

## **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 18, 2011**

**LTR: BYRON 2011-0031**  
**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 September 8, 2000, we are submitting the Discharge Monitoring Report for Byron Station, Units 1 and 2. This report covers the period January 1, 2011 through January 31, 2011.

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

Respectfully,



**Bradley J. Adams  
Plant Manager  
Byron Nuclear Generating Station**

**BJA/ZC/vb**

**Attachments**



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

OCR0501

PERMITTEE NAME/ADDRESS  
NAME Exton Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555

IL0048313  
PERMIT NUMBER

A01 0  
DISCHARGE NUMBER

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

MONITORING PERIOD

YEAR	MONTH	DAY	YEAR	MONTH	DAY
1 1	0 1	0 1	1 1	0 1	3 1

From: To:

MAJOR (SUFR 01)  
F - FINAL  
DEMINERALIZER REGENERATE (001A)  
EFFLUENT

\*\*\*NO DISCHARGE ☐ \*\*\*

NOTE: Read instructions before completing this form

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	---	---	( 26)	---	1.8	1.8	( 19)	0	285	EC
00630 1 0 0	PERMIT REQUIREMENT	---	---	LBS/DY	---	15.0	30.0	MG/L		ONCE/MONTH	COMP-S
EFFLUENT GROSS VALUE						30 DAY AVG	DAILY MAX				
CHROMIUM, HEXAVALENT (AS CR)	SAMPLE MEASUREMENT	---	---	( 26)	---			( 19)		500	
01032 1 0 0	PERMIT REQUIREMENT	---	---	LBS/DY	---	0.1	0.2	MG/L		DAILY	GRAB
EFFLUENT GROSS VALUE						30 DAY AVG	DAILY MAX				
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	---	---	( 26)	---			( 19)		500	
01034 1 0 0	PERMIT REQUIREMENT	---	---	LBS/DY	---	1.0	2.0	MG/L		DAILY	GRAB
EFFLUENT GROSS VALUE						30 DAY AVG	DAILY MAX				
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	---	---	( 26)	---			( 19)		500	
01042 1 0 0	PERMIT REQUIREMENT	---	---	LBS/DY	---	0.5	1.0	MG/L		DAILY	GRAB
EFFLUENT GROSS VALUE						30 DAY AVG	DAILY MAX				
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	---	---	( 26)	---			( 19)		500	
01046 1 0 0	PERMIT REQUIREMENT	---	---	LBS/DY	---	1.0	1.0	MG/L		DAILY	GRAB
EFFLUENT GROSS VALUE						30 DAY AVG	DAILY MAX				
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	---	---	( 26)	---			( 19)		500	
01051 1 0 0	PERMIT REQUIREMENT	---	---	LBS/DY	---	0.2	0.4	MG/L		DAILY	GRAB
EFFLUENT GROSS VALUE						30 DAY AVG	DAILY MAX				
NICKEL, TOTAL (AS NI)	SAMPLE MEASUREMENT	---	---	( 26)	---			( 19)		500	
01067 1 0 0	PERMIT REQUIREMENT	---	---	LBS/DY	---	1.0	2.0	MG/L		DAILY	GRAB
EFFLUENT GROSS VALUE						30 DAY AVG	DAILY MAX				
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			
Bradley J. Adams						815	408-3700	11	02	18	
Plant Manager						AREA CODE	NUMBER	YEAR	MONTH	DAY	
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 waste water during this month.											
2. Flow existed 28 of 31 days during this month.											



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

OCR0601

PERMITTEE NAME/ADDRESS  
NAME Exton Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555

IL0048313  
PERMIT NUMBER

A01 0  
DISCHARGE NUMBER

MAJOR  
(SUBR 01)  
F - FINAL  
DEMINERALIZER REGENERATE (001A)  
EFFLUENT

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

MONITORING PERIOD

YEAR	MONTH	DAY	From:	YEAR	MONTH	DAY	To:
1	1	0	1	0	1	1	1
1	0	1	1	0	1	1	3

\*\*\* NO DISCHARGE ☐ \*\*\*

NOTE: Read instructions before completing this form

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) 01082 1 0 0	SAMPLE MEASUREMENT	---	---	( 28)	---			( 19)		500	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			LBS/DY	---	1.0 30 DAY AVG	2.0 DAILY MAX	MG/L		DAILY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT	0.012	0.078	( 03)	---	---	---	---	0	135	CN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30-DAY AVG	REPORT DAILY MAX	MGD	---	---	---	---		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			
Bradley J. Adams						815	408-3700	11	02	18	
Plant Manager						AREA CODE	NUMBER	YEAR	MONTH	DAY	
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)**

OCR0501

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

IL0048313  
PERMIT NUMBER

B01 0  
DISCHARGE NUMBER

MAJOR  
(SUBR 01)  
F - FINAL  
STP EFFLUENT (FORMER 001B)  
EFFLUENT

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

MONITORING PERIOD						
YEAR	MONTH	DAY	YEAR	MONTH	DAY	
From: 1	1	0	1	0	1	To: 1
						1

\*\*\* NO DISCHARGE ☐ \*\*\*

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE										
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS													
800, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<0.18	<0.20	( 28)	—	<3.5	<3.5	( 19)	0	290	DC										
	PERMIT REQUIREMENT	14.2 30 DAY AVG	28.5 DAILY MAX	LBS/DY	—	30.0 30 DAY AVG	60.0 DAILY MAX	MGL		TWICE/MONTH	COMP24										
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	—	—	—	7.56	—	7.74	( 12)	0	290	GR										
	PERMIT REQUIREMENT	—	—	—	8.0 MINIMUM	—	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB										
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.23	0.26	( 28)	—	4.5	4.9	( 19)	0	290	DC										
	PERMIT REQUIREMENT	14.2 30 DAY AVG	28.5 DAILY MAX	LBS/DY	—	30.0 30 DAY AVG	60.0 DAILY MAX	MGL		TWICE/MONTH	COMP24										
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 60060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.005	0.010	( 03)	—	—	—	—	0	135	CN										
	PERMIT REQUIREMENT	REPORT 30 DAY AVG	REPORT DAILY MAX	MGD	—	—	—	—		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													
Bradley J. Adams						815	408-3700	11	02	18											
Plant Manager						AREA CODE	NUMBER	YEAR	MONTH	DAY											
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT																				
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)																					
1. Flow existed through this outfall 29 of 31 days during the month.																					



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

OCR0501

PERMITTEE NAME/ADDRESS  
NAME Exton Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555

IL0048313  
PERMIT NUMBER

C01 0  
DISCHARGE NUMBER

MAJOR  
(SUBR 01)  
F - FINAL  
WWTP (FORMER 001C)  
EFFLUENT

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

MONITORING PERIOD

YEAR	MONTH	DAY	YEAR	MONTH	DAY
1 1 0 1 0 1	To:	1 1 0 1 3 1			

\*\*\* NO DISCHARGE ☐ \*\*\*

NOTE: Read instructions before completing this form

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	---	---	( 26)	---	2.7	4.1	( 19)	0	240	DC	
CHROMIUM, HEXAVALENT (AS CR) 01032 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	---	---	LBS/DY	---	15.0 30 DAY AVG	30.0 DAILY MAX	MGL		WEEKLY	COMP24	
CHROMIUM, TOTAL (AS CR) 01034 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	---	---	( 26)	---	0.1 30 DAY AVG	0.2 DAILY MAX	( 19)		500		
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	---	---	LBS/DY	---	1.9 30 DAY AVG	2.0 DAILY MAX	MGL		DAILY	GRAB	
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	---	---	( 26)	---	0.5 30 DAY AVG	1.0 DAILY MAX	( 19)		500		
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	---	---	LBS/DY	---	1.0 30 DAY AVG	1.0 DAILY MAX	MGL		DAILY	GRAB	
NICKEL, TOTAL (AS NI) 01067 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	---	---	( 26)	---	0.2 30 DAY AVG	0.4 DAILY MAX	( 19)		500		
	PERMIT REQUIREMENT	---	---	LBS/DY	---	1.0 30 DAY AVG	2.0 DAILY MAX	MGL		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	
Bradley J. Adams Plant Manager							615 406-3700		11 02 18			
TYPED OR PRINTED							AREA CODE NUMBER		YEAR MONTH DAY			
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)												
1. There was no discharge of processed steam generator chemical cleaning waste water 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)**

OCR0501

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

IL0048513  
PERMIT NUMBER

C01 0  
DISCHARGE NUMBER

MAJOR  
(SUBR 01)  
F - FINAL  
WWTP (FORMER 001C)  
EFFLUENT

FACILITY Byron Nuclear Power Station  
LOCATION 4460 North German Church Road  
Byron, IL 61010

MONITORING PERIOD

YEAR	MONTH	DAY	YEAR	MONTH	DAY
From: 1 1 0 1 0 1	To: 1 1 0 1 3 1				

\*\*\* NO DISCHARGE ☐ \*\*\*

NOTE: Read instructions before completing this form

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) 01082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	---	---	( 26)	---	---	---	( 19)		500	
	PERMIT REQUIREMENT	---	---	LBS/DY	---	1.0 30 DAY AVG	2.0 DAILY MAX	MG/L		DAILY	GRAB
OIL AND GREASE 03582 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	---	---	( 26)	---	3.4	6.5	( 19)	0	240	GR
	PERMIT REQUIREMENT	---	---	LBS/DY	---	15.0 30 DAY AVG	20.0 DAILY MAX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.020	0.033	( 03)	---	---	---	---	0	135	TM
	PERMIT REQUIREMENT	REPORT 30 DAY AVG	REPORT DAILY MAX	MGD	---	---	---	---		DAILY	TOTALIZ
	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	
Bradley J. Adams						815 408-3700		11	02	18	
Plant Manager						AREA CODE NUMBER		YEAR	MONTH	DAY	
TYPED OR PRINTED											

