,300
03/15/2013	68.6	18.85	15,500
03/16/2013	72.5	25.66	15,700
03/17/2013	71.9	20.16	16,000
03/18/2013	74.7	15.88	15,800
03/19/2013	74.7	21.08	15,400
03/20/2013	70.3	19.73	14,300
03/21/2013	63.8	22.50	13,600
03/22/2013	63.1	18.06	12,800
03/23/2013	66.0	24.78	11,900
03/24/2013	74.5	20.05	11,400
03/25/2013	74.3	17.76	10,700
03/26/2013	76.1	19.53	10,300
03/27/2013	75.0	19.64	10,900
03/28/2013	79.0	18.84	11,400
03/29/2013	76.3	18.57	11,900
03/30/2013	77.5	23.73	12,300
03/31/2013	77.5	19.10	12,600



**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
March 2013  
Page 2 of 2**

**HYDRAZINE MONITORING:**

There were no steam generator chemical cleaning solutions (or associated rinses) containing hydrazine discharged to the Cooling System Blowdown during the month of March 2013.

**TOTAL QUANTITY DISCHARGED: N/A**

**TOTAL DURATION OF DISCHARGE: N/A**

**COMMENTS:**

1. Sodium Hypochlorite and Bromine compounds were used this month.
2. There was no discharge of steam generator chemical cleaning wastewater containing hydrazine in this month.
3. Flow existed through this outfall 31 of 31 days.
4. Per Special Condition 24 the influent from the Rock River and effluent from Outfall 001-0 was monitored for Total Suspended Solids (TSS) this month. The Rock River TSS value was 10.0 mg/L on 03/04/2013. The CWBD TSS value was 5.6 mg/L on 03/04/2013.
5. Rock River flow for March 2013 was >2400 cfs therefore daily temperature calculations were not required this month. (Special Condition 12).
6. There was no discharge of the 126 Priority Pollutants from cooling tower maintenance chemicals in March 2013. (Special Condition 15).

Exelon Generation  
Byron Generating Station  
4450 North German Church Road  
Byron, IL 61010-9794  
Tel 815-234-5441

www.exeloncorp.com

**May 23, 2013**

**LTR: BYRON 2013-0070**

**File: 2.09.0411**

**1.10.0101**

**Illinois Environmental Protection Agency  
Water Pollution Control  
Compliance Assurance Section #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276**

**Subject: Byron Station Monthly Discharge Monitoring Report**

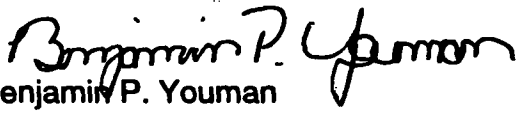
**In accordance with National Pollutant Discharge Elimination System (NPDES) Permit Number IL0048313, issued January 24, 2011, we are submitting the Discharge Monitoring Report for Byron Station, Units 1 and 2. This report covers the period of April 1, 2013 through April 30, 2013.**

**On 4/17/13 at 13:57, the Stormwater Runoff Basin Overflow (Outfall 002) of Byron Station's NPDES permit began to experience flow conditions due to the excessive rainfall in the vicinity. This flow event lasted until 17:20 on 4/17/13. The estimated flowrate was 1000 gallons per minute for a total flow of 203,000 gallons discharged via Outfall 002. As required per the permit, Total Suspended Solids (TSS) and Oil and Grease samples were obtained and analyzed. The TSS results were 198 ppm and 195 ppm for an average concentration of 197 ppm. This exceeds the permit 30-day average concentration limit of 30 ppm and the daily maximum concentration limit of 100 ppm. The Oil and Grease result was 2.3 ppm. On 4/17/13 at 21:31 Outfall 002 again experienced flow conditions due to another extremely heavy rain event in the vicinity of Byron Station. This flow event lasted until 10:50 on 4/18/13. The estimated flowrate was 1000 gallons per minute for a total flow of 800,000 gallons discharged from Outfall 002 for this event. The total amount of discharge from Outfall 002 for the 2 events is 1,003,000 gallons. As required per the permit, an Oil and Grease sample was obtained and analyzed on 4/18/13. The Oil and Grease result was <1.40 ppm which when averaged with the previous result is an average concentration of <1.9 ppm. The Oil and Grease concentration met the 30-day average concentration limit of 15 ppm and the daily maximum concentration limit of 20 ppm listed in the permit.**

In anticipation of the forecasted rain events Byron Station undertook proactive measures to reduce the water elevation in the Stormwater Runoff Basin by installing an additional pump, to supplement the pumping capacity of the existing installed pumps. Unfortunately the volume of water received overwhelmed the storage capacity of the Stormwater Runoff Basin and the capacity of the installed and supplemental pumping systems. In accordance with the station's NPDES permit on April 18, 2013 the Agency was notified of this Upset event by Mr. Zigmund Karpa, in accordance with Special Condition 11 and Standard Condition 12(f)(2) of the permit. Byron Letter 2013-0057, dated 4/22/13, was sent to the Agency to meet the 5-day follow-up reporting requirement of the permit conditions.

If there are any questions regarding this report, please contact Ms. Zoe Cox, Environmental/Radwaste Supervisor, at (815) 406-3035.

Respectfully,

  
Benjamin P. Youman  
Plant Manager  
Byron Nuclear Generating Station

BPY/ZC/eh  
Attachments



bcc: K. Hersey – Environmental – Cantera (electronic)  
Z. Cox – Chemistry – Byron

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
PERMIT NUMBER

**A01-0**  
DISCHARGE NUMBER

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 04/01/2013	TO 04/30/2013

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

DEMINERALIZER REGENERATE WASTE (001A)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.8	2.9	19	0	01/30	08
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15	30	30DA AVG DAILY MX	mg/l	Monthly	COMP-8
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01032 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	30DA AVG DAILY MX	mg/l	Daily	GRAB
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01034 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	30DA AVG DAILY MX	mg/l	Daily	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01042 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5	1	30DA AVG DAILY MX	mg/l	Daily	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01045 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****		1	DAILY MX	mg/l	Daily	GRAB
Lead, Total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01051 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	2	1	30DA AVG DAILY MX	mg/l	Daily	GRAB
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01067 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	30DA AVG DAILY MX	mg/l	Daily	GRAB
<b>NAME/TITLE</b> 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.					<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>		<b>DATE</b>	
Benjamin P. Youman						815 406-3700		05/23/2013			
Plant Manager											
TYPED OR PRINTED						AREA CODE NUMBER		MM/DD/YYYY			

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.
2. Flow existed 30 of 30 days during this month.

POOR QUALITY ORIGINAL

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**A01-0**  
**DISCHARGE NUMBER**

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 04/01/2013</b>	<b>TO 04/30/2013</b>

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR**

**(SUBR 01)**

**CS**

**DEMINERALIZER REGENERATE WASTE (001A)**

**External Outfall**

**\*\*\* NO DISCHARGE ☐ \*\*\***

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/l		Daily	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.057	0.243	3	*****	*****	*****	*****	0	01/01	ES
	PERMIT REQUIREMENT	Req Mon 30DA AVG	Req Mon DAILY MX	Mon/d	*****	*****	*****	*****		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815 406-3700		05/23/2013			
Plant Manager						<b>AREA CODE NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					

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

1. Flows for April 2013 are estimated based on July 2012 values due to totalizers being Out of Service. The totalizers are an obsolete model and work orders are in place to find replacement totalizers and get them installed in the system.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

**IL0048313**  
PERMIT NUMBER

**B01-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2013	04/30/2013

**DMR Mailing ZIP CODE:**


61010

**MAJOR**  
**(SUBR 01)** CS

**STP PLANT EFFLUENT (FORMER 001B)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day (20 Deg. C) 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	1.02	1.10	26	*****	9.5	11.0	19	0	02/30	24
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/l		Twice Per Month	COMP24
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.54	*****	7.90	12	0	02/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	1.11	1.13	26	*****	9.8	11.3	19	0	02/30	24
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/l		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.012	0.016	3	*****	*****	*****	*****	0	01/01	CN
	PERMIT REQUIREMENT	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
	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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Benjamin P. Youman			815	406-3700	05/23/2013
Plant Manager			AREA CODE	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

1. Flow existed through this outfall 30 of 30 days during this month.



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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

**IL0048313**  
**PERMIT NUMBER**

**C01-0**  
**DISCHARGE NUMBER**

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 04/01/2013</b>	<b>TO 04/30/2013</b>

**DMR Mailing ZIP CODE:**

61010

**MAJOR**

**(SUBR 01)**

**CS**

**WWTP (FORMER 001C)**

**External Outfall**

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended		*****	*****	*****	*****	1.4	2.4	19	0	02/30	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Twice Per Month	COMP24
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01032 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				500	
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Daily	GRAB
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	2 30DA AVG	4 DAILY MX	mg/L		Daily	GRAB
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815 406-3700		05/23/2013			
Plant Manager						<b>AREA CODE</b> <b>NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>	<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>										
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>											
1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.											
2. Flow existed through this outfall 20 of 30 days during the month.											

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

**IL0048313**  
PERMIT NUMBER

**C01-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**WWTP (FORMER 001C)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	mo/L		Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	0.030	0.053	3	*****	*****	*****	*****	0	01/01	CN
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
50050 1 0	SAMPLE MEASUREMENT										
Effluent Gross	PERMIT REQUIREMENT										
	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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			815	406-3700	
			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  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
PERMIT NUMBER

**D01-0**  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01) CS

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 04/01/2013	TO 04/30/2013

RADWASTE TREATMENT (FORMER 001D)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	*****	<0.5	<0.5	19	0	02/30	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/l		Twice Per Month	COMPOS
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.022	0.023	3	*****	*****	*****	*****	0	01/01	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mon. Vd	*****	*****	*****	*****		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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.	TELEPHONE		DATE	
		AREA CODE	NUMBER	MM/DD/YYYY	
Benjamin P. Youman Plant Manager		815	406-3700	05/23/2013	
TYPED OR PRINTED		SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
1. Flow existed through this outfall 12 of 30 days during the month.

POOR QUALITY ORIGINAL

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

IL0048313  
PERMIT NUMBER

E01-0  
DISCHARGE NUMBER

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

MM/DD/YYYY	TO	MM/DD/YYYY
04/01/2013		04/30/2013

**DMR Mailing ZIP CODE:**

61010

**MAJOR**  
**(SUBR 01)** CS

**STORMWATER (FORMER 001E)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15	30	mg/l		Weekly	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	28.7	57.2	19	0	01/07	GR
00530 8 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30	100	mg/l		Weekly	GRAB
Other Treatment, Process Complete						30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01032 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	mg/l		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01034 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	mg/l		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01042 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5	1	mg/l		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01045 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****		1	mg/l		Daily	GRAB
Effluent Gross							DAILY MX				
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01051 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	2	4	mg/l		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Benjamin P. Youman 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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
				815	406-3700	
				AREA CODE	NUMBER	MM/DD/YYYY

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during the month.
2. Flow existed through this outfall 15 of 30 days during the month.
3. Fire Protection drain water was discharged this month

POOR QUALITY ORIGINAL



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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

**IL0048313**  
**PERMIT NUMBER**

**E01-0**  
**DISCHARGE NUMBER**

**MONITORING PERIOD**

**FROM** **MM/DD/YYYY** **TO** **MM/DD/YYYY**  
04/01/2013 04/30/2013


**DMR Mailing ZIP CODE:**

61010

**MAJOR**  
**(SUBR 01)** **CS**

**STORMWATER (FORMER 001E)**  
**External Outfall**

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE				
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS							
Nickel, total (as Ni)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500					
01067 1 0	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/l		Daily	GRAB				
Effluent Gross						30DA AVG	DAILY MX								
Zinc, total (as Zn)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500					
01092 1 0	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/l		Daily	GRAB				
Effluent Gross						30DA AVG	DAILY MX								
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.564	1.701	3	*****	*****	*****	*****	0	02/30	CN				
50050 1 0	<b>PERMIT REQUIREMENT</b>	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	Mon./d	*****	*****	*****	*****		Twice Per Month	CONTIN				
Effluent Gross															
	<b>SAMPLE MEASUREMENT</b>														
	<b>PERMIT REQUIREMENT</b>														
	<b>SAMPLE MEASUREMENT</b>														
	<b>PERMIT REQUIREMENT</b>														
	<b>SAMPLE MEASUREMENT</b>														
	<b>PERMIT REQUIREMENT</b>														
	<b>SAMPLE MEASUREMENT</b>														
	<b>PERMIT REQUIREMENT</b>														
	<b>SAMPLE MEASUREMENT</b>														
	<b>PERMIT REQUIREMENT</b>														
<b>NAME/TITLE</b>	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.				 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>			<b>TELEPHONE</b>		<b>DATE</b>					
<b>PRINCIPAL EXECUTIVE OFFICER</b>												815	406-3700	05/23/2013	
Benjamin P. Youman															
Plant Manager												<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	
TYPED OR PRINTED															
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>															
1. No Closed Cooling System Drain Water was discharged this month.															
2. Service Water System drain water was discharged this month.															
3. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Cleaning wastewater was discharged this month.															
EPA Form 3320-1 (Rev 01/06) Previous editions may be used.															

1/6/2012

PAGE 2

POOR QUALITY ORIGINAL

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**001-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:** 61010

**MAJOR**  
**(SUBR 01)** CS

**COOLING SYSTEM BLOWDOWN**  
External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>TO</b>	<b>MM/DD/YYYY</b>
04/01/2013		04/30/2013

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY 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		*****	*****	*****	*****	*****	82.8	15	0	01/01	CN
		*****	*****	*****	*****	*****	Req. Mon. NO MAX	deg F		Daily	CONTIN
pH 00400 1 0 Effluent Gross		*****	*****	*****	8.48	*****	8.70	12	0	01/07	GR
		*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross		*****	*****	*****	*****	10.9	11.1	19	0	01/30	GR
		*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & Grease 00556 1 0 Effluent Gross		*****	*****	*****	*****	<1.4	<1.4	19	0	01/07	GR
		*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		Weekly	GRAB
Chromium, total (as Cr) 01034 1 0 Effluent Gross		*****	*****	*****	*****	*****	0.011	19	0	01/07	GR
		*****	*****	*****	*****	*****	0.2 DAILY MX	mg/L		Weekly	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross		*****	*****	*****	*****	*****	0.028	19	0	01/07	GR
		*****	*****	*****	*****	*****	0.071 DAILY MX	mg/L		Weekly	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross		*****	*****	*****	*****	0.015	0.046	19	0	01/07	GR
		*****	*****	*****	*****	213 30DA AVG	433 DAILY MX	mg/L		Weekly	GRAB
<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815 406-3700		05/23/2013			
Plant Manager						<b>AREA CODE</b> <b>NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					

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

1. Monitoring data for outfall 001-0 is included on attachment.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**001-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:**

61010

**MAJOR**  
**(SUBR 01)** CS

**COOLING SYSTEM BLOWDOWN**  
External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 04/01/2013</b>	<b>TO 04/30/2013</b>

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	0.04	19	0	01/07	GR
<b>34044 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	05 DAILY MX	mg/l		Weekly	GRAB
Priority pollutants total effluent	<b>SAMPLE MEASUREMENT</b>	*****			*****	*****				500	
<b>50008 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	lb/d	*****	*****	Req. Mon. DAILY MX	mg/l		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	15.77	24.65	3	*****	*****	*****	*****	0	01/01	CN
<b>50050 1 0</b>	<b>PERMIT REQUIREMENT</b>	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	MGAL/D	*****	*****	*****	*****		Daily	CONTIN
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****				500	
<b>50060 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	05 DAILY MX	mg/l		Weekly	GRAB
Hydrazine	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****				500	
<b>81313 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	011 30DA AVG	027 DAILY MX	mg/l	Daily When Discharging	GRAB
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
<b>NAME/TITLE</b>	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.					<b>TELEPHONE</b>		<b>DATE</b>			
<b>PRINCIPAL EXECUTIVE OFFICER</b>						815 406-3700		05/23/2013			
<b>Benjamin P. Youman</b> <b>Plant Manager</b> <b>TYPED OR PRINTED</b>						<b>AREA CODE NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>											

POOR QUALITY ORIGINAL

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**002-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR**  
**(SUBR 01)** CS

**STORMWATER RUNOFF BASIN**  
External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 04/01/2013</b>	<b>TO 04/30/2013</b>

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>					15	30	mg/L		Weekly	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	197	198	19	2	01/07	GR
<b>00530 8 0</b>	<b>PERMIT REQUIREMENT</b>					30	100	mg/L		Weekly	GRAB
Other Treatment, Process Complete						30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>					.011	.016	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>					1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>					.025	.041	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>						1	mg/L		Daily	GRAB
Effluent Gross							DAILY MX				
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>					.063	.298	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>	
Benjamin P. Youman		815	406-3700	05/23/2013	
Plant Manager		<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>			

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

1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning Wastewater was discharged this month.
2. Fire Protection and Service Water System Drain Water was discharged this month.
3. No Closed Cooling System Drain Water was discharged this month.



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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**002-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR**

**(SUBR 01)**

**CS**

**STORMWATER RUNOFF BASIN**

**External Outfall**

**FACILITY** Byron Nuclear Power Station

**LOCATION** 4450 North German Church Road

Byron, IL 61010

**FROM**

**MM/DD/YYYY**

**04/01/2013**

**TO**

**MM/DD/YYYY**

**04/30/2013**

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01067 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.011	.176	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.047	.26	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Oil and Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1.9	2.3	19	0	DL/DS	GR
03582 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.16	.20	mg/L		When Discharging	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.503	0.850	3	*****	*****	*****	*****	0	DL/DS	ES
50050 1 0	PERMIT REQUIREMENT	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		When Discharging	ESTIMA
Effluent Gross											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

<b>NAME/TITLE</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>	
<b>PRINCIPAL EXECUTIVE OFFICER</b>		815	406-3700	05/23/2013	
<b>TYPED OR PRINTED</b>		<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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

- Flow existed through this outfall 2 of 30 days during the month.
- There was no discharge of processed steam generator chemical cleaning wastewater during the month.
- Upset defense used for TSS concentration exceeding limits. See DMR cover sheet for additional details.

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

ATTACHMENT TO  
 COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
 DISCHARGE MONITORING REPORT  
 For Exelon Byron Station  
 Permit IL0048313  
 April 2013  
 Page 1 of 2

**MONITORING DATA:**

<b>DATE</b>	<b>CWBD Temperature deg F</b>	<b>CWBD Flow mgd</b>	<b>Rock River Flow cfs</b>
04/01/2013	74.1	14.27	12,800
04/02/2013	78.2	21.11	12,900
04/03/2013	78.2	17.82	12,900
04/04/2013	82.7	18.58	13,000
04/05/2013	82.7	20.82	12,900
04/06/2013	82.6	24.65	12,900
04/07/2013	82.8	15.29	12,700
04/08/2013	73.7	14.96	12,500
04/09/2013	73.3	19.13	12,900
04/10/2013	70.4	18.74	14,900
04/11/2013	68.4	20.40	17,600
04/12/2013	67.2	22.95	19,800
04/13/2013	59.8	20.09	20,200
04/14/2013	72.6	24.15	19,900
04/15/2013	72.6	11.69	20,000
04/16/2013	68.5	11.35	19,900
04/17/2013	62.4	10.82	21,000
04/18/2013	70.0	11.90	31,800
04/19/2013	70.0	14.63	39,000
04/20/2013	59.7	13.53	39,800
04/21/2013	63.8	13.10	36,800
04/22/2013	68.7	11.87	33,200
04/23/2013	73.9	12.36	30,600
04/24/2013	67.3	13.45	28,400
04/25/2013	67.3	11.94	26,500
04/26/2013	68.1	13.48	24,700
04/27/2013	70.2	13.40	23,100
04/28/2013	70.2	10.63	21,800
04/29/2013	73.6	11.63	20,700
04/30/2013	81.1	14.43	19,500

**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
April 2013  
Page 2 of 2**

**HYDRAZINE MONITORING:**

There were no steam generator chemical cleaning solutions (or associated rinses) containing hydrazine discharged to the Cooling System Blowdown during the month of April 2013.

**TOTAL QUANTITY DISCHARGED: N/A**

**TOTAL DURATION OF DISCHARGE: N/A**

**COMMENTS:**

1. Sodium Hypochlorite and Bromine compounds were used this month.
2. There was no discharge of steam generator chemical cleaning wastewater containing hydrazine in this month.
3. Flow existed through this outfall 30 of 30 days.
4. Per Special Condition 24 the influent from the Rock River and effluent from Outfall 001-0 was monitored for Total Suspended Solids (TSS) this month. The Rock River TSS value was 38.1 mg/L on 04/08/2013. The CWBD TSS value was 11.1 mg/L on 04/08/2013.
5. Rock River flow for April 2013 was >2400 cfs therefore daily temperature calculations were not required this month. (Special Condition 12).
6. There was no discharge of the 126 Priority Pollutants from cooling tower maintenance chemicals in April 2013. (Special Condition 15).

Exelon Generation Company, LLC      www.exeloncorp.com  
Byron Station  
4450 North German Church Road  
Byron, IL 61010-9794

**June 21, 2013**

**LTR: BYRON 2013-0082**  
**File: 2.09.0411**  
**1.10.0101**

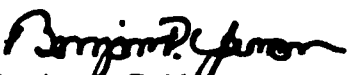
**Illinois Environmental Protection Agency**  
**Water Pollution Control**  
**Compliance Assurance Section #19**  
**1021 North Grand Avenue East**  
**P.O. Box 19276**  
**Springfield, IL 62794-9276**

**Subject:      Byron Station Monthly Discharge Monitoring Report**

**In accordance with National Pollutant Discharge Elimination System (NPDES) Permit Number IL0048313, issued January 24, 2011, we are submitting the Discharge Monitoring Report for Byron Station, Units 1 and 2. This report covers the period of May 1, 2013 through May 31, 2013.**

**If there are any questions regarding this report, please contact Ms. Zoe Cox, Environmental/Radwaste Supervisor, at (815) 406-3035.**

**Respectfully,**

  
**Benjamin P. Youman**  
**Plant Manager**  
**Byron Nuclear Generating Station**

**BPY/ZC/eh**  
**Attachments**



bcc: Kevin Hersey – Sr. Environmental Specialist – Cantera (electronic)  
Zoe Cox – Environmental/Radwaste Supervisor – Byron

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

## PERMITTEE NAME/ADDRESS

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

**IL0048313**  
PERMIT NUMBER

**A01-0**  
DISCHARGE NUMBER

## MONITORING PERIOD

**MM/DD/YYYY** **MM/DD/YYYY**  
**FROM** 05/01/2013 **TO** 05/31/2013

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

DEMINERALIZER REGENERATE WASTE (001A)

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	1.6	2.1	19	0	01/30	08
<b>00530 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Monthly	COMP-8
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.5 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	GRAB
Lead, Total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.2 30DA AVG	.4 DAILY MX	mg/L		Daily	GRAB
Nickel, total (as Ni)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01067 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
<b>NAME/TITLE</b> 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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815 406-3700		06/21/2013			
Plant Manager						<b>AREA CODE</b> <b>NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE</b> <i>Benjamin P. Youman</i> EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

- There was no discharge of processed steam generator chemical cleaning wastewater during this month.
- Flow existed 31 of 31 days during this month.

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

## PERMITTEE NAME/ADDRESS

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>A01-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 05/01/2013</b>	<b>TO 05/31/2013</b>

DMR Mailing ZIP CODE:

61010

MAJOR


(SUBR 01)

CS

DEMINERALIZER REGENERATE WASTE (001A)

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01092 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	<b>30DA AVG</b>	<b>2 DAILY MX</b>	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.057	0.243	3	*****	*****	*****	*****	0	01/01	ES
<b>50050 1 0</b>	<b>PERMIT REQUIREMENT</b>	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
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	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
<b>NAME/TITLE</b>	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.				 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>		<b>DATE</b>		
<b>PRINCIPAL EXECUTIVE OFFICER</b>											
Benjamin P. Youman											
Plant Manager											
<b>TYPED OR PRINTED</b>							<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>		

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

1. Flows for May 2013 are estimated based on July 2012 values due to totalizers being Out of Service. The totalizers are an obsolete model and work orders are in place to find replacement totalizers and get them installed in the system.

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

## PERMITTEE NAME/ADDRESS

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**B01-0**  
**DISCHARGE NUMBER**

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 05/01/2013</b>	<b>TO 05/31/2013</b>

DMR Mailing ZIP CODE:

61010

**MAJOR**  
**(SUBR 01)** CS

**STP PLANT EFFLUENT (FORMER 001B)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day (20 Deg. C) 00310 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>	0.49	0.53	26	*****	12.5	16.0	19	0	02/30	24
	<b>PERMIT REQUIREMENT</b>	5.3 30DA AVG	10.5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
pH 00400 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	7.53	*****	7.80	12	0	02/30	GR
	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>	0.15	0.18	26	*****	2.8	3.6	19	0	02/30	24
	<b>PERMIT REQUIREMENT</b>	5.3 30DA AVG	10.5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>	0.006	0.011	3	*****	*****	*****	*****	0	01/01	CN
	<b>PERMIT REQUIREMENT</b>	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										

**NAME/TITLE**  
**PRINCIPAL EXECUTIVE OFFICER**

Benjamin P. Youman  
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.

*Benjamin P. Youman*  
**SIGNATURE OF PRINCIPLE  
EXECUTIVE OFFICER OR  
AUTHORIZED AGENT**

TELEPHONE

815 406-3700

**AREA  
CODE** **NUMBER**

DATE

06/21/2013

MM/DD/YYYY

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

1. Flow existed through this outfall 27 of 31 days during this month.



POOR QUALITY ORIGINAL

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

## PERMITTEE NAME/ADDRESS

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**C01-0**  
**DISCHARGE NUMBER**

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 05/01/2013	TO 05/31/2013

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

WWTP (FORMER 001C)

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	8.2	12.4	19	0	02/30	24
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Twice Per Month	COMP24
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
Chromium, hexavalent (as Cr)	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
<b>01032 1 0</b>	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
Copper, total (as Cu)	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.5 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
<b>01042 1 0</b>	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	GRAB
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
Lead, total (as Pb)	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	2 30DA AVG	4 DAILY MX	mg/L		Daily	GRAB
<b>01051 1 0</b>	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Nickel, total (as Ni)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01067 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											

<b>NAME/TITLE</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>	
<b>PRINCIPAL EXECUTIVE OFFICER</b>		815	406-3700	06/21/2013	
<b>TYPED OR PRINTED</b>		<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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

- There was no discharge of processed steam generator chemical cleaning wastewater during this month.
- Flow existed through this outfall 14 of 31 days during the month.

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

## PERMITTEE NAME/ADDRESS

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**C01-0**  
**DISCHARGE NUMBER**

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

WWTP (FORMER 001C)

External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 05/01/2013</b>	<b>TO 05/31/2013</b>

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.037	3	*****	*****	*****	*****	0	01/01	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.					<b>SIGNATURE OF PRINCIPLE</b> <i>Benjamin P. Youman</i>		<b>TELEPHONE</b>		<b>DATE</b>	
Benjamin P. Youman						815 406-3700		06/21/2013			
Plant Manager						<b>AREA CODE NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>											

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

POOR QUALITY ORIGINAL

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

## PERMITTEE NAME/ADDRESS

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**IL0048313**  
PERMIT NUMBER

**D01-0**  
DISCHARGE NUMBER

## MONITORING PERIOD

**MM/DD/YYYY** **MM/DD/YYYY**  
**FROM** 05/01/2013 **TO** 05/31/2013

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)


CS

RADWASTE TREATMENT (FORMER 001D)

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.3	18.0	19	0	02/30	CP
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15	30	mg/L		Twice Per Month	COMPOS
Effluent Gross	SAMPLE MEASUREMENT	0.026	0.046	3	*****	*****	*****	*****	0	01/01	CN
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
50050 1 0	SAMPLE MEASUREMENT										
Effluent Gross	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE	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 EXECUTIVE OFFICER						815	406-3700	06/21/2013			
Benjamin P. Youman						AREA CODE	NUMBER	MM/DD/YYYY			
Plant Manager						SIGNATURE OF PRINCIPLE					
TYPED OR PRINTED						EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

1. Flow existed through this outfall 6 of 31 days during the month.

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

DMR Mailing ZIP CODE:

61010

## PERMITTEE NAME/ADDRESS

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**E01-0**  
**DISCHARGE NUMBER**

MAJOR

(SUBR 01)

CS

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**


<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 05/01/2013</b>	<b>TO 05/31/2013</b>

**STORMWATER (FORMER 001E)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Weekly	GRAB
Effluent Gross											
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>00530 8 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30 30DA AVG	100 DAILY MX	mg/L		Weekly	GRAB
Other Treatment, Process Complete											
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.1 30DA AVG	.2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.5 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****				500	
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	2 30DA AVG	.4 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>	<b>DATE</b>
Benjamin P. Youman			815 406-3700	06/21/2013
Plant Manager			<b>AREA NUMBER</b>	<b>MM/DD/YYYY</b>
<b>TYPED OR PRINTED</b>			<b>CODE</b>	

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during the month.
2. Flow existed through this outfall 5 of 31 days during the month.
3. There was no discharge of Fire Protection drain water during the month.



POOR QUALITY ORIGINAL

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

## PERMITTEE NAME/ADDRESS

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**IL0048313**  
PERMIT NUMBER

**E01-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 05/01/2013</b>	<b>TO 05/31/2013</b>

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS


STORMWATER (FORMER 001E)

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.103	0.243	3	*****	*****	*****	*****	0	02/30	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Twice Per Month	CONTIN
	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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Benjamin P. Youman			815	406-3700	06/21/2013
Plant Manager			AREA CODE	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

1. No Closed Cooling System Drain Water was discharged this month.
2. No Service Water System drain water was discharged this month.
3. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Cleaning wastewater was discharged this month.

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

1/6/2012

PAGE 2

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

## PERMITTEE NAME/ADDRESS

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
PERMIT NUMBER

**001-0**  
DISCHARGE NUMBER

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

COOLING SYSTEM BLOWDOWN

External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 05/01/2013	TO 05/31/2013

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	*****	*****	88.3	15	0	01/01	CN
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg F		Daily	CONTIN
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8.42	*****	8.59	12	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	8 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.1	3.1	19	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1.4	<1.4	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		Weekly	GRAB
Chromium, total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.0021	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.2 DAILY MX	mg/L		Weekly	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.024	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.071 DAILY MX	mg/L		Weekly	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.003	0.004	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	.213 30DA AVG	.433 DAILY MX	mg/L		Weekly	GRAB
<b>NAME/TITLE</b> 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.					<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>		<b>DATE</b>	
Benjamin P. Youman						815 406-3700		06/21/2013			
Plant Manager						AREA NUMBER		MM/DD/YYYY			
TYPED OR PRINTED											

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

1. Monitoring data for outfall 001-0 is included on attachment.

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

## PERMITTEE NAME/ADDRESS

NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555-5701

IL0048313  
PERMIT NUMBER

001-0  
DISCHARGE NUMBER

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

MONITORING PERIOD  
FROM MM/DD/YYYY TO MM/DD/YYYY  
05/01/2013 05/31/2013

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01) CS

COOLING SYSTEM BLOWDOWN  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.03	19	0	01/07	GR
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	mg/L		Weekly	GRAB
Priority pollutants total effluent	SAMPLE MEASUREMENT	*****			*****	*****				500	
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	lb/d	*****	*****	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	20.16	27.48	3	*****	*****	*****	*****	0	01/01	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				500	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	mg/L		Weekly	GRAB
Hydrazine	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.027 DAILY MX	mg/L		Daily When Discharging	GRAB
	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.					TELEPHONE		DATE			
Benjamin P. Youman						815 406-3700		06/21/2013			
Plant Manager TYPED OR PRINTED						AREA CODE NUMBER		MM/DD/YYYY			

*Benjamin P. Youman*  
SIGNATURE OF PRINCIPLE  
EXECUTIVE OFFICER OR  
AUTHORIZED AGENT

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

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

## PERMITTEE NAME/ADDRESS

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**002-0**  
**DISCHARGE NUMBER**

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 05/01/2013</b>	<b>TO 05/31/2013</b>

DMR Mailing ZIP CODE:

61010


**MAJOR**  
**(SUBR 01)** CS

**STORMWATER RUNOFF BASIN**  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15	30	mg/L		Weekly	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>00530 8 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30	100	mg/L		Weekly	GRAB
Other Treatment, Process Complete						30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.011	.018	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.025	.041	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1	mg/L		Daily	GRAB
Effluent Gross							DAILY MX				
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.063	.298	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>		<b>DATE</b>	
Benjamin P. Youman				815	406-3700	06/21/2013	
Plant Manager				<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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

1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning Wastewater was discharged this month.
2. No Fire Protection or Service Water System Drain Water was discharged this month.
3. No Closed Cooling System Drain Water was discharged this month.



POOR QUALITY ORIGINAL

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

## PERMITTEE NAME/ADDRESS

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>002-0</b>
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 05/01/2013	TO 05/31/2013

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

STORMWATER RUNOFF BASIN

External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni) <b>01067 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.178 DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn) <b>01092 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	.047 30DA AVG	.26 DAILY MX	mg/L		Daily	GRAB
Oil and Grease <b>03582 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		When Discharging	GRAB
Flow, in conduit or thru treatment plant <b>50050 1 0</b> Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****	*****		500	
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		When Discharging	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> 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			
Benjamin P. Youman						815	406-3700	06/21/2013			
Plant Manager						AREA CODE	NUMBER	MM/DD/YYYY			
TYPED OR PRINTED						SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

1. This discharge point was not used this month.
2. There was no discharge of processed steam generator chemical cleaning wastewater during the month.

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
May 2013  
Page 1 of 2

**MONITORING DATA:**

<b>DATE</b>	<b>CWBD Temperature deg F</b>	<b>CWBD Flow mgd</b>	<b>Rock River Flow cfs</b>
05/01/2013	81.1	11.34	18,600
05/02/2013	79.7	16.04	17,500
05/03/2013	66.2	23.76	17,000
05/04/2013	75.2	26.19	16,600
05/05/2013	75.2	22.02	15,900
05/06/2013	76.4	14.84	15,200
05/07/2013	74.9	23.10	14,500
05/08/2013	78.7	16.67	14,000
05/09/2013	78.7	22.51	13,400
05/10/2013	77.5	17.36	13,800
05/11/2013	80.4	26.58	13,800
05/12/2013	80.4	21.63	13,600
05/13/2013	78.3	16.68	13,500
05/14/2013	88.3	21.31	13,400
05/15/2013	88.3	18.98	13,200
05/16/2013	83.8	19.21	12,800
05/17/2013	80.4	14.09	12,200
05/18/2013	84.0	26.77	11,700
05/19/2013	85.7	21.37	11,400
05/20/2013	87.2	14.24	11,200
05/21/2013	87.2	21.13	10,900
05/22/2013	86.0	19.06	10,500
05/23/2013	82.3	20.79	10,300
05/24/2013	76.1	21.60	10,200
05/25/2013	75.0	27.46	10,000
05/26/2013	77.4	15.05	9,810
05/27/2013	79.0	22.63	9,740
05/28/2013	85.8	18.72	9,790
05/29/2013	86.5	20.27	10,200
05/30/2013	88.2	22.09	10,200
05/31/2013	87.8	21.36	10,300

**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
May 2013  
Page 2 of 2**

**HYDRAZINE MONITORING:**

There were no steam generator chemical cleaning solutions (or associated rinses) containing hydrazine discharged to the Cooling System Blowdown during the month of May 2013.