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



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

OCR0501

PERMITTEE NAME/ADDRESS  
NAME Exton Generation Co., LLC  
ADDRESS 4300 Winfield Road  
Warrenville, IL 60555

IL0048313  
PERMIT NUMBER

D01 0  
DISCHARGE NUMBER

MAJOR  
(SUBR 01)  
F - FINAL  
RADWASTE TREATMENT (FORMER 001D)  
EFFLUENT

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

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
1	1	0	1	0	1

From: To:

\*\*\* NO DISCHARGE ☐ \*\*\*

NOTE: Read instructions before completing this form

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	---	---	( 26)	---	< 0.4	< 0.5	( 19)	0	240	CP
	PERMIT REQUIREMENT	---	---	LBS/DY	---	15.0 30 DAY AVG	30.0 DAILY MAX	MGL		WEEKLY	COMPOS
OIL AND GREASE 03682 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	---	---	( 26)	---	< 1.4	< 1.4	( 19)	0	240	GR
	PERMIT REQUIREMENT	---	---	LBS/DY	---	15.0 30 DAY AVG	20.0 DAILY MAX	MGL		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 60060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.023	0.024	( 03)	---	---	---	---	0	135	CN
	PERMIT REQUIREMENT	REPORT 30 DAY AVG	REPORT DAILY MAX	MGD	---	---	---	---		DAILY	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			
Bradley J. Adams Plant Manager						815 406-3700	11	02	18		
TYPED OR PRINTED						AREA CODE NUMBER	YEAR	MONTH	DAY		
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)**

OCR0601

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

IL0046313  
PERMIT NUMBER

E01 0  
DISCHARGE NUMBER

MAJOR  
(SUBR 01)  
F - FINAL  
STORMWATER (FORMER 001E)  
STORMWATER

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

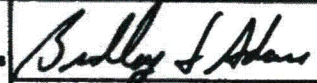
**MONITORING PERIOD**

From:	YEAR	MONTH	DAY	To:	YEAR	MONTH	DAY
	1	1	0		1	1	0
	1	0	1		1	0	1

\*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	-----	-----	---		-----		( 12 )		500	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	-----	-----	---	6.0 MINIMUM	-----	9.9 MAXIMUM	BU		SEE PERMIT	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	-----	-----	( 26 )				( 19 )		500	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	-----	-----	LBS/DY		15.0 30 DAY AVG	30.0 DAILY MAX	MGL		SEE PERMIT	GRAB
CHROMIUM, HEXAVALENT (AS CR)	SAMPLE MEASUREMENT	-----	-----	( 26 )				( 19 )		500	
01032 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	-----	-----	LBS/DY		0.1 30 DAY AVG	0.2 DAILY MAX	MGL		DAILY	GRAB
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	-----	-----	( 26 )				( 19 )		500	
01034 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	-----	-----	LBS/DY		1.0 30 DAY AVG	2.0 DAILY MAX	MGL		DAILY	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	-----	-----	( 26 )				( 19 )		500	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	-----	-----	LBS/DY		0.5 30 DAY AVG	1.0 DAILY MAX	MGL		DAILY	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	-----	-----	( 26 )				( 19 )		500	
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	-----	-----	LBS/DY		1.0 30 DAY AVG	1.0 DAILY MAX	MGL		DAILY	GRAB
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	-----	-----	( 26 )				( 19 )		500	
01061 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	-----	-----	LBS/DY		0.2 30 DAY AVG	0.4 DAILY MAX	MGL		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.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	TELEPHONE	DATE		
815 408-3700			11	02	18	
AREA CODE			NUMBER	YEAR	MONTH	DAY

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

1. No Turbine building wastewater was discharged to the Stormwater Runoff Basin during the month.
2. There was no discharge of processed steam generator chemical cleaning wastewater during the month.
3. 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

FACILITY Byron Nuclear Power Station  
LOCATION 4480 North German Church Road  
Byron, IL 61010

IL0046313  
PERMIT NUMBER

E01 0  
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MONTH	DAY	YEAR	MONTH	DAY
1	1	0	1	0	1

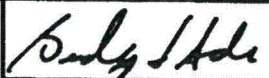
From: To:

MAJOR (SUBR 01)  
F - FINAL  
STORMWATER (FORMER 001E)  
STORMWATER

OCR0501

\*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read instructions before completing this form

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 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	---	---	( 26)	---	---	---	( 19)	---	500	---
	PERMIT REQUIREMENT	---	---	LBS/DY	---	1.0 30 DAY AVG	2.6 DAILY MAX	MGL	---	DAILY	GRAB
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	---	---	( 26)	---	---	---	( 19)	---	500	---
	PERMIT REQUIREMENT	---	---	LBS/DY	---	1.0 30 DAY AVG	2.0 DAILY MAX	MGL	---	DAILY	GRAB
OIL AND GREASE 03682 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	---	---	( 26)	---	---	---	( 19)	---	500	---
	PERMIT REQUIREMENT	---	---	LBS/DY	---	15.0 30 DAY AVG	20.0 DAILY MAX	MGL	---	TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	---	---	( 03)	---	---	---	---	---	500	---
	PERMIT REQUIREMENT	REPORT 30 DAY AVG	REPORT DAILY MAX	MGD	---	---	---	---	---	TWICE/MONTH	TOTALIZ
	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				
Bradley J. Adams						815 408-3700	11	02	18		
Plant Manager						AREA CODE	NUMBER	YEAR	MONTH	DAY	
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)**

OCR0501

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

IL0048313  
PERMIT NUMBER

001 0  
DISCHARGE NUMBER

MAJOR  
(SUBR 01)  
F - FINAL  
COOLING SYSTEM BLOWDOWN  
EFFLUENT

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

MONITORING PERIOD

YEAR	MONTH	DAY	From:	1	1	0	1	0	1	To:	1	1	0	1	3	1
------	-------	-----	-------	---	---	---	---	---	---	-----	---	---	---	---	---	---

\*\*\* NO DISCHARGE ☐ \*\*\*

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	8.58	8.78	( 12 )	0	240	GR				
00400 1 0 0	PERMIT REQUIREMENT	8.0	9.0	SU		WEEKLY	GRAB				
EFFLUENT GROSS VALUE											
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			( 26 )			( 19 )				
01042 1 0 0	PERMIT REQUIREMENT		0.071	DAILY MAX		WEEKLY	GRAB				
EFFLUENT GROSS VALUE											
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT		0.009	( 19 )	0	240	GR				
01092 1 0 0	PERMIT REQUIREMENT		1.0	DAILY MAX		WEEKLY	GRAB				
EFFLUENT GROSS VALUE											
OXIDANTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT			( 19 )		500					
34044 1 0 0	PERMIT REQUIREMENT		0.05	DAILY MAX		WEEKLY	GRAB				
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	18.69	26.07	( 03 )	0	135	CN				
50060 1 0 0	PERMIT REQUIREMENT	REPORT 30 DAY AVG	REPORT DAILY MAX	MGD		DAILY	CONTIN				
EFFLUENT GROSS VALUE											
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT		0.09	( 19 )	0	240	GR				
50080 1 0 0	PERMIT REQUIREMENT		0.2	30 DAY AVG		WEEKLY	GRAB				
EFFLUENT GROSS VALUE											
HYDRAZINE	SAMPLE MEASUREMENT			( 19 )		500					
81313 1 0 0	PERMIT REQUIREMENT		0.031	DAILY MAX		DAILY WHEN DISCHARGING	GRAB				
EFFLUENT GROSS VALUE											
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			
Bradley J. Adams						815	408-3700	11	02	18	
Plant Manager						AREA CODE	NUMBER	YEAR	MONTH	DAY	
TYPED OR PRINTED	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT										
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											
Per Special Condition 4C., the maximum allowable blowdown temperature calculation results are provided on the attachment											
SEE ATTACHED											
EPA Form 3320-1 (Rev 3/89)											

80

PAGE 1 OF 1



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

OCR0501

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

IL0048313  
PERMIT NUMBER

002 0  
DISCHARGE NUMBER

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

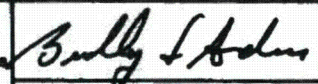
**MONITORING PERIOD**

From:	YEAR	MONTH	DAY	To:	YEAR	MONTH	DAY
	1	1	0		1	1	0
	1	0	1		1	0	1

MAJOR (SUBR 01)  
F - FINAL  
STORMWATER RUNOFF BASIN OVERFLOW  
STORMWATER

\*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read instructions before completing this form

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	---	---	---		---		( 12)		500	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	---	---	---	8.0 MINIMUM	---	8.0 MAXIMUM	8U		SEE PERMIT	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	---	---	( 26)	---	---	---	( 19)		500	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	---	---	LBS/DY	---	15.0 30 DAY AVG	30.0 DAILY MAX	MGL		SEE PERMIT	GRAB
CHROMIUM, HEXAVALENT (AS CR)	SAMPLE MEASUREMENT	---	---	( 26)	---	---	---	( 19)		500	
01032 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	---	---	LBS/DY	---	0.1 30 DAY AVG	0.2 DAILY MAX	MGL		DAILY	GRAB
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	---	---	( 26)	---	---	---	( 19)		500	
01034 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	---	---	LBS/DY	---	1.0 30 DAY AVG	2.0 DAILY MAX	MGL		DAILY	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	---	---	( 26)	---	---	---	( 19)		500	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	---	---	LBS/DY	---	0.5 30 DAY AVG	1.0 DAILY MAX	MGL		DAILY	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	---	---	( 26)	---	---	---	( 19)		500	
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	---	---	LBS/DY	---	1.0 30 DAY AVG	1.0 DAILY MAX	MGL		DAILY	GRAB
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	---	---	( 26)	---	---	---	( 19)		500	
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	---	---	LBS/DY	---	0.2 30 DAY AVG	0.4 DAILY MAX	MGL		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		
Bradley J. Adams						815	406-3700	11	02	18	
Plant Manager						AREA CODE	NUMBER	YEAR	MONTH	DAY	
TYPED OR PRINTED											
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b> 1. No Turbine building wastewater was discharged to the Stormwater Runoff Basin during the month. 2. This discharge point was not used this month.											



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

OCR0501

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

IL0046313  
PERMIT NUMBER

002 0  
DISCHARGE NUMBER

**MONITORING PERIOD**

From:	YEAR	MONTH	DAY	To:	YEAR	MONTH	DAY
	1	1	0		1	1	0
	1	0	1		3	1	1

MAJOR  
(SUBR 01)  
F - FINAL  
STORMWATER RUNOFF BASIN OVERFLOW  
STORMWATER

\*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read instructions before completing this form

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) 01057 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	---	---	( 26)	---	---	---	( 19)		500	
	PERMIT REQUIREMENT	---	---	LBS/DY	---	1.0 30 DAY AVG	2.0 DAILY MAX	MG/L		DAILY	GRAB
ZINC, TOTAL (AS ZN) 01082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	---	---	( 26)	---	---	---	( 19)		500	
	PERMIT REQUIREMENT	---	---	LBS/DY	---	1.0 30 DAY AVG	2.0 DAILY MAX	MG/L		DAILY	GRAB
OIL AND GREASE 03682 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	---	---	( 26)	---	---	---	( 19)		500	
	PERMIT REQUIREMENT	---	---	LBS/DY	---	15.0 30 DAY AVG	20.0 DAILY MAX	MG/L		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 60060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			( 03)	---	---	---	---		500	
	PERMIT REQUIREMENT	REPORT 30 DAY AVG	REPORT DAILY MAX	MGD	---	---	---	---		TWICE/ MONTH	TOTALIZ
	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	
Bradley J. Adams						815 408-3700		11	02	18	
Plant Manager						AREA CODE		NUMBER	YEAR	MONTH	DAY
TYPED OR PRINTED											
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN LINE (Outfall 001)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
~~Permit IL0048313~~  
January 2011**

**BLOWDOWN TEMPERATURE MONITORING:**

Date	Calculated Maximum Allowable Blowdown Temp. (Degrees F)	Maximum Actual Blowdown Temp. (Degrees F)
01/01/11	120	71.8
01/08/11	120	61.5
01/15/11	120	69.0
01/22/11	120	68.3
01/29/11	120	68.8

**Note:** Station procedures derive the *Calculated Maximum Allowable Blowdown Temperature* based on existing Rock River temperature and a calculated maximum river temperature increase. When the arithmetic sum of these values exceeds 120 degrees Fahrenheit, the *Calculated Maximum Allowable Temperature* limit defaults to 120 degrees Fahrenheit.

**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 2011.

**TOTAL QUANTITY DISCHARGED: N/A**

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

**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN LINE (Outfall 001)  
DISCHARGE MONITORING REPORT (Page 2)  
For Exelon Byron Station  
Permit IL0048313  
January 2011**

---

**COMMENTS:**

1.    The weekly halogen concentration curves and daily halogen dosing time reports are attached.
2.    Bromine was not used this month.
3.    There was no discharge of steam generator chemical cleaning wastewater containing hydrazine in this month.
4.    Flow existed through this outfall 31 of 31 days.

EXELON  
BYRON STATION  
Permit IL0048313  
WEEKLY HALOGEN DOSING INFORMATION

Date	Dosing Time (Minutes)	
	U-1	U-2
01/01/11	18	18
01/02/11	20	18
01/03/11	20	20
01/04/11	20	20
01/05/11	20	20
01/06/11	23	23
01/07/11	20	20
01/08/11	20	20
01/09/11	20	20

HALOGEN DOSING CURVE

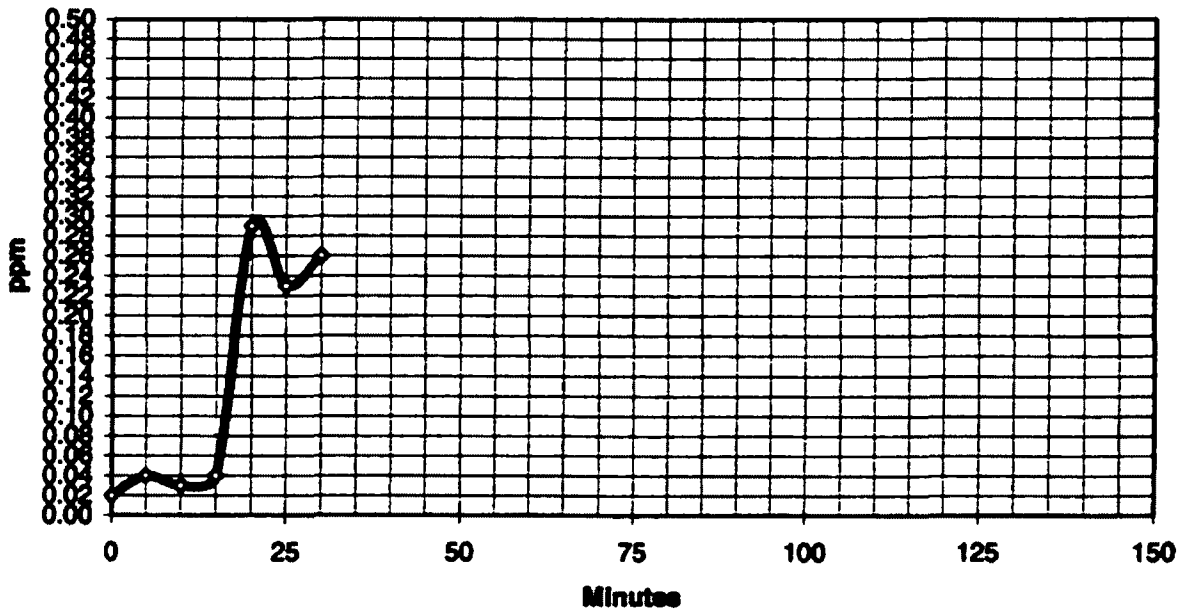
Concentration of total residual chlorine/halogen  
vs. minutes of chlorination period.

Date: 01/02/11  
Time: 10:18

Analyzed by: G.N.P.  
Reviewed by: D. M.

Unit: 2

Note: The limit of detection for the instrument as tested in the Station Laboratory is 0.02 mg/L. All values less than this limit are reported for information only.



**EXELON  
BYRON STATION  
Permit IL0048313  
WEEKLY HALOGEN DOSING INFORMATION**

Date	Dosing Time (Minutes)	
	U-1	U-2
01/10/11	20	20
01/11/11	20	20
01/12/11	20	20
01/13/11	16	17
01/14/11	20	20
01/15/11	21	20
01/16/11	20	20

**HALOGEN DOSING CURVE**

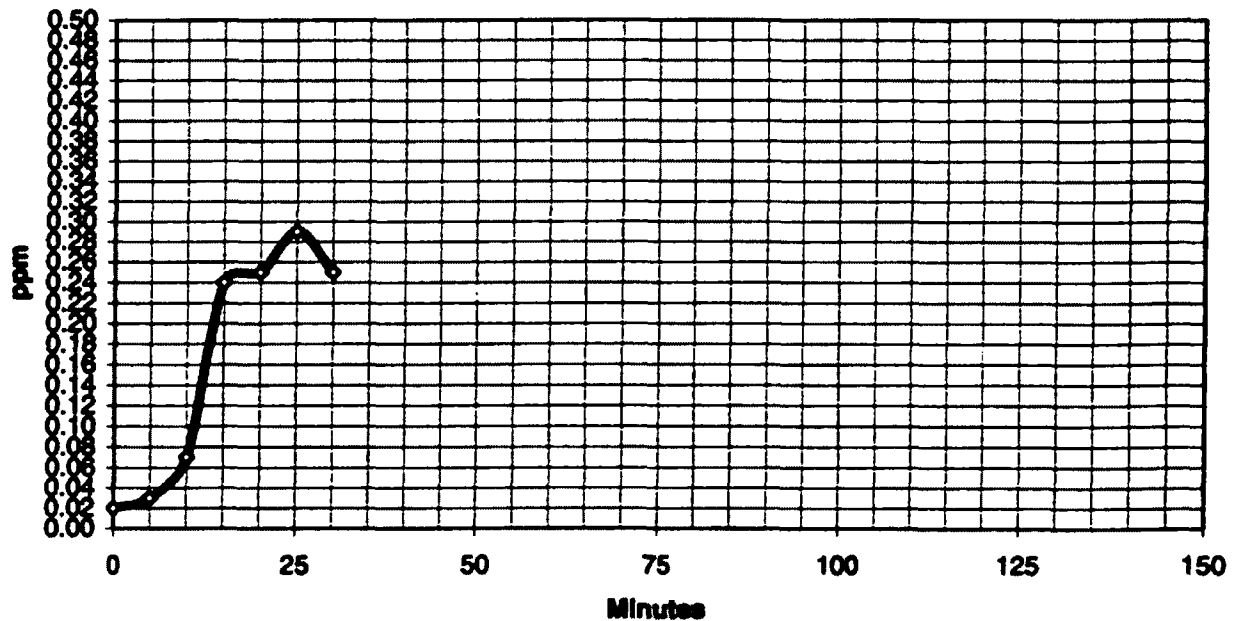
Concentration of total residual chlorine/halogen  
vs. minutes of chlorination period.