**TOTAL QUANTITY DISCHARGED: N/A**

**TOTAL DURATION OF DISCHARGE: N/A**

**COMMENTS:**

1. Sodium Hypochlorite and Bromine compounds were used this month.
2. There was no discharge of steam generator chemical cleaning wastewater containing hydrazine in this month.
3. Flow existed through this outfall 31 of 31 days.
4. Per Special Condition 24 the influent from the Rock River and effluent from Outfall 001-0 was monitored for Total Suspended Solids (TSS) this month. The Rock River TSS value was 11.2 mg/L on 05/06/2013. The CWBD TSS value was 3.1 mg/L on 05/06/2013.
5. Rock River flow for May 2013 was >2400 cfs therefore daily temperature calculations were not required this month. (Special Condition 12).
6. There was no discharge of the 126 Priority Pollutants from cooling tower maintenance chemicals in May 2013. (Special Condition 15).

Exelon Generation Company, LLC  
Byron Station  
4450 North German Church Road  
Byron, IL 61010-9794

www.exeloncorp.com

July 18, 2013

LTR: BYRON 2013-0096  
File: 2.09.0411  
1.10.0101

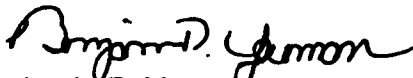
Illinois Environmental Protection Agency  
Water Pollution Control  
Compliance Assurance Section #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

**Subject: Byron Station Monthly Discharge Monitoring Report**

In accordance with National Pollutant Discharge Elimination System (NPDES) Permit Number IL0048313, issued January 24, 2011, we are submitting the Discharge Monitoring Report for Byron Station, Units 1 and 2. This report covers the period of June 1, 2013 through June 30, 2013.

If there are any questions regarding this report, please contact Ms. Zoe Cox, Environmental/Radwaste Supervisor, at (815) 406-3035.

Respectfully,



Benjamin P. Youman  
Plant Manager  
Byron Nuclear Generating Station

BPY/ZC/eh  
Attachments



**bcc: Kevin Hersey – Sr. Environmental Specialist – Cantera (electronic)**  
**Zoe Cox – Environmental/Radwaste Supervisor – Byron**

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**A01-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR**  
**(SUBR 01)** CS

**DEMINERALIZER REGENERATE WASTE (001A)**  
External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010


**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 06/01/2013</b>	<b>TO 06/30/2013</b>

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	<0.71	<0.78	19	0	01/30	08
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Monthly	COMP-8
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	4 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	5 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	GRAB
Lead, Total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	2 30DA AVG	4 DAILY MX	mg/L		Daily	GRAB
Nickel, total (as Ni)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01067 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>	<b>DATE</b>
Benjamin P. Youman			815 406-3700	07/18/2013
<b>Plant Manager</b>			<b>AREA CODE</b> <b>NUMBER</b>	<b>MM/DD/YYYY</b>

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.
2. Flow existed 30 of 30 days during this month.

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

**PERMITTEE NAME/ADDRESS**  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**A01-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:** 61010

**MAJOR**  
**(SUBR 01)** CS

**DEMINERALIZER REGENERATE WASTE (001A)**  
External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010


**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 06/01/2013	TO 06/30/2013

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn) <b>01092 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant <b>50050 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	0.057	0.243	3	*****	*****	*****	*****	0	01/01	ES
	<b>PERMIT REQUIREMENT</b>	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>  Benjamin P. Youman  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.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>		<b>DATE</b>
			815	406-3700	
			<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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

1. Flows for June 2013 are estimated based on July 2012 values due to totalizers being Out of Service. The totalizers are an obsolete model and work orders are in place to find replacement totalizers and get them installed in the system.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**B01-0**  
**DISCHARGE NUMBER**

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North Garman Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 06/01/2013</b>	<b>TO 06/30/2013</b>

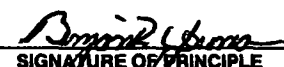
**DMR Mailing ZIP CODE:** 61010

**MAJOR**  
**(SUBR 01)** CS

**STP PLANT EFFLUENT (FORMER 001B)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day (20 Deg. C)	<b>SAMPLE MEASUREMENT</b>	0.38	0.40	26	*****	5.5	7.0	19	0	02/30	24
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	5.3 30DA AVG	10.5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	7.52	*****	7.60	12	0	02/30	GR
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	0.23	0.31	26	*****	2.9	3.1	19	0	02/30	24
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	5.3 30DA AVG	10.5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.008	0.014	3	*****	*****	*****	*****	0	01/01	CN
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.				 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>		<b>DATE</b>		
Benjamin P. Youman							815	406-3700	07/18/2013		
Plant Manager							<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>		
<b>TYPED OR PRINTED</b>											

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

1. Flow existed through this outfall 29 of 30 days during this month.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**C01-0**  
**DISCHARGE NUMBER**

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 06/01/2013</b>	<b>TO 06/30/2013</b>

**DMR Mailing ZIP CODE:**


61010


**MAJOR**  
**(SUBR 01)** CS

**WWTP (FORMER 001C)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	6.4	7.4	19	0	02/30	24
<b>00530 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Twice Per Month	COMP24
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	5 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	GRAB
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	2 30DA AVG	4 DAILY MX	mg/L		Daily	GRAB
Nickel, total (as Ni)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01067 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB

NAME/TITLE	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	
<b>PRINCIPAL EXECUTIVE OFFICER</b>			815	406-3700	07/18/2013
Benjamin P. Youman					
Plant Manager					
TYPED OR PRINTED		<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.
2. Flow existed through this outfall 20 of 30 days during the month.



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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**C01-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR**  
**(SUBR 01)** CS

**WWTP (FORMER 001C)**  
**External Outfall**


**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 06/01/2013</b>	<b>TO 06/30/2013</b>

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn) <b>01092 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant <b>50050 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	0.024	0.041	3	*****	*****	*****	*****	0	01/01	CN
	<b>PERMIT REQUIREMENT</b>	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
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	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
Benjamin P. Youman Plant Manager	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
TYPED OR PRINTED									TELEPHONE		DATE
	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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT				815	406-3700	07/18/2013
									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)**

DMR Mailing ZIP CODE: 61010

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

IL0048313  
PERMIT NUMBER

D01-0  
DISCHARGE NUMBER

**MAJOR**  
(SUBR 01) CS

**RADWASTE TREATMENT (FORMER 001D)**  
External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

MM/DD/YYYY	MM/DD/YYYY
FROM 06/01/2013	TO 06/30/2013

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.4	4.1	19	0	02/30	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Twice Per Month	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.024	3	*****	*****	*****	*****	0	01/01	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815 406-3700		07/18/2013			
Plant Manager						<b>AREA CODE</b> <b>NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					

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

1. Flow existed through this outfall 5 of 30 days during the month.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**E01-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR**  
**(SUBR 01)** CS

**STORMWATER (FORMER 001E)**  
External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 06/01/2013</b>	<b>TO 06/30/2013</b>

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15	30	mg/L		Weekly	GRAB
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	30DA AVG	DAILY MX				
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	25.2	27.0	19	0	01/07	GR
<b>00530 8 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30	100	mg/L		Weekly	GRAB
Other Treatment, Process Complete	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	30DA AVG	DAILY MX				
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	30DA AVG	DAILY MX				
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	5	1	mg/L		Daily	GRAB
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	30DA AVG	DAILY MX				
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1	mg/L		Daily	GRAB
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****		DAILY MX				
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	2	4	mg/L		Daily	GRAB
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	30DA AVG	DAILY MX				

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
Benjamin P. Youman		815	406-3700	07/18/2013
Plant Manager		AREA CODE	NUMBER	MM/DD/YYYY
TYPED OR PRINTED		SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during the month.
2. Flow existed through this outfall 6 of 30 days during the month.
3. There was discharge of Fire Protection drain water during the month.

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

1/6/2012

PAGE 1

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**E01-0**  
**DISCHARGE NUMBER**

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 06/01/2013</b>	<b>TO 06/30/2013</b>

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR**  
**(SUBR 01)** CS

**STORMWATER (FORMER 001E)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.355	0.731	3	*****	*****	*****	*****	0	02/30	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Twice Per Month	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>	
Benjamin P. Youman		815	406-3700	07/18/2013	
Plant Manager		<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>			

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

1. No Closed Cooling System Drain Water was discharged this month.
2. No Service Water System drain water was discharged this month.
3. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Cleaning wastewater was discharged this month.

1/6/2012 **PAGE 2**

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**001-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:** 61010

**MAJOR**  
**(SUBR 01)** CS

**COOLING SYSTEM BLOWDOWN**  
External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>TO</b>	<b>MM/DD/YYYY</b>
<b>FROM 06/01/2013</b>		<b>06/30/2013</b>

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY 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		*****	*****	*****	*****	*****	91.6	15	0	01/01	CN
		*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg F		Daily	CONTIN
pH 00400 1 0 Effluent Gross		*****	*****	*****	8.46	*****	8.76	12	0	01/07	GR
		*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross		*****	*****	*****	*****	3.0	3.0	19	0	01/30	GR
		*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & Grease 00556 1 0 Effluent Gross		*****	*****	*****	*****	<1.4	<1.4	19	0	01/07	GR
		*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		Weekly	GRAB
Chromium, total (as Cr) 01034 1 0 Effluent Gross		*****	*****	*****	*****	*****	<0.0021	19	0	01/07	GR
		*****	*****	*****	*****	*****	0.2 DAILY MX	mg/L		Weekly	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross		*****	*****	*****	*****	*****	0.024	19	0	01/07	GR
		*****	*****	*****	*****	*****	0.071 DAILY MX	mg/L		Weekly	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross		*****	*****	*****	*****	<0.004	0.008	19	0	01/07	GR
		*****	*****	*****	*****	.213 30DA AVG	.433 DAILY MX	mg/L		Weekly	GRAB
<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815 406-3700		07/18/2013			
Plant Manager						<b>AREA CODE</b> <b>NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					

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

1. Monitoring data for outfall 001-0 is included on attachment.



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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

IL0048313  
PERMIT NUMBER

001-0  
DISCHARGE NUMBER

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 06/01/2013	TO 06/30/2013

**DMR Mailing ZIP CODE:** 61010  
**MAJOR**  
**(SUBR 01)** CS

**COOLING SYSTEM BLOWDOWN**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	0.05	19	0	01/07	GR
<b>34044 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	.05 DAILY MX	mg/L		Weekly	GRAB
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****			*****	*****				500	
Priority pollutants total effluent	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	lb/d	*****	*****	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
<b>50008 1 0</b>	<b>SAMPLE MEASUREMENT</b>	21.38	28.54	3	*****	*****	*****	*****	0	01/01	CN
Flow, in conduit or thru treatment plant	<b>PERMIT REQUIREMENT</b>	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
<b>50050 1 0</b>	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****				500	
Chlorine, total residual	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	.05 DAILY MX	mg/L		Weekly	GRAB
<b>50060 1 0</b>	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****				500	
Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	.011 30DA AVG	.027 DAILY MX	mg/L	Daily When Discharging	GRAB
Hydrazine	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****					
<b>81313 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****					
Effluent Gross	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
<b>NAME/TITLE</b>	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.					<b>TELEPHONE</b>		<b>DATE</b>			
<b>PRINCIPAL EXECUTIVE OFFICER</b>						815 406-3700		07/18/2013			
Benjamin P. Youman											
Plant Manager											
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA CODE</b>		<b>NUMBER</b>	
										<b>MM/DD/YYYY</b>	

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

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**002-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR**  
**(SUBR 01)** CS

**STORMWATER RUNOFF BASIN**  
External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 06/01/2013</b>	<b>TO 06/30/2013</b>

\*\*\* NO DISCHARGE ☒ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15	30	mg/L		Weekly	GRAB
Effluent Gross						30DA AVG.	DAILY MX				
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>00530 8 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30	100	mg/L		Weekly	GRAB
Other Treatment, Process Complete						30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.011	.016	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.025	.041	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1	mg/L		Daily	GRAB
Effluent Gross							DAILY MX				
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.063	.298	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				

<b>NAME/TITLE</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>	
<b>PRINCIPAL EXECUTIVE OFFICER</b>		815	406-3700	07/18/2013	
<b>TYPED OR PRINTED</b>		<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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

1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning Wastewater was discharged this month.
2. No Fire Protection or Service Water System Drain Water was discharged this month.
3. No Closed Cooling System Drain Water was discharged this month.

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

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**002-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:** 61010

**MAJOR**  
**(SUBR 01)** CS

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM</b> 06/01/2013	<b>TO</b> 06/30/2013

**STORMWATER RUNOFF BASIN**  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01067 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.176 DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.047 30DA AVG	.28 DAILY MX	mg/L		Daily	GRAB
Oil and Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
03582 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		When Discharging	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****		500	
50050 1 0	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		When Discharging	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815 406-3700		07/18/2013			
Plant Manager						<b>AREA CODE</b> <b>NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					

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

1. This discharge point was not used this month.
2. There was no discharge of processed steam generator chemical cleaning wastewater during the month.

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313

June 2013

Page 1 of 2

**MONITORING DATA:**

<b>DATE</b>	<b>CWBD Temperature deg F</b>	<b>CWBD Flow mgd</b>	<b>Rock River Flow cfs</b>
06/01/2013	86.1	21.55	10,400
06/02/2013	85.0	18.66	10,400
06/03/2013	77.8	19.69	10,100
06/04/2013	78.2	20.64	9,670
06/05/2013	79.4	19.29	9,390
06/06/2013	79.4	19.67	9,430
06/07/2013	79.0	21.51	9,270
06/08/2013	77.5	24.99	9,020
06/09/2013	85.7	25.38	8,710
06/10/2013	85.7	10.59	8,500
06/11/2013	86.0	20.54	8,210
06/12/2013	88.9	20.74	7,990
06/13/2013	88.9	20.33	8,420
06/14/2013	84.1	20.42	8,510
06/15/2013	87.2	25.44	8,320
06/16/2013	87.2	25.22	8,080
06/17/2013	86.6	16.76	7,780
06/18/2013	85.6	21.17	7,560
06/19/2013	78.7	20.58	7,430
06/20/2013	88.2	25.40	7,190
06/21/2013	88.4	19.89	7,280
06/22/2013	88.3	26.03	10,500
06/23/2013	88.3	20.86	13,600
06/24/2013	88.3	14.89	14,100
06/25/2013	91.6	22.95	15,300
06/26/2013	89.9	21.49	20,100
06/27/2013	89.4	23.09	26,800
06/28/2013	88.8	22.27	28,600
06/29/2013	85.9	28.54	25,600
06/30/2013	83.6	22.90	25,900

**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
June 2013  
Page 2 of 2**

**HYDRAZINE MONITORING:**

There were no steam generator chemical cleaning solutions (or associated rinses) containing hydrazine discharged to the Cooling System Blowdown during the month of June 2013.

**TOTAL QUANTITY DISCHARGED:      N/A**

**TOTAL DURATION OF DISCHARGE:    N/A**

**COMMENTS:**

1. Sodium Hypochlorite and Bromine compounds were used this month.
2. There was no discharge of steam generator chemical cleaning wastewater containing hydrazine in this month.
3. Flow existed through this outfall 30 of 30 days.
4. Per Special Condition 24 the influent from the Rock River and effluent from Outfall 001-0 was monitored for Total Suspended Solids (TSS) this month. The Rock River TSS value was 29.3 mg/L on 06/10/2013. The CWBD TSS value was 3.0 mg/L on 06/10/2013.
5. Rock River flow for June 2013 was >2400 cfs therefore daily temperature calculations were not required this month. (Special Condition 12).
6. There was no discharge of the 126 Priority Pollutants from cooling tower maintenance chemicals in June 2013. (Special Condition 15).



Exelon Generation Company, LLC  
Byron Station  
4450 North German Church Road  
Byron, IL 61010-9794

www.exeloncorp.com

August 26, 2013

LTR: BYRON 2013-0114  
File: 2.09.0411  
1.10.0101

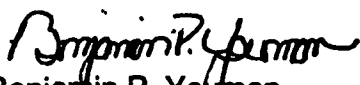
Illinois Environmental Protection Agency  
Water Pollution Control  
Compliance Assurance Section #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

Subject: Byron Station Monthly Discharge Monitoring Report

In accordance with National Pollutant Discharge Elimination System (NPDES) Permit Number IL0048313, issued January 24, 2011, we are submitting the Discharge Monitoring Report for Byron Station, Units 1 and 2. This report covers the period of July 1, 2013 through July 31, 2013.

If there are any questions regarding this report, please contact Ms. Zoe Cox, Environmental/Radwaste Supervisor, at (815) 406-3035.

Respectfully,

  
Benjamin P. Youman  
Plant Manager  
Byron Nuclear Generating Station

BPY/ZC/eh  
Attachments

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**A01-0**  
**DISCHARGE NUMBER**

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 07/01/2013</b>	<b>TO 07/31/2013</b>

**DMR Mailing ZIP CODE:**

61010

**MAJOR**  
**(SUBR 01)** CS

**DEMINERALIZER REGENERATE WASTE (001A)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	<1.01	<1.03	19	0	01/30	08
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15	30	mg/L		Monthly	COMP-8
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
Chromium, hexavalent (as Cr)	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30DA AVG	DAILY MX				
<b>01032 1 0</b>	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30DA AVG	DAILY MX			Daily	GRAB
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
Copper, total (as Cu)	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
<b>01042 1 0</b>	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30DA AVG	DAILY MX			Daily	GRAB
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****					500	
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
Lead, Total (as Pb)	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	2	4	mg/L		Daily	GRAB
<b>01051 1 0</b>	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30DA AVG	DAILY MX			Daily	GRAB
Nickel, total (as Ni)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01067 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>	
Benjamin P. Youman		815	406-3700	08/26/2013	
Plant Manager		<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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

- There was no discharge of processed steam generator chemical cleaning wastewater during this month.
- Flow existed 31 of 31 days during this month.

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

DMR Mailing ZIP CODE: 61010

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

IL0048313  
PERMIT NUMBER

A01-0  
DISCHARGE NUMBER

**MAJOR**  
(SUBR 01) CS

**DEMINERALIZER REGENERATE WASTE (001A)**  
External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 07/01/2013	TO 07/31/2013

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	0.057	0.243	3	*****	*****	*****	*****	0	01/01	ES
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
50050 1 0	SAMPLE MEASUREMENT										
Effluent Gross	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE	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 EXECUTIVE OFFICER						815 406-3700		08/26/2013			
Benjamin P. Youman											
Plant Manager	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE NUMBER		MM/DD/YYYY			
TYPED OR PRINTED											

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

1. Flows for July 2013 are estimated based on July 2012 values due to totalizers being Out of Service. The totalizers are an obsolete model and work orders are in place to find replacement totalizers and get them installed in the system.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**B01-0**  
**DISCHARGE NUMBER**

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 07/01/2013</b>	<b>TO 07/31/2013</b>

**DMR Mailing ZIP CODE:**

61010


**MAJOR**  
**(SUBR 01)** CS

**STP PLANT EFFLUENT (FORMER 001B)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day (20 Deg. C) 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.28	0.33	26	*****	3.5	4.0	19	0	02/30	24
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.31	*****	7.47	12	0	02/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.12	0.19	26	*****	<1.3	2.3	19	0	02/30	24
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.006	0.011	3	*****	*****	*****	*****	0	01/01	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>  Benjamin P. Youman 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.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>		<b>DATE</b>
			815	406-3700	
			<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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

1. Flow existed through this outfall 30 of 31 days during this month.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**C01-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:** 61010

**MAJOR**  
**(SUBR 01)** CS

**WWTP (FORMER 001C)**  
**External Outfall**

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010


**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 07/01/2013</b>	<b>TO 07/31/2013</b>

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	3.0	3.5	19	0	02/30	24
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15	30	mg/L		Twice Per Month	COMP24
Effluent Gross						30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.5	1	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1	mg/L		Daily	GRAB
Effluent Gross							DAILY MX				
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	2	4	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Nickel, total (as Ni)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01067 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>		<b>DATE</b>	
<b>Benjamin P. Youman</b>				815	406-3700	08/26/2013	
<b>Plant Manager</b>		<b>EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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

- There was no discharge of processed steam generator chemical cleaning wastewater during this month.
- Flow existed through this outfall 16 of 31 days during the month.

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



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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
PERMIT NUMBER

**C01-0**  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01) CS

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 07/01/2013	TO 07/31/2013

WWTP (FORMER 001C)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	0.024	0.041	3	*****	*****	*****	*****	0	01/01	CN
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
50050 1 0	SAMPLE MEASUREMENT										
Effluent Gross	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE	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 EXECUTIVE OFFICER						815 406-3700		08/26/2013			
Benjamin P. Youman											
Plant Manager	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA NUMBER		MM/DD/YYYY			
TYPED OR PRINTED											

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

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>D01-0</b>
PERMIT NUMBER	DISCHARGE NUMBER


  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2013	TO 07/31/2013

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**RADWASTE TREATMENT (FORMER 001D)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	2.0	3.3	19	0	02/30	CP
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Twice Per Month	COMPOS
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	0.022	0.023	3	*****	*****	*****	*****	0	01/01	CN
Flow, in conduit or thru treatment plant	<b>PERMIT REQUIREMENT</b>	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
<b>50050 1 0</b>	<b>SAMPLE MEASUREMENT</b>										
Effluent Gross	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
<b>NAME/TITLE</b>	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.					<b>TELEPHONE</b>		<b>DATE</b>			
<b>PRINCIPAL EXECUTIVE OFFICER</b>						815 406-3700		08/26/2013			
Benjamin P. Youman											
Plant Manager											
<b>TYPED OR PRINTED</b>	<b>SIGNATURE OF PRINCIPLE</b>  <b>EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>			

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

1. Flow existed through this outfall 6 of 31 days during the month.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>E01-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
<b>FROM</b>	07/01/2013	<b>TO</b>	07/31/2013

**DMR Mailing ZIP CODE:** 61010  
**MAJOR**  
**(SUBR 01)** CS

**STORMWATER (FORMER 001E)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>00530 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Weekly	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>00530 8 0</b> Other Treatment, Process Complete	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30 30DA AVG	100 DAILY MX	mg/L		Weekly	GRAB
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	5 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	GRAB
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	2 30DA AVG	4 DAILY MX	mg/L		Daily	GRAB
<b>NAME/TITLE</b> 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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815 406-3700		08/26/2013			
Plant Manager						<b>AREA CODE</b> <b>NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during the month.
2. Flow existed through this outfall 2 of 31 days during the month.
3. There was no discharge of Fire Protection drain water during the month.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

**IL0048313**  
**PERMIT NUMBER**

**E01-0**  
**DISCHARGE NUMBER**

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 07/01/2013</b>	<b>TO 07/31/2013</b>


**DMR Mailing ZIP CODE:**

**61010**

**MAJOR**  
**(SUBR 01)** **CS**

**STORMWATER (FORMER 001E)**  
**External Outfall**

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni) <b>01067 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG.	2 DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn) <b>01092 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG.	2 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant <b>50050 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	0.178	0.209	3	*****	*****	*****	*****	0	02/30	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG.	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Twice Per Month	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.				 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>		<b>DATE</b>		
Benjamin P. Youman							815	406-3700	08/26/2013		
Plant Manager							<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>		
<b>TYPED OR PRINTED</b>											

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

1. No Closed Cooling System Drain Water was discharged this month.
2. No Service Water System drain water was discharged this month.
3. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning wastewater was discharged this month.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>001-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 07/01/2013</b>	<b>TO 07/31/2013</b>

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
**(SUBR 01)** CS

**COOLING SYSTEM BLOWDOWN**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	*****	*****	94.2	15	0	01/01	CN
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO-MAX	deg F		Daily	CONTIN
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8.30	*****	8.63	12	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	42.0	42.0	19	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG.	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1.4	<1.4	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		Weekly	GRAB
Chromium, total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.005	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.2 DAILY MX	mg/L		Weekly	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.025	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.071 DAILY MX	mg/L		Weekly	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.008	0.026	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	213 30DA AVG	433 DAILY MX	mg/L		Weekly	GRAB
<b>NAME/TITLE</b> 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.					<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>		<b>DATE</b>	
Benjamin P. Youman						815 406-3700		08/26/2013			
Plant Manager						AREA CODE NUMBER		MM/DD/YYYY			
TYPED OR PRINTED											

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

1. Monitoring data for outfall 001-0 is included on attachment.



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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>001-0</b>
PERMIT NUMBER	DISCHARGE NUMBER


MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2013	TO 07/31/2013

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**COOLING SYSTEM BLOWDOWN**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual <b>34044 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.04	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	mg/L		Weekly	GRAB
Priority pollutants total effluent <b>50008 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****			*****	*****				500	
	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	lb/d	*****	*****	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant <b>50050 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	22.48	32.58	3	*****	*****	*****	*****	0	01/01	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
Chlorine, total residual <b>50060 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	mg/L		Weekly	GRAB
Hydrazine <b>81313 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.027 DAILY MX	mg/L		Daily When Discharging	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>  Benjamin P. Youman  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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	<b>TELEPHONE</b>		<b>DATE</b>
			815	406-3700	08/26/2013
			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**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>002-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 07/01/2013</b>	<b>TO 07/31/2013</b>

**DMR Mailing ZIP CODE:**

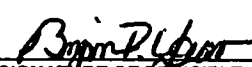
61010

**MAJOR**  
**(SUBR 01)** CS

**STORMWATER RUNOFF BASIN**  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15	30	mg/L		Weekly	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>00530 8 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30	100	mg/L		Weekly	GRAB
Other Treatment, Process Complete						30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.011	.016	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.025	.041	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1	mg/L		Daily	GRAB
Effluent Gross							DAILY MX				
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.063	.298	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>		<b>DATE</b>
<b>Benjamin P. Youman</b>			815	406-3700	08/26/2013
<b>Plant Manager</b>			<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>
<b>TYPED OR PRINTED</b>					

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

1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning Wastewater was discharged this month.

2. No Fire Protection or Service Water System Drain Water was discharged this month.

3. No Closed Cooling System Drain Water was discharged this month.

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

1/6/2012 **PAGE 1**

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>002-0</b>
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 07/01/2013	TO 07/31/2013

**DMR Mailing ZIP CODE:**

61010

**MAJOR**

(SUBR 01)

CS

**STORMWATER RUNOFF BASIN**

External Outfall

\*\*\*NO DISCHARGE ☒\*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01067 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.176 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.047 30DA AVG	.26 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Oil and Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
03582 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		When Discharging	GRAB
Effluent Gross											
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****		500	
50050 1 0	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		When Discharging	ESTIMA
Effluent Gross											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> 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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815	406-3700	08/26/2013			
Plant Manager						<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>											

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

1. This discharge point was not used this month.
2. There was no discharge of processed steam generator chemical cleaning wastewater during the month.

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
July 2013  
Page 1 of 2

**MONITORING DATA:**

<b>DATE</b>	<b>CWBD Temperature deg F</b>	<b>CWBD Flow mgd</b>	<b>Rock River Flow cfs</b>
07/01/2013	83.1	18.27	24,600
07/02/2013	83.1	25.50	22,500
07/03/2013	82.4	21.44	20,700
07/04/2013	86.9	21.57	19,300
07/05/2013	86.9	20.88	18,000
07/06/2013	88.1	32.58	16,900
07/07/2013	90.2	19.23	15,800
07/08/2013	91.4	16.71	15,100
07/09/2013	92.0	25.87	14,300
07/10/2013	89.7	17.99	13,300
07/11/2013	89.7	23.51	12,100
07/12/2013	83.0	25.17	11,000
07/13/2013	84.5	31.08	10,200
07/14/2013	89.8	19.37	9,570
07/15/2013	92.2	18.13	9,080
07/16/2013	93.2	22.68	8,660
07/17/2013	93.6	20.35	8,190
07/18/2013	94.2	19.58	7,860
07/19/2013	94.2	20.38	7,440
07/20/2013	92.2	27.77	6,990
07/21/2013	88.7	21.79	6,770
07/22/2013	88.7	18.63	6,750
07/23/2013	86.9	26.72	6,730
07/24/2013	84.8	19.11	6,500
07/25/2013	84.7	24.83	6,390
07/26/2013	85.6	21.20	6,430
07/27/2013	84.2	27.37	6,690
07/28/2013	77.6	16.76	6,450
07/29/2013	79.6	25.69	6,200
07/30/2013	80.5	24.63	6,040
07/31/2013	83.1	21.99	5,970

**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
July 2013  
Page 2 of 2**

**HYDRAZINE MONITORING:**

There were no steam generator chemical cleaning solutions (or associated rinses) containing hydrazine discharged to the Cooling System Blowdown during the month of July 2013.

**TOTAL QUANTITY DISCHARGED:      N/A**

**TOTAL DURATION OF DISCHARGE:    N/A**

**COMMENTS:**

1. Sodium Hypochlorite and Bromine compounds were used this month.
2. There was no discharge of steam generator chemical cleaning wastewater containing hydrazine in this month.
3. Flow existed through this outfall 31 of 31 days.
4. Per Special Condition 24 the influent from the Rock River and effluent from Outfall 001-0 was monitored for Total Suspended Solids (TSS) this month. The Rock River TSS value was 32.0 mg/L on 07/08/2013. The CWBD TSS value was 42.0 mg/L on 07/08/2013.
5. Rock River flow for July 2013 was >2400 cfs therefore daily temperature calculations were not required this month. (Special Condition 12).
6. There was no discharge of the 126 Priority Pollutants from cooling tower maintenance chemicals in July 2013. (Special Condition 15).



## **Byron Environmental Audit – Request for Additional Information Response**

**Question #:** HH-1      **Category:** Human Health

**Statement of Question:**

Provide NPDES monthly discharge monitoring reports for the past five years.

**Response:**

The NPDES monthly discharge monitoring reports for all months of years 2008 through 2012 and January through July 2013 are provided.

**List Attachments Provided:**

1. NPDES monthly discharge monitoring reports for January 1, 2013 through July 31, 2013.
2. NPDES monthly discharge monitoring reports for January 1, 2012 through December 31, 2012
3. NPDES monthly discharge monitoring reports for January 1, 2011 through December 31, 2011
4. NPDES monthly discharge monitoring reports for January 1, 2010 through December 31, 2010
5. NPDES monthly discharge monitoring reports for January 1, 2009 through December 31, 2009
6. NPDES monthly discharge monitoring reports for January 1, 2008 through December 31, 2008

Exelon Generation Company, LLC  
Byron Station  
4450 North German Church Road  
Byron, IL 61010-9794

www.exeloncorp.com

February 24, 2012

LTR: BYRON 2012-0023  
File: 2.09.0411  
1.10.0101


Illinois Environmental Protection Agency  
Water Pollution Control  
Compliance Assurance Section #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

Subject: Byron Station Monthly Discharge Monitoring Report

In accordance with National Pollutant Discharge Elimination System (NPDES) Permit Number IL0048313, issued January 24, 2011, we are submitting the Discharge Monitoring Report for Byron Station, Units 1 and 2. This report covers the period of January 1, 2012 through January 31, 2012.

If there are any questions regarding this report, please contact Ms. Zoe Cox, Environmental/Radwaste Supervisor, at (815) 406-3035.

Respectfully,



Timothy J. Tulon  
Site Vice President  
Byron Nuclear Generating Station

TJT/ZC/ca

Attachments

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

DMR Mailing ZIP CODE: 61010

MAJOR  
(SUBR 01)

DEMINEALIZER REGENERATE WASTE (001A)  
External Outfall

PERMITTEE NAME/ADDRESS  
NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555

IL0046313  
PERMIT NUMBER

A01-0  
DISCHARGE NUMBER

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

MONITORING PERIOD

MM/DD/YYYY	TO	MM/DD/YYYY
01/01/2012		01/31/2012

... NO DISCHARGE ☐ ...

ATTN: Zoe Cox/ENV SPEC

PARAMETER	<div></div>	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Solids, Total Suspended	SAMPLE MEASUREMENT	-----	-----	---	-----	1.1	1.4	19	0	285	EC	
00630 1 0	PERMIT REQUIREMENT	-----	-----	---	-----	15	30	30DA AVG	DAILY MX	mg/L	Monthly	COMP-S
Effluent Gross												
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	-----	-----	---	-----					500		
01032 1 0	PERMIT REQUIREMENT	-----	-----	---	-----	.1	.2	30DA AVG	DAILY MX	mg/L	Daily	GRAB
Effluent Gross												
Chromium, total (as Cr)	SAMPLE MEASUREMENT	-----	-----	---	-----					500		
01034 1 0	PERMIT REQUIREMENT	-----	-----	---	-----	1	2	30DA AVG	DAILY MX	mg/L	Daily	GRAB
Effluent Gross												
Copper, total (as Cu)	SAMPLE MEASUREMENT	-----	-----	---	-----					500		
01042 1 0	PERMIT REQUIREMENT	-----	-----	---	-----	.5	1	30DA AVG	DAILY MX	mg/L	Daily	GRAB
Effluent Gross												
Iron, total (as Fe)	SAMPLE MEASUREMENT	-----	-----	---	-----	-----				500		
01045 1 0	PERMIT REQUIREMENT	-----	-----	---	-----	-----	1	DAILY MX	mg/L	Daily	GRAB	
Effluent Gross												
Lead, Total (as Pb)	SAMPLE MEASUREMENT	-----	-----	---	-----					500		
01051 1 0	PERMIT REQUIREMENT	-----	-----	---	-----	.2	.4	30DA AVG	DAILY MX	mg/L	Daily	GRAB
Effluent Gross												
Nickel, total (as Ni)	SAMPLE MEASUREMENT	-----	-----	---	-----					500		
01067 1 0	PERMIT REQUIREMENT	-----	-----	---	-----	1	2	30DA AVG	DAILY MX	mg/L	Daily	GRAB
Effluent Gross												

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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Timothy J. Tulon			815	406-3600	
Site Vice President			AREA CODE	NUMBER	MM/DD/YYYY

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.
2. Flow existed 31 of 31 days during this month.



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

PERMITTEE NAME/ADDRESS  
NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

ATTN: Zos Con/ENV SPEC

IL0048313  
PERMIT NUMBER

A01-0  
DISCHARGE NUMBER

**MONITORING PERIOD**

FROM MM/DD/YYYY 01/01/2012 TO MM/DD/YYYY 01/31/2012

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01)

DEMINERALIZER REGENERATE WASTE (001A)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Zinc, Total (as Zn)	SAMPLE MEASUREMENT	-----	-----	---	-----					500	
0108210 Effluent Gross	PERMIT REQUIREMENT	-----	-----	---	-----	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.067	0.194	3	-----	-----	-----	---	0	135	CN
5006010 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	-----	-----	-----	---		Daily	CONTIN
	SAMPLE MEASUREMENT										
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**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME/ADDRESS  
NAME Exton Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555

IL0046313  
PERMIT NUMBER

B01-0  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**  
MM/DD/YYYY TO MM/DD/YYYY  
FROM 01/01/2012 TO 01/31/2012

STP PLANT EFFLUENT (FORMER 001B)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-Day (20 Deg. C) 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	<0.10	<0.13	28	-----	<4.0	<4.0	19	0	280	DC
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lb/d	-----	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	7.34	-----	7.95	12	0	280	GR
	PERMIT REQUIREMENT	-----	-----	---	6 MINIMUM	-----	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended 00630 1 0 Effluent Gross	SAMPLE MEASUREMENT	<0.019	0.02	28	-----	<0.9	1.4	19	0	280	DC
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lb/d	-----	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.005	0.012	3	-----	-----	-----	---	0	135	CN
	PERMIT REQUIREMENT	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	Mgal/d	-----	-----	-----	---		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE  
PRINCIPAL EXECUTIVE OFFICER

Timothy J. Tulon  
Site Vice President

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPLE  
EXECUTIVE OFFICER OR  
AUTHORIZED AGENT

TELEPHONE

815 408-3800

AREA CODE NUMBER

DATE

02/24/2012

MM/DD/YYYY

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

1. Flow existed through this outfall 28 of 31 days during this month.



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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe CowENV SPEC

IL0048313  
PERMIT NUMBER

C01-0  
DISCHARGE NUMBER

**MONITORING PERIOD**

FROM MM/DD/YYYY 01/01/2012 TO MM/DD/YYYY 01/31/2012

**DMR Mailing ZIP CODE:**

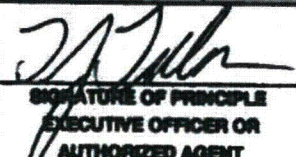
61010

**MAJOR  
(SUBR 01)**

**WWTP (FORMER 001C)  
External Outfall**

... NO DISCHARGE ☐ ...