Date: 01/11/11  
Time: 12:41

Analyzed by: M. K.  
Reviewed by: D. M.

Unit: l

Note: The limit of detection for the instrument as tested in the Station Laboratory is 0.02 mg/L. All values less than this limit are reported for information only.



**EXELON  
BYRON STATION  
Permit IL0048313  
WEEKLY HALOGEN DOSING INFORMATION**

Date	Dosing Time (Minutes)	
	U-1	U-2
01/17/11	20	20
01/18/11	20	25
01/19/11	19	22
01/20/11	22	20
01/21/11	18	19
01/22/11	18	19
01/23/11	18	19

**HALOGEN DOSING CURVE**

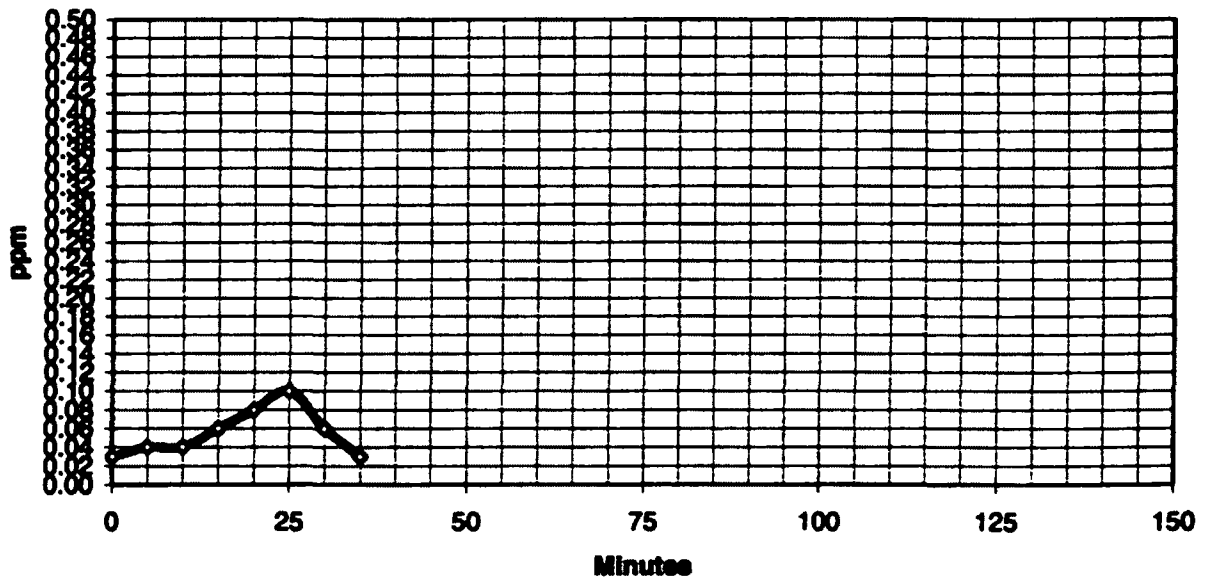
Concentration of total residual chlorine/halogen  
vs. minutes of chlorination period.

Date: 01/18/11  
Time: 11:55

Analyzed by: T. M.  
Reviewed by: D. M.

Unit: 2

**Note:** The limit of detection for the instrument as tested in the Station Laboratory is 0.02 mg/L. All values less than this limit are reported for information only.





EXELON  
BYRON STATION  
Permit IL0048313  
WEEKLY HALOGEN DOSING INFORMATION

Date	Dosing Time (Minutes)	
	U-1	U-2
01/24/11	20	20
01/25/11	20	20
01/26/11	20	20
01/27/11	20	20
01/28/11	20	20
01/29/11	20	20
01/30/11	19	20

HALOGEN DOSING CURVE

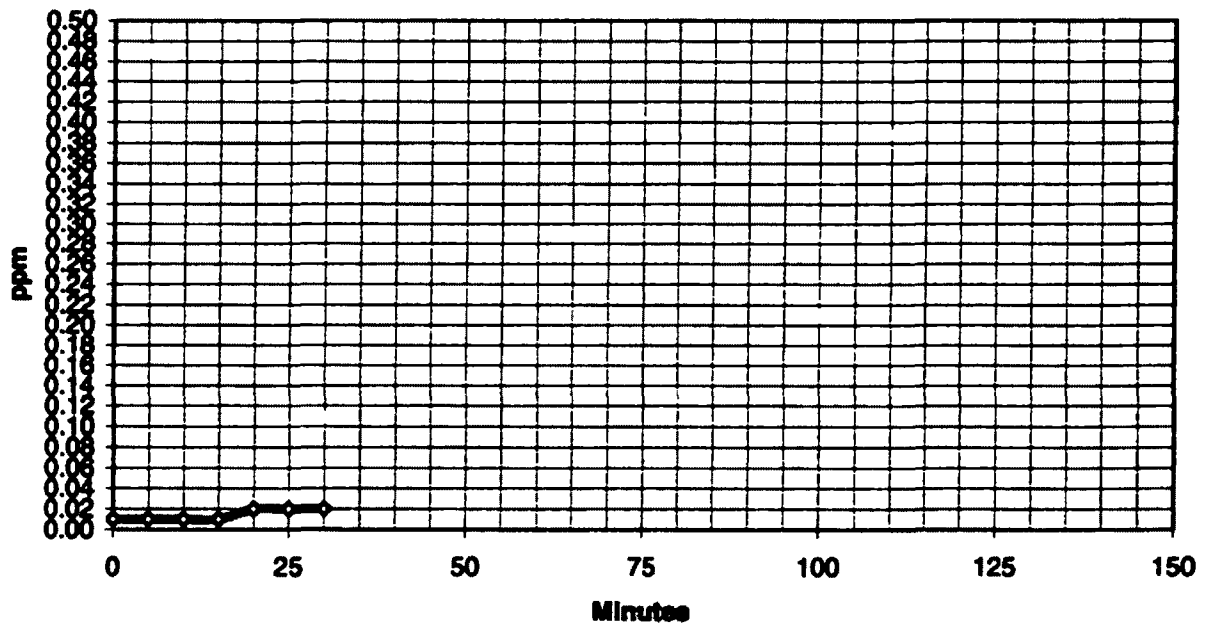
Concentration of total residual chlorine/halogen  
vs. minutes of chlorination period.

Date: 01/25/11  
Time: 11:58

Analyzed by: M.D.  
Reviewed by: D. M.

Unit: l

Note: The limit of detection for the instrument as tested in the Station Laboratory is 0.02 mg/L. All values less than this limit are reported for information only.



EXELON  
BYRON STATION  
Permit IL0048313  
WEEKLY HALOGEN DOSING INFORMATION

Date	Dosing Time (Minutes)	
	U-1	U-2
01/31/11	20	20

HALOGEN DOSING CURVE

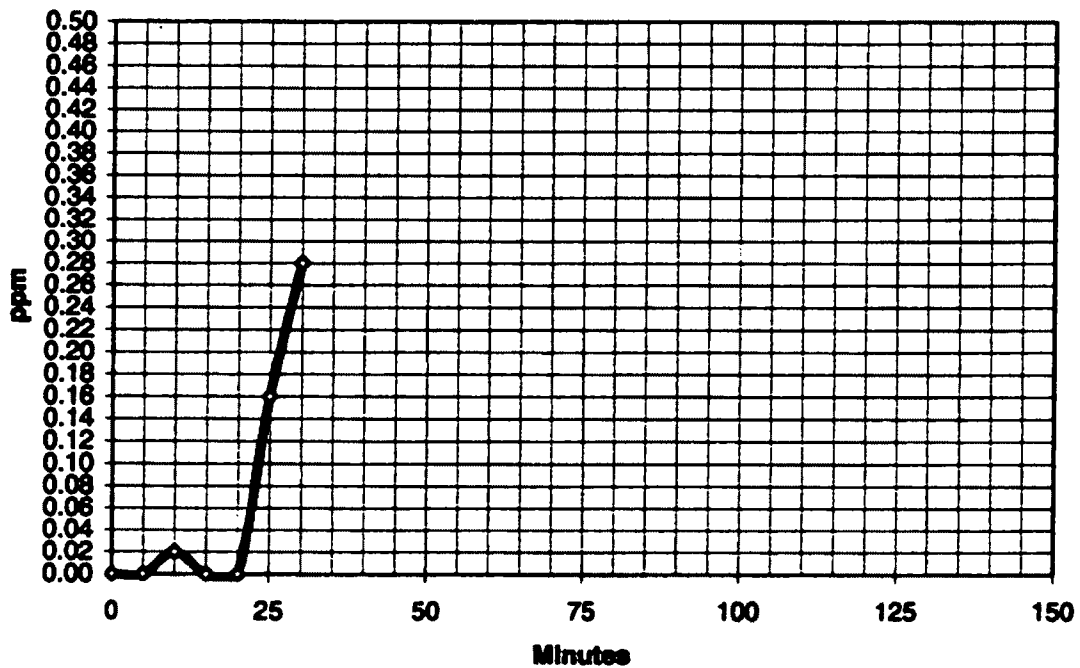
Concentration of total residual chlorine/halogen  
vs. minutes of chlorination period.

Date: 01/31/11  
Time: 11:53

Analyzed by: J.W.  
Reviewed by: D. M.

Unit: 1

Note: The limit of detection for the instrument as tested in the Station Laboratory is 0.02 mg/L. All values less than this limit are reported for information only.



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

www.exeloncorp.com

**March 22, 2011**

**LTR: BYRON 2011-0051**  
**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 February 1, 2011 through February 28, 2011.

On February 2, 2011 the Unit 1 Natural Draft Cooling Tower (NDCT) debris fence became blocked with tower fill material that was damaged by the blizzard conditions experienced on this day. The debris fence blockage caused an overflow of cooling system blowdown water to exit the NDCT basin and flow into the storm water ditch located on the West side of German Church Road. The water flowed North in the storm water ditch and entered Woodland Creek via storm water Outfall 003, East Station Area Runoff. The estimated amount of cooling system blowdown water that flowed through Outfall 003 was determined to be approximately 1,500 gallons. Analysis of the overflow sample determined a pH value of 8.6 and a zinc concentration of 0.034 mg/L.

Byron Station Operators took immediate measures to lower the cooling system blowdown water level in the basin of the NDCT to stop the overflow condition. Actions were taken to remove the damaged fill material from the debris fence. To prevent future debris fence blockage, Byron Station has a repair plan scheduled for March 2011.

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

Respectfully,



**Bradley J. Adams**  
**Plant Manager**  
**Byron Nuclear Generating Station**

**BJA/ZC/CA**

**Attachments**

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010  
ATTN: ZOEY COX/ENV SPEC

IL0048313	001-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 02/01/2011	TO 02/28/2011

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
COOLING SYSTEM BLOWDOWN  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	00000	00000	00000	00000	00000	75		0	135	CN
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	00000	00000	00000	00000	00000	Reg. Mon. MO MAX	deg F		Daily	CONTIN
pH	SAMPLE MEASUREMENT	00000	00000	00000	8.63	00000	8.76		0	240	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	00000	00000	00000	6 MINIMUM	00000	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	00000	00000	00000	00000	4.7	6.0		0	285	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	00000	00000	00000	00000	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	00000	00000	00000	00000	<1.4	<1.4		0	240	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	00000	00000	00000	00000	15 30DA AVG	20 DAILY MX	mg/L		Weekly	GRAB
Chromium, total (as Cr)	SAMPLE MEASUREMENT	00000	00000	00000	00000	00000	0.002		0	240	GR
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	00000	00000	00000	00000	00000	2 DAILY MX	mg/L		Weekly	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	00000	00000	00000	00000	00000	00000			500	
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	00000	00000	00000	00000	00000	.071 DAILY MX	mg/L		Weekly	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	00000	00000	00000	00000	0.010	0.012		0	240	GR
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	00000	00000	00000	00000	.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 ensure that qualified personnel properly gather and review the information submitted. Based on my knowledge of the person or persons who made the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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
Bradley J. Adams Plant Manager TYPED OR PRINTED		<i>Bradley J. Adams</i>	815 406-3700	03/22/2011
		AREA Code	NUMBER	MM/DD/YYYY

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

GL 1. MONITORING DATA FOR OUTFALL 001-0 IS INCLUDED ON ATTACHMENT.

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010  
ATTN: ZOXY COX/ENV SPEC

IL0048313	001-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	02/01/2011	TO	02/28/2011

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
COOLING SYSTEM BLOWDOWN  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	l/d	*****	*****	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	17.06	24.44		*****	*****	*****	*****	0	135	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	*****	*****	*****	*****	*****	0.05		0	240	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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Bradley J. Adams 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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge and belief, and on the basis of the information submitted, the information submitted is, to the best of my knowledge and belief, true, accurate, 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  <i>Bradley J. Adams</i>	TELEPHONE	DATE
			815 406-3700	03/22/2011
			AREA Code	NUMBER
			MM/DD/YYYY	

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

GL

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701

FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010

ATTN: ZOXY COX/ENV SPEC

IL0048313	002-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	02/01/2011	TO	02/28/2011

DMR Mailing ZIP CODE: 61010

MAJOR  
(SUBR 01)  
STORMWATER RUNOFF BASIN  
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	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	.018 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	.288 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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the person or persons who furnished the information, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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
Bradley J. Adams Plant Manager TYPED OR PRINTED		815 406-3700	03/22/2011
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
			MM/DD/YYYY

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

- GL 1. NO TURBINE BUILDING FIRE AND OIL SUMP OR GENERIC NON-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)**

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010  
ATTN: ZOXY COX/ENV SPEC

IL0048313	002-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	02/01/2011	TO	02/28/2011

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
STORMWATER RUNOFF BASIN  
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.176 DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.047 30DA AVG	.28 DAILY MX	mg/L		Daily	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		When Discharging	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		When Discharging	ESTIMA

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 persons or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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
Bradley J. Adams Plant Manager TYPED OR PRINTED		815 406-3700	03/22/2011
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

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

GL 1. THIS DISCHARGE POINT WAS NOT USED THIS MONTH.

2. THERE WAS NO DISCHARGE OF PROCESSED STEAM GENERATOR CHEMICAL CLEANING WASTEWATER DURING THE MONTH.

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701

FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010

ATTN: ZOEY COX/ENV SPEC

IL0048313	A01-0
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010

MAJOR  
(SUBR 01)  
DEMINEALIZER REGENERATE WASTE (001/  
External Outfall

No Discharge ☐

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	02/01/2011	TO	02/28/2011

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSES	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.9	5.0		0	285	EC
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Monthly	COMP-8
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
Nickel, total (as Ni) 01067 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
	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 knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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
Bradley J. Adams Plant Manager		815 406-3700	03/22/2011
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
			MM/DD/YYYY

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

- GL 1. THERE WAS NO DISCHARGE OF PROCESSED STEAM GENERATOR CHEMICAL CLEANING WASTEWATER DURING THIS MONTH.  
2. FLOW EXISTED 26 OF 28 DAYS DURING THIS MONTH.



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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010  
ATTN: ZOXY COX/ENV SPEC

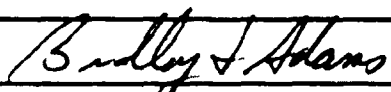
IL0048313	A01-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 02/01/2011	TO	02/28/2011	

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
DEMINERALIZER REGENERATE WASTE (001/  
External Outfall)

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01082 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	0.015	0.073		*****	*****	*****	*****	0	135	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgals/d	*****	*****	*****	*****		Daily	CONTIN

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 insure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the parties and persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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
Bradley J. Adams Plant Manager TYPED OR PRINTED			815 406-3700	03/22/2011
		AREA Code	NUMBER	MM/DD/YYYY

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

GL

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010

ATTN: ZOEY COX/ENV SPEC

IL0048313	B01-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 02/01/2011	TO	02/28/2011	

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
STP PLANT EFFLUENT(FORMER 001B  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0.82	1.4		*****	16.3	28.0		0	290	DC
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	*****	*****	*****	7.23	*****	7.35		0	290	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	8U		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.6	2.5		*****	19.7	29.6		0	290	DC
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	0.010		*****	*****	*****	*****	0	135	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN

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
Bradley J. Adams Plant Manager TYPED OR PRINTED		815 406-3700	03/22/2011
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
			MM/DD/YYYY

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

GL 1. FLOW EXISTED THROUGH THIS OUTFALL 25 OF 28 DAYS DURING THE MONTH.

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010  
ATTN: ZOEY COX/ENV SPEC

IL0048313	C01-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	02/01/2011	TO	02/28/2011

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
WWTP (FORMER 001C)  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.0	2.7		0	290	DC
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	*****	*****	*****	*****	30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	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 knowledge of the persons or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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
Bradley J. Adams Plant Manager TYPED OR PRINTED		<i>Bradley J. Adams</i>	815 406-3700	03/22/2011
		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 12 OF 28 DAYS DURING THE MONTH.

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

Form Approved  
OMB No. 2040-0004

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

**NAME:** EXELON GENERATION COMPANY LLC  
**ADDRESS:** 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
**FACILITY:** EXELON GENERATION CO LLC  
**LOCATION:** 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010  
**ATTN:** ZOEY COX/ENV SPEC


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

**DMR Mailing ZIP CODE:** 61010  
**MAJOR**  
(SUBR 01)  
**WWTP (FORMER 001C)**  
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		TO	MM/DD/YYYY
FROM 02/01/2011			02/28/2011

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn) 01092 1 0 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 50050 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>	0.018	0.032		*****	*****	*****	*****	0	135	CN
	<b>PERMIT REQUIREMENT</b>	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	Mgd/d	*****	*****	*****	*****		Daily	CONTIN

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b> Bradley J. Adams 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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b> 	<b>TELEPHONE</b> 815 406-3700	<b>DATE</b> 03/22/2011
		AREA Code NUMBER	NUMBER MM/DD/YYYY	

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

GL

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701

FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010

ATTN: ZOEY COX/ENV SPEC

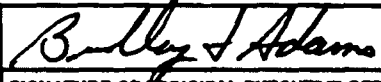
IL0048313	D01-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 02/01/2011	TO 02/28/2011

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
RADWASTE TREATMENT(FORMER 001D  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.3	<0.5		0	290	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	0.024		*****	*****	*****	*****	0	135	CN
	PERMIT REQUIREMENT	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN

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 review the information submitted. Based on my knowledge of the person or persons who design the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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
Bradley J. Adams Plant Manager TYPED OR PRINTED			815 406-3700	03/22/2011
		AREA Code	NUMBER	MM/DD/YYYY

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

CL 1. FLOW EXISTED THROUGH THIS OUTFALL 8 OF 28 DAYS DURING THE MONTH.