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	-----	-----	-----	-----	3.3	4.5	19	0	280	DC
00530 1 0	PERMIT REQUIREMENT	-----	-----	-----	-----	15	30	30DA AVG DAILY MX		Twice Per Month	COMP24
Effluent Gross	SAMPLE MEASUREMENT	-----	-----	-----	-----						
Chromium, hexavalent (as Cr)	PERMIT REQUIREMENT	-----	-----	-----	-----						
01032 1 0	SAMPLE MEASUREMENT	-----	-----	-----	-----					500	
Effluent Gross	PERMIT REQUIREMENT	-----	-----	-----	-----	1	2	30DA AVG DAILY MX		Daily	GRAB
Chromium, total (as Cr)	SAMPLE MEASUREMENT	-----	-----	-----	-----					500	
01034 1 0	PERMIT REQUIREMENT	-----	-----	-----	-----	1	2	30DA AVG DAILY MX		Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	-----	-----	-----	-----					500	
Copper, total (as Cu)	PERMIT REQUIREMENT	-----	-----	-----	-----	5	1	30DA AVG DAILY MX		Daily	GRAB
01042 1 0	SAMPLE MEASUREMENT	-----	-----	-----	-----					500	
Effluent Gross	PERMIT REQUIREMENT	-----	-----	-----	-----		1	DAILY MX		Daily	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	-----	-----	-----	-----					500	
01046 1 0	PERMIT REQUIREMENT	-----	-----	-----	-----						
Effluent Gross	SAMPLE MEASUREMENT	-----	-----	-----	-----					500	
Lead, total (as Pb)	PERMIT REQUIREMENT	-----	-----	-----	-----	2	4	30DA AVG DAILY MX		Daily	GRAB
01051 1 0	SAMPLE MEASUREMENT	-----	-----	-----	-----					500	
Effluent Gross	PERMIT REQUIREMENT	-----	-----	-----	-----	1	2	30DA AVG DAILY MX		Daily	GRAB
Nickel, total (as Ni)	SAMPLE MEASUREMENT	-----	-----	-----	-----					500	
01067 1 0	PERMIT REQUIREMENT	-----	-----	-----	-----						
Effluent Gross	SAMPLE MEASUREMENT	-----	-----	-----	-----					500	

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>  Timothy J. Tulon Site Vice President  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	<b>TELEPHONE</b> 815 406-3600		<b>DATE</b> 02/24/2012	
			<b>AREA CODE</b>		<b>NUMBER</b>	<b>MM/DD/YYYY</b>
			<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>			

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.
2. Flow existed through this outfall 11 of 31 days during the month.



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

DMR Mailing ZIP CODE:

61010

MAJOR  
(SUBR 01)

WWTP (FORMER 001C)  
External Outfall

PERMITTEE NAME/ADDRESS  
NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

IL0048313  
PERMIT NUMBER

C01-0  
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY	TO	MM/DD/YYYY
01/01/2012		01/31/2012

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Zinc, total (as Zn) 01082 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	-----	-----				500	
	PERMIT REQUIREMENT	-----	-----	-----	-----	1 3SDA AVG	2 DAILY MX	mg/L	Daily	GRAB
Flow, in conduit or thru treatment plant 60060 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.017	0.037	3	-----	-----	-----	---	0	135 CN
	PERMIT REQUIREMENT	Req. Mon. 3SDA AVG	Req. Mon. DAILY MX	Mg/d	-----	-----	-----	---	Daily	CONTN
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified 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		
Timothy J. Tulon						815	406-3800	02/24/2012		
Site Vice President						AREA CODE	NUMBER	MM/DD/YYYY		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)										



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

DMR Mailing ZIP CODE:

61010

MAJOR  
(SUBR 01)

RADWASTE TREATMENT (FORMER 001D)

External Outfall

\*\*\*NO DISCHARGE ☐ \*\*\*

**PERMITTEE NAME/ADDRESS**

NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

IL0048313  
PERMIT NUMBER

D01-0  
DISCHARGE NUMBER

**MONITORING PERIOD**

FROM MM/DD/YYYY TO MM/DD/YYYY

01/01/2012 TO 01/31/2012

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	-----	-----	---	-----	<0.3	<0.5	19	0	290	CP
00530 1 0	PERMIT REQUIREMENT	-----	-----	---	-----	15 30DA AVG	30 DAILY MX	mg/L		Twice Per Month	COMPOS
Effluent Gross	SAMPLE MEASUREMENT	0.022	0.023	3	-----	-----	-----	---	0	135	CN
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	kg/day	-----	-----	-----	---		Daily	CONTIN
50050 1 0	SAMPLE MEASUREMENT										
Effluent Gross	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
NAME/TITLE	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 EXECUTIVE OFFICER						815	408-3800	02/24/2012			
Timothy J. Tulon						AREA CODE	NUMBER	MM/DD/YYYY			
Site Vice President	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT										
TYPED OR PRINTED											
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											
1. Flow existed through this outfall 3 of 31 days during the month.											



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

PERMITTEE NAME/ADDRESS  
NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

IL0048313  
PERMIT NUMBER

E01-0  
DISCHARGE NUMBER

MONITORING PERIOD

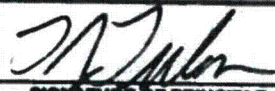
FROM MM/DD/YYYY 01/01/2012 TO MM/DD/YYYY 01/31/2012

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01)

STORMWATER (FORMER 001E)  
External Outfall

... NO DISCHARGE ☒ ...

PARAMETER	<div></div>	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
Solids, total suspended	SAMPLE MEASUREMENT	-----	-----	---	-----						
00630 1 0	PERMIT REQUIREMENT	-----	-----	---	-----	15 30DA AVG	30 DAILY MX	mg/L		500	GRAB
Effluent Gross									Weekly		
Solids, total suspended	SAMPLE MEASUREMENT	-----	-----	---	-----	6.5	6.5	19	0	240	GR
00630 8 0	PERMIT REQUIREMENT	-----	-----	---	-----	30 30DA AVG	100 DAILY MX	mg/L		Weekly	GRAB
Other Treatment, Process Complete											
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	-----	-----	---	-----					500	
01032 1 0	PERMIT REQUIREMENT	-----	-----	---	-----	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Chromium, total (as Cr)	SAMPLE MEASUREMENT	-----	-----	---	-----					500	
01034 1 0	PERMIT REQUIREMENT	-----	-----	---	-----	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Copper, total (as Cu)	SAMPLE MEASUREMENT	-----	-----	---	-----					500	
01042 1 0	PERMIT REQUIREMENT	-----	-----	---	-----	5 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Iron, total (as Fe)	SAMPLE MEASUREMENT	-----	-----	---	-----	-----				500	
01045 1 0	PERMIT REQUIREMENT	-----	-----	---	-----	-----	1 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Lead, total (as Pb)	SAMPLE MEASUREMENT	-----	-----	---	-----					500	
01051 1 0	PERMIT REQUIREMENT	-----	-----	---	-----	2 30DA AVG	4 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Timothy J. Tulon  Site Vice President  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			815	406-3600	02/24/2012
			AREA CODE	NUMBER	MM/DD/YYYY

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

- There was no discharge of processed steam generator chemical cleaning wastewater during the month.
- Flow existed through this outfall 0 of 31 days during the month.
- There was no flow from this outfall this month however Fire Protection drain water was discharged to this outfall this month which requires TSS sampling.

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

GL

2/28/2011

PAGE 1



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

DMR Mailing ZIP CODE:

61010

MAJOR  
(SUBR 01)

STORMWATER (FORMER 001E)  
External Outfall

\*\*\*NO DISCHARGE ☒\*\*\*

**PERMITTEE NAME/ADDRESS**

NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

IL0048313  
PERMIT NUMBER

E01-0  
DISCHARGE NUMBER

**MONITORING PERIOD**

FROM MM/DD/YYYY TO MM/DD/YYYY

01/01/2012 TO 01/31/2012

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Nickel, total (as Ni) 01067 1 0	SAMPLE MEASUREMENT	-----	-----	---	-----					500	
Effluent Gross	PERMIT REQUIREMENT	-----	-----	---	-----	1 30DA AVG	2 DAILY MAX	mg/L		Daily	GRAB
Zinc, total (as Zn) 01082 1 0	SAMPLE MEASUREMENT	-----	-----	---	-----					500	
Effluent Gross	PERMIT REQUIREMENT	-----	-----	---	-----	1 30DA AVG	2 DAILY MAX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant 60060 1 0	SAMPLE MEASUREMENT				-----					500	
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MAX	MG/DAV	-----					Twice Per Month	CONTIN
	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.					TELEPHONE		DATE			
Timothy J. Tuton						815	406-3800	02/24/2012			
Site Vice President						AREA CODE	NUMBER	MM/DD/YYYY			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											
1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning wastewater was discharged this month.											
2. Fire Protection, Service Water or Closed Cooling System drain water was discharged this month.											
3. There was no flow from this outfall this month however Fire Protection drain water was discharged to this outfall this month which requires TSS sampling.											



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

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01)

COOLING SYSTEM BLOWDOWN  
External Outfall

PERMITTEE NAME/ADDRESS  
NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555-5701

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

IL0048313  
PERMIT NUMBER

001-0  
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY	TO	MM/DD/YYYY
01/01/2012		01/31/2012

... NO DISCHARGE ☐ ...

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY 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	-----	-----	---	-----	-----	76.5	15	0	135	CN
	PERMIT REQUIREMENT	-----	-----	---	-----	-----	Req. Mon. NO MAX	deg F		Daily	CONTIN
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	8.82	-----	8.78	12	0	240	GR
	PERMIT REQUIREMENT	-----	-----	---	6 MINIMUM	-----	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----	16.5	16.5	19	0	285	GR
	PERMIT REQUIREMENT	-----	-----	---	-----	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----	<1.4	<1.4	19	0	240	GR
	PERMIT REQUIREMENT	-----	-----	---	-----	15 30DA AVG	25 DAILY MX	mg/L		Weekly	GRAB
Chromium, total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----	-----	<0.0021	19	0	240	GR
	PERMIT REQUIREMENT	-----	-----	---	-----	-----	0.2 DAILY MX	mg/L		Weekly	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----	-----	-----	-----		500	
	PERMIT REQUIREMENT	-----	-----	---	-----	-----	0.071 DAILY MX	mg/L		Weekly	GRAB
Zinc, total (as Zn) 01082 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----	0.007	0.014	19	0	240	GR
	PERMIT REQUIREMENT	-----	-----	---	-----	213 30DA AVG	433 DAILY MX	mg/L		Weekly	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	
Timothy J. Tufon		815	406-3600	02/24/2012	
Site Vice President		AREA CODE	NUMBER	MM/DD/YYYY	

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

1. Monitoring data for outfall 001-0 is included on attachment.



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

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)

COOLING SYSTEM BLOWDOWN  
External Outfall

PERMITTEE NAME/ADDRESS  
NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

IL0048313		001-0	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	01/01/2012	TO	01/31/2012

\*\*\*NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Oxidants, total residual	<del>SAMPLE MEASUREMENT</del>	-----	-----	---	-----	-----	-----		500	
34044 1 0 Effluent Gross	<del>PERMIT REQUIREMENT</del>	-----	-----	---	-----	.05 DAILY MAX	mg/L		Weekly	GRAB
Priority pollutants total effluent	<del>SAMPLE MEASUREMENT</del>	-----	-----	---	-----	-----	-----		500	
50006 1 0 Effluent Gross	<del>PERMIT REQUIREMENT</del>	-----	Req. Mon. DAILY MAX	lbs/d	-----	Req. Mon. DAILY MAX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	<del>SAMPLE MEASUREMENT</del>	18.43	23.83	3	-----	-----	-----	0	135	CN
50050 1 0 Effluent Gross	<del>PERMIT REQUIREMENT</del>	Req. Mon. 33DA AVG	Req. Mon. DAILY MAX	Mgpd/d	-----	-----	-----		Daily	CONTIN
Chlorine, total residual	<del>SAMPLE MEASUREMENT</del>	-----	-----	---	-----	0.04	19	0	240	GR
50060 1 0 Effluent Gross	<del>PERMIT REQUIREMENT</del>	-----	-----	---	-----	.05 DAILY MAX	mg/L		Weekly	GRAB
Hydrazine	<del>SAMPLE MEASUREMENT</del>	-----	-----	---	-----	-----	-----		500	
81313 1 0 Effluent Gross	<del>PERMIT REQUIREMENT</del>	-----	-----	---	-----	.011 39DA AVG	.027 DAILY MAX	mg/L	Daily When Discharging	GRAB
	<del>SAMPLE MEASUREMENT</del>									
	<del>PERMIT REQUIREMENT</del>									
	<del>SAMPLE MEASUREMENT</del>									
	<del>PERMIT REQUIREMENT</del>									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<p>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.</p>					TELEPHONE		DATE		
Timothy J. Tulon						815 406-3800		02/24/2012		
Site Vice President						AREA NUMBER		MM/DD/YYYY		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)										



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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**IL0048313**  
**PERMIT NUMBER**

**002-0**  
**DISCHARGE NUMBER**

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 01/01/2012</b>	<b>TO 01/31/2012</b>

**DMR Mailing ZIP CODE:**

**61010**


**MAJOR  
(SUBR 01)**

**STORMWATER RUNOFF BASIN**  
External Outfall

... NO DISCHARGE ☒ ...

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----						
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----	15 30DA AVG	30 DAILY MX	mg/L		Weekly	GRAB
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----						
<b>00530 8 0</b>	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----	30 30DA AVG	100 DAILY MX	mg/L		Weekly	GRAB
Other Treatment, Process Complete											
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----						
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----	.011 30DA AVG	.018 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----						
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----						
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----	.025 30DA AVG	.041 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----						
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----		1 DAILY MX	mg/L		Daily	GRAB
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----						
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----	.053 30DA AVG	.280 DAILY MX	mg/L		Daily	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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Timothy J. Tulon			815	408-3800	02/24/2012
Site Vice President		AREA CODE	NUMBER	MM/DD/YYYY	
TYPED OR PRINTED					

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

1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning Wastewater was discharged this month.
2. No Fire Protection, Service Water or Closed Cooling System Drain Water was discharged this month.



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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

**IL0048313**  
**PERMIT NUMBER**

**002-0**  
**DISCHARGE NUMBER**

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 01/01/2012</b>	<b>TO 01/31/2012</b>

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR  
(SUBR 01)**

**STORMWATER RUNOFF BASIN**  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Nickel, total (as Ni) 01067 1 0	SAMPLE MEASUREMENT	-----	-----	---	-----						
Effluent Gross	PERMIT REQUIREMENT	-----	-----	---	-----	.011 30DA AVG	.176 DAILY MAX	mg/L		Daily	GRAB
Zinc, total (as Zn) 01062 1 0	SAMPLE MEASUREMENT	-----	-----	---	-----						
Effluent Gross	PERMIT REQUIREMENT	-----	-----	---	-----	.047 30DA AVG	.26 DAILY MAX	mg/L		Daily	GRAB
Oil and Grease 03562 1 0	SAMPLE MEASUREMENT	-----	-----	---	-----						
Effluent Gross	PERMIT REQUIREMENT	-----	-----	---	-----	15 30DA AVG	29 DAILY MAX	mg/L		When Discharging	GRAB
Flow, in conduit or thru treatment plant 60060 1 0	SAMPLE MEASUREMENT				-----	-----	-----	---			
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MAX	mg/d	-----	-----	-----	---		When Discharging	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.					<b>TELEPHONE</b>		<b>DATE</b>			
Timothy J. Tulon						615	408-3600	02/24/2012			
Site Vice President						<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					

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

- This discharge point was not used this month.
- There was no discharge of processed steam generator chemical cleaning wastewater during the month.

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
January 2012  
Page 1 of 2

**MONITORING DATA:**

DATE	CWBD Temperature deg F	CWBD Flow mgd	Rock River Flow cfs
01/01/2012	70.9	20.28	7,660
01/02/2012	68.6	15.24	7,540
01/03/2012	68.8	20.60	6,650
01/04/2012	69.4	17.71	6,730
01/05/2012	69.4	19.70	6,830
01/06/2012	75.5	19.98	6,650
01/07/2012	75.5	23.83	6,570
01/08/2012	72.0	19.69	6,460
01/09/2012	69.0	17.46	6,420
01/10/2012	73.4	17.56	6,280
01/11/2012	74.6	18.69	6,150
01/12/2012	74.6	19.77	6,120
01/13/2012	65.0	20.36	6,140
01/14/2012	65.0	22.71	5,830
01/15/2012	68.1	19.95	5,930
01/16/2012	72.2	12.10	5,970
01/17/2012	72.2	20.67	5,880
01/18/2012	66.5	16.30	6,280
01/19/2012	72.5	18.78	8,390
01/20/2012	65.0	15.92	7,390
01/21/2012	66.6	22.49	6,470
01/22/2012	69.7	17.40	7,870
01/23/2012	75.0	14.19	9,620
01/24/2012	67.7	16.86	9,730
01/25/2012	66.0	18.11	9,130
01/26/2012	68.7	16.46	8,700
01/27/2012	68.7	18.01	8,420
01/28/2012	70.2	21.31	7,440
01/29/2012	66.5	18.58	6,750
01/30/2012	63.3	12.67	6,090
01/31/2012	76.5	17.91	5,840



**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
January 2012  
Page 2 of 2**

**HYDRAZINE MONITORING:**

There were no steam generator chemical cleaning solutions (or associated rinses) containing hydrazine discharged to the Cooling System Blowdown during the month of January 2012.

**TOTAL QUANTITY DISCHARGED:     N/A**

**TOTAL DURATION OF DISCHARGE:   N/A**

**COMMENTS:**

1. Sodium Hypochlorite was used this month. Bromine compounds were not used this month.
2. There was no discharge of steam generator chemical cleaning wastewater containing hydrazine in this month.
3. Flow existed through this outfall 31 of 31 days.
4. Per Special Condition 24 the influent from the Rock River and effluent from Outfall 001-0 was monitored for Total Suspended Solids (TSS) this month. The Rock River TSS value was 11.5 mg/L on 01/02/2012. The CWBD TSS value was 16.5 mg/L on 01/02/2012.
5. Rock River flow for January 2012 was >2400 cfs therefore daily temperature calculations were not required this month. (Special Condition 12).
6. There was no discharge of the 126 Priority Pollutants from cooling tower maintenance chemicals in January 2012. (Special Condition 15).

Exelon Generation Company, LLC  
Byron Station  
4450 North German Church Road  
Byron, IL 61010-9794

www.exeloncorp.com

March 21, 2012

LTR: BYRON 2012-0031  
File: 2.09.0411  
1.10.0101

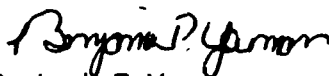
Illinois Environmental Protection Agency  
BOW CAS #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

Subject: Byron Station Monthly Discharge Monitoring Report

In accordance with National Pollutant Discharge Elimination System (NPDES) Permit Number IL0048313, issued January 24, 2011, we are submitting the Discharge Monitoring Report for Byron Station, Units 1 and 2. This report covers the period of February 1, 2012 through February 29, 2012.

If there are any questions regarding this report, please contact Ms. Zoe Cox, Environmental/Radwaste Supervisor, at (815) 406-3035.

Respectfully,

  
Benjamin P. Youman  
Plant Manager  
Byron Nuclear Generating Station

BPY/ZC/ca

Attachments

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

**IL0048313**  
PERMIT NUMBER

**A01-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 02/01/2012	TO 02/29/2012

**DMR Billing ZIP CODE:**

61010

**MAJOR**

(SUBR 01)


CS

**DEMINERALIZER REGENERATE WASTE (001A)**

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.2	2.4	19	0	01/30	08
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15	30	DAILY MX		Monthly	COMP-8
Effluent Gross						30DA AVG					
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01032 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.1	.2	DAILY MX		Daily	GRAB
Effluent Gross						30DA AVG					
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01034 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	DAILY MX		Daily	GRAB
Effluent Gross						30DA AVG					
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01042 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.5	1	DAILY MX		Daily	GRAB
Effluent Gross						30DA AVG					
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01045 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****		1	DAILY MX		Daily	GRAB
Effluent Gross											
Lead, Total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01051 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.2	.4	DAILY MX		Daily	GRAB
Effluent Gross						30DA AVG					
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01067 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	DAILY MX		Daily	GRAB
Effluent Gross						30DA AVG					

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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Benjamin P. Youman  Plant Manager				815	406-3700	03/21/2012	
TYPED OR PRINTED		AREA CODE	NUMBER	MM/DD/YYYY			

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.
2. Flow existed 27 of 29 days during this month.

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

PERMITTEE NAME/ADDRESS  
NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555-5701

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

IL0048913	A01-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 02/01/2012	TO 02/29/2012

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01) CS

DEMINERALIZER REGENERATE WASTE (001A)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2			Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX	mg/L			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.088	0.280	3	*****	*****	*****	*****	0	01/01	CN
50050 1 0	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
Effluent Gross											
	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.	TELEPHONE		DATE	
Benjamin P. Youman				815 406-3700	03/21/2012
Plant Manager		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**

NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555-5701

IL0048313  
PERMIT NUMBER

B01-0  
DISCHARGE NUMBER

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

MM/DD/YYYY	MM/DD/YYYY
FROM 02/01/2012	TO 02/29/2012

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

STP PLANT EFFLUENT (FORMER 001B)

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zos Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day (20 Deg. C) 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	<0.22	<0.33	26	*****	<4.0	<4.0	19	0	02/30	24
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.28	*****	7.43	12	0	02/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.14	0.23	26	*****	2.1	2.7	19	0	02/30	24
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.005	0.010	3	*****	*****	*****	*****	0	01/01	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Benjamin P. Youman  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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			815	406-3700	
			AREA CODE	NUMBER	MM/DD/YYYY

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

1. Flow existed through this outfall 28 of 29 days during this month.

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

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

WWTP (FORMER 001C)

External Outfall

**PERMITTEE NAME/ADDRESS**

NAME Exelon Generation Co., LLC

ADDRESS 4300 Winfield Road

Warrenville, IL 60555-5701

FACILITY Byron Nuclear Power Station

LOCATION 4450 North German Church Road

Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

IL0048313	C01-0
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
FROM 02/01/2012	TO 02/29/2012

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.2	5.1	19	0	02/30	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Twice Per Month	COMP24
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01032 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 30DA AVG	.2 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				500	
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Daily	GRAB
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	2 30DA AVG	.4 DAILY MX	mg/L		Daily	GRAB
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	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			
Benjamin P. Youman						815 406-3700		03/21/2012			
Plant Manager						AREA CODE NUMBER		MM/DD/YYYY			
TYPED OR PRINTED	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT										

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.
2. Flow existed through this outfall 16 of 29 days during the month.

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

PERMITTEE NAME/ADDRESS  
NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555-5701

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

IL0048313  
PERMIT NUMBER

C01 0  
DISCHARGE NUMBER

**MONITORING PERIOD**

MM/DD/YYYY	MM/DD/YYYY
FROM 02/01/2012	TO 02/29/2012

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

WWTP (FORMER 001C)

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.023	0.034	3	*****	*****	*****	*****	0	01/01	CN
50050 1 0	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
Effluent Gross											
	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.	TELEPHONE		DATE
		815	406-3700	03/21/2012
Benjamin P. Youman		AREA CODE		MM/DD/YYYY
Plant Manager				
TYPED OR PRINTED		NUMBER		

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

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

DMR Mailing ZIP CODE: 61010

MAJOR

(SUBR 01) CS

RADWASTE TREATMENT (FORMER 0010)

External Outfall

**PERMITTEE NAME/ADDRESS**

NAME Exelon Generation Co., LLC

ADDRESS 4300 Winfield Road

Warrenville, IL 60555-5701

FACILITY Byron Nuclear Power Station

LOCATION 4450 North German Church Road

Byron, IL 61010

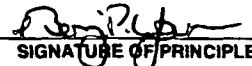
ATTN: Zoe Cox/ENV SPEC

IL0048313  
PERMIT NUMBER

001-0  
DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 02/01/2012	TO 02/29/2012

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	*****	<0.5	<0.5	19	0	02/30	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Twice Per Month	COMPOS
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.023	0.023	3	*****	*****	*****	*****	0	01/01	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgd/d	*****	*****	*****	*****		Daily	CONTIN
	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.				 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		TELEPHONE		DATE		
Benjamin P. Youman							815	406-3700	03/21/2012		
Plant Manager							AREA CODE	NUMBER	MM/DD/YYYY		
TYPED OR PRINTED											

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

1. Flow existed through this outfall 8 of 29 days during the month.



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

DMR Mailing ZIP CODE:

61010

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**E01-0**  
**DISCHARGE NUMBER**

**MAJOR**

(SUBR 01) CS

**STORMWATER (FORMER 001E)**

External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM</b> 02/01/2012	<b>TO</b> 02/29/2012

\*\*\* NO DISCHARGE ☒ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Weekly	GRAB
Solids, total suspended 00530 0 0 Other Treatment, Process Complete	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.5	6.0	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	100 DAILY MX	mg/L		Weekly	GRAB
Chromium, hexavalent (as Cr) 01032 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 30DA AVG	.2 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe) 01045 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	GRAB
Lead, total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	2 30DA AVG	.4 DAILY MX	mg/L		Daily	GRAB

<b>NAME/TITLE</b> 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.	<b>TELEPHONE</b>		<b>DATE</b>	
Benjamin P. Youman		815	406-3700	03/21/2012	
Plant Manager		AREA CODE	NUMBER	MM/DD/YYYY	
TYPED OR PRINTED		<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>			

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during the month.
2. Flow existed through this outfall 0 of 29 days during the month.
3. There was no flow from this outfall this month however Fire Protection drain water was discharged to this outfall this month which requires TSS sampling.

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

PERMITTEE NAME/ADDRESS  
NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555-5701  
  
FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

IL0048313	E01-0
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 02/01/2012	TO 02/29/2012

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01) CS

STORMWATER (FORMER 001E)  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni)	SAMPLE MEASUREMENT	.....	.....	.....	.....					500	
01067 1 0	PERMIT REQUIREMENT	.....	.....	.....	.....	1 300A AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	.....	.....	.....	.....					500	
Zinc, total (as Zn)	PERMIT REQUIREMENT	.....	.....	.....	.....	1 300A AVG	2 DAILY MX	mg/L		Daily	GRAB
01092 1 0	SAMPLE MEASUREMENT	.....	.....	.....	.....					500	
Effluent Gross	PERMIT REQUIREMENT	.....	.....	.....	.....	1 300A AVG	2 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				.....	.....	.....	.....		500	
50050 1 0	PERMIT REQUIREMENT	Req. Mon. 300A AVE	Req. Mon. DAILY MX	Mgal/d	.....	.....	.....	.....		Twice Per Month	CONTIN
Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE	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 EXECUTIVE OFFICER						815	406-3700	03/21/2012			
Benjamin P. Youman						AREA CODE	NUMBER	MM/DD/YYYY			
Plant Manager	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT										
TYPED OR PRINTED											
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											
1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning wastewater was discharged this month.											
2. Fire Protection, Service Water or Closed Cooling System drain water was discharged this month.											
3. There was no flow from this outfall this month however Fire Protection drain water was discharged to this outfall this month which requires TSS sampling.											
EPA Form 3320-1 (Rev 01/06) Previous editions may be used.											

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

PERMITTEE NAME/ADDRESS  
NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555-5701

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

IL0048313  
PERMIT NUMBER

001-0  
DISCHARGE NUMBER

**MONITORING PERIOD**

MM/DD/YYYY	MM/DD/YYYY
FROM 02/01/2012	TO 02/29/2012

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01) CS

COOLING SYSTEM BLOWDOWN  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	*****	*****	75.5	15	0	01/01	CN
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg F		Daily	CONTIN
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8.67	*****	8.71	12	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	8 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.6	4.6	19	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1.4	<1.4	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		Weekly	GRAB
Chromium, total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.0021	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.2 DAILY MX	mg/L		Weekly	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.071 DAILY MX	mg/L		Weekly	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.004	0.008	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	.213 30DA AVG	.433 DAILY MX	mg/L		Weekly	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	
Benjamin P. Youman		815	406-3700	03/21/2012	
Plant Manager		AREA CODE	NUMBER	MM/DD/YYYY	
TYPED OR PRINTED		SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT			

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

1. Monitoring data for outfall 001-0 is included on attachment.

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

PERMITTEE NAME/ADDRESS  
NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555-5701

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

IL0048313  
PERMIT NUMBER

001-0  
DISCHARGE NUMBER

**MONITORING PERIOD**

MM/DD/YYYY	MM/DD/YYYY
FROM 02/01/2012	TO 02/29/2012

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01) CS

COOLING SYSTEM BLOWDOWN  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				500	
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	mg/L		Weekly	GRAB
Priority pollutants total effluent	SAMPLE MEASUREMENT	*****			*****	*****				500	
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	lb/d	*****	*****	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	18.15	26.31	3	*****	*****	*****	*****	0	01/01	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.03	19	0	01/07	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	mg/L		Weekly	GRAB
Hydrazine	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.027 DAILY MX	mg/L		Daily When Discharging	GRAB
	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.					TELEPHONE		DATE			
Benjamin P. Youman						815	406-3700	03/21/2012			
Plant Manager TYPED OR PRINTED						AREA CODE	NUMBER	MM/DD/YYYY			
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

*Benjamin P. Youman*  
SIGNATURE OF PRINCIPLE  
EXECUTIVE OFFICER OR  
AUTHORIZED AGENT



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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

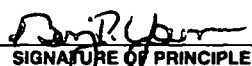
IL0048313		002-0	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	02/01/2012	TO	02/29/2012

**DMR Mailing ZIP CODE:** 61010  
**MAJOR**  
**(SUBR 01)** CS

**STORMWATER RUNOFF BASIN**  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Weekly	GRAB
Solids, Total Suspended 00530 8 0 Other Treatment, Process Complete	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	100 DAILY MX	mg/L		Weekly	GRAB
Chromium, hexavalent (as Cr) 01032 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.016 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	.025 30DA AVG	.041 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe) 01045 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	GRAB
Lead, total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	.063 30DA AVG	.298 DAILY MX	mg/L		Daily	GRAB

<b>NAME/TITLE</b> 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.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>		<b>DATE</b>
Benjamin P. Youman			815	406-3700	03/21/2012
Plant Manager			<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>
<b>TYPED OR PRINTED</b>					

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

1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning Wastewater was discharged this month.
2. No Fire Protection, Service Water or Closed Cooling System Drain Water was discharged this month.

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

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01) CS

PERMITTEE NAME/ADDRESS  
NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555-5701

IL0048313	002-0
PERMIT NUMBER	DISCHARGE NUMBER

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

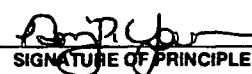
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 02/01/2012	TO 02/29/2012

STORMWATER RUNOFF BASIN  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01067 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.011	.176	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.047	.26	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Oil and Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
03582 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15	20	mg/L		When Discharging	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		When Discharging	ESTIMA
Effluent Gross											
	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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Benjamin P. Youman			815	406-3700	
Plant Manager			AREA CODE	NUMBER	MM/DD/YYYY

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

1. This discharge point was not used this month.
2. There was no discharge of processed steam generator chemical cleaning wastewater during the month.

ATTACHMENT TO  
 COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
 DISCHARGE MONITORING REPORT  
 For Exelon Byron Station  
 Permit IL0048313  
 February 2012  
 Page 1 of 2

**MONITORING DATA:**

DATE	CWBD Temperature deg F	CWBD Flow mgd	Rock River Flow cfs
02/01/2012	75.5	16.09	6,400
02/02/2012	67.3	17.45	6,970
02/03/2012	67.5	16.69	7,010
02/04/2012	69.6	26.31	6,950
02/05/2012	69.5	11.88	6,870
02/06/2012	67.7	19.48	6,800
02/07/2012	68.6	18.60	6,580
02/08/2012	64.5	14.24	6,460
02/09/2012	68.8	18.72	6,380
02/10/2012	68.8	20.01	6,240
02/11/2012	66.6	21.36	5,950
02/12/2012	73.0	11.51	6,260
02/13/2012	73.0	20.80	6,600
02/14/2012	66.7	17.60	6,450
02/15/2012	71.1	18.10	5,980
02/16/2012	71.1	17.07	5,900
02/17/2012	70.6	17.79	5,890
02/18/2012	70.5	22.73	5,770
02/19/2012	67.4	18.42	5,660
02/20/2012	67.4	15.50	5,540
02/21/2012	71.1	19.60	5,550
02/22/2012	72.5	15.94	5,510
02/23/2012	72.5	18.45	5,420
02/24/2012	68.8	18.86	5,650
02/25/2012	68.8	22.70	5,640
02/26/2012	71.8	18.55	5,510
02/27/2012	71.8	13.84	5,570
02/28/2012	67.0	19.60	5,570
02/29/2012	75.5	18.36	6,250

**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT**

For Exelon Byron Station

Permit IL0048313

February 2012

Page 2 of 2

**HYDRAZINE MONITORING:**

There were no steam generator chemical cleaning solutions (or associated rinses) containing hydrazine discharged to the Cooling System Blowdown during the month of February 2012.

TOTAL QUANTITY DISCHARGED:     N/A

TOTAL DURATION OF DISCHARGE:   N/A

**COMMENTS:**

1. Sodium Hypochlorite was used this month. Bromine compounds were not used this month.
2. There was no discharge of steam generator chemical cleaning wastewater containing hydrazine in this month.
3. Flow existed through this outfall 29 of 29 days.
4. Per Special Condition 24 the influent from the Rock River and effluent from Outfall 001-0 was monitored for Total Suspended Solids (TSS) this month. The Rock River TSS value was 3.5 mg/L on 02/06/2012. The CWBD TSS value was 4.6 mg/L on 02/06/2012.
5. Rock River flow for February 2012 was >2400 cfs therefore daily temperature calculations were not required this month. (Special Condition 12).
6. There was no discharge of the 126 Priority Pollutants from cooling tower maintenance chemicals in February 2012. (Special Condition 15).



Exelon Generation Company, LLC  
Byron Station  
4450 North German Church Road  
Byron, IL 61010-9794

www.exeloncorp.com

April 19, 2012

LTR: BYRON 2012-0045  
File: 2:09:0411  
1.10.0101

Illinois Environmental Protection Agency  
BOW CAS #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

Subject: Byron Station Monthly Discharge Monitoring Report

In accordance with National Pollutant Discharge Elimination System (NPDES) Permit Number IL0048313, issued January 24, 2011, we are submitting the Discharge Monitoring Report for Byron Station, Units 1 and 2. This report covers the period of March 1, 2012 through March 31, 2012.

Pursuant to Byron Station's NPDES permit, the Station monitors the Total Suspended Solids (TSS) result for Outfall C01 (Wastewater Treatment Plant Effluent) twice per month.