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701

FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010

ATTN: ZOEY COX/ENV SPEC

IL0048313	E01-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 02/01/2011	TO 02/28/2011

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
STORMWATER (FORMER 001E)  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
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

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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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
Bradley J. Adams Plant Manager TYPED OR PRINTED		<i>Bradley J. Adams</i>	815 406-3700	03/22/2011
		AREA Code	NUMBER	MM/DD/YYYY

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

- GL 1. THERE WAS NO DISCHARGE OF PROCESSED STEAM GENERATOR CHEMICAL CLEANING WASTEWATER DURING THE MONTH.  
2. FLOW EXISTED THROUGH THIS OUTFALL 3 OF 28 DAYS DURING THE MONTH.

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010  
ATTN: ZOEY COX/ENV SPEC

IL0048313	E01-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	02/01/2011	TO	02/28/2011

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
STORMWATER (FORMER 001E)  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSES	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01087 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	<sup>1</sup> 30DA AVG	<sup>2</sup> DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	<sup>1</sup> 30DA AVG	<sup>2</sup> DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.213	0.393		*****	*****	*****	*****	0	290	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Twice Per Month	CONTIN

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 review the information submitted. Based on my knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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
Bradley J. Adams Plant Manager TYPED OR PRINTED		<i>Bradley J. Adams</i>	815 406-3700	03/22/2011
		AREA Code	NUMBER	MM/DD/YYYY

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

- GL 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.

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
February 2011  
Page 1 of 2

**MONITORING DATA:**

DATE	CWBD Temperature deg F	CWBD Flow mgd	Rock River Flow cfs
02/01/2011	64	18.46	6920
02/02/2011	63	20.17	6060
02/03/2011	61	16.56	5620
02/04/2011	69	18.03	6010
02/05/2011	68	20.77	6940
02/06/2011	69	17.53	7310
02/07/2011	70	14.34	7420
02/08/2011	70	17.45	7410
02/09/2011	63	8.71	7200
02/10/2011	63	16.23	6810
02/11/2011	69	21.37	7150
02/12/2011	71	20.49	7440
02/13/2011	73	16.84	7750
02/14/2011	72	10.64	8010
02/15/2011	66	17.11	8100
02/16/2011	71	13.72	8130
02/17/2011	75	16.63	9030
02/18/2011	72	16.89	12800
02/19/2011	64	21.51	14300
02/20/2011	70	18.02	11000
02/21/2011	66	13.47	13200
02/22/2011	63	18.94	14100
02/23/2011	68	16.69	13100
02/24/2011	68	18.63	12500
02/25/2011	64	14.49	12100
02/26/2011	63	24.44	11800
02/27/2011	64	16.89	11700
02/28/2011	65	12.60	11500



**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
February 2011  
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 2011.

**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 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 measured was 2.58 mg/L on 02/07/2011. The CWBD TSS values obtained were 6.00 mg/L on 02/04/2011 and 3.30 mg/L on 02/07/2011.
5. Rock River flow for February 2011 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 2011. (Special Condition 15)

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

www.exeloncorp.com

April 20, 2011

LTR: BYRON 2011-0061  
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 March 1, 2011 through March 31, 2011.

On March 11, 2011 a pump seal leak was identified on a station heat pump located in the Fuel Handling Building (FHB) Train Shed. The water leaking from the pump was directed to a floor drain in the FHB Train Shed that is piped into the station's stormwater drainage system. The water in the stormwater drainage system for the plant is directed to an oil separator and is then discharged into the Construction Run-Off Pond (CROP). The CROP is designated as Outfall E-01-0 in the station's NPDES permit. It is estimated that approximately 500 gallons of station heat water was discharged to Outfall E-01-0. Station heat is a closed water system that is used to provide heat to various areas of the plant. The water is chemically treated to prevent corrosion of the piping using chemicals that have been previously reviewed and approved by IEPA. Station heat is not currently listed as a contributing discharge to Outfall E-01-0. The floor drains in the FHB Train Shed are all labeled to contact the site NPDES Coordinator prior to directing any water, other than stormwater, to the drains. Once it was identified that the Station heat water was directed to the FHB Train Shed drains, actions were taken to redirect the water to an appropriate catch container so the water could be disposed of properly. A work request was generated to fix the pump seal leak and it is being tracked in the station's Work Control process. Outfall E-01-0 met all NPDES permit limits for March 2011.

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

Respectfully,



Bradley A. Adams  
Plant Manager  
Byron Nuclear Generating Station

BJA/ZC/ca  
Attachments

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010

IL0048313  
PERMIT NUMBER

001-0  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010

MAJOR  
(SUBR 01)  
COOLING SYSTEM BLOWDOWN  
External Outfall

ATTN: ZOXY COX/ENV SPEC

**MONITORING PERIOD**  
MM/DD/YYYY MM/DD/YYYY  
FROM 03/01/2011 TO 03/31/2011

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	77		0	135	CN
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Reg. Mon. MO MAX	deg F		Daily	CONTIN
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.40	*****	8.68		0	240	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	8 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	33.0	54.7		0	285	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1.4	<1.4		0	240	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		Weekly	GRAB
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.004		0	240	GR
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	mg/L		Weekly	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.01		0	240	GR
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.071 DAILY MX	mg/L		Weekly	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.015	0.024		0	240	GR
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.213 30DA AVG	.433 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Bradley J. Adams 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 knowledge of the person or persons who design the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 <i>Bradley J. Adams</i>	TELEPHONE 815 406-3700	DATE 04/20/2011 MM/DD/YYYY
---	---	---	---------------------------	----------------------------------

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

GL 1. MONITORING DATA FOR OUTFALL 001-0 IS INCLUDED ON ATTACHMENT.

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60565-5701

FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010

ATTN: ZOXY COX/ENV SPEC

IL0048313  
PERMIT NUMBER

001-0  
DISCHARGE NUMBER

**MONITORING PERIOD**

MM/DD/YYYY	TO	MM/DD/YYYY
03/01/2011		03/31/2011

DMR Mailing ZIP CODE: 61010

MAJOR  
(SUBR 01)  
COOLING SYSTEM BLOWDOWN  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	16.09	23.27		*****	*****	*****	*****	0	135	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		0	240	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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Bradley J. Adams</b> Plant Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Bradley J. Adams</i>	TELEPHONE	DATE
			815 406-3700	04/20/2011
			AREA Code	NUMBER
				MM/DD/YYYY

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

GL

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701

FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010

ATTN: ZOEY COX/ENV SPEC

IL0048313  
PERMIT NUMBER

002-0  
DISCHARGE NUMBER

**MONITORING PERIOD**

MM/DD/YYYY	TO	MM/DD/YYYY
03/01/2011		03/31/2011

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
STORMWATER RUNOFF BASIN  
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	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	*****	*****	*****	*****	.053 30DA AVG	.298 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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge and belief, this document and all attachments contain true, accurate, and complete information, and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Bradley J. Adams Plant Manager TYPED OR PRINTED		815 406-3700	04/20/2011
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
			MM/DD/YYYY

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

1. NO TURBINE BUILDING FIRE AND OIL SUMP OR GENERIC NON-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)**

Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010

IL0048313  
PERMIT NUMBER

002-0  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
STORMWATER RUNOFF BASIN  
External Outfall

**MONITORING PERIOD**

MM/DD/YYYY	MM/DD/YYYY
FROM 03/01/2011	TO 03/31/2011

ATTN: ZOEV COX/ENV SPEC

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01087 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.176 DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.047 30DA AVG	.26 DAILY MX	mg/L		Daily	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		When Discharging	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		When Discharging	ESTIMA

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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for those who submit.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Bradley J. Adams Plant Manager TYPED OR PRINTED		<i>Bradley J. Adams</i>	815 406-3700	04/20/2011
			AREA Code	NUMBER
				MM/DD/YYYY

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

GL 1. THIS DISCHARGE POINT WAS NOT USED THIS MONTH.

2. THERE WAS NO DISCHARGE OF PROCESSED STEAM GENERATOR CHEMICAL CLEANING WASTEWATER DURING THE MONTH

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701

FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010

ATTN: ZOEY COX/ENV SPEC

IL0048313	A01-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 03/01/2011	TO 03/31/2011

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01)  
DEMINERALIZER REGENERATE WASTE (001/  
External Outfall  
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.73	<0.74		0	285	EC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Monthly	COMP-8
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 ensure that qualified personnel properly gather and evaluate the information submitted, based on my knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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
Bradley J. Adams Plant Manager TYPED OR PRINTED		815 406-3700	04/20/2011
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
			MM/DD/YYYY

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

GL 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)**

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010  
ATTN: ZOXY COX/ENV SPEC

IL0048313	A01-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	03/01/2011	TO	03/31/2011

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
DEMINERALIZER REGENERATE WASTE (001/  
External Outfall)  
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn) 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	0.023	0.075		*****	*****	*****	*****	0	135	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Bradley J. Adams 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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge and belief, the information submitted is, to the best of my knowledge and belief, true, accurate, 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  <i>Bradley J. Adams</i>	TELEPHONE	DATE
			815 406-3700	04/20/2011
			AREA Code	NUMBER
				MM/DD/YYYY

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

GL



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

Form Approved  
OMB No. 2040-0004

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

**NAME:** EXELON GENERATION COMPANY LLC  
**ADDRESS:** 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
**FACILITY:** EXELON GENERATION CO LLC  
**LOCATION:** 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010  
**ATTN:** ZOIEY COX/ENV SPEC

IL0048313	801-0
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

**DMR Mailing ZIP CODE:** 61010  
**MAJOR**  
(SUBR 01)  
**STP PLANT EFFLUENT(FORMER 001B**  
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	03/01/2011	TO	03/31/2011

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY 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>	1.1	1.5		*****	13.5	16.0		0	290	DC
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>	*****	*****	*****	7.31	*****	7.60		0	290	GR
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	8 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	0.77	0.96		*****	9.8	10.5		0	290	DC
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>	0.009	0.014		*****	*****	*****	*****	0	135	CN
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN

<b>NAME/TITLE 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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am under the penalty of law for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>	<b>DATE</b>
Bradley J. Adams Plant Manager TYPED OR PRINTED		815 406-3700	04/20/2011
<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA CODE</b>	<b>NUMBER</b>
			MM/DD/YYYY

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

GL 1. FLOW EXISTED THROUGH THIS OUTFALL 31 OF 31 DAYS DURING THE MONTH.

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010

ATTN: ZOEY COX/ENV SPEC

IL0048313	C01-0
PERMIT NUMBER	DISCHARGE NUMBER

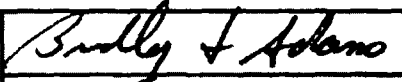
MONITORING PERIOD				
MM/DD/YYYY		TO	MM/DD/YYYY	
FROM 03/01/2011			03/31/2011	

DMR Mailing ZIP CODE: 61010

MAJOR  
(SUBR 01)  
WWTP (FORMER 001C)  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1.2	2.0		0	290	DC
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  Bradley J. Adams 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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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
			815 406-3700	04/20/2011
			AREA Code	NUMBER
				MM/DD/YYYY

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

- GL 1. THERE WAS NO DISCHARGE OF PROCESSED STEAM GENERATOR CHEMICAL CLEANING WASTEWATER DURING THIS MONTH.  
2. FLOW EXISTED THROUGH THIS OUTFALL 22 OF 31 DAYS DURING THE MONTH.

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701

FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010

ATTN: ZOXY COX/ENV SPEC

IL0048313	C01-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	03/01/2011	TO	03/31/2011

DMR Mailing ZIP CODE: 61010

MAJOR  
(SUBR 01)  
WWTP (FORMER 001C)  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn) 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	0.024	0.033		*****	*****	*****	*****	0	135	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN

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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the person or persons who manage the system, or those persons directly responsible for preparing the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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
Bradley J. Adams Plant Manager TYPED OR PRINTED		815 406-3700		04/20/2011
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

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

GL

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010  
ATTN: ZOXY COX/ENV SPEC

IL0048313	D01-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	03/01/2011	TO	03/31/2011

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
RADWASTE TREATMENT(FORMER 001D  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.5	0.5		0	290	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	0.024	0.045		*****	*****	*****	*****	0	135	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Bradley J. Adams 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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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  <i>Bradley J. Adams</i>	TELEPHONE	DATE
			815 406-3700	04/20/2011
			AREA Code	NUMBER
				MM/DD/YYYY

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

GL 1. FLOW EXISTED THROUGH THIS OUTFALL 12 OF 31 DAYS DURING THE MONTH.

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

Form Approved  
OMB No. 2040-0004

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

**NAME:** EXELON GENERATION COMPANY LLC  
**ADDRESS:** 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
**FACILITY:** EXELON GENERATION CO LLC  
**LOCATION:** 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010

IL0048313	E01-0
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

**DMR Mailing ZIP CODE:** 61010  
**MAJOR**  
(SUBR 01)  
**STORMWATER (FORMER 001E)**  
External Outfall

**ATTN:** ZOEY COX/ENV SPEC

MONITORING PERIOD				
MM/DD/YYYY			MM/DD/YYYY	
FROM 03/01/2011		TO	03/31/2011	

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Weekly	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	10.1	27.3		0	240	GR
00530 8 0 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	
01032 1 0 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	
01034 1 0 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	
01042 1 0 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	
01045 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	GRAB
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****					500	
01051 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	2 30DA AVG	.4 DAILY MX	mg/L		Daily	GRAB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b> Bradley J. Adams 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 knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b> <i>Bradley J. Adams</i>	<b>TELEPHONE</b> 815 406-3700	<b>DATE</b> 04/20/2011
		AREA Code NUMBER MM/DD/YYYY		

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

- GL 1. THERE WAS NO DISCHARGE OF PROCESSED STEAM GENERATOR CHEMICAL CLEANING WASTEWATER DURING THE MONTH.  
2. FLOW EXISTED THROUGH THIS OUTFALL 9 OF 31 DAYS DURING THE MONTH.

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010

ATTN: ZOXY COX/ENV SPEC

IL0048313	E01-0
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
STORMWATER (FORMER 001E)  
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 03/01/2011	TO	03/31/2011	

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY 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	0.268	0.641		*****	*****	*****	*****	0	290	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Twice Per Month	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Bradley J. Adams</b> 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 knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 <i>Bradley J. Adams</i>	TELEPHONE	DATE
			815 406-3700	04/20/2011
			AREA Code	NUMBER
			MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
CL 1. NO TURBINE BUILDING FIRE AND OIL SUMP OR GENERIC NON-CHEMICAL METAL CLEANING WASTEWATER WAS DISCHARGED THIS MONTH.  
2. SERVICE WATER SYSTEM DRAIN WATER WAS DISCHARGED THIS MONTH.

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
March 2011  
Page 1 of 2

**MONITORING DATA:**

DATE	CWBD Temperature deg F	CWBD Flow mgd	Rock River Flow cfs
03/01/2011	67.0	17.72	11,200
03/02/2011	67.2	13.39	11,500
03/03/2011	66.9	16.96	11,900
03/04/2011	71.9	14.66	11,100
03/05/2011	70.0	20.43	12,200
03/06/2011	64.8	17.38	13,500
03/07/2011	64.0	12.08	12,800
03/08/2011	65.0	17.21	12,000
03/09/2011	63.0	0.71	11,800
03/10/2011	66.3	11.73	12,600
03/11/2011	65.7	16.87	12,600
03/12/2011	72.2	23.27	12,200
03/13/2011	66.0	9.22	11,600
03/14/2011	61.7	16.22	11,200
03/15/2011	61.4	17.23	11,000
03/16/2011	69.7	18.30	10,800
03/17/2011	75.4	14.93	10,700
03/18/2011	77.0	18.91	10,500
03/19/2011	68.7	18.05	10,400
03/20/2011	71.0	16.30	11,200
03/21/2011	73.7	13.39	13,800
03/22/2011	71.9	18.47	14,400
03/23/2011	69.5	15.89	15,100
03/24/2011	67.2	19.50	15,900
03/25/2011	66.3	18.89	15,800
03/26/2011	66.0	16.74	15,500
03/27/2011	66.7	18.98	15,400
03/28/2011	67.5	11.60	15,200
03/29/2011	67.0	15.03	14,900
03/30/2011	68.3	18.96	14,600
03/31/2011	70.0	19.78	14,300



**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
March 2011  
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 2011.

**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 values measured were 42.25 mg/L on 03/07/2011 and 7.40 mg/L on 03/14/2011. The CWBD TSS values measured were 54.67 mg/L on 03/07/2011 and 11.29 mg/L on 03/14/2011.
5. Rock River flow for March 2011 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 2011. (Special Condition 15)

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

www.exeloncorp.com

May 20, 2011

LTR: BYRON 2011-0081  
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

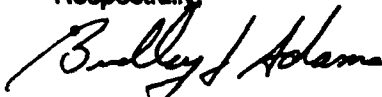
Subject: Byron Station Monthly Discharge Monitoring Report

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, 2011 through April 30, 2011.

On 4/18/2011 during calibration of the flow totalizer for the clean water storage tank discharge of the Wastewater Treatment system, NPDES outfall C01-0, the Instrument Technician determined the transmitter was receiving a higher pressure than what it was scaled to receive. The transmitter is scaled to 3-15 psig and was giving an output reading of 21 psig. The transmitter feeds into a square root extractor that is also scaled to 3-15 psig. The result is the flow being reported for the Wastewater Treatment system is too low. System Engineering has evaluated the issue and determined an interim corrective action to conservatively address the low reading is to multiply the current totalizer readings by a factor of 2. To aid in troubleshooting the issue, a temporary ultrasonic flow detector will be installed on a suitable section of the clean water storage tank pump discharge line. This will allow more accurate analysis of the actual flow through the clean water storage tank discharge line. The results of the temporary ultrasonic flow detector will be used to help determine a final solution to this issue which could include throttling the discharge of the clean water storage tank pumps or changing the discharge line flow orifice size. All actions to address this issue are tracked in the station's Corrective Action Program. The station's NPDES permit does not limit the amount of clean water storage tank effluent that is discharged via Outfall C01-0; the station is required to report the amount of flow from Outfall C01-0 on the monthly Discharge Monitoring Report. Outfall C01-0 met all NPDES permit limits for April 2011.