On March 10, 2012, the TSS composite sample result for Outfall C01 was 37.9 mg/L and the duplicate result showed 39.6 mg/L. Reanalysis of the remainder of the March 10, 2012 sample showed 34.3 mg/L and 33.7 mg/L for the duplicate. Once the original analysis results indicated greater than 30 mg/L TSS, the Wastewater Treatment Plant (TR) was shutdown.

On March 13, 2012, the TSS composite sample result for Outfall C01 was 3.0 mg/L and the duplicate result was 2.5 mg/L.

The elevated TSS of March 10, 2012, did not endanger health or the environment. Byron Station has been reviewing potential causes of the elevated TSS at Outfall C01. The TR system uses two 30,000 gallon Collection Tanks to collect influent wastewater until enough water is collected to initiate the treatment process. In addition to the collection tanks, four settling ponds also collect influent wastewater for eventual TR processing. On March 10, 2012 the influent wastewater being processed at TR consisted primarily of TR settling pond water.

The TR settling pond water often presents a challenge to the TR treatment system specific to the removal of suspended solids. When processing TR settling pond water, additional operator attention is required to assure that the system performs as designed.

Several actions are being taken to prevent this event from occurring in the future. These include: implementation of operating procedure changes and creation of a new chemistry department procedure to perform a filter test of TR effluent approximately every 8 hours

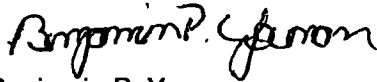
April 19, 2012  
Byr Ltr 2012-0045  
Page 2

whenever TR is processing water. This event and all actions associated with the event are captured in Byron Station's Corrective Action Program under Issue Report 1339223.

It appears lack of recognition of poor water quality being processed by the Wastewater Treatment (TR) plant is the main cause of the elevated TSS value.

If there are any questions regarding this report, please contact Ms. Zoe Cox, Environmental/Radwaste Supervisor, at (815) 406-3035.

Respectfully,



Benjamin P. Youman  
Plant Manager  
Byron Nuclear Generating Station

BPY/ZC/eh

Attachments

bcc: J. Gould – Environmental – Cantera  
Z. Cox – Chemistry – Byron

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

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01) CS

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

<b>IL0048313</b>	<b>A01-0</b>
PERMIT NUMBER	DISCHARGE NUMBER

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 03/01/2012	TO 03/31/2012

DEMINERALIZER REGENERATE WASTE (001A)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	1.8	1.9	19	0	01/30	08
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15	30	mg/L		Monthly	COMP-8
Effluent Gross						30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	5	1	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****				500	
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	1	mg/L		Daily	GRAB
Effluent Gross							DAILY MX				
Lead, Total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	2	4	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Nickel, total (as Ni)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01067 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
<b>NAME/TITLE</b> 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.					<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>		<b>DATE</b>	
Benjamin P. Youman						815 406-3700		04/19/2012			
Plant Manager											
TYPED OR PRINTED						AREA CODE		NUMBER		MM/DD/YYYY	
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>											
1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.											
2. Flow existed 31 of 31 days during this month.											

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

<b>IL0048313</b>	<b>A01-0</b>
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01) CS


**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 03/01/2012	TO 03/31/2012

DEMINERALIZER REGENERATE WASTE (001A)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn) <b>01092 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant <b>50050 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	0.044	0.103	3	*****	*****	*****	*****	0	01/01	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> 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.				 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>		<b>DATE</b>		
Benjamin P. Youman							815	406-3700	04/19/2012		
Plant Manager							AREA CODE	NUMBER	MM/DD/YYYY		
TYPED OR PRINTED											

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



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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

**IL0048313**  
PERMIT NUMBER

**B01-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 03/01/2012	TO 03/31/2012

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01) CS

STP PLANT EFFLUENT (FORMER 001B)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day (20 Deg. C) 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	<0.28	0.39	26	*****	<6.7	9.3	19	0	02/30	24
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.48	*****	7.62	12	0	02/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.12	0.13	26	*****	2.8	3.2	19	0	02/30	24
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.006	0.011	3	*****	*****	*****	*****	0	01/01	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> 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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815 406-3700		04/19/2012			
Plant Manager						<b>AREA CODE</b> <b>NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>	<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>										
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b> 1. Flow existed through this outfall 30 of 31 days during this month.											

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
PERMIT NUMBER

**C01-0**  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01) CS

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 03/01/2012	TO 03/31/2012

WWTP (FORMER 001C)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	14.7	39.6	19	1	02/30	24
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Twice Per Month	COMP24
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.1 30DA AVG	.2 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.5 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	GRAB
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.2 30DA AVG	.4 DAILY MX	mg/L		Daily	GRAB
Nickel, total (as Ni)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01067 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
<b>NAME/TITLE</b> 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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815 406-3700		04/19/2012			
Plant Manager						<b>AREA CODE</b> <b>NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE</b> <i>Benjamin P. Youman</i> EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.
2. Flow existed through this outfall 20 of 31 days during the month.
3. See DMR cover letter for WWTP TSS exceedence details.

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

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01) CS

WWTP (FORMER 001C)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

<b>IL0048313</b>	<b>C01-0</b>
PERMIT NUMBER	DISCHARGE NUMBER

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 03/01/2012	TO 03/31/2012

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	0.015	0.030	3	*****	*****	*****	*****	0	01/01	CN
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
50050 1 0	SAMPLE MEASUREMENT										
Effluent Gross	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE	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 EXECUTIVE OFFICER						815 406-3700		04/19/2012			
Benjamin P. Youman											
Plant Manager	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	MM/DD/YYYY			
TYPED OR PRINTED											

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

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

<b>IL0048313</b>	<b>D01-0</b>
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01) CS

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 03/01/2012	TO 03/31/2012

**RADWASTE TREATMENT (FORMER 001D)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended <b>00530 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.58	0.6	19	0	02/30	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Twice Per Month	COMPOS
Flow, in conduit or thru treatment plant <b>50050 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	0.023	0.024	3	*****	*****	*****	*****	0	01/01	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgd/d	*****	*****	*****	*****		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> 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			
Benjamin P. Youman						815 406-3700		04/19/2012			
Plant Manager						AREA CODE NUMBER		MM/DD/YYYY			
TYPED OR PRINTED	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT										

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

1. Flow existed through this outfall 10 of 31 days during the month.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

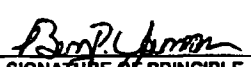
<b>IL0048313</b>	<b>E01-0</b>
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 03/01/2012	TO 03/31/2012

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**STORMWATER (FORMER 001E)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Weekly	GRAB
Effluent Gross											
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	23.7	24.3	19	0	01/07	GR
<b>00530 8 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30 30DA AVG	100 DAILY MX	mg/L		Weekly	GRAB
Other Treatment, Process Complete											
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.1 30DA AVG	.2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.5 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.2 30DA AVG	.4 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
<b>NAME/TITLE</b>	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.					<b>TELEPHONE</b>		<b>DATE</b>			
<b>PRINCIPAL EXECUTIVE OFFICER</b>						815 406-3700		04/19/2012			
<b>Benjamin P. Youman</b>											
<b>Plant Manager</b>											
<b>TYPED OR PRINTED</b>						<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>			
<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b> 											

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

- There was no discharge of processed steam generator chemical cleaning wastewater during the month.
- Flow existed through this outfall 2 of 31 days during the month.
- Flow is estimated due to replacement of installed totalizer during this month.



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

PERMITTEE NAME/ADDRESS

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**IL0048313**  
PERMIT NUMBER

**E01-0**  
DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 03/01/2012	TO 03/31/2012

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

STORMWATER (FORMER 001E)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500		
01067 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB	
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500		
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY.MX	mg/L		Daily	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.125	0.125	3	*****	*****	*****	*****	0	02/30	ES	
50050 1 0	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Twice Per Month	CONTIN	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
<b>NAME/TITLE</b> 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.					<b>TELEPHONE</b>		<b>DATE</b>				
Benjamin P. Youman						815 406-3700		04/19/2012				
Plant Manager						AREA CODE NUMBER		MM/DD/YYYY				
TYPED OR PRINTED						SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT						
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)												
1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning wastewater was discharged this month.												
2. Fire Protection drain water was discharged this month.												
EPA Form 3320-1 (Rev 01/06) Previous editions may be used.										1/6/2012		PAGE 2

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>001-0</b>
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 03/01/2012	TO 03/31/2012

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01) CS

COOLING SYSTEM BLOWDOWN  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	*****	*****	90.0	15	0	01/01	CN
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg F		Daily	CONTIN
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8.62	*****	8.80	12	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.7	3.7	19	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1.4	<1.4	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		Weekly	GRAB
Chromium, total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.0021	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.2 DAILY MX	mg/L		Weekly	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.012	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.071 DAILY MX	mg/L		Weekly	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.003	0.005	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	213 30DA AVG	433 DAILY MX	mg/L		Weekly	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			
Benjamin P. Youman						815 406-3700		04/19/2012			
Plant Manager						AREA CODE NUMBER		MM/DD/YYYY			
TYPED OR PRINTED	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT										

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

- Monitoring data for outfall 001-0 is included on attachment.
- Copper ion skids started on 3/5/12.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC


<b>IL0048313</b>	<b>001-0</b>
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 03/01/2012	TO 03/31/2012

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**COOLING SYSTEM BLOWDOWN**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual <b>34044 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	mg/L		Weekly	GRAB
Priority pollutants total effluent <b>50008 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****			*****	*****				500	
	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	lb/d	*****	*****	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant <b>50050 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	17.81	25.48	3	*****	*****	*****	*****	0	01/01	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
Chlorine, total residual <b>50060 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.04	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	mg/L		Weekly	GRAB
Hydrazine <b>81313 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.027 DAILY MX	mg/L		Daily When Discharging	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> 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.					 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b> 815 406-3700		<b>DATE</b> 04/19/2012	
<b>TYPED OR PRINTED</b> Benjamin P. Youman Plant Manager						<b>AREA CODE</b> NUMBER		<b>MM/DD/YYYY</b>			

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

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

<b>IL0048313</b>	<b>002-0</b>
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 03/01/2012	TO 03/31/2012

DMR Mailing ZIP CODE: 61010

MAJOR  
(SUBR 01) CS

STORMWATER RUNOFF BASIN  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
<b>00530 1 0</b>	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Weekly	GRAB
Effluent Gross											
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
<b>00530 8 0</b>	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	100 DAILY MX	mg/L		Weekly	GRAB
Other Treatment, Process Complete											
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
<b>01032 1 0</b>	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.018 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
<b>01034 1 0</b>	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
<b>01042 1 0</b>	PERMIT REQUIREMENT	*****	*****	*****	*****	.025 30DA AVG	.041 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
<b>01045 1 0</b>	PERMIT REQUIREMENT	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
<b>01051 1 0</b>	PERMIT REQUIREMENT	*****	*****	*****	*****	.063 30DA AVG	.298 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
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			
Benjamin P. Youman						815 406-3700		04/19/2012			
Plant Manager						AREA CODE NUMBER		MM/DD/YYYY			
TYPED OR PRINTED	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT										

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

1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning Wastewater was discharged this month.
2. No Fire Protection, Service Water or Closed Cooling System Drain Water was discharged this month.

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

PERMITTEE NAME/ADDRESS  
NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555-5701

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

IL0048313	002-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 03/01/2012	TO 03/31/2012

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01) CS

STORMWATER RUNOFF BASIN  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01067 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.176 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.047 30DA AVG	.26 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Oil and Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
03582 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		When Discharging	GRAB
Effluent Gross											
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		When Discharging	ESTIMA
Effluent Gross											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE	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 EXECUTIVE OFFICER						815 406-3700		04/19/2012			
Benjamin P. Youman											
Plant Manager											
TYPED OR PRINTED						AREA CODE NUMBER		MM/DD/YYYY			
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) 1. This discharge point was not used this month. 2. There was no discharge of processed steam generator chemical cleaning wastewater during the month.											



ATTACHMENT TO  
 COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
 DISCHARGE MONITORING REPORT  
 For Exelon Byron Station  
 Permit IL0048313  
 March 2012  
 Page 1 of 2

**MONITORING DATA:**

<b>DATE</b>	<b>CWBD Temperature deg F</b>	<b>CWBD Flow mgd</b>	<b>Rock River Flow cfs</b>
03/01/2012	75.5	17.87	7,670
03/02/2012	71.0	17.98	8,190
03/03/2012	69.7	22.50	8,490
03/04/2012	68.0	19.36	8,390
03/05/2012	63.6	15.90	8,220
03/06/2012	79.0	20.02	8,030
03/07/2012	82.1	16.06	8,200
03/08/2012	82.1	16.78	8,520
03/09/2012	70.9	18.45	8,800
03/10/2012	73.9	25.48	8,900
03/11/2012	73.9	21.19	8,870
03/12/2012	70.9	10.79	9,250
03/13/2012	76.4	16.86	10,700
03/14/2012	79.0	15.93	10,700
03/15/2012	83.7	17.01	10,400
03/16/2012	83.0	18.66	9,890
03/17/2012	88.0	17.51	9,410
03/18/2012	88.0	15.36	9,110
03/19/2012	90.0	16.78	8,920
03/20/2012	90.0	18.17	8,800
03/21/2012	87.7	14.75	8,530
03/22/2012	89.3	17.54	8,430
03/23/2012	88.1	18.47	8,600
03/24/2012	83.3	20.42	8,620
03/25/2012	85.3	17.03	8,520
03/26/2012	85.3	13.28	8,190
03/27/2012	77.0	18.75	8,200
03/28/2012	87.0	15.26	7,910
03/29/2012	81.2	19.92	7,610
03/30/2012	77.2	15.30	7,710
03/31/2012	77.2	22.79	7,730

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
March 2012  
Page 2 of 2

**HYDRAZINE MONITORING:**

There were no steam generator chemical cleaning solutions (or associated rinses) containing hydrazine discharged to the Cooling System Blowdown during the month of March 2012.

TOTAL QUANTITY DISCHARGED: N/A

TOTAL DURATION OF DISCHARGE: N/A

**COMMENTS:**

1. Sodium Hypochlorite was used this month. Bromine compounds were not used this month.
2. There was no discharge of steam generator chemical cleaning wastewater containing hydrazine in this month.
3. Flow existed through this outfall 31 of 31 days.
4. Per Special Condition 24 the influent from the Rock River and effluent from Outfall 001-0 was monitored for Total Suspended Solids (TSS) this month. The Rock River TSS value was 20.8 mg/L on 03/12/2012. The CWBD TSS value was 3.7 mg/L on 03/12/2012.
5. Rock River flow for March 2012 was >2400 cfs therefore daily temperature calculations were not required this month. (Special Condition 12).
6. There was no discharge of the 126 Priority Pollutants from cooling tower maintenance chemicals in March 2012. (Special Condition 15).

Exelon Generation Company, LLC  
Byron Station  
4450 North German Church Road  
Byron, IL 61010-9794

www.exeloncorp.com

May 21, 2012

LTR: BYRON 2011-0059

File: 2.09.0411

1.10.0101

Illinois Environmental Protection Agency  
Water Pollution Control  
Compliance Assurance Section #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

Subject: Byron Station Monthly Discharge Monitoring Report

In accordance with National Pollutant Discharge Elimination System (NPDES) Permit Number IL0048313, issued January 24, 2011, we are submitting the Discharge Monitoring Report for Byron Station, Units 1 and 2. This report covers the period of April 1, 2012 through April 30, 2012.

On 4/25/2012 at 18:30 hours the Unit 2 Natural Draft Cooling Tower (NDCT) basin exhibited a wave-type flow pattern that caused cooling tower water to overflow from the tower and flow into the storm water ditch located on the east side of German Church Road. The wave-type flow pattern is believed to have been caused when the flow through the NDCT had to be re-configured due to a riser pipe break. The broken riser pipe was bypassed so repairs could be made.

The cooling tower basin overflow water flowed north in the storm water ditch and entered Woodland Creek via storm water Outfall 003, East Station Area Runoff. The estimated duration of the overflow is 30.7 hours at a flow rate of approximately 25 gallons per minute resulting in an estimated 46,100 gallons of cooling tower water flowing through Outfall 003. Analysis results of a sample of the cooling tower water obtained prior to entering the storm water ditch are summarized in the following table:

pH	Copper (mg/L)	Zinc (mg/L)	Chromium (mg/L)
8.75	0.011	0.007	<0.0021

Byron Station Operators took immediate measures to lower the cooling tower water level in the basin of the NDCT to try to mitigate the effects of the wave-type flow pattern and reduce the flow of water from the basin. Sandbags were also installed to stop the flow of cooling tower water to the storm water ditch.

If there are any questions regarding this report, please contact Ms. Zoe Cox, Environmental/Radwaste Supervisor, at (815) 406-3035.

Respectfully,



Benjamin P. Youman  
Plant Manager  
Byron Nuclear Generating Station

BPY/ZC/eh  
Attachments

bcc: Jennifer Gould – Environmental – Cantera (electronic)  
Zoe Cox – Environmental - Byron

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

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01) CS

DEMINERALIZER REGENERATE WASTE (001A)  
External Outfall

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

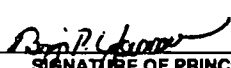
**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

<b>IL0048313</b>		<b>A01-0</b>	
PERMIT NUMBER		DISCHARGE NUMBER	
<b>MONITORING PERIOD</b>			
<b>MM/DD/YYYY</b>		<b>MM/DD/YYYY</b>	
FROM	04/01/2012	TO	04/30/2012

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	<0.92	1.1	19	0	01/30	08
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15	30	mg/L		Monthly	COMP-8
Effluent Gross					30DA AVG	DAILY MX					
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross					30DA AVG	DAILY MX					
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross					30DA AVG	DAILY MX					
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.5	1	mg/L		Daily	GRAB
Effluent Gross					30DA AVG	DAILY MX					
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1	mg/L		Daily	GRAB
Effluent Gross							DAILY MX				
Lead, Total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.2	.4	mg/L		Daily	GRAB
Effluent Gross					30DA AVG	DAILY MX					
Nickel, total (as Ni)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01067 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross					30DA AVG	DAILY MX					

<b>NAME/TITLE</b> 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.	<b>SIGNATURE OF PRINCIPLE</b> 		<b>TELEPHONE</b>		<b>DATE</b>	
Benjamin P. Youman		815 406-3700		05/21/2012			
Plant Manager		<b>EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA CODE</b>		<b>NUMBER</b>	
TYPED OR PRINTED						<b>MM/DD/YYYY</b>	

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.
2. Flow existed 27 of 30 days during this month.



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

DMR Mailing ZIP CODE: 61010

MAJOR  
(SUBR 01) CS

DEMINERALIZER REGENERATE WASTE (001A)  
External Outfall

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

<b>IL0048313</b>	<b>A01-0</b>
PERMIT NUMBER	DISCHARGE NUMBER

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/01/2012	TO	04/30/2012

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2			Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX	mg/L			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.027	0.116	3	*****	*****	*****	*****	0	01/01	CN
50050 1 0	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> 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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815 406-3700		05/21/2012			
Plant Manager						<b>AREA CODE</b> <b>NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					

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

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

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

STP PLANT EFFLUENT (FORMER 001B)

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC


**IL0048313**  
PERMIT NUMBER

**B01-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 04/01/2012	TO 04/30/2012

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day (20 Deg. C)	SAMPLE MEASUREMENT	<0.54	0.85	26	*****	<11	17.0	19	0	02/30	24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.63	*****	7.64	12	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	0.11	0.13	26	*****	1.8	2.5	19	0	02/30	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.005	0.007	3	*****	*****	*****	*****	0	01/01	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>  Benjamin P. Youman 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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	<b>TELEPHONE</b> 815 406-3700	<b>DATE</b> 05/21/2012
			<b>AREA CODE</b>	<b>MM/DD/YYYY</b>
			<b>NUMBER</b>	

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

1. Flow existed through this outfall 29 of 30 days during this month.

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

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

WWTP (FORMER 001C)

External Outfall

PERMITTEE NAME/ADDRESS

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
PERMIT NUMBER

**C01-0**  
DISCHARGE NUMBER

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010


**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 04/01/2012	TO 04/30/2012

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.7	8.2	19	0	02/30	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Twice Per Month	COMP24
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01032 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 30DA AVG	.2 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 30DA AVG	.2 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	GRAB
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.2 30DA AVG	.4 DAILY MX	mg/L		Daily	GRAB
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>  Benjamin P. Youman 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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	<b>TELEPHONE</b> 815 406-3700	<b>DATE</b> 05/21/2012
			<b>AREA CODE</b>	<b>NUMBER</b>
			<b>MM/DD/YYYY</b>	

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.
2. Flow existed through this outfall 22 of 30 days during the month.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

**IL0048313**  
PERMIT NUMBER

**C01-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 04/01/2012</b>	<b>TO 04/30/2012</b>

**DMR Mailing ZIP CODE:** 61010  
**MAJOR (SUBR 01)** CS

**WWTP (FORMER 001C)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.016	0.025	3	*****	*****	*****	*****	0	01/01	CN
50050 1 0	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> 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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815 406-3700		05/21/2012			
Plant Manager						<b>AREA CODE</b> <b>NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>											

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

**IL0048313**  
PERMIT NUMBER

**D01-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 04/01/2012	TO 04/30/2012

DMR Mailing ZIP CODE: 61010

**MAJOR**  
(SUBR 01) CS

**RADWASTE TREATMENT (FORMER 001D)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	*****	<0.8	1.2	19	0	02/30	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Twice Per Month	COMPOS
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.022	0.023	3	*****	*****	*****	*****	0	01/01	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> 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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815	406-3700	05/21/2012			
Plant Manager						<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE</b> <i>Benjamin P. Youman</i>		<b>EXECUTIVE OFFICER OR</b>		<b>AUTHORIZED AGENT</b>	
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>											
1. Flow existed through this outfall 5 of 30 days during the month.											



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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
PERMIT NUMBER

**E01-0**  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01) CS

STORMWATER (FORMER 001E)  
External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 04/01/2012	TO 04/30/2012

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15	30			Weekly	GRAB
Effluent Gross						30DA AVG	DAILY MX	mg/L			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	24.6	24.8	19	0	01/07	GR
00530 8 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30	100			Weekly	GRAB
Other Treatment, Process Complete						30DA AVG	DAILY MX	mg/L			
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01032 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2			Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX	mg/L			
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01034 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2			Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX	mg/L			
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01042 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5	1			Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX	mg/L			
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01045 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****		1			Daily	GRAB
Effluent Gross							DAILY MX	mg/L			
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01051 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	2	4			Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX	mg/L			

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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE	
			815	406-3700	05/21/2012	
			AREA CODE	NUMBER	MM/DD/YYYY	

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during the month.
2. Flow existed through this outfall 5 of 30 days during the month.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Wintfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**IL0048313**  
PERMIT NUMBER

**E01-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**  
FROM **MM/DD/YYYY** 04/01/2012 TO **MM/DD/YYYY** 04/30/2012

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**STORMWATER (FORMER 001E)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.237	0.835	3	*****	*****	*****	*****	0	02/30	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Twice Per Month	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> 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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815	406-3700	05/21/2012			
Plant Manager						<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE</b> <i>Benjamin P. Youman</i>		<b>EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>			

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

1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning wastewater was discharged this month.
2. Fire Protection drain water was discharged this month.

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

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01) CS

COOLING SYSTEM BLOWDOWN  
External Outfall

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

<b>IL0048313</b>	<b>001-0</b>
PERMIT NUMBER	DISCHARGE NUMBER

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 04/01/2012	TO 04/30/2012

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	*****	*****	89.9	15	0	01/01	CN
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg F		Daily	CONTIN
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8.64	*****	8.85	12	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.9	1.9	19	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1.6	2.1	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		Weekly	GRAB
Chromium, total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.0021	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.2 DAILY MX	mg/L		Weekly	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.012	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.071 DAILY MX	mg/L		Weekly	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.0022	0.003	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	213 30DA AVG	433 DAILY MX	mg/L		Weekly	GRAB

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>  Benjamin P. Youman  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.	<b>TELEPHONE</b> 815 406-3700		<b>DATE</b> 05/21/2012
		<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>MM/DD/YYYY</b>
		<b>AREA CODE</b>	<b>NUMBER</b>	

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

1. Monitoring data for outfall 001-0 is included on attachment.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
 Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
 Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

IL0049313		001-0	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 04/01/2012		TO 04/30/2012	

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
 (SUSR 01) CS

**COOLING SYSTEM BLOWDOWN**  
 External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				500	
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	mg/L		Weekly	GRAB
Priority pollutants total effluent	SAMPLE MEASUREMENT	*****			*****	*****				500	
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	lb/d	*****	*****	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	17.96	24.83	3	*****	*****	*****	*****	0	01/01	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.04	19	0	01/07	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	mg/L		Weekly	GRAB
Hydrazine	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.027 DAILY MX	mg/L		Daily When Discharging	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> 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			
Benjamin P. Youman						815 406-3700		05/21/2012			
Plant Manager						AREA CODE NUMBER		MM/DD/YYYY			
TYPED OR PRINTED	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT										
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

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

DMR Mailing ZIP CODE: 61010

MAJOR  
(SUBR 01) CS

STORMWATER RUNOFF BASIN  
External Outfall

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
PERMIT NUMBER

**002-0**  
DISCHARGE NUMBER

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 04/01/2012	TO 04/30/2012

\*\*\* NO DISCHARGE ☒ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended <b>00530 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Weekly	GRAB
Solids, Total Suspended <b>00530 8 0</b> Other Treatment, Process Complete	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	100 DAILY MX	mg/L		Weekly	GRAB
Chromium, hexavalent (as Cr) <b>01032 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.016 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr) <b>01034 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu) <b>01042 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	.025 30DA AVG	.041 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe) <b>01045 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	GRAB
Lead, total (as Pb) <b>01051 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	.063 30DA AVG	.298 DAILY MX	mg/L		Daily	GRAB
<b>NAME/TITLE</b> 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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815 406-3700		05/21/2012			
Plant Manager						<b>AREA CODE</b> <b>NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					

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

1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning Wastewater was discharged this month.
2. No Fire Protection, Service Water or Closed Cooling System Drain Water was discharged this month.



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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010  
**ATTN:** Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>002-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>


MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM</b> 04/01/2012	<b>TO</b> 04/30/2012

**DMR Mailing ZIP CODE:** 61010  
**MAJOR**  
**(SUBR 01)** CS

**STORMWATER RUNOFF BASIN**  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01067 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.011	.176	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.047	.26	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Oil and Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
03582 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15	20	mg/L		When Discharging	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****						
50050 1 0	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			When Discharging	ESTIMA
Effluent Gross											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>  Benjamin P. Youman  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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	<b>TELEPHONE</b>  815 406-3700	<b>DATE</b>  05/21/2012
			<b>AREA CODE</b>  815	<b>NUMBER</b>  406-3700
			<b>MM/DD/YYYY</b>	

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

1. This discharge point was not used this month.

2. There was no discharge of processed steam generator chemical cleaning wastewater during the month.

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
April 2012  
Page 1 of 2

**MONITORING DATA:**

DATE	CWBD Temperature deg F	CWBD Flow mgd	Rock River Flow cfs
04/01/2012	82.5	15.02	6,880
04/02/2012	81.7	14.38	6,860
04/03/2012	83.6	16.80	6,930
04/04/2012	83.6	17.00	6,800
04/05/2012	77.6	15.63	6,630
04/06/2012	75.1	17.27	6,510
04/07/2012	76.4	21.46	6,380
04/08/2012	79.6	17.00	6,170
04/09/2012	80.8	12.47	5,930
04/10/2012	78.7	16.48	5,770
04/11/2012	73.5	16.79	5,680
04/12/2012	79.5	17.40	5,610
04/13/2012	79.0	16.16	5,490
04/14/2012	85.3	22.60	5,380
04/15/2012	89.9	16.13	7,590
04/16/2012	89.9	12.77	8,410
04/17/2012	82.3	18.26	8,170
04/18/2012	81.8	15.13	8,000
04/19/2012	87.2	18.33	7,350
04/20/2012	86.2	15.58	7,120
04/21/2012	77.7	22.24	6,970
04/22/2012	79.1	21.17	6,630
04/23/2012	82.5	16.50	6,430
04/24/2012	83.4	21.37	6,330
04/25/2012	86.4	19.51	6,160
04/26/2012	86.4	21.41	6,100
04/27/2012	81.3	22.92	5,940
04/28/2012	81.3	24.83	5,840
04/29/2012	82.2	20.47	5,930
04/30/2012	85.2	15.69	6,130

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
April 2012  
Page 2 of 2

**HYDRAZINE MONITORING:**

There were no steam generator chemical cleaning solutions (or associated rinses) containing hydrazine discharged to the Cooling System Blowdown during the month of April 2012.

TOTAL QUANTITY DISCHARGED: N/A

TOTAL DURATION OF DISCHARGE: N/A

**COMMENTS:**

1. Sodium Hypochlorite was used this month. Bromine compounds were not used this month.
2. There was no discharge of steam generator chemical cleaning wastewater containing hydrazine in this month.
3. Flow existed through this outfall 30 of 30 days.
4. Per Special Condition 24 the influent from the Rock River and effluent from Outfall 001-0 was monitored for Total Suspended Solids (TSS) this month. The Rock River TSS value was 44.3 mg/L on 04/09/2012. The CWBD TSS value was 1.9 mg/L on 04/09/2012.
5. Rock River flow for April 2012 was >2400 cfs therefore daily temperature calculations were not required this month. (Special Condition 12).
6. There was no discharge of the 126 Priority Pollutants from cooling tower maintenance chemicals in April 2012. (Special Condition 15).

Exelon Generation Company, LLC  
Byron Station  
4450 North German Church Road  
Byron, IL 61010-9794

www.exeloncorp.com

June 15, 2012

LTR: BYRON 2012-0064  
File: 2.09.0411  
1.10.0101

Illinois Environmental Protection Agency  
Water Pollution Control  
Compliance Assurance Section #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

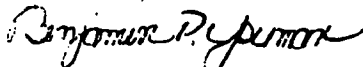
Subject: Byron Station Monthly Discharge Monitoring Report

In accordance with National Pollutant Discharge Elimination System (NPDES) Permit Number IL0048313, issued January 24, 2011, we are submitting the Discharge Monitoring Report for Byron Station, Units 1 and 2. This report covers the period of May 1, 2012 through May 31, 2012.

On 05/03/2012 between 03:45 and 05:12 cooling tower water from the Unit 1 Natural Draft Cooling Tower (NDCT) basin flowed over the basin into the storm water ditch located on the east side of German Church Road. The flow was approximately 1.1 gallons per minute for an estimated duration of 87 minutes resulting in approximately 92 gallons of cooling tower water flowing through storm water Outfall 003, East Station Area Runoff. The cause of the overflow is a large number of NDCT fill packs fell into the cooling tower basin in a short period of time. This caused the delta level across the debris fence in the NDCT to rapidly rise from 0.5 feet to 2 feet which pushed the water out of the basin. Byron Station Operations personnel took immediate measures to lower the cooling tower water level in the basin of the NDCT to stop the overflow. In addition measures were taken to remove the fallen fill packs from the NDCT basin debris fence to lower the delta level across the fence.

If there are any questions regarding this report, please contact Ms. Zoe Cox, Environmental/Radwaste Supervisor, at (815) 406-3035.

Respectfully,



Benjamin P. Youman  
Plant Manager  
Byron Nuclear Generating Station

BPY/ZC/eh  
Attachments

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

**IL0048313**  
PERMIT NUMBER

**A01-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 05/01/2012</b>	<b>TO 05/31/2012</b>

**DMR Mailing ZIP CODE:**

61010

**MAJOR**  
**(SUBR 01)** CS

**DEMINEALIZER REGENERATE WASTE (001A)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	2.1	2.1	19	0	01/30	08
<b>00530 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15	30	mg/L		Monthly	COMP-8
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	5	1	mg/L		Daily	GRAB
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	1	mg/L		Daily	GRAB
Lead, Total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	2	4	mg/L		Daily	GRAB
Nickel, total (as Ni)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01067 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>	
Benjamin P. Youman		815	406-3700	06/15/2012	
Plant Manager		<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.  
2. Flow existed 31 of 31 days during this month.



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

**PERMITTEE NAME/ADDRESS**  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**A01-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:** 61010  
**MAJOR**  
**(SUBR 01)** CS

**DEMINERALIZER REGENERATE WASTE (001A)**  
External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 05/01/2012</b>	<b>TO 05/31/2012</b>

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
01092 1 0	<b>PERMIT REQUIREMENT</b>										
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	0.033	0.094	3	*****	*****	*****	*****	0	01/01	CN
Flow, in conduit or thru treatment plant	<b>PERMIT REQUIREMENT</b>	Req. Mon	Req. Mon	Mon						Daily	CONTIN
50050 1 0	<b>SAMPLE MEASUREMENT</b>										
Effluent Gross	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
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	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
<b>NAME/TITLE</b>	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.								<b>TELEPHONE</b>	<b>DATE</b>	
<b>PRINCIPAL EXECUTIVE OFFICER</b>											
Benjamin P. Youman											
Plant Manager	<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA CODE</b>	<b>NUMBER</b>	<b>DATE</b>							
TYPED OR PRINTED											

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

POOR QUALITY COPY

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**B01-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:**

61010

**MAJOR**

(SUBR 01)

CS

**STP PLANT EFFLUENT (FORMER 001B)**

External Outfall


**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 05/01/2012</b>	<b>TO 05/31/2012</b>

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day (20 Deg. C) 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.38	0.50	26	*****	5.5	6.0	19	0	02/30	24
	PERMIT REQUIREMENT	5.3	10.5	26	*****	30	60	19		Twice Per Month	COMP 24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.57	*****	7.65	12	0	02/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	7	8	*****	6	7	8	12		Twice Per Month	GRAD
Solids, total suspended	SAMPLE MEASUREMENT	0.14	0.18	26	*****	1.9	2.1	19	0	02/30	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5.3	10.5	26	*****	30	60	19		Twice Per Month	COMP 24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.004	0.010	3	*****	*****	*****	*****	0	01/01	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MD	1000	*****	*****	*****	*****		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.				 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>		<b>DATE</b>		
Benjamin P. Youman							815	406-3700	06/15/2012		
Plant Manager							<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>		
<b>TYPED OR PRINTED</b>											
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>											
1. Flow existed through this outfall 30 of 31 days during this month.											

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

DMR Mailing ZIP CODE:

61010

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
PERMIT NUMBER

**C01-0**  
DISCHARGE NUMBER

**MAJOR**

(SUBR 01) CS

**WWTP (FORMER 001C)**

External Outfall


**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010


**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 05/01/2012	TO 05/31/2012

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended						3.9	6.5	19	0	02/30	24
00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****						
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15	30	PPM		1 time Per Month	COMB 24
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01032 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	PPM		Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
Chromium, total (as Cr)	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	PPM		Daily	GRAB
01034 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	PPM		Daily	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01042 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5		PPM		Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
Iron, total (as Fe)	PERMIT REQUIREMENT	*****	*****	*****	*****	1		PPM		Daily	GRAB
01045 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1		PPM		Daily	GRAB
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01051 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1		PPM		Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
Nickel, total (as Ni)	PERMIT REQUIREMENT	*****	*****	*****	*****	1		PPM		Daily	GRAB
01067 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1		PPM		Daily	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 PRINCIPLE		TELEPHONE		DATE	
Benjamin P. Youman				815	406-3700	06/15/2012	
Plant Manager		EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	MM/DD/YYYY	
TYPED OR PRINTED							

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

- There was no discharge of processed steam generator chemical cleaning wastewater during this month.
- Flow existed through this outfall 24 of 31 days during the month.

POOR QUALITY COPY

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

**IL0048313**  
PERMIT NUMBER

**C01-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 05/01/2012	TO 05/31/2012

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**WWTP (FORMER 001C)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT			*****		30 DAY AVG	DAILY MAX	PPM		Day	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.015	0.023	3	*****	*****	*****	*****	0	01/01	CN
	PERMIT REQUIREMENT	Reg Mon 30 DAY AVG	Reg Mon DAILY MAX	MGD/M						Day	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> 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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
Benjamin P. Youman							815	406-3700	06/15/2012		
Plant Manager							AREA CODE	NUMBER	MM/DD/YYYY		
TYPED OR PRINTED											

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

POOR QUALITY COPY

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

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01) CS

RADWASTE TREATMENT (FORMER 001D)  
External Outfall

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701


**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

1L0048313	D01-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 05/01/2012	TO 05/31/2012

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	*****	<0.5	<0.5	19	0	02/30	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	15	30	mg/L		Twice Per Month	COMPOS
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.021	0.023	3	*****	*****	*****	*****	0	01/01	CN
	PERMIT REQUIREMENT	Req. Mon. 300A AVG	Req. Mon. DAILY MAX	1 MGAL	*****	*****	*****	*****		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> 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			
Benjamin P. Youman						815 406-3700		06/15/2012			
Plant Manager						AREA CODE NUMBER		MM/DD/YYYY			
TYPED OR PRINTED	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT										
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											
1. Flow existed through this outfall 5 of 31 days during the month.											



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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

**1L0048313**  
PERMIT NUMBER

**E01-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 05/01/2012	TO 05/31/2012

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01) CS

STORMWATER (FORMER 001E)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30 DAY AVG	30 DAILY MAX	mg/L		Visual	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
00530 8 0 Other Treatment, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30 DAY AVG	100 DAILY MAX	mg/L		Visual	GRAB
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01032 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAY AVG	2 DAILY MAX	mg/L		Daily	GRAB
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAY AVG	2 DAILY MAX	mg/L		Daily	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAY AVG	1 DAILY MAX	mg/L		Daily	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAY AVG	1 DAILY MAX	mg/L		Daily	GRAB
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAY AVG	1 DAILY MAX	mg/L		Daily	GRAB
<b>NAME/TITLE</b> 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.					<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>		<b>DATE</b>	
Benjamin P. Youman						815 406-3700		06/15/2012			
Plant Manager											
TYPED OR PRINTED						AREA CODE		NUMBER		MM/DD/YYYY	

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during the month.
2. Flow existed through this outfall 2 of 31 days during the month.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
 Warrenville, IL 60555-5701  
  
**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
 Byron, IL 61010

<b>IL0048313</b>		<b>E01-0</b>	
PERMIT NUMBER		DISCHARGE NUMBER	
<b>MONITORING PERIOD</b>			
<b>MM/DD/YYYY</b>		<b>MM/DD/YYYY</b>	
FROM	05/01/2012	TO	05/31/2012

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
 (SUBR 01) CS  
  
**STORMWATER (FORMER 001E)**  
 External Outfall  
  
 \*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Nickel, total (as Ni) 01067 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500		
	PERMIT REQUIREMENT					30DA AVG	DAILY MAX				GRAB	
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500		
	PERMIT REQUIREMENT					30DA AVG	DAILY MAX				GRAB	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.314	0.575	3	*****	*****	*****	*****	0	02/30	CN	
	PERMIT REQUIREMENT	Reg Mon	Reg Mon	Mon		30DA AVG	DAILY MAX			Times Per Month	CONTIN	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
<b>NAME/TITLE</b> 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.					<b>TELEPHONE</b>		<b>DATE</b>				
Benjamin P. Youman						815 406-3700		06/15/2012				
Plant Manager						AREA CODE NUMBER		MM/DD/YYYY				
TYPED OR PRINTED						SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT						
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b> 1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning wastewater was discharged this month. 2. Fire Protection drain water was not discharged this month.												
EPA Form 3320-1 (Rev 01/06) Previous editions may be used.										1/6/2012		PAGE 2

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

<b>IL0048313</b>		<b>001-0</b>	
PERMIT NUMBER		DISCHARGE NUMBER	
<b>MONITORING PERIOD</b>			
<b>MM/DD/YYYY</b>		<b>MM/DD/YYYY</b>	
<b>FROM</b>	05/01/2012	<b>TO</b>	05/31/2012

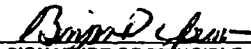
**DMR Mailing ZIP CODE:** 61010

**MAJOR**  
**(SUBR 01)** CS

**COOLING SYSTEM BLOWDOWN**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	*****	*****	99.0	15	0	01/01	CN
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.25	*****	8.73	12	0	01/07	GR
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.6	2.1	19	0	01/30	GR
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1.4	<1.4	19	0	01/07	GR
Chromium, total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.0021	19	0	01/07	GR
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.013	19	0	01/07	GR
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.0022	0.0024	19	0	01/07	GR

<b>NAME/TITLE</b> Benjamin P. Youman 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.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b> 815 406-3700 <b>AREA CODE</b> <b>NUMBER</b>	<b>DATE</b> 06/15/2012 <b>MM/DD/YYYY</b>
--	---	--	--	--

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

1. Monitoring data for outfall 001-0 is included on attachment.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

IL0048313	001-0
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
FROM 05/01/2012	TO 05/31/2012

**DMR Mailing ZIP CODE:** 61010  
**MAJOR (SUBR 01)** CS

**COOLING SYSTEM BLOWDOWN**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****				500	
<b>34044 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	05 DAILY MAX	mg/L		Weekly	GRAB
Priority pollutants total effluent	<b>SAMPLE MEASUREMENT</b>	*****			*****	*****				500	
<b>50008 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Reg. Mon. DAILY MAX		*****	*****	Reg. Mon. DAILY MAX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	20.55	27.56	3	*****	*****	*****	*****	0	01/01	CN
<b>50050 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MAX		*****	*****	*****	*****		Daily	CONTIN
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	0.03	19	0	01/07	GR
<b>50060 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	05 DAILY MAX	mg/L		Weekly	GRAB
Hydrazine	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****				500	
<b>81313 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	011 30DA AVG	027 DAILY MAX	mg/L	Daily When Discharging	GRAB
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
<b>NAME/TITLE</b> 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.					<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>		<b>DATE</b>	
Benjamin P. Youman						815 406-3700		06/15/2012			
Plant Manager											
<b>TYPED OR PRINTED</b>						<b>AREA CODE</b>		<b>NUMBER</b>		<b>MM/DD/YYYY</b>	
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>											

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

**IL0048313**  
PERMIT NUMBER

**002-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 05/01/2012	TO 05/31/2012

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**STORMWATER RUNOFF BASIN**  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0	PERMIT REQUIREMENT					15	20	mg/l		WEEKLY	GRAB
Effluent Gross						300	100	mg/l			
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 8 0	PERMIT REQUIREMENT					80	100	mg/l		WEEKLY	GRAB
Other Treatment, Process Complete											
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01032 1 0	PERMIT REQUIREMENT					011	018	mg/l		WEEKLY	GRAB
Effluent Gross											
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01034 1 0	PERMIT REQUIREMENT									WEEKLY	GRAB
Effluent Gross											
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0	PERMIT REQUIREMENT					025	041	mg/l		WEEKLY	GRAB
Effluent Gross											
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0	PERMIT REQUIREMENT									WEEKLY	GRAB
Effluent Gross											
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01051 1 0	PERMIT REQUIREMENT					063	238	mg/l		WEEKLY	GRAB
Effluent Gross											
<b>NAME/TITLE</b> 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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815	406-3700	06/15/2012			
Plant Manager						<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>			
TYPED OR PRINTED											

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

1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning Wastewater was discharged this month.
2. No Fire Protection, Service Water or Closed Cooling System Drain Water was discharged this month.



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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

**IL0048313**  
PERMIT NUMBER

**002-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

**MM/DD/YYYY** **MM/DD/YYYY**  
**FROM** 05/01/2012 **TO** 05/31/2012

DMR Mailing ZIP CODE: 61010

MAJOR  
(SUBR 01) CS

STORMWATER RUNOFF BASIN  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni) <b>01067 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT					011	170	mg/L		Daily	GRAB
Zinc, total (as Zn) <b>01092 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT					047	26	mg/L		Daily	GRAB
Oil and Grease <b>03582 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT					15	20	mg/L		When Discharging	GRAB
Flow, in conduit or thru treatment plant <b>50050 1 0</b> Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****	*****			
	PERMIT REQUIREMENT	Reg Mon 300A AVG	Reg Mon DAILY AVG	MGD						When Discharging	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> 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			
Benjamin P. Youman						815	406-3700	06/15/2012			
Plant Manager						AREA CODE	NUMBER	MM/DD/YYYY			
TYPED OR PRINTED											

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

1. This discharge point was not used this month.
2. There was no discharge of processed steam generator chemical cleaning wastewater during the month.

POOR QUALITY COPY

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
May 2012  
Page 1 of 2

**MONITORING DATA:**

<b>DATE</b>	<b>CWBD Temperature deg F</b>	<b>CWBD Flow mgd</b>	<b>Rock River Flow cfs</b>
05/01/2012	86.0	22.71	6,180
05/02/2012	92.5	19.66	6,160
05/03/2012	96.1	22.35	6,090
05/04/2012	96.1	19.40	5,990
05/05/2012	91.5	26.25	5,960
05/06/2012	90.2	21.26	6,040
05/07/2012	90.2	16.10	6,490
05/08/2012	89.0	20.31	7,090
05/09/2012	86.9	20.77	7,560
05/10/2012	86.3	21.37	7,660
05/11/2012	89.2	20.81	7,610
05/12/2012	90.7	27.56	7,380
05/13/2012	88.9	22.68	7,170
05/14/2012	90.6	15.14	7,060
05/15/2012	91.1	20.80	6,900
05/16/2012	91.1	19.23	6,570
05/17/2012	85.6	20.10	6,470
05/18/2012	93.2	22.87	6,360
05/19/2012	94.7	25.09	6,150
05/20/2012	95.0	17.36	5,960
05/21/2012	95.0	13.79	5,710
05/22/2012	84.0	19.80	5,620
05/23/2012	86.0	18.06	5,460
05/24/2012	84.4	18.97	5,310
05/25/2012	93.0	19.39	5,000
05/26/2012	89.0	24.88	5,140
05/27/2012	99.0	20.18	5,140
05/28/2012	99.0	18.83	5,100
05/29/2012	97.8	18.99	4,860
05/30/2012	94.0	19.70	4,700
05/31/2012	84.8	22.67	4,820

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
May 2012  
Page 2 of 2

**HYDRAZINE MONITORING:**

There were no steam generator chemical cleaning solutions (or associated rinses) containing hydrazine discharged to the Cooling System Blowdown during the month of May 2012.

TOTAL QUANTITY DISCHARGED: N/A

TOTAL DURATION OF DISCHARGE: N/A

**COMMENTS:**

1. Sodium Hypochlorite was used this month. Bromine compounds were not used this month.
2. There was no discharge of steam generator chemical cleaning wastewater containing hydrazine in this month.
3. Flow existed through this outfall 31 of 31 days.
4. Per Special Condition 24 the influent from the Rock River and effluent from Outfall 001-0 was monitored for Total Suspended Solids (TSS) this month. The Rock River TSS value was 25.3 mg/L on 05/07/2012, 31.3 mg/L on 05/14/2012 and 22.8 mg/L on 05/29/2012. The CWBD TSS value was 2.1 mg/L on 05/14/2012 and 1.1 mg/L on 05/29/2012.
5. Rock River flow for May 2012 was >2400 cfs therefore daily temperature calculations were not required this month. (Special Condition 12).
6. There was no discharge of the 126 Priority Pollutants from cooling tower maintenance chemicals in May 2012. (Special Condition 15).

Exelon Generation Company, LLC  
Byron Station  
4450 North German Church Road  
Byron, IL 61010-9794

www.exeloncorp.com

July 23, 2012

LTR: BYRON 2012-0082  
File: 2.09.0411  
1.10.0101

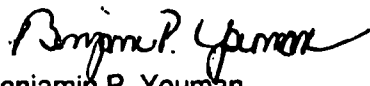
Illinois Environmental Protection Agency  
Water Pollution Control  
Compliance Assurance Section #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

Subject: Byron Station Monthly Discharge Monitoring Report

In accordance with National Pollutant Discharge Elimination System (NPDES) Permit Number IL0048313, issued January 24, 2011, we are submitting the Discharge Monitoring Report for Byron Station, Units 1 and 2. This report covers the period of June 1, 2012 through June 30, 2012.

If there are any questions regarding this report, please contact Ms. Zoe Cox, Supervisor Environmental/Radwaste, at (815) 406-3035.

Respectfully,

  
Benjamin P. Youman  
Plant Manager  
Byron Nuclear Generating Station

BPY/ZC/eh

Attachments

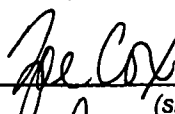
**Attachment 2**  
**Example Verification Completion Form**  
**Page 1 of 1**

**Verification Documentation**

Correspondence/Letter number: 2012-0082 Origination Date: 7-19-12  
Agency/External Stakeholder: IEPA Submittal Due Date: 7-23-12  
Recipient of Correspondence: IEPA WPC CAS #19  
(name and title if known)

Purpose of Submittal: June 2012 DMR

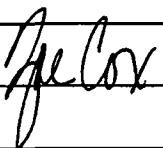
Originating Office: ☐ Cantera ☐ Kennett Square ☒ Site Byron  
(specify)

Preparer: Zoe Cox (print)  (sign) 7-19-12 (date)

Peer Reviewer: David Starke (print)  (sign) 7-23-12 (date)

Certified Mail Return Receipt Requested: ☒ Yes ☐ No

**Approvals (check box if applicable)**

	Applicable	Date Review Needed	Signature of Reviewer	Date of Review
<b>Site Departments</b>				
Chemistry	<input checked="" type="checkbox"/>	07-20-12		<u>7/23/12</u>
Operations	<input type="checkbox"/>			
Engineering	<input type="checkbox"/>			
Regulatory Assurance	<input type="checkbox"/>			
Other: _____ (specify)	<input type="checkbox"/>			
<b>Corporate</b>				
SME/FAM	<input type="checkbox"/>			
<b>Site Management</b>				
Plant Manager	<input checked="" type="checkbox"/>	07-23-12	<input type="checkbox"/> Report Signed and Approved	
Site Vice President	<input type="checkbox"/>			

Attach additional page for comments.



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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>A01-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 06/01/2012</b>	<b>TO 06/30/2012</b>

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**DEMINERALIZER REGENERATE WASTE (001A)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	9.7	10.1	19	0	01/30	08
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15	30	mg/L		Monthly	COMP-8
Effluent Gross						30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.1	.2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.5	1	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1	mg/L		Daily	GRAB
Effluent Gross							DAILY MX				
Lead, Total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.2	.4	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Nickel, total (as Ni)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01067 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
<b>NAME/TITLE</b> 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.					<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>	<b>DATE</b>		
Benjamin P. Youman						815 406-3700		07/23/2012			
Plant Manager											
TYPED OR PRINTED						<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>			

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.
2. Flow existed 29 of 30 days during this month.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

**IL0048313**  
PERMIT NUMBER

**A01-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 06/01/2012	TO 06/30/2012

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01) CS

DEMINERALIZER REGENERATE WASTE (001A)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	0.046	0.132	3	*****	*****	*****	*****	0	01/01	CN
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN.
50050 1 0	SAMPLE MEASUREMENT										
Effluent Gross	PERMIT REQUIREMENT										
	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	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 EXECUTIVE OFFICER						815	406-3700	07/23/2012			
Benjamin P. Youman						AREA CODE	NUMBER	MM/DD/YYYY			
Plant Manager	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT										
TYPED OR PRINTED											
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
PERMIT NUMBER

**B01-0**  
DISCHARGE NUMBER

DMR Mailing ZIP CODE:

61010

**MAJOR**

(SUBR 01)

CS

**STP PLANT EFFLUENT (FORMER 001B)**

External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

FROM

MM/DD/YYYY

06/01/2012

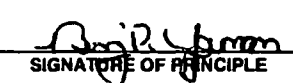
TO

MM/DD/YYYY

06/30/2012

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day (20 Deg. C) 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.42	0.58	26	*****	6.0	7.0	19	0	02/30	24
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.54	*****	7.58	12	0	02/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.17	0.23	26	*****	2.3	2.8	19	0	02/30	24
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.006	0.013	3	*****	*****	*****	*****	0	01/01	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> 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.				 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>		<b>DATE</b>		
Benjamin P. Youman							815	406-3700	07/23/2012		
Plant Manager							AREA CODE	NUMBER	MM/DD/YYYY		
TYPED OR PRINTED											
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>											
1. Flow existed through this outfall 25 of 30 days during this month.											

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

IL0048313  
PERMIT NUMBER

C01-0  
DISCHARGE NUMBER

**MONITORING PERIOD**

MM/DD/YYYY	MM/DD/YYYY
FROM 06/01/2012	TO 06/30/2012

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01) CS

WWTP (FORMER 001C)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.1	4.2	19	0	02/30	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Twice Per Month	COMP24
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01032 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 30DA AVG	.2 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	GRAB
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	2 30DA AVG	4 DAILY MX	mg/L		Daily	GRAB
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	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			
Benjamin P. Youman						815 406-3700		07/23/2012			
Plant Manager						AREA CODE NUMBER		MM/DD/YYYY			
TYPED OR PRINTED	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT										
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											
1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.											
2. Flow existed through this outfall 17 of 30 days during the month.											

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

**PERMITTEE NAME/ADDRESS**  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
 Warrenville, IL 60555-5701

**IL0048313**  
 PERMIT NUMBER

**C01-0**  
 DISCHARGE NUMBER

**DMR Mailing ZIP CODE:** 61010  
**MAJOR**  
**(SUBR 01)** CS

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
 Byron, IL 61010

**MONITORING PERIOD**  
**MM/DD/YYYY** **MM/DD/YYYY**  
**FROM** 06/01/2012 **TO** 06/30/2012

**WWTP (FORMER 001C)**  
 External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	0.015	0.029	3	*****	*****	*****	*****	0	01/01	CN
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mga/d	*****	*****	*****	*****		Daily	CONTIN
50050 1 0	SAMPLE MEASUREMENT										
Effluent Gross	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> 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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815 406-3700		07/23/2012			
Plant Manager						<b>AREA CODE</b>		<b>NUMBER</b>			
TYPED OR PRINTED						<b>EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>MM/DD/YYYY</b>			

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



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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**IL0048313**  
PERMIT NUMBER

**D01-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

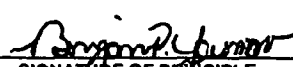
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 06/01/2012	TO 06/30/2012

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**RADWASTE TREATMENT (FORMER 001D)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended <b>00530 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.5	<0.5	19	0	02/30	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Twice Per Month	COMPOS
Flow, in conduit or thru treatment plant <b>50050 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	0.022	0.023	3	*****	*****	*****	*****	0	01/01	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> 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.				 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>		<b>DATE</b>		
Benjamin P. Youman							815	406-3700	07/23/2012		
Plant Manager							AREA CODE	NUMBER	MM/DD/YYYY		
TYPED OR PRINTED											

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

1. Flow existed through this outfall 4 of 30 days during the month.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

**IL0048313**  
PERMIT NUMBER

**E01-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 06/01/2012	TO 06/30/2012

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01) CS

STORMWATER (FORMER 001E)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	16.4	17.8	19	0	01/07	GR
00530 8 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	100 DAILY MX	mg/L		Weekly	GRAB
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01032 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 30DA AVG	.2 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01034 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01042 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01045 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	GRAB
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01051 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.2 30DA AVG	.4 DAILY MX	mg/L		Daily	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			
Benjamin P. Youman						815 406-3700		07/23/2012			
Plant Manager						AREA CODE NUMBER		MM/DD/YYYY			
TYPED OR PRINTED						SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

- There was no discharge of processed steam generator chemical cleaning wastewater during the month.
- Flow existed through this outfall 1 of 30 days during the month.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**IL0048313**  
PERMIT NUMBER

**E01-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 06/01/2012</b>	<b>TO 06/30/2012</b>

DMR Mailing ZIP CODE: 61010

MAJOR  
(SUBR 01) CS

STORMWATER (FORMER 001E)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni) <b>01067 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn) <b>01092 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant <b>50050 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	0.262	0.262	3	*****	*****	*****	*****	0	02/30	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Twice Per Month	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> 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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815	406-3700	07/23/2012			
Plant Manager						AREA CODE	NUMBER	MM/DD/YYYY			
TYPED OR PRINTED	EXECUTIVE OFFICER OR AUTHORIZED AGENT										
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b> 1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning wastewater was discharged this month. 2. Fire Protection drain water was discharged this month.											

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>001-0</b>
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 06/01/2012	TO 06/30/2012

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**COOLING SYSTEM BLOWDOWN**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Temperature, water deg. Fahrenheit 00011 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	101.0	15	0	01/01	CN	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg F		Daily	CONTIN	
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	8.21	*****	8.66	12	0	01/07	GR	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB	
Solids, total suspended 00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.3	3.3	19	0	01/30	GR	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB	
Oil & Grease 00556 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1.4	<1.4	19	0	01/07	GR	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		Weekly	GRAB	
Chromium, total (as Cr) 01034 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.0021	19	0	01/07	GR	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.2 DAILY MX	mg/L		Weekly	GRAB	
Copper, total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.011	19	0	01/07	GR	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.071 DAILY MX	mg/L		Weekly	GRAB	
Zinc, total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.002	0.0025	19	0	01/07	GR
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.213 30DA AVG .433 DAILY MX	mg/L		Weekly	GRAB	
<b>NAME/TITLE</b> 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.						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>		<b>DATE</b>	
Benjamin P. Youman							815 406-3700		07/23/2012			
Plant Manager												
TYPED OR PRINTED							<b>AREA CODE</b>		<b>NUMBER</b>		<b>MM/DD/YYYY</b>	
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>												
1. Monitoring data for outfall 001-0 is included on attachment.												

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>001-0</b>
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 06/01/2012	TO 06/30/2012

**DMR Mailing ZIP CODE:** 61010

**MAJOR**  
**(SUBR 01)** CS

**COOLING SYSTEM BLOWDOWN**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	0.03	19	0	01/07	GR
<b>34044 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	.05 DAILY MX	mg/L		Weekly	GRAB
Priority pollutants total effluent	<b>SAMPLE MEASUREMENT</b>	*****			*****	*****				500	
<b>50008 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	lb/d	*****	*****	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	21.09	29.39	3	*****	*****	*****	*****	0	01/01	CN
<b>50050 1 0</b>	<b>PERMIT REQUIREMENT</b>	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****				500	
<b>50060 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	.05 DAILY MX	mg/L		Weekly	GRAB
Hydrazine	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****				500	
<b>81313 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.011 30DA AVG	.027 DAILY MX	mg/L		Daily When Discharging	GRAB
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
<b>NAME/TITLE</b>	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.					<b>TELEPHONE</b>		<b>DATE</b>			
<b>PRINCIPAL EXECUTIVE OFFICER</b>						815	406-3700	07/23/2012			
<b>Benjamin P. Youman</b>						<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>			
<b>Plant Manager</b>						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					
<b>TYPED OR PRINTED</b>											
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>											



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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>002-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM</b> 06/01/2012	<b>TO</b> 06/30/2012

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
**(SUBR 01)** CS

**STORMWATER RUNOFF BASIN**  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15	30	mg/L		Weekly	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 8 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30	100	mg/L		Weekly	GRAB
Other Treatment, Process Complete						30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01032 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.011	.016	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01034 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.025	.041	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****		1	mg/L		Daily	GRAB
Effluent Gross							DAILY MX				
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01051 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.063	.298	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				

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	
		815	406-3700	07/23/2012	
		AREA CODE	NUMBER	MM/DD/YYYY	

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

1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning Wastewater was discharged this month.
2. No Fire Protection, Service Water or Closed Cooling System Drain Water was discharged this month.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>002-0</b>
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 06/01/2012	TO 06/30/2012

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**STORMWATER RUNOFF BASIN**  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni) <b>01067 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.176 DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn) <b>01092 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	.047 30DA AVG	.26 DAILY MX	mg/L		Daily	GRAB
Oil and Grease <b>03582 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		When Discharging	GRAB
Flow, in conduit or thru treatment plant <b>50050 1 0</b> Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****	*****			
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		When Discharging	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> 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			
Benjamin P. Youman						815	406-3700	07/23/2012			
Plant Manager						AREA CODE	NUMBER	MM/DD/YYYY			
TYPED OR PRINTED						SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

1. This discharge point was not used this month.
2. There was no discharge of processed steam generator chemical cleaning wastewater during the month.

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
June 2012  
Page 1 of 3

**MONITORING DATA:**

DATE	CWBD Temperature deg F	CWBD Flow mgd	Rock River Flow cfs
06/01/2012	85.8	23.50	5,060
06/02/2012	86.8	29.39	5,090
06/03/2012	93.9	15.58	4,790
06/04/2012	93.9	5.58	4,540
06/05/2012	87.0	0	4,310
06/06/2012	88.2	0.201	4,190
06/07/2012	93.0	13.78	3,880
06/08/2012	99.6	22.64	3,740
06/09/2012	96.4	28.23	3,560
06/10/2012	97.0	22.35	3,070
06/11/2012	95.5	16.75	2,830
06/12/2012	95.3	24.58	2,680
06/13/2012	89.4	20.26	2,790
06/14/2012	92.1	22.56	2,740
06/15/2012	92.1	24.85	2,630
06/16/2012	97.0	25.63	2,710
06/17/2012	97.0	24.49	2,690
06/18/2012	98.7	16.35	2,750
06/19/2012	99.6	21.98	2,590
06/20/2012	99.1	21.26	2,510
06/21/2012	98.4	25.22	2,470
06/22/2012	96.2	20.56	2,320
06/23/2012	98.4	26.56	2,330
06/24/2012	98.4	23.64	2,350
06/25/2012	95.1	17.34	2,240
06/26/2012	93.3	23.75	2,250
06/27/2012	92.3	20.54	2,280
06/28/2012	101.0	22.39	2,200
06/29/2012	99.5	23.16	2,120
06/30/2012	98.7	28.61	2,120

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
June 2012  
Page 2 of 3

**HYDRAZINE MONITORING:**

There were no steam generator chemical cleaning solutions (or associated rinses) containing hydrazine discharged to the Cooling System Blowdown during the month of June 2012.

TOTAL QUANTITY DISCHARGED: N/A

TOTAL DURATION OF DISCHARGE: N/A

**COMMENTS:**

1. Sodium Hypochlorite and Bromine compounds were used this month.
2. There was no discharge of steam generator chemical cleaning wastewater containing hydrazine in this month.
3. Flow existed through this outfall 29 of 30 days.
4. Per Special Condition 24 the influent from the Rock River and effluent from Outfall 001-0 was monitored for Total Suspended Solids (TSS) this month. The Rock River TSS value was 34.4 mg/L on 06/11/2012. The CWBD TSS value was 3.25 mg/L on 06/11/2012.
5. Rock River flow was <2400 cfs in June 2012 therefore daily temperature calculations were required during that time period. (Special Condition 12).
6. There was no discharge of the 126 Priority Pollutants from cooling tower maintenance chemicals in June 2012. (Special Condition 15).

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
June 2012  
Page 3 of 3

Per Special Condition 12, in the event the Rock River flow is <2,400 cfs, daily calculations will be undertaken to demonstrate compliance with the water quality standard. The calculations are based on hourly measurements, averaged over a 24-hour calendar day for Rock River flow, main Rock River temperature, CW Blowdown flow, and CW Blowdown temperature values. Results of the calculations shall be reported in the DMR on a monthly basis.

Calculation results are in the following table:

Date	Average Rock River Flow (cfs)	Average CW M/U Temperature (F)	Average CW Blowdown Flow (gpm)	Average CW Blowdown Temperature (F)	Calculated Temperature at edge of mixing zone (F)	Water Quality Standard Temperature (F)
6/22/12	2286	75.6	16060	94.3	76.3	90
6/23/12	2325	75.2	16076	93.9	75.9	90
6/24/12	2353	75	16105	95	76	90
6/25/12	2248	75	15985	92	75.9	90
6/26/12	2250	73	15883	93	74	90
6/27/12	2290	74	15942	95	75.2	90
6/28/12	2210	77	16037	101	77.6	90
6/29/12	2112	77	16035	96	77.8	90
6/30/12	2119	76	16083	97	77.3	90

Exelon Generation Company, LLC  
Byron Station  
4450 North German Church Road  
Byron, IL 61010-9794

www.exeloncorp.com

**August 24, 2012**

**LTR: BYRON 2012-0094**

**File: 2.09.0411**

**1.10.0101**

**Illinois Environmental Protection Agency  
Water Pollution Control  
Compliance Assurance Section #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276**

**Subject: Byron Station Monthly Discharge Monitoring Report**

In accordance with National Pollutant Discharge Elimination System (NPDES) Permit Number IL0048313, issued January 24, 2011, we are submitting the Discharge Monitoring Report for Byron Station, Units 1 and 2. This report covers the period of July 1, 2012 through July 31, 2012.

On 7/4/2012 and 7/8/2012 the U2 Natural Draft Cooling Tower (NDCT) basin overflowed as a result of plugging of the outfall screens caused by cooling tower fill pack debris. Operations took immediate corrective actions to lower the level in the flume and basin to stop the overflow condition. Additionally maintenance personnel were called in to clean the debris from the outfall screens. The cooling tower basin overflow water flowed north in the storm water ditch and entered Woodland Creek via storm water Outfall 003, East Station Area Runoff. The estimated duration of the first overflow event is 5.2 hours at a flow rate of approximately 20 gallons per minute resulting in an estimated 6,180 gallons of cooling tower water flowing through Outfall 003. Analysis results of a sample of the cooling tower water obtained prior to entrance into the storm water ditch are summarized in the following table:

<b>pH</b>	<b>Copper (mg/L)</b>	<b>Zinc (mg/L)</b>	<b>Chromium (mg/L)</b>
8.69	0.010	0.016	<0.0021

The estimated duration of the second event is 3.0 hours at a flow rate of approximately 50 gallons per minute resulting in an estimated 9,000 gallons of cooling tower water flowing through Outfall 003. Analysis results of a sample of the cooling tower water obtained prior to entrance into the storm water ditch are summarized in the following table:

<b>pH</b>	<b>Copper (mg/L)</b>	<b>Zinc (mg/L)</b>	<b>Chromium (mg/L)</b>
8.63	0.007	0.008	<0.0021

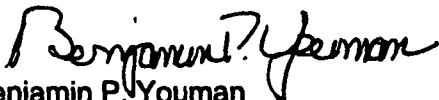


August 24, 2012  
Byron Letter 2012-0094  
Page 2

Byron Station continues to closely monitor NDCT debris fence delta levels and replacement of cooling tower fill is being planned. Unit 1 NDCT fill replacement is scheduled to begin September 2012. It is expected that the changes to the tower fill should prevent future tower overflow events.

If there are any questions regarding this report, please contact Ms. Zoe Cox, Environmental/Radwaste Supervisor, at (815) 406-3035.

Respectfully,

  
Benjamin P. Youman  
Plant Manager  
Byron Nuclear Generating Station

BPY/ZC/eh  
Attachments

bcc: J. Gould – Environmental – Cantera (electronic)  
Z. Cox – Chemistry – Byron

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**A01-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:** 61010  
**MAJOR (SUBR 01)** CS

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 07/01/2012</b>	<b>TO 07/31/2012</b>

**DEMINERALIZER REGENERATE WASTE (001A)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1.1	<1.2	19	0	01/30	08
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15	30	mg/L		Monthly	COMP
Effluent Gross						30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01032 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01034 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01042 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5	1	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01045 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****		1	mg/L		Daily	GRAB
Effluent Gross							DAILY MX				
Lead, Total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01051 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	2	4	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01067 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				

**NAME/TITLE**  
**PRINCIPAL EXECUTIVE OFFICER**

Benjamin P. Youman  
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 PRINCIPLE  
EXECUTIVE OFFICER OR  
AUTHORIZED AGENT**

**TELEPHONE**  
815 406-3700

**AREA CODE**  
**NUMBER**

**DATE**  
08/24/2012

**MM/DD/YYYY**

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.
2. Flow existed 31 of 31 days during this month.

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

**PERMITTEE NAME/ADDRESS**  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**A01-0**  
**DISCHARGE NUMBER**

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 07/01/2012</b>	<b>TO 07/31/2012</b>

**DMR Mailing ZIP CODE:** 61010  
**MAJOR (SUBR 01)** CS

**DEMINEALIZER REGENERATE WASTE (001A)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
01092 1 0	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30DA AVG	DAILY MAX	100/L		Daily	GRAB
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	0.057	0.243	3	*****	*****	*****	*****	0	01/01	CN
Flow, in conduit or thru treatment plant	<b>PERMIT REQUIREMENT</b>	Req. Mon	Req. Mon	Mon/d	*****	*****	*****	*****		Daily	CONTIN
50050 1 0	<b>SAMPLE MEASUREMENT</b>										
Effluent Gross	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
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	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>	
Benjamin P. Youman		815	406-3700	08/24/2012	
Plant Manager		<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>			

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

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

**IL0048313**  
**PERMIT NUMBER**

**B01-0**  
**DISCHARGE NUMBER**

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 07/01/2012	TO 07/31/2012


**DMR Mailing ZIP CODE:**

**61010**

**MAJOR**  
**(SUBR 01)** CS

**STP PLANT EFFLUENT (FORMER 001B)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day (20 Deg. C) 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.38	0.45	26	*****	7.5	9.0	19	0	02/30	24
	PERMIT REQUIREMENT	6.3	10.5	mg/L	*****	30	60	mg/L		Twice Per Month	COMP24
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.50	*****	7.53	12	0	02/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SL		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.08	0.12	26	*****	<1.3	2.4	19	0	02/30	24
	PERMIT REQUIREMENT	6.3	10.5	mg/L	*****	30	60	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.005	0.009	3	*****	*****	*****	*****	0	01/01	CN
	PERMIT REQUIREMENT	Reg. Mon.	Reg. Mon.	MGAL/D	*****	*****	*****	*****		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.				 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>		<b>DATE</b>		
Benjamin P. Youman							815	406-3700	08/24/2012		
Plant Manager							<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>		
<b>TYPED OR PRINTED</b>											
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>											
1. Flow existed through this outfall 29 of 31 days during this month.											

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**C01-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:**

61010

**MAJOR**  
**(SUBR 01)** CS

**WWTP (FORMER 001C)**  
External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 07/01/2012</b>	<b>TO 07/31/2012</b>

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended <b>00530 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	4.3	7.2	19	0	02/30	24
	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15 30DA AVG	30 DAILY MAX	mg/L		Twice Per Month	COMP 24
Chromium, hexavalent (as Cr) <b>01032 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 30DA AVG	2 DAILY MAX	mg/L		Daily	GRAB
Chromium, total (as Cr) <b>01034 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 30DA AVG	2 DAILY MAX	mg/L		Daily	GRAB
Copper, total (as Cu) <b>01042 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	5 30DA AVG	1 DAILY MAX	mg/L		Daily	GRAB
Iron, total (as Fe) <b>01045 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1 DAILY MAX	mg/L		Daily	GRAB
Lead, total (as Pb) <b>01051 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	2 30DA AVG	4 DAILY MAX	mg/L		Daily	GRAB
Nickel, total (as Ni) <b>01067 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 30DA AVG	2 DAILY MAX	mg/L		Daily	GRAB

**NAME/TITLE**  
**PRINCIPAL EXECUTIVE OFFICER**

Benjamin P. Youman  
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.

*Benjamin P. Youman*  
**SIGNATURE OF PRINCIPLE  
EXECUTIVE OFFICER OR  
AUTHORIZED AGENT**

**TELEPHONE**

815 406-3700

**AREA CODE** **NUMBER**

**DATE**

08/24/2012

**MM/DD/YYYY**

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.
2. Flow existed through this outfall 25 of 31 days during the month.



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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
PERMIT NUMBER

**C01-0**  
DISCHARGE NUMBER

DMR Mailing ZIP CODE:

61010

**MAJOR**  
(SUBR 01) CS

**WWTP (FORMER 001C)**  
External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 07/01/2012	TO 07/31/2012

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MD	mg/l		Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	0.015	0.031	3	*****	*****	*****	*****	0	01/01	CN
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MD	Most/d	*****	*****	*****	*****		Daily	CONTIN
50050 1 0	SAMPLE MEASUREMENT										
Effluent Gross	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.	TELEPHONE		DATE	
				815 406-3700	08/24/2012
		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**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

IL0048313  
PERMIT NUMBER

D01-0  
DISCHARGE NUMBER

**MONITORING PERIOD**

FROM MM/DD/YYYY 07/01/2012 TO MM/DD/YYYY 07/31/2012

**DMR Mailing ZIP CODE:**

61010

**MAJOR**  
**(SUBR 01)** CS

**RADWASTE TREATMENT (FORMER 001D)**

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.5	<0.5	19	0	02/30	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MAX	mg/l	0	Twice Per Month	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.023	0.024	3	*****	*****	*****	*****	0	01/01	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon- 30DA AVG	Req. Mon- DAILY MAX	Meals/d	*****	*****	*****	*****	0	Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815	406-3700	08/24/2012			
Plant Manager						<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>											

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

1. Flow existed through this outfall 10 of 31 days during the month.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

IL0048313  
PERMIT NUMBER

E01-0  
DISCHARGE NUMBER

**MONITORING PERIOD**

MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

FROM TO


**DMR Mailing ZIP CODE:** 61010

**MAJOR**  
**(SUBR 01)** CS

**STORMWATER (FORMER 001E)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.1	8.2	19	0	01/07	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/l		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
00530 8 0 Other Treatment, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	100 DAILY MX	mg/l		Weekly	GRAB
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01032 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/l		Daily	GRAB
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/l		Daily	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 30DA AVG	1 DAILY MX	mg/l		Daily	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		1 DAILY MX	mg/l		Daily	GRAB
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	2 30DA AVG	4 DAILY MX	mg/l		Daily	GRAB

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>  Benjamin P. Youman  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.	 <b>SIGNATURE OF PRINCIPLE</b> <b>EXECUTIVE OFFICER OR</b> <b>AUTHORIZED AGENT</b>	<b>TELEPHONE</b>		<b>DATE</b>	
			815	406-3700	08/24/2012	
			<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during the month.

2. Flow existed through this outfall 4 of 31 days during the month.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
PERMIT NUMBER

**E01-0**  
DISCHARGE NUMBER

DMR Mailing ZIP CODE:

61010

**MAJOR**  
(SUBR 01) CS

**STORMWATER (FORMER 001E)**  
External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 07/01/2012	TO 07/31/2012

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni) <b>0106710</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	DAILY MX	mol		Daily	GRAB
Zinc, total (as Zn) <b>0109210</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	DAILY MX	mol		Daily	GRAB
Flow, in conduit or thru treatment plant <b>5005010</b> Effluent Gross	SAMPLE MEASUREMENT	0.278	0.562	3	*****	*****	*****	*****	0	02/30	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Moal/d	*****	*****	*****	*****		Twice Per Month	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

<b>NAME/TITLE</b> 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.	<b>TELEPHONE</b>		<b>DATE</b>
Benjamin P. Youman		815	406-3700	08/24/2012
Plant Manager		<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		

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

1. No Generic Non-Chemical Metal Cleaning wastewater was discharged this month.
2. No Fire Protection drain water was discharged this month.
3. Turbine Building Fire and Oil Sump wastewater was discharged this month.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
PERMIT NUMBER

**001-0**  
DISCHARGE NUMBER

**DMR Mailing ZIP CODE:** 61010

**MAJOR**  
**(SUBR 01)** CS

**COOLING SYSTEM BLOWDOWN**  
External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010


**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 07/01/2012</b>	<b>TO 07/31/2012</b>

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	*****	*****	103.0	15	0	01/01	CN
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. NO MAX	deg F		Daily	CONTIN
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8.28	*****	8.73	12	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	PH		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.0	3.0	19	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MAX	mg/L		Monthly	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1.4	<1.4	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MAX	mg/L		Weekly	GRAB
Chromium, total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.0021	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.2 DAILY MAX	mg/L		Weekly	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0128	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.071 DAILY MAX	mg/L		Weekly	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.0027	0.0042	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	213 30DA AVG	433 DAILY MAX	mg/L		Weekly	GRAB

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>  Benjamin P. Youman 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.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>		<b>DATE</b>
			815	406-3700	
			<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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

1. Monitoring data for outfall 001-0 is included on attachment.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**001-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:** 61010  
**MAJOR**  
**(SUBR 01)** **CS**

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**


<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 07/01/2012</b>	<b>TO 07/31/2012</b>

**COOLING SYSTEM BLOWDOWN**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.04	19	0	01/07	GR
34044 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MAX	mol		Weekly	GRAB
Priority pollutants total effluent	SAMPLE MEASUREMENT	*****			*****	*****				500	
50008 1 0	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MAX		*****	*****	Req. Mon. DAILY MAX	mol		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	20.99	29.27	3	*****	*****	*****	*****	0	01/01	CN
50050 1 0	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MAX	Moaskd	*****	*****	*****	*****		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				500	
50060 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MAX	mol		Weekly	GRAB
Hydrazine	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				500	
81313 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.011 30DA AVG	.027 DAILY MAX	mol	Daily When Discharging	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

<b>NAME/TITLE</b>	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.	<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>	<b>DATE</b>	
<b>PRINCIPAL EXECUTIVE OFFICER</b>				815	406-3700	08/24/2012
<b>Benjamin P. Youman</b>				<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>
<b>Plant Manager</b>						
<b>TYPED OR PRINTED</b>						

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



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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

IL0048313  
PERMIT NUMBER

002-0  
DISCHARGE NUMBER

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

STORMWATER RUNOFF BASIN

External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

MM/DD/YYYY	TO	MM/DD/YYYY
07/01/2012		07/31/2012

\*\*\* NO DISCHARGE ☒ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Weekly	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 8 0 Other Treatment, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	100 DAILY MX	mg/L		Weekly	GRAB
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01032 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.016 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.025 30DA AVG	.041 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	GRAB
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.063 30DA AVG	.298 DAILY MX	mg/L		Daily	GRAB

**NAME/TITLE**  
**PRINCIPAL EXECUTIVE OFFICER**

Benjamin P. Youman  
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 PRINCIPLE  
EXECUTIVE OFFICER OR  
AUTHORIZED AGENT

TELEPHONE

815 406-3700

AREA  
CODE

DATE

08/24/2012

MM/DD/YYYY

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

1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning Wastewater was discharged this month.
2. No Fire Protection, Service Water or Closed Cooling System Drain Water was discharged this month.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**002-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR**  
**(SUBR 01)** CS

**STORMWATER RUNOFF BASIN**  
External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 07/01/2012</b>	<b>TO 07/31/2012</b>

\*\*\* NO DISCHARGE ☒ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni) <b>01067 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	011 30DA AVG	178 DAILY MAX	mg/l		Daily	GRAB
Zinc, total (as Zn) <b>01092 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	047 30DA AVG	28 DAILY MAX	mg/l		Daily	GRAB
Oil and Grease <b>03582 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15 30DA AVG	20 DAILY MAX	mg/l		When Discharging	GRAB
Flow, in conduit or thru treatment plant <b>50050 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>				*****	*****	*****	*****			
	<b>PERMIT REQUIREMENT</b>	Req. Mon 30DA AVG	Req. Mon DAILY MAX	Mgal/d	*****	*****	*****	*****		When Discharging	ESTIMA
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>	
Benjamin P. Youman		815	406-3700	08/24/2012	
Plant Manager		<b>AREA CODE</b> <b>NUMBER</b>		<b>MM/DD/YYYY</b>	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPLE</b> <b>EXECUTIVE OFFICER OR</b> <b>AUTHORIZED AGENT</b>			

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

1. This discharge point was not used this month.
2. There was no discharge of processed steam generator chemical cleaning wastewater during the month.

**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT**

For Exelon Byron Station

Permit IL0048313

July 2012

Page 1 of 3

**MONITORING DATA:**

<b>DATE</b>	<b>CWBD Temperature deg F</b>	<b>CWBD Flow mgd</b>	<b>Rock River Flow cfs</b>
07/01/2012	99.0	22.04	2,130
07/02/2012	101.0	18.63	2,120
07/03/2012	101.0	24.02	2,080
07/04/2012	102.0	17.52	2,040
07/05/2012	102.0	20.72	1,990
07/06/2012	102.0	19.99	1,880
07/07/2012	102.0	24.39	2,010
07/08/2012	101.0	14.60	1,920
07/09/2012	96.0	12.80	1,790
07/10/2012	95.8	18.91	1,770
07/11/2012	97.0	18.21	1,800
07/12/2012	96.4	17.75	1,780
07/13/2012	98.0	23.14	1,770
07/14/2012	97.7	25.89	1,760
07/15/2012	99.4	22.63	1,850
07/16/2012	101.0	15.86	1,750
07/17/2012	102.0	25.27	1,780
07/18/2012	102.0	19.07	1,730
07/19/2012	100.0	22.15	1,980
07/20/2012	100.0	21.85	2,010
07/21/2012	95.0	27.78	1,990
07/22/2012	99.6	25.38	1,920
07/23/2012	101.0	15.15	1,840
07/24/2012	103.0	21.70	2,060
07/25/2012	102.0	22.94	2,070
07/26/2012	102.0	21.17	2,000
07/27/2012	97.6	20.88	1,930
07/28/2012	96.3	29.27	1,940
07/29/2012	98.0	21.98	1,950
07/30/2012	98.0	15.87	1,940
07/31/2012	101.0	23.01	1,950

**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
July 2012  
Page 2 of 3**

**HYDRAZINE MONITORING:**

There were no steam generator chemical cleaning solutions (or associated rinses) containing hydrazine discharged to the Cooling System Blowdown during the month of July 2012.

**TOTAL QUANTITY DISCHARGED:     N/A**

**TOTAL DURATION OF DISCHARGE:   N/A**

**COMMENTS:**

1. Sodium Hypochlorite and Bromine compounds were used this month.
2. There was no discharge of steam generator chemical cleaning wastewater containing hydrazine in this month.
3. Flow existed through this outfall 31 of 31 days.
4. Per Special Condition 24 the influent from the Rock River and effluent from Outfall 001-0 was monitored for Total Suspended Solids (TSS) this month. The Rock River TSS value was 29.2 mg/L on 07/09/2012. The CWBD TSS value was 3.00 mg/L on 07/09/2012.
5. Rock River flow was <2400 cfs in July 2012 therefore daily temperature calculations were required during this time period. (Special Condition 12). Per Special Condition 12, in the event the Rock River flow is <2,400 cfs, daily calculations will be undertaken to demonstrate compliance with the water quality standard. The calculations are based on hourly measurements, averaged over a 24-hour calendar day for Rock River flow, main Rock River temperature, CW Blowdown flow, and CW Blowdown temperature values. Results of the calculations shall be reported in the DMR on a monthly basis. Calculation results are in the table on the following page.
6. There was no discharge of the 126 Priority Pollutants from cooling tower maintenance chemicals in July 2012. (Special Condition 15).

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
July 2012  
Page 3 of 3

Date	Average Rock River Flow (cfs)	Average CW M/U Temperature (F)	Average CW Blowdown Flow (gpm)	Average CW Blowdown Temperature (F)	Calculated Temperature at edge of mixing zone (F)	Water Quality Standard Temperature (F)
7/01/12	2,123	78	15,830	98	79	90
7/02/12	2,124	80	16,221	100	80	90
7/03/12	2,088	81	16,208	99	82	90
7/04/12	2,040	81	14,777	101	82	90
7/05/12	1,999	82	12,686	102	83	90
7/06/12	1,875	84	13,113	102	85	90
7/07/12	1,987	84	12,675	102	85	90
7/08/12	1,938	83	12,059	96	83	90
7/09/12	1,807	81	12,293	97	82	90
7/10/12	1,770	78	13,375	96	79	90
7/11/12	1,802	77	13,411	97	78	90
7/12/12	1,781	78	14,590	98	79	90
7/13/12	1,775	78	15,685	99	80	90
7/14/12	1,752	77	15,525	99	79	90
7/15/12	1,850	80	15,433	101	81	90
7/16/12	1,758	83	15,565	101	84	90
7/17/12	1,774	84	15,449	102	85	90
7/18/12	1,731	85	15,736	101	86	90
7/19/12	1,964	83	15,658	97	84	90
7/20/12	2,010	80	15,688	95	81	90
7/21/12	1,995	81	15,828	96	82	90
7/22/12	1,927	80	15,778	98	80	90
7/23/12	1,835	79	15,749	100	80	90
7/24/12	2,050	79	15,805	100	80	90
7/25/12	2,082	79	15,676	99	79	90
7/26/12	2,003	78	15,550	98	79	90
7/27/12	1,940	78	15,500	96	78	90
7/28/12	1,941	77	15,390	95	77	90
7/29/12	1,998	76	15,493	95	77	90
7/30/12	1,945	76	15,386	98	77	90
7/31/12	1,952	78	15,499	99	79	90

Exelon Generation Company, LLC  
Byron Station  
4450 North German Church Road  
Byron, IL 61010-9794

www.exeloncorp.com

September 25, 2012

LTR: BYRON 2012-0106

File: 2.09.0411

1.10.0101

Illinois Environmental Protection Agency  
Water Pollution Control  
Compliance Assurance Section #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

Subject: Byron Station Monthly Discharge Monitoring Report

In accordance with National Pollutant Discharge Elimination System (NPDES) Permit Number IL0048313, issued January 24, 2011, we are submitting the Discharge Monitoring Report for Byron Station, Units 1 and 2. This report covers the period of August 1, 2012 through August 31, 2012.

On 8/9/2012 the U2 Natural Draft Cooling Tower (NDCT) basin overflowed as a result of plugging of the outfall screens caused by cooling tower fill pack debris. Operations took immediate corrective actions to lower the level in the flume and basin to stop the overflow condition. Additionally maintenance personnel were called in to clean the debris from the outfall screens. The cooling tower basin overflow water flowed north in the storm water ditch and entered Woodland Creek via storm water Outfall 003, East Station Area Runoff. The estimated duration of the overflow event is 63 minutes at a flow rate of approximately 0.13 gallons per minute resulting in an estimated 8.3 gallons of cooling tower water flowing through Outfall 003. Analysis results of a sample of the cooling tower water obtained prior to entrance into the storm water ditch are summarized in the following table:

pH	Copper (mg/L)	Zinc (mg/L)	Chromium (mg/L)
8.39	0.014	0.044	0.004

On 8/30/2012, cooling tower water was seen coming out of the storm drain pipe located next to the U2 NDCT. The water had pooled on the ground and run underneath the barrier erected around the storm drain pipe to prevent this from happening. Maintenance personnel adjusted the catch containment devices for the temporary Mechanical Draft Cooling Towers which were the source of the pooling water. This stopped the flow of water entering the storm drain pipe. After walking down the area it was determined the water had pooled at the storm drain pipe exit and had not entered the drainage ditch nor exited via Outfall 003. The estimated duration of this event is approximately 2.0 hours at a flow rate of approximately 0.5 to 1.0 gallons per hour resulting in an estimated 2 gallons of cooling tower water entering the storm drain pipe. Analysis results of a sample of the cooling tower water obtained prior to entrance into the storm drain pipe are summarized in the following table:

Copper (mg/L)	Zinc (mg/L)	Chromium (mg/L)
0.029	<0.0020	<0.0021

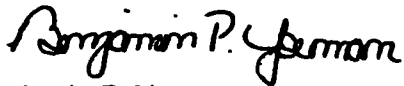


September 25, 2012  
Byron Letter 2012-0106  
Page 2

Byron Station continues to closely monitor NDCT debris fence delta levels and replacement of cooling tower fill is being planned. Unit 1 NDCT fill replacement has started as of September 2012. It is expected that the changes to the tower fill should prevent future tower overflow events.

If there are any questions regarding this report, please contact Ms. Zoe Cox, Environmental/Radwaste Supervisor, at (815) 406-3035.

Respectfully,

A handwritten signature in black ink, appearing to read "Benjamin P. Youman". The signature is fluid and cursive, with the first name being the most prominent.

Benjamin P. Youman  
Plant Manager  
Byron Nuclear Generating Station

BPY/ZC/eh  
Attachments

bcc: J. Gould – Environmental – Cantera (electronic)  
Z. Cox – Chemistry – Byron

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**A01-0**  
**DISCHARGE NUMBER**

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 08/01/2012</b>	<b>TO 08/31/2012</b>

**DMR Mailing ZIP CODE:**

61010

**MAJOR**

(SUBR 01)

CS

**DEMINERALIZER REGENERATE WASTE (001A)**

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.6	2.0	19	0	01/30	08
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15	30	mg/L		Monthly	COMP-8
Effluent Gross						30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01032 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01034 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01042 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5	1	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01045 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****		1	mg/L		Daily	GRAB
Effluent Gross							DAILY MX				
Lead, Total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01051 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	2	4	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01067 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				

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	
Benjamin P. Youman		815	406-3700	09/25/2012	
Plant Manager		SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER
TYPED OR PRINTED				MM/DD/YYYY	

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.

2. Flow existed 31 of 31 days during this month.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

**IL0048313**  
PERMIT NUMBER

**A01-0**  
DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 08/01/2012	TO 08/31/2012

DMR Mailing ZIP CODE: 61010

MAJOR  
(SUBR 01) CS

DEMINERALIZER REGENERATE WASTE (001A)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2			Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX	mg/L			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.057	0.243	3	*****	*****	*****	*****	0	01/01	ES
50050 1 0	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
Effluent Gross	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	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 EXECUTIVE OFFICER						815 406-3700		09/25/2012			
Benjamin P. Youman											
Plant Manager	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE		NUMBER			
TYPED OR PRINTED											
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) 1. Flows for August 2012 are estimated based on July 2012 values due to totalizers being Out of Service in August. The totalizers are an obsolete model and work orders are in place to find replacement totalizers and get them installed in the system.											

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

## PERMITTEE NAME/ADDRESS

NAME Exelon Generation Co., LLC  
 ADDRESS 4300 Winfield Road  
 Warrenville, IL 60555-5701

IL0048313  
 PERMIT NUMBER

B01-0  
 DISCHARGE NUMBER

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

STP PLANT EFFLUENT (FORMER 001B)

External Outfall

FACILITY Byron Nuclear Power Station  
 LOCATION 4450 North German Church Road  
 Byron, IL 61010

MONITORING PERIOD  
 FROM MM/DD/YYYY TO MM/DD/YYYY  
 08/01/2012 08/31/2012

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day (20 Deg. C) 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.38	0.40	26	*****	6.5	7.0	19	0	02/30	24
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	B/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.41	*****	7.61	12	0	02/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	8 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.063	0.080	26	*****	<0.78	1.2	19	0	02/30	24
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	B/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.007	0.012	3	*****	*****	*****	*****	0	01/01	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE	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 EXECUTIVE OFFICER		815	406-3700	09/25/2012	
		AREA CODE	NUMBER	MM/DD/YYYY	
Benjamin P. Youman Plant Manager		SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT			
TYPED OR PRINTED					

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

1. Flow existed through this outfall 29 of 31 days during this month.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

**IL0048313**  
PERMIT NUMBER

**C01-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 08/01/2012</b>	<b>TO 08/31/2012</b>

**DMR Mailing ZIP CODE:**

61010

**MAJOR**  
**(SUBR 01)** CS

**WWTP (FORMER 001C)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	5.5	7.1	19	0	02/30	24
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15	30	mg/L		Twice Per Month	COMP24
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
Chromium, hexavalent (as Cr)	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30DA AVG	DAILY MX	mg/L		Daily	GRAB
<b>01032 1 0</b>	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
Copper, total (as Cu)	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	5	1	mg/L		Daily	GRAB
<b>01042 1 0</b>	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30DA AVG	DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1	mg/L		Daily	GRAB
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
Lead, total (as Pb)	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	2	4	mg/L		Daily	GRAB
<b>01051 1 0</b>	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Nickel, total (as Ni)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01067 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30DA AVG	DAILY MX	mg/L		Daily	GRAB
Effluent Gross											

<b>NAME/TITLE</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>	
<b>PRINCIPAL EXECUTIVE OFFICER</b>		815	406-3700	09/25/2012	
<b>TYPED OR PRINTED</b>		<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.

2. Flow existed through this outfall 15 of 31 days during the month.



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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

IL0048313	C01-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 08/01/2012	TO 08/31/2012

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**WWTP (FORMER 001C)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.018	0.025	3	*****	*****	*****	*****	0	01/01	CN
50050 1 0	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
Effluent Gross											
	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	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 EXECUTIVE OFFICER						815 406-3700		09/25/2012			
Benjamin P. Youman											
Plant Manager	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE		NUMBER			
TYPED OR PRINTED											
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

**IL0048313**  
PERMIT NUMBER

**D01-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 08/01/2012	TO 08/31/2012

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**RADWASTE TREATMENT (FORMER 001D)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	*****	0.9	1.3	19	0	02/30	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Twice Per Month	COMPOS
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.023	0.023	3	*****	*****	*****	*****	0	01/01	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
	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  Benjamin P. Youman  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  815 406-3700		DATE  09/25/2012	
				MM/DD/YYYY	
		AREA CODE	NUMBER		

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

1. Flow existed through this outfall 9 of 31 days during the month.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**E01-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR**  
**(SUBR 01)** CS

**STORMWATER (FORMER 001E)**  
External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 08/01/2012</b>	<b>TO 08/31/2012</b>

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15	30	mg/L		Weekly	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	7.9	8.0	19	0	01/07	GR
<b>00530 8 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30	100	mg/L		Weekly	GRAB
Other Treatment, Process Complete						30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.5	1	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1	mg/L		Daily	GRAB
Effluent Gross							DAILY MX				
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	2	4	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>	
Benjamin P. Youman		815	406-3700	09/25/2012	
Plant Manager		<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during the month.

2. Flow existed through this outfall 1 of 31 days during the month.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

**IL0048313**  
PERMIT NUMBER

**E01-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 08/01/2012	TO 08/31/2012

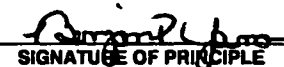
**DMR Mailing ZIP CODE:**

61010

**MAJOR**  
**(SUBR 01)** CS

**STORMWATER (FORMER 001E)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01067 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.390	0.390	3	*****	*****	*****	*****	0	02/30	CN
50050 1 0	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Twice Per Month	CONTIN
Effluent Gross											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b>	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.				 <b>SIGNATURE OF PRINCIPLE</b> <b>EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>		<b>DATE</b>		
<b>PRINCIPAL EXECUTIVE OFFICER</b>							815	406-3700	09/25/2012		
Benjamin P. Youman							<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>		
<b>TYPED OR PRINTED</b>											

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

1. No Service Water or Closed Cooling System Drain Water was discharged this month.
2. Fire Protection drain water was discharged this month.
3. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Cleaning wastewater was discharged this month.

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

1/8/2012

PAGE 2

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**001-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR**

**(SUBR 01)**

**CS**

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**FROM**

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>TO</b>	<b>MM/DD/YYYY</b>
08/01/2012		08/31/2012

**TO**

**COOLING SYSTEM BLOWDOWN**

**External Outfall**

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN: Zoe Cox/ENV SPEC**

PARAMETER		QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	*****	*****	102.0	15	0	01/01	CN
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg F		Daily	CONTIN
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.81	*****	8.31	12	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.0	12.0	19	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1.4	<1.4	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		Weekly	GRAB
Chromium, total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.0021	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.2 DAILY MX	mg/L		Weekly	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.015	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.071 DAILY MX	mg/L		Weekly	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.003	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	213 30DA AVG	433 DAILY MX	mg/L	Weekly	GRAB
<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815 406-3700		09/25/2012			
Plant Manager						<b>AREA CODE</b> <b>NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>											

*Benjamin P. Youman*  
**SIGNATURE OF PRINCIPLE  
EXECUTIVE OFFICER OR  
AUTHORIZED AGENT**

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

1. Monitoring data for outfall 001-0 is included on attachment.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

**IL0048313**  
PERMIT NUMBER

**001-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 08/01/2012	TO 08/31/2012

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01) CS

COOLING SYSTEM BLOWDOWN  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	0.05	19	0	01/07	GR
<b>34044 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	.05 DAILY MX	mg/L		Weekly	GRAB
Priority pollutants total effluent	<b>SAMPLE MEASUREMENT</b>	*****			*****	*****				500	
<b>50008 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	lb/d	*****	*****	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	18.82	28.92	3	*****	*****	*****	*****	0	01/01	CN
<b>50050 1 0</b>	<b>PERMIT REQUIREMENT</b>	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****				500	
<b>50060 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	.05 DAILY MX	mg/L		Weekly	GRAB
Hydrazine	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>81313 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.011 30DA AVG	.027 DAILY MX	mg/L		Daily When Discharging	GRAB
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
<b>NAME/TITLE</b> 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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815 406-3700		09/25/2012			
Plant Manager						<b>AREA CODE</b> <b>NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>											



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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>002-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 08/01/2012</b>	<b>TO 08/31/2012</b>

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR**  
**(SUBR 01)** CS

**STORMWATER RUNOFF BASIN**  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15	30	mg/L		Weekly	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>00530 8 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30	100	mg/L		Weekly	GRAB
Other Treatment, Process Complete						30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.011	.018	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.025	.041	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1	mg/L		Daily	GRAB
Effluent Gross							DAILY MX				
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.083	.298	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.	<b>TELEPHONE</b> 815 406-3700		<b>DATE</b> 09/25/2012	
Benjamin P. Youman					
Plant Manager		<b>AREA CODE</b> NUMBER		<b>MM/DD/YYYY</b>	
TYPED OR PRINTED		<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>			

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

1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning Wastewater was discharged this month.
2. No Fire Protection, Service Water or Closed Cooling System Drain Water was discharged this month.

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

**PERMITTEE NAME/ADDRESS**  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

**IL0048313**  
**PERMIT NUMBER**

**002-0**  
**DISCHARGE NUMBER**

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>TO</b>	<b>MM/DD/YYYY</b>
08/01/2012		08/31/2012

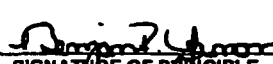
**DMR Mailing ZIP CODE:** 61010

**MAJOR**  
**(SUBR 01)** CS

**STORMWATER RUNOFF BASIN**  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni) <b>01067 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.176 DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn) <b>01092 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	.047 30DA AVG	.26 DAILY MX	mg/L		Daily	GRAB
Oil and Grease <b>03582 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		When Discharging	GRAB
Flow, in conduit or thru treatment plant <b>50050 1 0</b> Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****	*****			
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		When Discharging	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>  Benjamin P. Youman  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.	 <b>SIGNATURE OF PRINCIPLE</b> <b>EXECUTIVE OFFICER OR</b> <b>AUTHORIZED AGENT</b>	<b>TELEPHONE</b>		<b>DATE</b>
			815	406-3700	
			<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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

- This discharge point was not used this month.
- There was no discharge of processed steam generator chemical cleaning wastewater during the month.

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT

For Exelon Byron Station

Permit IL0048313

August 2012

Page 1 of 3

**MONITORING DATA:**

<b>DATE</b>	<b>CWBD Temperature deg F</b>	<b>CWBD Flow mgd</b>	<b>Rock River Flow cfs</b>
08/01/2012	100.0	19.82	1,900
08/02/2012	100.0	21.62	1,890
08/03/2012	101.0	20.67	1,840
08/04/2012	101.0	28.92	1,890
08/05/2012	100.0	21.11	1,890
08/06/2012	98.3	13.43	1,820
08/07/2012	100.0	22.51	1,840
08/08/2012	100.0	9.30	1,830
08/09/2012	98.5	17.04	1,860
08/10/2012	95.6	16.07	1,900
08/11/2012	97.3	17.09	1,820
08/12/2012	97.3	15.25	1,840
08/13/2012	95.5	14.28	1,860
08/14/2012	96.3	22.12	1,830
08/15/2012	100.0	19.58	1,850
08/16/2012	100.0	24.91	1,890
08/17/2012	98.9	18.27	1,910
08/18/2012	98.1	27.19	1,810
08/19/2012	95.2	22.86	1,830
08/20/2012	94.4	16.50	1,820
08/21/2012	95.5	19.79	1,790
08/22/2012	97.1	16.71	1,800
08/23/2012	97.1	17.08	1,760
08/24/2012	96.6	17.76	1,760
08/25/2012	99.8	15.95	1,680
08/26/2012	97.8	18.62	1,660
08/27/2012	97.1	13.46	1,690
08/28/2012	99.5	22.30	1,590
08/29/2012	98.5	17.98	1,600
08/30/2012	101.0	17.03	1,630
08/31/2012	102.0	18.14	1,550

**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
August 2012  
Page 2 of 3**

**HYDRAZINE MONITORING:**

There were no steam generator chemical cleaning solutions (or associated rinses) containing hydrazine discharged to the Cooling System Blowdown during the month of August 2012.

**TOTAL QUANTITY DISCHARGED: N/A**

**TOTAL DURATION OF DISCHARGE: N/A**

**COMMENTS:**

1. Sodium Hypochlorite and Bromine compounds were used this month.
2. There was no discharge of steam generator chemical cleaning wastewater containing hydrazine in this month.
3. Flow existed through this outfall 31 of 31 days.
4. Per Special Condition 24 the influent from the Rock River and effluent from Outfall 001-0 was monitored for Total Suspended Solids (TSS) this month. The Rock River TSS value was 37.0 mg/L on 08/06/2012. The CWBD TSS value was 12.0 mg/L on 08/06/2012.
5. Rock River flow was <2400 cfs in August 2012 therefore daily temperature calculations were required during this time period. (Special Condition 12). Per Special Condition 12, in the event the Rock River flow is <2,400 cfs, daily calculations will be undertaken to demonstrate compliance with the water quality standard. The calculations are based on hourly measurements, averaged over a 24-hour calendar day for Rock River flow, main Rock River temperature, CW Blowdown flow, and CW Blowdown temperature values. Results of the calculations shall be reported in the DMR on a monthly basis. Calculation results are in the table on the following page.
6. There was no discharge of the 126 Priority Pollutants from cooling tower maintenance chemicals in August 2012. (Special Condition 15).

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
August 2012  
Page 3 of 3

Date	Average Rock River Flow (cfs)	Average CW M/U Temperature (F)	Average CW Blowdown Flow (gpm)	Average CW Blowdown Temperature (F)	Calculated Temperature at edge of mixing zone (F)	Water Quality Standard Temperature (F)
8/01/12	1910	78	15492	97	79.0	90
8/02/12	1892	79	15386	99	80.0	90
8/03/12	1848	80	15255	100	80.4	90
8/04/12	1867	80	15531	100	81.2	90
8/05/12	1939	79	14197	97	79.3	90
8/06/12	1820	77	10402	96	77.4	90
8/07/12	1840	77	11936	98	77.5	90
8/08/12	1818	76	12105	97	76.9	90
8/09/12	1863	73	12130	95	73.9	90
8/10/12	1889	71	12022	92	71.7	90
8/11/12	1828	71	7827	91	71.4	90
8/12/12	1845	70	12257	93	70.8	90
8/13/12	1850	69	14858	94	70.3	90
8/14/12	1828	69	14927	97	70.6	90
8/15/12	1849	73	14998	99	73.7	90
8/16/12	1881	73	15125	98	73.6	90
8/17/12	1914	69	15320	93	70.2	90
8/18/12	1800	71	15278	94	71.8	90
8/19/12	1831	70	15283	94	70.9	90
8/20/12	1821	69	13557	94	70.3	90
8/21/12	1790	71	14433	93	71.7	90
8/22/12	1799	71	12377	94	71.6	90
8/23/12	1768	72	12491	96	73.1	90
8/24/12	1765	74	8394	97	74.5	90
8/25/12	1691	74	12515	98	75.2	90
8/26/12	1654	74	12906	97	74.9	90
8/27/12	1695	73	13512	97	74.1	90
8/28/12	1590	74	14901	97	75.5	90
8/29/12	1603	75	12747	96	75.5	90
8/30/12	1628	75	12720	97	75.9	90
8/31/12	1555	75	11960	100	76.4	90

Exelon Generation Company, LLC  
Byron Station  
4450 North German Church Road  
Byron, IL 61010-9794

www.exeloncorp.com

October 16, 2012

LTR: BYRON 2012-0112  
File: 2.09.0411  
1.10.0101

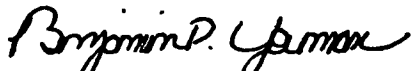
Illinois Environmental Protection Agency  
Water Pollution Control  
Compliance Assurance Section #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

Subject: Byron Station Monthly Discharge Monitoring Report

In accordance with National Pollutant Discharge Elimination System (NPDES) Permit Number IL0048313, issued January 24, 2011, we are submitting the Discharge Monitoring Report for Byron Station, Units 1 and 2. This report covers the period of September 1, 2012 through September 30, 2012.

If there are any questions regarding this report, please contact Ms. Zoe Cox, Environmental/Radwaste Supervisor, at (815) 406-3035.

Respectfully,

  
Benjamin P. Youman  
Plant Manager  
Byron Nuclear Generating Station

BPY/ZC/eh  
Attachments



bcc: J. Gould – Environmental – Cantera (electronic)  
Z. Cox – Chemistry – Byron

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

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

DEMINERALIZER REGENERATE WASTE (001A)

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010


**ATTN:** Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>A01-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 09/01/2012</b>	<b>TO 09/30/2012</b>

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	<0.71	<0.71	19	0	01/30	08
<b>00530 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.15 30DA AVG	.30 DAILY MX	mg/L		Monthly	COMP-6
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.1 30DA AVG	.2 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.1 30DA AVG	.2 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.5 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	GRAB
Lead, Total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.2 30DA AVG	.4 DAILY MX	mg/L		Daily	GRAB
Nickel, total (as Ni)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01067 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	.1 30DA AVG	.2 DAILY MX	mg/L		Daily	GRAB

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>	<b>DATE</b>
Benjamin P. Youman			815 406-3700	10/16/2012
Plant Manager			<b>AREA CODE</b>	<b>NUMBER</b>
<b>TYPED OR PRINTED</b>				

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.

2. Flow existed 30 of 30 days during this month.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
PERMIT NUMBER

**A01-0**  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01) CS

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

MM/DD/YYYY	MM/DD/YYYY
FROM 09/01/2012	TO 09/30/2012

DEMINERALIZER REGENERATE WASTE (001A)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.057	0.243	3	*****	*****	*****	*****	0	01/01	ES
	PERMIT REQUIREMENT	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	Mgald	*****	*****	*****	*****		Daily	CONTIN
	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  Benjamin P. Youman  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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			815	406-3700	
			AREA CODE	NUMBER	MM/DD/YYYY

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**  
1. Flows for September 2012 are estimated based on July 2012 values due to totalizers being Out of Service. The totalizers are an obsolete model and work orders are in place to find replacement totalizers and get them installed in the system.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

**IL0048313**  
**PERMIT NUMBER**

**B01-0**  
**DISCHARGE NUMBER**

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 09/01/2012</b>	<b>TO 09/30/2012</b>

**DMR Mailing ZIP CODE:**

61010

**MAJOR**  
**(SUBR 01)** CS

**STP PLANT EFFLUENT (FORMER 001B)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day (20 Deg. C) 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	2.14	3.76	26	*****	29.0	50.0	19	0	02/30	24
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	D/D	*****	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.69	*****	7.85	12	0	02/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	1.21	2.22	26	*****	15.7	29.5	19	0	02/30	24
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	D/D	*****	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.008	0.014	3	*****	*****	*****	*****	0	01/01	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815 406-3700		10/16/2012			
Plant Manager						<b>AREA CODE</b> <b>NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>	<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>										
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b> 1. Flow existed through this outfall 28 of 30 days during this month.											

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

DMR Mailing ZIP CODE:

61010

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

IL0048313  
PERMIT NUMBER

C01-0  
DISCHARGE NUMBER

MAJOR

(SUBR 01)

CS

WWTP (FORMER 001C)

External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

MM/DD/YYYY	MM/DD/YYYY
FROM 09/01/2012	TO 09/30/2012

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.4	2.9	19	0	02/30	24
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15	30	mg/L		Twice Per Month	COMP24
Effluent Gross						30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01032 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.1	.2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01034 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01042 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.5	1	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01045 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****		1	mg/L		Daily	GRAB
Effluent Gross							DAILY MX				
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01051 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	2	4	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01067 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Benjamin P. Youman Plant Manager	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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
				815	406-3700	
				AREA CODE	NUMBER	MM/DD/YYYY

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.
2. Flow existed through this outfall 19 of 30 days during the month.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

IL0048313	C01-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 09/01/2012	TO 09/30/2012

DMR Mailing ZIP CODE:

61010

MAJOR  
(SUBR 01) CS

WWTP (FORMER 001C)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	mp/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.024	0.048	3	*****	*****	*****	*****	0	01/01	CN
50050 1 0	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Moat/d	*****	*****	*****	*****		Daily	CONTIN
Effluent Gross											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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.					TELEPHONE		DATE			
Benjamin P. Youman						815 406-3700		10/16/2012			
Plant Manager						AREA CODE NUMBER		MM/DD/YYYY			
TYPED OR PRINTED						SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT					
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											



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

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

RADWASTE TREATMENT (FORMER 001D)

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PERMITTEE NAME/ADDRESS

NAME Exelon Generation Co., LLC

ADDRESS 4300 Winfield Road  
Warrenville, IL 60555-5701

FACILITY Byron Nuclear Power Station

LOCATION 4450 North German Church Road

Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

IL0048313  
PERMIT NUMBER

D01-0  
DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/01/2012	TO	09/30/2012

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.2	1.4	19	0	02/30	CP
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15	30	mg/L		Twice Per Month	COMPOS
Effluent Gross	SAMPLE MEASUREMENT	0.026	0.045	3	*****	*****	*****	*****	0	01/01	CN
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
50050 1 0	SAMPLE MEASUREMENT										
Effluent Gross	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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Benjamin P. Youman			815	406-3700	
Plant Manager			AREA CODE	NUMBER	MM/DD/YYYY

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

1. Flow existed through this outfall 14 of 30 days during the month.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**E01-0**  
**DISCHARGE NUMBER**

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 09/01/2012</b>	<b>TO 09/30/2012</b>

**DMR Mailing ZIP CODE:**

61010

**MAJOR**

**(SUBR 01)**

**CS**

**STORMWATER (FORMER 001E)**

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15	30	mg/L		Weekly	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	28.0	50.0	19	0	01/07	GR
<b>00530 8 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30	100	mg/L		Weekly	GRAB
Other Treatment, Process Complete						30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	5	1	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1	mg/L		Daily	GRAB
Effluent Gross							DAILY MX				
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	2	4	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				

<b>NAME/TITLE</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>	
<b>PRINCIPAL EXECUTIVE OFFICER</b>		815	406-3700	10/16/2012	
Benjamin P. Youman		<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>MM/DD/YYYY</b>	
Plant Manager					
<b>TYPED OR PRINTED</b>		<b>AREA CODE</b>	<b>NUMBER</b>		

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during the month.
2. Flow existed through this outfall 16 of 30 days during the month.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

**IL0048313**  
PERMIT NUMBER

**E01-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

MM/DD/YYYY	MM/DD/YYYY
FROM 09/01/2012	TO 09/30/2012


DMR Mailing ZIP CODE:

61010

**MAJOR**  
(SUBR 01) CS

**STORMWATER (FORMER 001E)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
0106710 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
0109210 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.530	0.957	3	*****	*****	*****	*****	0	02/30	CN
5005010 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mo/d	*****	*****	*****	*****		Twice Per Month	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> 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.					 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		TELEPHONE		DATE	
Benjamin P. Youman								815	406-3700	10/16/2012	
Plant Manager								AREA CODE	NUMBER	MM/DD/YYYY	
TYPED OR PRINTED											
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b> 1. No Closed Cooling System Drain Water was discharged this month. 2. Fire Protection and Service Water System drain water was discharged this month. 3. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Cleaning wastewater was discharged this month.											

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
PERMIT NUMBER

**001-0**  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01) CS

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010


**MONITORING PERIOD**  
FROM **MM/DD/YYYY** TO **MM/DD/YYYY**  
09/01/2012 TO 09/30/2012

COOLING SYSTEM BLOWDOWN  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	*****	*****	102.0	15	0	01/01	CN
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg F		Daily	CONTIN
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8.15	*****	8.60	12	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.0	2.0	19	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<3.1	7.0	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		Weekly	GRAB
Chromium, total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.0021	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.2 DAILY MX	mg/L		Weekly	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.028	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.071 DAILY MX	mg/L		Weekly	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.0020	<0.0020	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	213 30DA AVG	433 DAILY MX	mg/L		Weekly	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 PRINCIPLE	TELEPHONE		DATE
Benjamin P. Youman			815	406-3700	10/16/2012
Plant Manager		EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

1. Monitoring data for outfall 001-0 is included on attachment.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

**IL0048313**  
**PERMIT NUMBER**

**001-0**  
**DISCHARGE NUMBER**

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 09/01/2012</b>	<b>TO 09/30/2012</b>

**DMR Mailing ZIP CODE:**

61010

**MAJOR**

**(SUBR 01)**

**CS**

**COOLING SYSTEM BLOWDOWN**

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	0.04	19	0	01/07	GR
<b>34044 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	.05 DAILY MX	mg/L		Weekly	GRAB
Priority pollutants total effluent	<b>SAMPLE MEASUREMENT</b>	*****			*****	*****				500	
<b>50008 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	lb/d	*****	*****	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	15.77	24.29	3	*****	*****	*****	*****	0	01/01	CN
<b>50050 1 0</b>	<b>PERMIT REQUIREMENT</b>	Req. Mon. 300A AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****				500	
<b>50060 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	.05 DAILY MX	mg/L		Weekly	GRAB
Hydrazine	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****				500	
<b>81313 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	.011 300A AVG	.027 DAILY MX	mg/L	Daily When Discharging	GRAB
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
<b>NAME/TITLE</b>	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.					<b>TELEPHONE</b>		<b>DATE</b>			
<b>PRINCIPAL EXECUTIVE OFFICER</b>						815 406-3700		10/16/2012			
<b>Benjamin P. Youman</b>											
<b>Plant Manager</b>	<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					<b>AREA CODE</b>		<b>NUMBER</b>			
<b>TYPED OR PRINTED</b>											
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>											

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

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

STORMWATER RUNOFF BASIN

External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

PERMITTEE NAME/ADDRESS

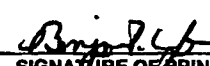
NAME Exelon Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555-5701

FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

IL0048313	002-0
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 09/01/2012	TO 09/30/2012

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15	30	mg/L		Weekly	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 8 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30	100	mg/L		Weekly	GRAB
Other Treatment, Process Complete						30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01032 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.011	.016	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01034 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.025	.041	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****		1	mg/L		Daily	GRAB
Effluent Gross							DAILY MX				
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01051 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	.063	.286	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				

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.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	TELEPHONE	DATE	
Benjamin P. Youman			815 406-3700	10/16/2012	
Plant Manager			AREA CODE	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning Wastewater was discharged this month.

2. No Fire Protection, Service Water or Closed Cooling System Drain Water was discharged this month.

EPA Form 3320-1 (Rev 01/06) Previous editions may be used. 1/6/2012 **PAGE 1**



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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>002-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	09/01/2012	TO	09/30/2012

DMR Mailing ZIP CODE:

61010

MAJOR  
(SUBR 01) CS

STORMWATER RUNOFF BASIN  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni) <b>0106710</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.176 DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn) <b>0109210</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	.047 30DA AVG	.26 DAILY MX	mg/L		Daily	GRAB
Oil and Grease <b>0358210</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		When Discharging	GRAB
Flow, in conduit or thru treatment plant <b>5005010</b> Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****	*****			
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		When Discharging	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> 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			
Benjamin P. Youman						815 406-3700		10/16/2012			
Plant Manager						AREA CODE NUMBER		MM/DD/YYYY			
TYPED OR PRINTED						SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

- This discharge point was not used this month.
- There was no discharge of processed steam generator chemical cleaning wastewater during the month.

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
September 2012  
Page 1 of 3

**MONITORING DATA:**

DATE	CWBD Temperature deg F	CWBD Flow mgd	Rock River Flow cfs
09/01/2012	102.0	21.42	1,440
09/02/2012	99.0	16.63	1,450
09/03/2012	101.0	10.50	1,520
09/04/2012	101.0	19.32	1,570
09/05/2012	101.0	11.26	1,620
09/06/2012	93.5	0.010	1,550
09/07/2012	n/a	0	1,570
09/08/2012	91.6	12.62	1,530
09/09/2012	91.6	19.17	1,580
09/10/2012	94.0	24.29	1,590
09/11/2012	96.1	17.98	1,580
09/12/2012	99.1	13.72	1,580
09/13/2012	99.1	13.23	1,480
09/14/2012	92.1	18.01	1,500
09/15/2012	92.1	16.78	1,500
09/16/2012	93.7	15.95	1,520
09/17/2012	93.7	14.51	1,540
09/18/2012	91.5	16.85	1,510
09/19/2012	86.5	14.65	1,560
09/20/2012	92.7	15.91	1,620
09/21/2012	88.5	16.02	1,410
09/22/2012	87.8	17.11	1,550
09/23/2012	85.2	18.36	1,640
09/24/2012	85.4	14.37	1,600
09/25/2012	91.6	18.47	1,510
09/26/2012	91.6	15.92	1,470
09/27/2012	89.6	15.97	1,590
09/28/2012	90.3	15.46	1,580
09/29/2012	91.0	18.10	1,480
09/30/2012	91.0	14.65	1,440

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
September 2012  
Page 2 of 3

**HYDRAZINE MONITORING:**

There were no steam generator chemical cleaning solutions (or associated rinses) containing hydrazine discharged to the Cooling System Blowdown during the month of September 2012.

TOTAL QUANTITY DISCHARGED: N/A

TOTAL DURATION OF DISCHARGE: N/A

**COMMENTS:**

1. Sodium Hypochlorite and Bromine compounds were used this month.
2. There was no discharge of steam generator chemical cleaning wastewater containing hydrazine in this month.
3. Flow existed through this outfall 29 of 30 days.
4. Per Special Condition 24 the influent from the Rock River and effluent from Outfall 001-0 was monitored for Total Suspended Solids (TSS) this month. The Rock River TSS value was 28.0 mg/L on 09/10/2012. The CWBD TSS value was 2.0 mg/L on 09/10/2012.
5. Rock River flow was <2400 cfs in September 2012 therefore daily temperature calculations were required during this time period. (Special Condition 12). Per Special Condition 12, in the event the Rock River flow is <2,400 cfs, daily calculations will be undertaken to demonstrate compliance with the water quality standard. The calculations are based on hourly measurements, averaged over a 24-hour calendar day for Rock River flow, main Rock River temperature, CW Blowdown flow, and CW Blowdown temperature values. Results of the calculations shall be reported in the DMR on a monthly basis. Calculation results are in the table on the following page.
6. There was no discharge of the 126 Priority Pollutants from cooling tower maintenance chemicals in September 2012. (Special Condition 15).

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
September 2012  
Page 3 of 3

Date	Average Rock River Flow (cfs)	Average CW M/U Temperature (F)	Average CW Blowdown Flow (gpm)	Average CW Blowdown Temperature (F)	Calculated Temperature at edge of mixing zone (F)	Water Quality Standard Temperature (F)
9/01/12	1440	74	11971	97	75.2	90
9/02/12	1456	72	11983	99	73.4	90
9/03/12	1513	75	11971	100	75.6	90
9/04/12	1577	77	12038	101	77.9	90
9/05/12	1615	77	1658	96	77.5	90
9/06/12	1544	81	0	N/A	N/A	90
9/07/12	1570	80	1175	89	79.8	90
9/08/12	1531	75	14546	92	75.9	90
9/09/12	1571	73	14904	91	74.2	90
9/10/12	1593	74	15200	89	74.4	90
9/11/12	1577	73	11321	95	74.2	90
9/12/12	1578	75	10421	97	75.4	90
9/13/12	1487	73	10421	91	73.2	90
9/14/12	1508	69	11258	91	69.5	90
9/15/12	1498	71	11229	93	71.6	90
9/16/12	1521	71	11213	93	71.7	90
9/17/12	1538	70	11188	93	70.8	90
9/18/12	1518	68	11204	88	68.5	90
9/19/12	1557	65	11221	89	66.2	90
9/20/12	1621	66	11208	90	66.4	90
9/21/12	1417	64	11225	88	65.4	90
9/22/12	1537	61	11233	86	61.7	90
9/23/12	1633	60	11925	85	61.0	90
9/24/12	1609	58	11563	88	59.3	90
9/25/12	1516	60	11583	92	61.0	90
9/26/12	1472	62	11629	91	63.6	90
9/27/12	1574	61	11642	88	62.2	90
9/28/12	1586	60	11650	89	61.0	90
9/29/12	1487	61	10342	91	62.3	90
9/30/12	1450	62	12171	90	63.3	90

Exelon Generation Company, LLC  
Byron Station  
4450 North German Church Road  
Byron, IL 61010-9794

www.exeloncorp.com

November 26, 2012

LTR: BYRON 2012-0123  
File: 2.09.0411  
1.10.0101

Illinois Environmental Protection Agency  
Water Pollution Control  
Compliance Assurance Section #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

Subject: Byron Station Monthly Discharge Monitoring Report

In accordance with National Pollutant Discharge Elimination System (NPDES) Permit Number IL0048313, issued January 24, 2011, we are submitting the Discharge Monitoring Report for Byron Station, Units 1 and 2. This report covers the period of October 1, 2012 through October 31, 2012.

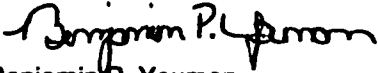
On 10/06/2012 at 11:20 hours a leak was discovered on the piping for the temporary mechanical draft cooling tower equipment. The plastic pipe fractured and water flowed from the crack at an estimated 5,000 gallons per minute. The majority of the water was retained by sandbags and the leak was isolated at 11:27. Approximately 30,000 gallons overflowed the sandbags and entered Woodland Creek via storm water Outfall 003, East Station Area Runoff. Analysis results of a sample of the cooling tower water obtained prior to entering the storm water ditch are summarized in the following table:

pH	Copper (mg/L)	Zinc (mg/L)	Chromium (mg/L)
8.68	0.033	0.018	<0.0021

The remainder of the leaked water was pumped back into the Unit 2 Natural Draft Cooling Tower basin.

If there are any questions regarding this report, please contact Ms. Zoe Cox, Environmental/Radwaste Supervisor, at (815) 406-3035.

Respectfully,

  
Benjamin P. Youman  
Plant Manager  
Byron Nuclear Generating Station

BPY/DS/eh  
Attachments

bcc: Jennifer Gould – Environmental – Cantera (electronic)  
Zoe Cox – Environmental - Byron



DMR Mailing ZIP CODE: 61010  
 MAJOR (SUBR 01) CS  
 DEMINERALIZER REGENERATE WASTE (001A)  
 External Outfall

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

PERMITTEE NAME/ADDRESS  
 NAME Exelon Generation Co., LLC  
 ADDRESS 4300 Winfield Road  
 Warrenville, IL 60555-5701

IL0048313  
 PERMIT NUMBER

A01-0  
 DISCHARGE NUMBER

FACILITY Byron Nuclear Power Station  
 LOCATION 4450 North Garman Church Road  
 Byron, IL 61010

MONITORING PERIOD  
 FROM MM/DD/YYYY TO MM/DD/YYYY  
 10/01/2012 10/31/2012

\*\*\* NO DISCHARGE \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	MEASUREMENT	*****	*****	*****	7.5	8.8	19	0	01/30	08
00530 1 0 Effluent Gross Chromium, hexavalent (as Cr)	PERMIT REQUIREMENT	*****	*****	*****	30DA AVG	DAILY MX	mg/L		Monthly	COMP-8
01032 1 0 Effluent Gross Chromium, total (as Cr)	MEASUREMENT	*****	*****	*****	*****	*****	*****		500	
01032 1 0 Effluent Gross Chromium, total (as Cr)	PERMIT REQUIREMENT	*****	*****	*****	30DA AVG	DAILY MX	mg/L		Daily	GRAB
01034 1 0 Effluent Gross Copper, total (as Cu)	MEASUREMENT	*****	*****	*****	*****	*****	*****		500	
01042 1 0 Effluent Gross Iron, total (as Fe)	PERMIT REQUIREMENT	*****	*****	*****	30DA AVG	DAILY MX	mg/L		Daily	GRAB
01045 1 0 Effluent Gross Lead, Total (as Pb)	MEASUREMENT	*****	*****	*****	*****	*****	*****		500	
01051 1 0 Effluent Gross Nickel, total (as Ni)	PERMIT REQUIREMENT	*****	*****	*****	30DA AVG	DAILY MX	mg/L		Daily	GRAB
01067 1 0 Effluent Gross	MEASUREMENT	*****	*****	*****	*****	*****	*****		500	
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30DA AVG	DAILY MX	mg/L		Daily	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified 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.

*Benjamin P. Youman*  
 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 815 408-3700  
 DATE 11/19/2012  
 AREA CODE NUMBER MM/DD/YYYY

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.
2. Flow existed 25 of 31 days during this month.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
PERMIT NUMBER

**A01-0**  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01) CS

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**


<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 10/01/2012	TO 10/31/2012

DEMINERALIZER REGENERATE WASTE (001A)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.023	0.074	3	*****	*****	*****	*****	0	01/01	ES
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mon. DAILY	*****	*****	*****	*****		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Benjamin P. Youman			815	406-3700	11/19/2012
Plant Manager			AREA CODE	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

1. Flows for October 2012 are estimated based on July 2012 values due to totalizers being Out of Service. The totalizers are an obsolete model and work orders are in place to find replacement totalizers and get them installed in the system.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**B01-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:**

61010

**MAJOR**  
**(SUBR 01)** CS

**STP PLANT EFFLUENT (FORMER 001B)**  
External Outfall


**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

MONITORING PERIOD	
FROM	TO
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day (20 Deg. C) 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.74	0.96	26	*****	16.0	23.0	19	0	02/30	24
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.51	*****	7.61	12	0	02/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.21	0.32	26	*****	4.3	7.8	19	0	02/30	24
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.006	0.009	3	*****	*****	*****	*****	0	01/01	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgd/d	*****	*****	*****	*****		Daily	CONTIN
	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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Benjamin P. Youman			815	406-3700	11/19/2012
Plant Manager			AREA CODE	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

1. Flow existed through this outfall 31 of 31 days during this month.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>C01-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	10/01/2012	TO	10/31/2012

DMR Mailing ZIP CODE:

61010

MAJOR

(SUBR 01)

CS

WWTP (FORMER 001C)

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.4	9.7	19	0	02/30	24
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15	30	mg/L		Twice Per Month	COMP24
Effluent Gross						30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01032 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01034 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01042 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5	1	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				500	
01045 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01051 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	2	4	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01067 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				

NAME/TITLE	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 EXECUTIVE OFFICER		815	406-3700	11/19/2012	
TYPED OR PRINTED		AREA CODE	NUMBER	MM/DD/YYYY	

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.

2. Flow existed through this outfall 14 of 31 days during the month.

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

**PERMITTEE NAME/ADDRESS**  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>C01-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 10/01/2012</b>	<b>TO 10/31/2012</b>



**DMR Mailing ZIP CODE:**

61010

**MAJOR**  
**(SUBR 01)** CS

**WWTP (FORMER 001C)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn) <b>0109210</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	<b>1 30DA AVG</b>	<b>2 DAILY MX</b>	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant <b>5005010</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	0.042	0.081	3	*****	*****	*****	*****	0	01/01	CN
	<b>PERMIT REQUIREMENT</b>	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mon/d	*****	*****	*****	*****		Daily	CONTIN
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
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	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.					<b>SIGNATURE OF PRINCIPLE</b>  <b>EXECUTIVE OFFICER OR</b> <b>AUTHORIZED AGENT</b>		<b>TELEPHONE</b>		<b>DATE</b>	
Benjamin P. Youman						815 406-3700		11/19/2012			
Plant Manager						<b>AREA CODE</b> <b>NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>											
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>											

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>D01-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD			
<b>MM/DD/YYYY</b>		<b>MM/DD/YYYY</b>	
<b>FROM</b>	10/01/2012	<b>TO</b>	10/31/2012

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**RADWASTE TREATMENT (FORMER 001D)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	<0.5	<0.5	19	0	02/30	CP
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>					15 30DA AVG	30 DAILY MX	mg/l		Twice Per Month	COMPOS
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.025	0.044	3	*****	*****	*****	*****	0	01/01	CN
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d						Daily	CONTIN
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
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	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
<b>NAME/TITLE</b> 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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815 406-3700		11/19/2012			
Plant Manager						<b>AREA NUMBER</b>		<b>MM/DD/YYYY</b>			
TYPED OR PRINTED						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					

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

1. Flow existed through this outfall 8 of 31 days during the month.



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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

**IL0048313**  
PERMIT NUMBER

**E01-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

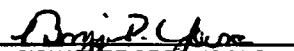
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 10/01/2012</b>	<b>TO 10/31/2012</b>

DMR Mailing ZIP CODE: 61010  
**MAJOR (SUBR 01)** CS

**STORMWATER (FORMER 001E)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended <b>00530 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Weekly	GRAB
Solids, total suspended <b>00530 8 0</b> Other Treatment, Process Complete	SAMPLE MEASUREMENT	*****	*****	*****	*****	29.4	48.1	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	100 DAILY MX	mg/L		Weekly	GRAB
Chromium, hexavalent (as Cr) <b>01032 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr) <b>01034 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu) <b>01042 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	5 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe) <b>01045 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	GRAB
Lead, total (as Pb) <b>01051 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	2 30DA AVG	4 DAILY MX	mg/L		Daily	GRAB

<b>NAME/TITLE</b> Principal Executive Officer  Benjamin P. Youman  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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
				815	406-3700	11/19/2012	
				AREA CODE	NUMBER	MM/DD/YYYY	

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during the month.
2. Flow existed through this outfall 4 of 31 days during the month.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>E01-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>


MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	10/01/2012	TO	10/31/2012

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**STORMWATER (FORMER 001E)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01067 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.219	0.358	3	*****	*****	*****	*****	0	02/30	CN
50050 1 0	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mon/d	*****	*****	*****	*****		Twice Per Month	CONTIN
Effluent Gross											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

<b>NAME/TITLE</b> 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 PRINCIPLE		TELEPHONE		DATE	
Benjamin P. Youman				815	406-3700	11/19/2012	
Plant Manager		EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	MM/DD/YYYY	
TYPED OR PRINTED							

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

1. No Closed Cooling System Drain Water was discharged this month.
2. Fire Protection and Service Water System drain water was discharged this month.
3. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Cleaning wastewater was discharged this month.

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

1/6/2012

PAGE 2

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>001-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>


MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	10/01/2012	TO	10/31/2012

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**COOLING SYSTEM BLOWDOWN**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	*****	*****	92.1	15	0	01/01	CN
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MQ MAX	deg F		Daily	CONTIN
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8.29	*****	8.58	12	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.6	5.6	19	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1.4	<1.4	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		Weekly	GRAB
Chromium, total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.0021	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.2 DAILY MX	mg/L		Weekly	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.030	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.071 DAILY MX	mg/L		Weekly	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.002	0.004	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	213 30DA AVG	433 DAILY MX	mg/L		Weekly	GRAB

<b>NAME/TITLE</b> 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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Benjamin P. Youman				815	406-3700	11/19/2012	
Plant Manager				AREA CODE	NUMBER	MM/DD/YYYY	

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

1. Monitoring data for outfall 001-0 is included on attachment.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**001-0**  
**DISCHARGE NUMBER**

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 10/01/2012	TO 10/31/2012

**DMR Mailing ZIP CODE:**

61010

**MAJOR**

(SUBR 01)

**CS**

**COOLING SYSTEM BLOWDOWN**

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	0.04	19	0	01/07	GR
<b>34044 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	.05 DAILY MX	mg/L		Weekly	GRAB
Priority pollutants total effluent	<b>SAMPLE MEASUREMENT</b>	*****			*****	*****				500	
<b>50008 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	lb/d	*****	*****	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	17.97	23.59	3	*****	*****	*****	*****	0	01/01	CN
<b>50050 1 0</b>	<b>PERMIT REQUIREMENT</b>	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****				500	
<b>50060 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	.05 DAILY MX	mg/L		Weekly	GRAB
Hydrazine	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****				500	
<b>81313 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	.011 30DA AVG	.027 DAILY MX	mg/L	Daily When Discharging	GRAB
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
<b>NAME/TITLE</b>	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.					<b>TELEPHONE</b>		<b>DATE</b>			
<b>PRINCIPAL EXECUTIVE OFFICER</b>						815 406-3700		11/19/2012			
<b>Benjamin P. Youman</b>											
<b>Plant Manager</b>	<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					<b>AREA CODE</b>		<b>NUMBER</b>			
<b>TYPED OR PRINTED</b>											
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>											

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

<b>IL0048313</b>		<b>002-0</b>	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 10/01/2012		TO 10/31/2012	

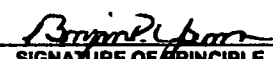
DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**STORMWATER RUNOFF BASIN**  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended <b>00530 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Weekly	GRAB
Solids, Total Suspended <b>00530 8 0</b> Other Treatment, Process Complete	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	100 DAILY MX	mg/L		Weekly	GRAB
Chromium, hexavalent (as Cr) <b>01032 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.018 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr) <b>01034 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu) <b>01042 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	.025 30DA AVG	.041 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe) <b>01045 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	GRAB
Lead, total (as Pb) <b>01051 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	.063 30DA AVG	.298 DAILY MX	mg/L		Daily	GRAB

NAME/TITLE <b>PRINCIPAL EXECUTIVE OFFICER</b>  Benjamin P. Youman  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.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		TELEPHONE		DATE	
				815	406-3700	11/19/2012	
				AREA CODE	NUMBER	MM/DD/YYYY	

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

1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning Wastewater was discharged this month.
2. No Fire Protection, Service Water or Closed Cooling System Drain Water was discharged this month.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>002-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 10/01/2012</b>	<b>TO 10/31/2012</b>

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR**

**(SUBR 01)**

**CS**

**STORMWATER RUNOFF BASIN**

**External Outfall**

\*\*\* NO DISCHARGE ☒ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni) <b>01067 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.176 DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn) <b>01092 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	.047 30DA AVG	.26 DAILY MX	mg/L		Daily	GRAB
Oil and Grease <b>03582 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		When Discharging	GRAB
Flow, in conduit or thru treatment plant <b>50050 1 0</b> Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****	*****			
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		When Discharging	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> 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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815 406-3700		11/19/2012			
Plant Manager						<b>AREA NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					

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

1. This discharge point was not used this month.
2. There was no discharge of processed steam generator chemical cleaning wastewater during the month.



ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
October 2012  
Page 1 of 3

**MONITORING DATA:**

<b>DATE</b>	<b>CWBD Temperature deg F</b>	<b>CWBD Flow mgd</b>	<b>Rock River Flow cfs</b>
10/01/2012	89.7	16.53	1,520
10/02/2012	89.2	17.71	1,530
10/03/2012	89.9	16.99	1,450
10/04/2012	91.8	17.62	1,550
10/05/2012	91.8	18.17	1,550
10/06/2012	83.4	18.70	1,450
10/07/2012	81.2	17.50	1,420
10/08/2012	82.3	18.01	1,580
10/09/2012	81.9	13.78	1,550
10/10/2012	78.8	15.67	1,450
10/11/2012	78.9	18.82	1,600
10/12/2012	78.9	17.59	1,450
10/13/2012	78.9	21.09	1,500
10/14/2012	90.8	21.01	1,790
10/15/2012	89.1	13.78	1,820
10/16/2012	82.1	17.26	1,820
10/17/2012	84.6	17.34	1,930
10/18/2012	82.2	18.0	2,220
10/19/2012	80.1	16.21	2,050
10/20/2012	79.7	23.59	2,200
10/21/2012	77.5	17.88	2,160
10/22/2012	90.3	13.60	2,130
10/23/2012	90.3	16.17	2,430
10/24/2012	91.8	16.73	2,820
10/25/2012	92.1	19.90	2,860
10/26/2012	79.4	19.11	2,750
10/27/2012	77.9	23.52	2,710
10/28/2012	76.1	19.37	2,590
10/29/2012	73.7	15.88	2,500
10/30/2012	72.8	18.13	2,460
10/31/2012	74.9	21.30	2,440

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
October 2012  
Page 2 of 3

**HYDRAZINE MONITORING:**

There were no steam generator chemical cleaning solutions (or associated rinses) containing hydrazine discharged to the Cooling System Blowdown during the month of October 2012.

TOTAL QUANTITY DISCHARGED: N/A

TOTAL DURATION OF DISCHARGE: N/A

**COMMENTS:**

1. Sodium Hypochlorite and Bromine compounds were used this month.
2. There was no discharge of steam generator chemical cleaning wastewater containing hydrazine in this month.
3. Flow existed through this outfall 31 of 31 days.
4. Per Special Condition 24 the influent from the Rock River and effluent from Outfall 001-0 was monitored for Total Suspended Solids (TSS) this month. The Rock River TSS value was 13.6 mg/L on 10/08/2012. The CWBD TSS value was 5.6 mg/L on 10/08/2012.
5. Rock River flow was <2400 cfs in October 2012 until October 24<sup>th</sup> therefore daily temperature calculations were required during this time period. (Special Condition 12). Per Special Condition 12, in the event the Rock River flow is <2,400 cfs, daily calculations will be undertaken to demonstrate compliance with the water quality standard. The calculations are based on hourly measurements, averaged over a 24-hour calendar day for Rock River flow, main Rock River temperature, CW Blowdown flow, and CW Blowdown temperature values. Results of the calculations shall be reported in the DMR on a monthly basis. Calculation results are in the table on the following page.
6. There was no discharge of the 126 Priority Pollutants from cooling tower maintenance chemicals in October 2012. (Special Condition 15).

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
October 2012  
Page 3 of 3

Date	Average Rock River Flow (cfs)	Average CW M/U Temperature (F)	Average CW Blowdown Flow (gpm)	Average CW Blowdown Temperature (F)	Calculated Temperature at edge of mixing zone (F)	Water Quality Standard Temperature (F)
10/01/12	1,520	62	12246	89	63.1	90
10/02/12	1,530	61	12304	90	62.2	90
10/03/12	1,450	62	12283	90	63.4	90
10/04/12	1,550	61	12254	90	62.2	90
10/05/12	1,550	57	12321	83	58.0	90
10/06/12	1,450	53	12225	81	54.4	90
10/07/12	1,420	52	12167	82	53.5	90
10/08/12	1,580	52	11838	79	53.1	90
10/09/12	1,550	52	9750	79	52.9	90
10/10/12	1,450	52	12750	75	53.2	90
10/11/12	1,600	51	12713	77	52.0	90
10/12/12	1,450	52	12754	76	53.2	90
10/13/12	1,500	54	12883	81	55.1	90
10/14/12	1,790	57	13142	86	58.2	90
10/15/12	1,820	55	12229	79	55.8	90
10/16/12	1,820	55	12408	83	56.0	90
10/17/12	1,930	57	12204	84	57.9	90
10/18/12	2,220	54	12217	78	54.7	90
10/19/12	2,050	54	13013	77	54.7	90
10/20/12	2,200	54	13046	78	54.7	90
10/21/12	2,160	54	12229	81	54.8	90
10/22/12	2,130	57	10513	88	57.7	90
10/23/12	2,430	58	13242	89	58.8	90

Exelon Generation Company, LLC  
Byron Station  
4450 North German Church Road  
Byron, IL 61010-9794

www.exeloncorp.com

December 17, 2012

LTR: BYRON 2012-0133

File: 2.09.0411

1.10.0101

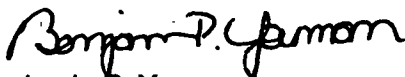
Illinois Environmental Protection Agency  
Water Pollution Control  
Compliance Assurance Section #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

Subject: Byron Station Monthly Discharge Monitoring Report

In accordance with National Pollutant Discharge Elimination System (NPDES) Permit Number IL0048313, issued January 24, 2011, we are submitting the Discharge Monitoring Report for Byron Station, Units 1 and 2. This report covers the period of November 1, 2012 through November 30, 2012.

If there are any questions regarding this report, please contact Ms. Zoe Cox, Environmental/Radwaste Supervisor, at (815) 406-3035.

Respectfully,



Benjamin P. Youman  
Plant Manager  
Byron Nuclear Generating Station

BPY/ZC/eh  
Attachments

**bcc: Jennifer Gould – Environmental – Cantera (electronic)**  
**Zoe Cox – Environmental - Byron**

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>A01-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD			
<b>MM/DD/YYYY</b>		<b>MM/DD/YYYY</b>	
<b>FROM</b>	11/01/2012	<b>TO</b>	11/30/2012

**DMR Mailing ZIP CODE:** 61010  
**MAJOR**  
**(SUBR 01)** CS

**DEMINEALIZER REGENERATE WASTE (001A)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	<3.6	<3.7	19	0	01/30	08
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15	30	mg/L		Monthly	COMP-S
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	30DA AVG	DAILY MX				
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	30DA AVG	DAILY MX				
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	5	1	mg/L		Daily	GRAB
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	30DA AVG	DAILY MX				
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1	mg/L		Daily	GRAB
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
Lead, Total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	2	4	mg/L		Daily	GRAB
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	30DA AVG	DAILY MX				
Nickel, total (as Ni)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01067 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	30DA AVG	DAILY MX				

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>	
Benjamin P. Youman		815	406-3700	12/17/2012	
Plant Manager		<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>			

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.

2. Flow existed 30 of 30 days during this month.



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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

IL0048313	A01-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 11/01/2012	TO 11/30/2012

DMR Mailing ZIP CODE: 61010

MAJOR  
(SUBR 01) CS

DEMINEALIZER REGENERATE WASTE (001A)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.057	0.243	3	*****	*****	*****	*****	0	01/01	ES
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mo/d	*****	*****	*****	*****		Daily	CONTIN
	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.					TELEPHONE		DATE			
Benjamin P. Youman						815 406-3700		12/17/2012			
Plant Manager						AREA CODE NUMBER		MM/DD/YYYY			
TYPED OR PRINTED	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT										
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											
1. Flows for November 2012 are estimated based on July 2012 values due to totalizers being Out of Service. The totalizers are an obsolete model and work orders are in place to find replacement totalizers and get them installed in the system.											

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC


<b>IL0048313</b>	<b>B01-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 11/01/2012</b>	<b>TO 11/30/2012</b>

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
**(SUBR 01)** CS

**STP PLANT EFFLUENT (FORMER 001B)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day (20 Deg. C) <b>00310 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	0.27	0.35	26	*****	5.0	7.0	19	0	02/30	24
	<b>PERMIT REQUIREMENT</b>	5.3 30DA AVG	10.5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
pH <b>00400 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	7.13	*****	7.61	12	0	02/30	GR
	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	8 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended <b>00530 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	<0.11	0.12	26	*****	<1.8	2.4	19	0	02/30	24
	<b>PERMIT REQUIREMENT</b>	5.3 30DA AVG	10.5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant <b>50050 1 0</b> Effluent Gross	<b>SAMPLE MEASUREMENT</b>	0.005	0.007	3	*****	*****	*****	*****	0	01/01	CN
	<b>PERMIT REQUIREMENT</b>	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
<b>NAME/TITLE</b> 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.				 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>		<b>DATE</b>		
Benjamin P. Youman							815	406-3700	12/17/2012		
Plant Manager							<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>		
<b>TYPED OR PRINTED</b>											

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

1. Flow existed through this outfall 28 of 30 days during this month.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC


IL0048313		C01-0	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 11/01/2012		TO 11/30/2012	

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

WWTP (FORMER 001C)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.4	2.5	19	0	02/30	24
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15	30	mg/L		Twice Per Month	COMP24
Effluent Gross						30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01032 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01034 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01042 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5	1	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01045 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****		1	mg/L		Daily	GRAB
Effluent Gross							DAILY MX				
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01051 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	2	4	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01067 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				

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.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		TELEPHONE		DATE	
				815	406-3700	12/17/2012	
				AREA CODE	NUMBER	MM/DD/YYYY	

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

- There was no discharge of processed steam generator chemical cleaning wastewater during this month.
- Flow existed through this outfall 11 of 30 days during the month.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>C01-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	11/01/2012	TO	11/30/2012

**DMR Mailing ZIP CODE:** 61010  
**MAJOR**  
**(SUBR 01)** CS

**WWTP (FORMER 001C)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.027	0.049	3	*****	*****	*****	*****	0	01/01	CN
50050 1 0	PERMIT REQUIREMENT	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	Moist	*****	*****	*****	*****		Daily	CONTIN
Effluent Gross											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> 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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815 406-3700		12/17/2012			
Plant Manager											
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA CODE</b>		<b>NUMBER</b>	
										<b>MM/DD/YYYY</b>	

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

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

IL0048313	D01-0
PERMIT NUMBER	DISCHARGE NUMBER


MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 11/01/2012	TO 11/30/2012

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**RADWASTE TREATMENT (FORMER 001D)**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	*****	<1.0	1.6	18	0	02/30	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/l		Twice Per Month	COMPOS
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.021	0.022	3	*****	*****	*****	*****	0	01/01	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	MG/L/D	*****	*****	*****	*****		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>		<b>DATE</b>
Benjamin P. Youman			815	406-3700	12/17/2012
Plant Manager			<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>
TYPED OR PRINTED					

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**  
 1. Flow existed through this outfall 3 of 30 days during the month.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

**IL0048313**  
PERMIT NUMBER

**E01-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 11/01/2012	TO 11/30/2012

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**STORMWATER (FORMER 001E)**  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>00530 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Weekly	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>00530 8 0</b> Other Treatment, Process Complete	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30 30DA AVG	100 DAILY MX	mg/L		Weekly	GRAB
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01032 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01034 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01042 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	5 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01045 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	GRAB
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01051 1 0</b> Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	2 30DA AVG	4 DAILY MX	mg/L		Daily	GRAB
<b>NAME/TITLE</b> 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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815 406-3700		12/17/2012			
Plant Manager						<b>AREA CODE</b> <b>NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during the month.
2. This discharge point was not used this month.



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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>E01-0</b>
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010

MAJOR  
(SUBR 01) CS

STORMWATER (FORMER 001E)  
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	11/01/2012	TO	11/30/2012

\*\*\* NO DISCHARGE ☒ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01067 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Moat/d	*****	*****	*****	*****		Twice Per Month	CONTIN
Effluent Gross											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE	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.				 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		TELEPHONE		DATE		
PRINCIPAL EXECUTIVE OFFICER							815	406-3700	12/17/2012		
Benjamin P. Youman							AREA CODE	NUMBER	MM/DD/YYYY		
Plant Manager											
TYPED OR PRINTED											

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

1. No Closed Cooling System Drain Water was discharged this month.
2. No Fire Protection or Service Water System drain water was discharged this month.
3. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Cleaning wastewater was discharged this month.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>001-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	11/01/2012	TO	11/30/2012

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**COOLING SYSTEM BLOWDOWN**  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	*****	*****	84.6	15	0	01/01	CN
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. NO MAX	deg F		Daily	CONTIN
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8.44	*****	8.69	12	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.0	19	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. 30DA AVG	mg/L		Monthly	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<1.4	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 30DA AVG	mg/L		Weekly	GRAB
Chromium, total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.0021	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.2 DAILY MX	mg/L		Weekly	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.040	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.071 DAILY MX	mg/L		Weekly	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.005	19	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	213 30DA AVG	mg/L		Weekly	GRAB
<b>NAME/TITLE</b> 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			
Benjamin P. Youman						815 406-3700		12/17/2012			
Plant Manager						AREA NUMBER		MM/DD/YYYY			
TYPED OR PRINTED						SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

1. Monitoring data for outfall 001-0 is included on attachment.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**ATTN:** Zoe Cox/ENV SPEC

<b>IL0048313</b>		<b>001-0</b>	
<b>PERMIT NUMBER</b>		<b>DISCHARGE NUMBER</b>	
<b>MONITORING PERIOD</b>			
<b>MM/DD/YYYY</b>		<b>MM/DD/YYYY</b>	
<b>FROM</b>	<b>11/01/2012</b>	<b>TO</b>	<b>11/30/2012</b>

**DMR Mailing ZIP CODE:**

61010

**MAJOR**

(SUBR 01)

**CS**

**COOLING SYSTEM BLOWDOWN**

External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	0.05	19	0	01/07	GR
<b>34044 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	.05 DAILY MX	mg/L		Weekly	GRAB
Priority pollutants total effluent	<b>SAMPLE MEASUREMENT</b>	*****			*****	*****				500	
<b>50008 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. DAILY MX	mg/d	*****	*****	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	18.74	29.28	3	*****	*****	*****	*****	0	01/01	CN
Flow, in conduit or thru treatment plant	<b>PERMIT REQUIREMENT</b>	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Moal/d	*****	*****	*****	*****		Daily	CONTIN
<b>50050 1 0</b>	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****				500	
Chlorine, total residual	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	.05 DAILY MX	mg/L		Weekly	GRAB
<b>50060 1 0</b>	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****				500	
Hydrazine	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	.011 30DA AVG	.027 DAILY MX	mg/L	Daily When Discharging	GRAB
<b>81313 1 0</b>	<b>SAMPLE MEASUREMENT</b>										
Effluent Gross	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
<b>NAME/TITLE</b>	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.					<b>TELEPHONE</b>		<b>DATE</b>			
<b>PRINCIPAL EXECUTIVE OFFICER</b>						815 406-3700		12/17/2012			
Benjamin P. Youman Plant Manager TYPED OR PRINTED						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA CODE NUMBER</b>			
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>											

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>002-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

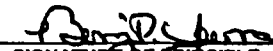
MONITORING PERIOD			
<b>MM/DD/YYYY</b>		<b>MM/DD/YYYY</b>	
<b>FROM</b>	11/01/2012	<b>TO</b>	11/30/2012

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**STORMWATER RUNOFF BASIN**  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15	30	mg/L		Weekly	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>00530 8 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	30	100	mg/L		Weekly	GRAB
Other Treatment, Process Complete						30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	011	016	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	025	041	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1	mg/L		Daily	GRAB
Effluent Gross							DAILY MX				
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	063	288	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>		<b>DATE</b>	
Benjamin P. Youman			815	406-3700	12/17/2012	
Plant Manager			<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	
<b>TYPED OR PRINTED</b>						

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

1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning Wastewater was discharged this month.
2. No Fire Protection, Service Water or Closed Cooling System Drain Water was discharged this month.

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

ATTN: Zoe Cox/ENV SPEC

<b>IL0048313</b>	<b>002-0</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>


MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 11/01/2012</b>	<b>TO 11/30/2012</b>

DMR Mailing ZIP CODE: 61010  
**MAJOR**  
(SUBR 01) CS

**STORMWATER RUNOFF BASIN**  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni) <b>01067 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.176 DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn) <b>01092 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	.047 30DA AVG	.26 DAILY MX	mg/L		Daily	GRAB
Oil and Grease <b>03582 1 0</b> Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	.15 30DA AVG	.29 DAILY MX	mg/L		When Discharging	GRAB
Flow, in conduit or thru treatment plant <b>50050 1 0</b> Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****	*****			
	PERMIT REQUIREMENT	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		When Discharging	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

<b>NAME/TITLE</b> PRINCIPAL EXECUTIVE OFFICER  Benjamin P. Youman  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.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>		<b>DATE</b>
			815	406-3700	
			<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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

1. This discharge point was not used this month.
2. There was no discharge of processed steam generator chemical cleaning wastewater during the month.

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
November 2012  
Page 1 of 3

**MONITORING DATA:**

DATE	CWBD Temperature deg F	CWBD Flow mgd	Rock River Flow cfs
11/01/2012	78.6	18.85	2280
11/02/2012	78.6	17.29	2260
11/03/2012	78.0	21.35	2270
11/04/2012	78.0	13.75	2310
11/05/2012	75.2	21.48	2200
11/06/2012	75.3	18.99	2190
11/07/2012	75.3	16.59	2170
11/08/2012	78.0	19.01	2220
11/09/2012	76.1	16.86	2170
11/10/2012	82.8	21.39	2190
11/11/2012	83.1	17.06	2290
11/12/2012	83.1	13.66	2440
11/13/2012	74.0	18.21	2270
11/14/2012	74.0	17.48	2270
11/15/2012	78.8	20.53	2310
11/16/2012	78.8	17.97	2300
11/17/2012	75.4	25.52	2250
11/18/2012	78.5	19.54	2240
11/19/2012	76.0	13.52	2210
11/20/2012	82.8	21.90	2220
11/21/2012	77.8	16.88	2210
11/22/2012	84.6	18.34	2310
11/23/2012	83.9	19.55	2240
11/24/2012	72.2	29.28	2100
11/25/2012	73.8	16.12	2080
11/26/2012	75.8	14.28	2090
11/27/2012	72.3	19.84	2080
11/28/2012	74.4	18.57	2100
11/29/2012	74.2	19.11	2060
11/30/2012	78.4	19.36	2070



ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
November 2012  
Page 2 of 3

**HYDRAZINE MONITORING:**

There were no steam generator chemical cleaning solutions (or associated rinses) containing hydrazine discharged to the Cooling System Blowdown during the month of November 2012.

TOTAL QUANTITY DISCHARGED: N/A

TOTAL DURATION OF DISCHARGE: N/A

**COMMENTS:**

1. Sodium Hypochlorite and Bromine compounds were used this month.
2. There was no discharge of steam generator chemical cleaning wastewater containing hydrazine in this month.
3. Flow existed through this outfall 30 of 30 days.
4. Per Special Condition 24 the influent from the Rock River and effluent from Outfall 001-0 was monitored for Total Suspended Solids (TSS) this month. The Rock River TSS value was 5.5 mg/L on 11/12/2012. The CWBD TSS value was 5.0 mg/L on 11/12/2012.
5. Rock River flow was <2400 cfs starting on November 5, 2012 therefore daily temperature calculations were required during this time period. (Special Condition 12). Per Special Condition 12, in the event the Rock River flow is <2,400 cfs, daily calculations will be undertaken to demonstrate compliance with the water quality standard. The calculations are based on hourly measurements, averaged over a 24-hour calendar day for Rock River flow, main Rock River temperature, CW Blowdown flow, and CW Blowdown temperature values. Results of the calculations shall be reported in the DMR on a monthly basis. Calculation results are in the table on the following page.
6. There was no discharge of the 126 Priority Pollutants from cooling tower maintenance chemicals in November 2012. (Special Condition 15).

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
November 2012  
Page 3 of 3

Date	Average Rock River Flow (cfs)	Average CW M/U Temperature (F)	Average CW Blowdown Flow (gpm)	Average CW Blowdown Temperature (F)	Calculated Temperature at edge of mixing zone (F)	Water Quality Standard Temperature (F)
11/05/12	2330	45	13239	71	45.6	90
11/06/12	2328	44	13075	72	44.9	90
11/07/12	2300	45	13129	74	45.6	90
11/08/12	2250	46	12379	75	47.0	90
11/09/12	2044	46	12133	78	47.3	90
11/10/12	2055	50	12171	84	50.9	90
11/11/12	2153	52	12158	82	53.1	90
11/12/12	2300	47	12246	70	48.1	90
11/13/12	2138	44	12738	69	44.8	90
11/14/12	2205	44	13600	73	45.3	90
11/15/12	2294	44	13475	74	45.1	90
11/16/12	2285	44	13613	75	44.9	90
11/17/12	2240	43	13692	76	43.8	90
11/18/12	2219	43	13713	78	43.8	90
11/19/12	2190	45	13688	78	45.9	90
11/20/12	2205	47	13663	80	48.2	90
11/21/12	2205	48	13600	78	48.6	90
11/22/12	2318	48	13417	83	48.8	90
11/23/12	2243	45	13538	69	45.4	90
11/24/12	2101	41	13638	71	42.4	90
11/25/12	2076	41	13646	74	42.8	90
11/26/12	2093	40	13721	72	41.4	90
11/27/12	2030	38	13592	69	39.1	90
11/28/12	1973	38	13683	73	39.1	90
11/29/12	1963	38	13571	74	39.9	90
11/30/12	2060	41	13596	75	42.2	90

Exelon Generation Company, LLC  
Byron Station  
4450 North German Church Road  
Byron, IL 61010-9794

www.exeloncorp.com

January 17, 2013

LTR: BYRON 2013-0010

File: 2.09.0411

1.10.0101

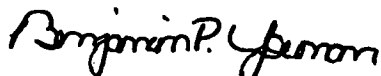
Illinois Environmental Protection Agency  
Water Pollution Control  
Compliance Assurance Section #19  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, IL 62794-9276

Subject: Byron Station Monthly Discharge Monitoring Report

In accordance with National Pollutant Discharge Elimination System (NPDES) Permit Number IL0048313, issued January 24, 2011, we are submitting the Discharge Monitoring Report for Byron Station, Units 1 and 2. This report covers the period of December 1, 2012 through December 31, 2012.

If there are any questions regarding this report, please contact Ms. Zoe Cox, Environmental/Radwaste Supervisor, at (815) 406-3035.

Respectfully,



Benjamin P. Youman  
Plant Manager  
Byron Nuclear Generating Station

BPY/ZC/eh

Attachments

K. Hersey

bcc: J. Gould - Environmental - Cantera (electronic)  
Z. Cox - Chemistry - Byron

PC 1-15-13



## SPECIAL HANDLING TARGET

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**\*\* SEE SITE RECORDS MANAGEMENT FOR HARDCOPY LOCATION \*\***

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

**PERMITTEE NAME/ADDRESS**  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**A01-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:** 61010  
**MAJOR**  
**(SUBR 01)** CS

**DEMINERALIZER REGENERATE WASTE (001A)**  
External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

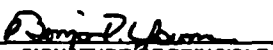
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 12/01/2012	TO 12/31/2012

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	*****	1.1	1.2	19	0	01/30	08
Chromium, hexavalent (as Cr) 01032 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	30DA AVG	30 DAILY MAX	mg/L		Monthly	COMB
Chromium, total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	30DA AVG	30 DAILY MAX	mg/L		Daily	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	30DA AVG	30 DAILY MAX	mg/L		Daily	GRAB
Iron, total (as Fe) 01045 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	30DA AVG	30 DAILY MAX	mg/L		Daily	GRAB
Lead, Total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	30DA AVG	30 DAILY MAX	mg/L		Daily	GRAB
Nickel, total (as Ni) 01067 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	30DA AVG	30 DAILY MAX	mg/L		Daily	GRAB

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>		<b>DATE</b>
Benjamin P. Youman			815	406-3700	01/17/2013
Plant Manager			<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>
<b>TYPED OR PRINTED</b>					

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.
2. Flow existed 31 of 31 days during this month.



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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC

**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**FACILITY** Byron Nuclear Power Station

**LOCATION** 4450 North German Church Road

Byron, IL 61010

**ATTN: Zoe Cox/ENV SPEC**

**DMR Mailing ZIP CODE:**

61010

**MAJOR**

**(SUBR 01)**


CS

**DEMINERALIZER REGENERATE WASTE (001A)**

### External Outfall

... NO DISCHARGE ☐ ...

IL0048313		A01-0		
PERMIT NUMBER		DISCHARGE NUMBER		
MONITORING PERIOD				
MM/DD/YYYY		TO	MM/DD/YYYY	
12/01/2012			12/31/2012	

PARAMETER	<div><div></div></div>	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE						
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS									
Zinc, Total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****						500						
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	mg/L			Daily	GRAB					
Effluent Gross	SAMPLE MEASUREMENT	0.057	0.243	3	*****	*****	*****	*****	0		01/01	ES					
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mon/D	*****	*****	*****	*****			Daily	CONTIN					
50050 1 0	SAMPLE MEASUREMENT																
Effluent Gross	PERMIT REQUIREMENT																
	SAMPLE MEASUREMENT																
	PERMIT REQUIREMENT																
	SAMPLE MEASUREMENT																
	PERMIT REQUIREMENT																
	SAMPLE MEASUREMENT																
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	PERMIT REQUIREMENT																
	SAMPLE MEASUREMENT																
	PERMIT REQUIREMENT																
	SAMPLE MEASUREMENT																
	PERMIT REQUIREMENT																
NAME/TITLE	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.					<div><div></div><div>SIGNATURE OF PRINCIPLE</div></div>			TELEPHONE		DATE						
PRINCIPAL EXECUTIVE OFFICER									815	406-3700							
Benjamin P. Youman											<div><div>EXECUTIVE OFFICER OR AUTHORIZED AGENT</div></div>			AREA CODE		NUMBER	
Plant Manager																	
TYPED OR PRINTED																	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)																	
1. Flows for December 2012 are estimated based on July 2012 values due to totalizers being Out of Service. The totalizers are an obsolete model and work orders are in place to find replacement totalizers and get them installed in the system.																	
EPA Form 3320-1 (Rev 01/06) Previous editions may be used.										1/8/2012		PAGE					

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

PERMITTEE NAME/ADDRESS  
**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

IL0048313  
PERMIT NUMBER

B01-0  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01) CS

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**  
FROM MM/DD/YYYY 12/01/2012 TO MM/DD/YYYY 12/31/2012

STP PLANT EFFLUENT (FORMER 001B)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-Day (20 Deg. C) 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.20	0.23	28	*****	4.0	4.0	19	0	02/30	24
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.24	*****	7.48	12	0	02/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.10	0.12	28	*****	1.9	2.0	19	0	02/30	24
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.004	0.008	3	*****	*****	*****	*****	0	01/01	CN
	PERMIT REQUIREMENT	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	Mgals/d	*****	*****	*****	*****		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Benjamin P. Youman  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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			815	406-3700	
			AREA CODE	NUMBER	MM/DD/YYYY

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**  
1. Flow existed through this outfall 28 of 31 days during this month.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**C01-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:**

61010

**MAJOR**  
**(SUBR 01)** CS

**WWTP (FORMER 001C)**  
External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 12/01/2012	TO 12/31/2012

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	5.8	6.2	19	0	02/30	24
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>					15	30	mg/L		Twice Per Month	COMP 24
Effluent Gross						30 DA AVG	DAILY MC				
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>					1	2	mg/L		Daily	GRAB
Effluent Gross						30 DA AVG	DAILY MC				
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>					1	2	mg/L		Daily	GRAB
Effluent Gross						30 DA AVG	DAILY MC				
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>					1	2	mg/L		Daily	GRAB
Effluent Gross						30 DA AVG	DAILY MC				
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>						1	mg/L		Daily	GRAB
Effluent Gross							DAILY MC				
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>					2	4	mg/L		Daily	GRAB
Effluent Gross						30 DA AVG	DAILY MC				
Nickel, total (as Ni)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01067 1 0</b>	<b>PERMIT REQUIREMENT</b>					1	2	mg/L		Daily	GRAB
Effluent Gross						30 DA AVG	DAILY MC				

<b>NAME/TITLE</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>	
<b>PRINCIPAL EXECUTIVE OFFICER</b>		815	406-3700	01/17/2013	
<b>TYPED OR PRINTED</b>		<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.
2. Flow existed through this outfall 12 of 31 days during the month.

*Benjamin P. Youman*  
**SIGNATURE OF PRINCIPLE**  
**EXECUTIVE OFFICER OR**  
**AUTHORIZED AGENT**

**TELEPHONE**  
815 406-3700  
**DATE**  
01/17/2013  
**AREA CODE**  
**NUMBER**  
**MM/DD/YYYY**

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**C01-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR**

**(SUBR 01)**

**CS**

**WWTP (FORMER 001C)**

**External Outfall**


**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 12/01/2012</b>	<b>TO 12/31/2012</b>

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	2	mg/l		Daily	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	300A AVG	DAILY MAX	mg/l		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.025	0.037	3	*****	*****	*****	*****	0	01/01	CN
50050 1 0	PERMIT REQUIREMENT	Reg. Mon.	Reg. Mon.	Reg. Mon.	*****	*****	*****	*****		Daily	CONTIN
Effluent Gross	PERMIT REQUIREMENT	300A AVG	DAILY MAX	Reg. Mon.	*****	*****	*****	*****		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b>	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.				 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>		<b>DATE</b>		
<b>PRINCIPAL EXECUTIVE OFFICER</b>							815	406-3700	01/17/2013		
<b>Benjamin P. Youman</b>							<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>		
<b>Plant Manager</b>											
<b>TYPED OR PRINTED</b>											
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>											

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**D01-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR**

**(SUBR 01)**

**CS**

**RADWASTE TREATMENT (FORMER 001D)**

**External Outfall**

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>TO</b>	<b>MM/DD/YYYY</b>
<b>12/01/2012</b>	<b>TO</b>	<b>12/31/2012</b>

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	<0.3	<0.5	19	0	02/30	CP
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	45 30DA AVG	30 DAILY MAX	mg/L	2	Twice Per Month	COMPOS
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.022	0.022	3	*****	*****	*****	*****	0	01/01	CN
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Reg. Mon 30DA AVG	Reg. Mon DAILY MAX	*****	*****	*****	*****	*****	*****	Daily	CONTIN
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.					<b>TELEPHONE</b>		<b>DATE</b>			
Benjamin P. Youman						815 406-3700		01/17/2013			
Plant Manager						<b>AREA CODE</b> <b>NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					

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

1. Flow existed through this outfall 4 of 31 days during the month.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**E01-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR**  
**(SUBR 01)** CS

**STORMWATER (FORMER 001E)**  
External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 12/01/2012</b>	<b>TO 12/31/2012</b>

\*\*\* NO DISCHARGE ☒ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>					15	30	mg/L		Weekly	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	16.1	18.2	19	0	01/07	GR
<b>00530 8 0</b>	<b>PERMIT REQUIREMENT</b>					30	100	mg/L		Weekly	GRAB
Other Treatment, Process Complete						30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>					1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>					1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>					5	1	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>					1	1	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>					2	1	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>	
Benjamin P. Youman		815	406-3700	01/17/2013	
Plant Manager		<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during the month.
2. Flow existed through this outfall 0 of 31 days during the month.
3. There was no flow from this outfall this month however Fire Protection drain water was discharged to this outfall this month which requires TSS sampling.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**E01-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR**

**(SUBR 01)**

**CS**

**STORMWATER (FORMER 001E)**

**External Outfall**


**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	12/01/2012	TO	12/31/2012

\*\*\* NO DISCHARGE ☒ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01067 1 0	PERMIT REQUIREMENT					1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MAX				
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0	PERMIT REQUIREMENT					1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MAX				
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****		500	
50050 1 0	PERMIT REQUIREMENT	Req. Mon	Req. Mon	Mon/d						Twice Per Month	CONTIN
Effluent Gross		30DA AVG	DAILY MAX								
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>  Benjamin P. Youman  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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	<b>TELEPHONE</b> 815 406-3700		<b>DATE</b> 01/17/2013
			<b>AREA CODE</b>		<b>NUMBER</b>
					<b>MM/DD/YYYY</b>

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

1. No Closed Cooling System Drain Water was discharged this month.
2. No Service Water System drain water was discharged this month.
3. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Cleaning wastewater was discharged this month.



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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**001-0**  
**DISCHARGE NUMBER**

**DMR Mailing ZIP CODE:** 61010

**MAJOR**  
**(SUBR 01)** CS

**COOLING SYSTEM BLOWDOWN**  
External Outfall

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>TO</b>	<b>MM/DD/YYYY</b>
12/01/2012		12/31/2012

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY 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	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	90.5	15	0	01/01	CN
	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. NO MAX	deg F		Daily	CONTIN
pH 00400 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	8.53	*****	8.71	12	0	01/07	GR
	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	MINIMUM	*****	MAXIMUM	SL		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	4.2	4.2	19	0	01/30	GR
	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MAX	mg/L		Monthly	GRAB
Oil & Grease 00556 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	<1.4	<1.4	19	0	01/07	GR
	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15 30DA AVG	20 DAILY MAX	mg/L		Weekly	GRAB
Chromium, total (as Cr) 01034 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	<0.0021	19	0	01/07	GR
	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	0.2 DAILY MAX	mg/L		Weekly	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	0.038	19	0	01/07	GR
	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	0.071 DAILY MAX	mg/L		Weekly	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	<0.005	19	0	01/07	GR
	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	213 30DA AVG	433 DAILY MAX	mg/L	Weekly	GRAB

NAME/TITLE	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 EXECUTIVE OFFICER		815	406-3700	01/17/2013	
TYPED OR PRINTED		AREA CODE	NUMBER	MM/DD/YYYY	

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**  
1. Monitoring data for outfall 001-0 is included on attachment.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
PERMIT NUMBER

**001-0**  
DISCHARGE NUMBER

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR**

**(SUBR 01)**

**CS**

**COOLING SYSTEM BLOWDOWN**

**External Outfall**

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>TO</b>	<b>MM/DD/YYYY</b>
FROM 12/01/2012		12/31/2012

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	0.04	19	0	01/07	GR
<b>34044 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	05 DAILY MAX	mg/l		Weekly	GRAB
Priority pollutants total effluent	<b>SAMPLE MEASUREMENT</b>	*****			*****	*****				500	
<b>50008 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	Reg. Mon. DAILY MAX		*****	*****	Reg. Mon. DAILY MAX	mg/l		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	19.65	25.55	3	*****	*****	*****	*****	0	01/01	CN
<b>50050 1 0</b>	<b>PERMIT REQUIREMENT</b>	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MAX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****				500	
<b>50060 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	05 DAILY MAX	mg/l		Weekly	GRAB
Hydrazine	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****				500	
<b>81313 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	011 30DA AVG 027 DAILY MAX	mg/l		Daily When Discharging	GRAB
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										

**NAME/TITLE**  
**PRINCIPAL EXECUTIVE OFFICER**  
  
Benjamin P. Youman  
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.

*Benjamin P. Youman*  
**SIGNATURE OF PRINCIPLE  
EXECUTIVE OFFICER OR  
AUTHORIZED AGENT**

**TELEPHONE**  
815 406-3700  
**AREA CODE** **NUMBER**

**DATE**  
01/17/2013  
**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**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**002-0**  
**DISCHARGE NUMBER**

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 12/01/2012</b>	<b>TO 12/31/2012</b>

**DMR Mailing ZIP CODE:**

61010

**MAJOR  
(SUBR 01)**

**CS**

**STORMWATER RUNOFF BASIN**  
External Outfall

\*\*\*NO DISCHARGE ☒\*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>00530 1 0</b>	<b>PERMIT REQUIREMENT</b>					15	30	mg/L		Weekly	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>00530 8 0</b>	<b>PERMIT REQUIREMENT</b>					30	100	mg/L		Weekly	GRAB
Other Treatment, Process Complete						30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>					011	018	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>					6	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>					025	041	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>						1	mg/L		Daily	GRAB
Effluent Gross							DAILY MX				
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>					063	288	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				

<b>NAME/TITLE</b>	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.	<b>TELEPHONE</b>		<b>DATE</b>	
<b>PRINCIPAL EXECUTIVE OFFICER</b>		815	406-3700	01/17/2013	
<b>Benjamin P. Youman</b>		<b>AREA CODE</b>		<b>NUMBER</b>	
<b>Plant Manager</b>					
<b>TYPED OR PRINTED</b>				<b>MM/DD/YYYY</b>	

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

1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning Wastewater was discharged this month.

2. No Fire Protection, Service Water or Closed Cooling System Drain Water was discharged this month.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 Winfield Road  
Warrenville, IL 60555-5701

**IL0048313**  
**PERMIT NUMBER**

**002-0**  
**DISCHARGE NUMBER**

**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>TO</b>	<b>MM/DD/YYYY</b>
12/01/2012		12/31/2012

**DMR Mailing ZIP CODE:**

61010

**MAJOR**  
**(SUBR 01)** CS

**STORMWATER RUNOFF BASIN**  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01067 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	011	176	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MAX				
Zinc, total (as Zn)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>01092 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	047	26	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MAX				
Oil and Grease	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
<b>03582 1 0</b>	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15	20	mg/L		When Discharging	GRAB
Effluent Gross						30DA AVG	DAILY MAX				
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>				*****	*****	*****	*****			
<b>50050 1 0</b>	<b>PERMIT REQUIREMENT</b>	Reg Mon 30DA AVG	Reg Mon DAILY MAX	Mon/d	*****	*****	*****	*****		When Discharging	ESTIMA
Effluent Gross											
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										

NAME/TITLE	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
<b>PRINCIPAL EXECUTIVE OFFICER</b>		815	406-3700	01/17/2013
Benjamin P. Youman Plant Manager		AREA CODE	NUMBER	MM/DD/YYYY
TYPED OR PRINTED		<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		

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

1. This discharge point was not used this month.
2. There was no discharge of processed steam generator chemical cleaning wastewater during the month.

ATTACHMENT TO  
 COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
 DISCHARGE MONITORING REPORT  
 For Exelon Byron Station  
 Permit IL0048313  
 December 2012  
 Page 1 of 3

**MONITORING DATA:**

<b>DATE</b>	<b>CWBD Temperature deg F</b>	<b>CWBD Flow mgd</b>	<b>Rock River Flow cfs</b>
12/01/2012	80.4	25.55	2,180
12/02/2012	84.9	17.62	2,130
12/03/2012	90.5	18.12	2,180
12/04/2012	90.5	18.25	2,250
12/05/2012	77.1	19.23	2,120
12/06/2012	75.1	17.99	2,110
12/07/2012	74.0	19.58	2,110
12/08/2012	75.7	24.21	2,080
12/09/2012	70.9	19.38	2,120
12/10/2012	74.0	15.54	2,200
12/11/2012	72.8	21.14	2,210
12/12/2012	78.5	16.87	2,100
12/13/2012	78.5	19.45	2,150
12/14/2012	78.0	21.80	2,130
12/15/2012	75.6	22.13	2,210
12/16/2012	82.8	17.93	2,370
12/17/2012	71.3	13.12	2,310
12/18/2012	73.1	16.72	2,300
12/19/2012	74.6	17.83	2,300
12/20/2012	74.6	20.85	2,650
12/21/2012	70.3	21.32	3,130
12/22/2012	70.6	24.02	2,720
12/23/2012	73.0	20.59	2,520
12/24/2012	74.8	18.76	2,420
12/25/2012	73.9	16.27	2,670
12/26/2012	73.0	24.56	3,120
12/27/2012	71.8	16.42	3,080
12/28/2012	73.5	22.18	2,780
12/29/2012	73.5	23.37	2,580
12/30/2012	68.8	20.56	3,960
12/31/2012	72.8	17.91	3,940

**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
December 2012  
Page 2 of 3**

**HYDRAZINE MONITORING:**

There were no steam generator chemical cleaning solutions (or associated rinses) containing hydrazine discharged to the Cooling System Blowdown during the month of December 2012.

**TOTAL QUANTITY DISCHARGED:     N/A**

**TOTAL DURATION OF DISCHARGE:   N/A**

**COMMENTS:**

1. Sodium Hypochlorite and Bromine compounds were used this month.
2. There was no discharge of steam generator chemical cleaning wastewater containing hydrazine in this month.
3. Flow existed through this outfall 31 of 31 days.
4. Per Special Condition 24 the influent from the Rock River and effluent from Outfall 001-0 was monitored for Total Suspended Solids (TSS) this month. The Rock River TSS value was 12.0 mg/L on 12/03/2012. The CWBD TSS value was 4.2 mg/L on 12/05/2012.
5. Rock River flow was <2400 cfs starting on December 1, 2012 therefore daily temperature calculations were required during this time period. The Rock River flow was >2400 cfs from 12/20/2012 through 12/31/2012. (Special Condition 12). Per Special Condition 12, in the event the Rock River flow is <2,400 cfs, daily calculations will be undertaken to demonstrate compliance with the water quality standard. The calculations are based on hourly measurements, averaged over a 24-hour calendar day for Rock River flow, main Rock River temperature, CW Blowdown flow, and CW Blowdown temperature values. Results of the calculations shall be reported in the DMR on a monthly basis. Calculation results are in the table on the following page.
6. There was no discharge of the 126 Priority Pollutants from cooling tower maintenance chemicals in December 2012. (Special Condition 15).

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
December 2012  
Page 3 of 3

Date	Average Rock River Flow (cfs)	Average CW M/U Temperature (F)	Average CW Blowdown Flow (gpm)	Average CW Blowdown Temperature (F)	Calculated Temperature at edge of mixing zone (F)	Water Quality Standard Temperature (F)
12/01/12	2,150	42	13,642	79	42.8	60
12/02/12	2,097	45	13,650	82	46.6	60
12/03/12	2,147	48	13,879	87	49.4	60
12/04/12	2,223	50	13,692	79	50.6	60
12/05/12	2,091	45	13,517	70	46.1	60
12/06/12	2,076	44	13,554	75	45.2	60
12/07/12	2,080	44	13,667	74	45.6	60
12/08/12	2,048	43	13,679	73	44.6	60
12/09/12	2,075	43	13,683	73	44.1	60
12/10/12	2,169	41	13,679	70	42.0	60
12/11/12	2,208	39	13,633	67	40.1	60
12/12/12	2,110	39	13,821	74	39.8	60
12/13/12	2,141	39	13,742	75	40.0	60
12/14/12	2,132	39	13,738	75	40.0	60
12/15/12	2,196	41	13,271	77	41.7	60
12/16/12	2,363	42	12,667	75	43.0	60
12/17/12	2,315	42	12,371	70	42.4	60
12/18/12	2,301	41	12,079	72	41.6	60
12/19/12	2,307	40	13,879	71	41.1	60