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

Respectfully,



Bradley J. Adams  
Plant Manager  
Byron Nuclear Generating Station

BJA/ZC/ca  
Attachments

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010

IL0048313  
PERMIT NUMBER

001-0  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010

MAJOR  
(SUBR 01)  
COOLING SYSTEM BLOWDOWN  
External Outfall

**MONITORING PERIOD**  
MM/DD/YYYY MM/DD/YYYY  
FROM 04/01/2011 TO 04/30/2011

ATTN: ZOEY COX/ENV SPEC

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	86.5	15	0	135	CN
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Reg. Mon. MO MAX	deg F		Daily	CONTIN
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.44	*****	8.60	12	0	240	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.8	4.8	19	0	285	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1.4	<1.4	19	0	240	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		Weekly	GRAB
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.001	19	0	240	GR
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	mg/L		Weekly	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.012	19	0	240	GR
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.071 DAILY MX	mg/L		Weekly	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.006	0.006	19	0	240	GR
01082 1 0 Effluent Gross	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 knowledge of the system and persons who furnish the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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
Bradley J. Adams Plant Manager TYPED OR PRINTED		815 406-3700	05/20/2011
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

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

GL 1. MONITORING DATA FOR OUTFALL 001-0 IS INCLUDED ON ATTACHMENT.

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701

FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010

ATTN: ZOEE COX/ENV SPEC

IL0048313  
PERMIT NUMBER

001-0  
DISCHARGE NUMBER

**MONITORING PERIOD**


MM/DD/YYYY	TO	MM/DD/YYYY
04/01/2011		04/30/2011

FROM

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
COOLING SYSTEM BLOWDOWN  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	*****	Reg. Mon. DAILY MX	lbs/d	*****	*****	Reg. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	16.90	22.12	3	*****	*****	*****	*****	0	135	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	Mgals/d	*****	*****	*****	*****		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.02	19	0	240	GR
50080 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

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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the person or persons who prepare the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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	
Bradley J. Adams Plant Manager TYPED OR PRINTED			815 406-3700	05/20/2011	
			AREA Code	NUMBER	MM/DD/YYYY

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

GL

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010

IL0048313	002-0
PERMIT NUMBER	DISCHARGE NUMBER

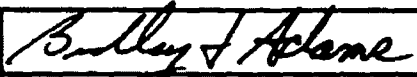
DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
STORMWATER RUNOFF BASIN  
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 04/01/2011	TO 04/30/2011

ATTN: ZOEY COX/ENV SPEC

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	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	*****	*****	*****	*****	.028 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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge and belief, the information submitted is true, complete, and accurate. 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
Bradley J. Adams Plant Manager TYPED OR PRINTED			815 406-3700	05/20/2011
			AREA Code	NUMBER
				MM/DD/YYYY

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

- GL 1. NO TURBINE BUILDING FIRE AND OIL SUMP OR GENERAL NON-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)**

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701

FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010

ATTN: ZOEVY COX/ENV SPEC

IL0048313	002-0
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010

MAJOR  
(SUBR 01)  
STORMWATER RUNOFF BASIN  
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 04/01/2011	TO	04/30/2011	

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY 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 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.176 DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.047 30DA AVG	.26 DAILY MX	mg/L		Daily	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.15 30DA AVG	.20 DAILY MX	mg/L		When Discharging	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		When Discharging	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and its attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the person or persons who furnish the information, or those persons directly responsible for providing the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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
Bradley J. Adams Plant Manager TYPED OR PRINTED		<i>Bradley J. Adams</i>	815 406-3700	05/20/2011
			AREA Code	NUMBER
				MM/DD/YYYY

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

GL 1. THIS DISCHARGE POINT WAS NOT USED THIS MONTH.

2. THERE WAS NO DISCHARGE OF PROCESSED STEAM GENERATOR CHEMICAL CLEANING WASTEWATER DURING THE MONTH.

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
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WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010

ATTN: ZOEY COX/ENV SPEC

IL0048313	A01-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 04/01/2011	TO 04/30/2011

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01)  
DEMINEALIZER REGENERATE WASTE (001/  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.5	3.6	19	0	285	EC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Monthly	COMP-8
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	*****	*****	*****	*****	1 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 knowledge and belief, the information submitted is true 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
Bradley J. Adams Plant Manager		815 406-3700	05/20/2011
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
			MM/DD/YYYY

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

1. THERE WAS NO DISCHARGE OF PROCESSED STEAM GENERATOR CHEMICAL CLEANING WASTEWATER DURING THIS MONTH.  
2. FLOW EXISTED 25 OF 30 DAYS DURING THIS MONTH.



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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010  
ATTN: ZOEEY COX/ENV SPEC

IL0048313	A01-0
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
DEMINEALIZER REGENERATE WASTE (001/  
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/01/2011	TO	04/30/2011

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 SODA AVG	2 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.057	0.146	3	*****	*****	*****	*****	0	135	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. SODA AVG	Reg. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN

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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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
Bradley J. Adams Plant Manager TYPED OR PRINTED			815 406-3700	05/20/2011
		AREA Code	NUMBER	MM/DD/YYYY

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

GL

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701

FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4460 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010

ATTN: ZOEV COX/ENV SPEC

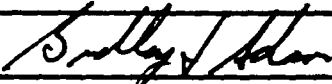
K0048313	801-0
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
STP PLANT EFFLUENT(FORMER 001B  
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 04/01/2011	TO 04/30/2011

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.3	1.5	26	-----	14.5	18.0	19	0	290	DC
00310 10 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	-----	-----	-----	7.80	-----	7.96	12	0	290	GR
00400 10 Effluent Gross	PERMIT REQUIREMENT	-----	-----	-----	5 MINIMUM	-----	9 MAXIMUM	8U		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.4	1.5	26	-----	14.9	18.4	19	0	290	DC
00530 10 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	0.008	0.012	3	-----	-----	-----	-----	0	135	CN
60050 10 Effluent Gross	PERMIT REQUIREMENT	Flow Mon. 30DA AVG	Flow Mon. DAILY MX	Mgal/d	-----	-----	-----	-----		Daily	CONTIN

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 knowledge and belief, the information submitted is true 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
Bradley J. Adams Plant Manager TYPED OR PRINTED			815 406-3700	05/20/2011
			AREA Code	NUMBER
				MM/DD/YYYY

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

GL 1. FLOW EXISTED THROUGH THIS OUTFALL 30 OF 30 DAYS DURING THIS MONTH.

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

Form Approved  
OMB No. 2040-0084

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701

FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010

ATTN: ZOEY COX/ENV SPEC

IL0048313	C01-0
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010

MAJOR  
(SUBR 01)  
WWTP (FORMER 001C)  
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 04/01/2011	TO	04/30/2011	

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.8	3.4	19	0	290	DC
00530 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Twice Per Month	COMP24
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01032 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01034 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01042 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	5 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01045 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	GRAB
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01051 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	2 30DA AVG	4 DAILY MX	mg/L		Daily	GRAB
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01067 10 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
Bradley J. Adams Plant Manager TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code NUMBER

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

- GL 1. THERE WAS NO DISCHARGE OF PROCESSED STEAM GENERATOR CHEMICAL CLEANING WASTEWATER DURING THIS MONTH.  
2. FLOW EXISTED THROUGH THIS OUTFALL 15 OF 30 DAYS DURING THE MONTH.

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010  
ATTN: ZOEY COX/ENV SPEC

IL0048313	C01-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 04/01/2011	TO 04/30/2011

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01)  
WWTP (FORMER 001C)  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					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	0.032	3	*****	*****	*****	*****	0	135	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	Mg/d	*****	*****	*****	*****		Daily	CONTIN

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
Bradley J. Adams Plant Manager TYPED OR PRINTED		815 406-3700	05/20/2011
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
			MM/DD/YYYY

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

GL

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701

FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010

ATTN: ZOEY COX/ENV SPEC


IL0048313	D01-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 04/01/2011	TO	04/30/2011	

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
RADWASTE TREATMENT(FORMER 0010  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended 00530 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<2.8	5.8	19	0	290	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Twice Per Month	COMPOS
Flow, in conduit or thru treatment plant 50050 10 Effluent Gross	SAMPLE MEASUREMENT	0.022	0.024	3	*****	*****	*****	*****	0	135	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN

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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, correct, 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
Bradley J. Adams Plant Manager TYPED OR PRINTED			815 406-3700	05/20/2011
		AREA Code	NUMBER	MM/DD/YYYY

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

α 1. FLOW EXISTED THROUGH THIS OUTFALL 10 OF 30 DAYS DURING THE MONTH.

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
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 04/01/2011	TO 04/30/2011

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
STORMWATER (FORMER 001E)  
External Outfall

ATTN: ZOEY COX/ENV SPEC

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	28.8	40.0	19	0	240	GR
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

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 knowledge of the person or persons who furnish the information, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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
Bradley J. Adams Plant Manager TYPED OR PRINTED			815 406-3700	05/20/2011
			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 11 OF 30 DAYS DURING THE MONTH.

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010  
ATTN: ZOXY COX/ENV SPEC

IL0048313	E01-0
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
STORMWATER (FORMER 001E)  
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
04/01/2011	FROM	04/30/2011	TO

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY 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	*****	*****	*****	*****	<sup>1</sup> 30DA AVG	<sup>2</sup> DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	<sup>1</sup> 30DA AVG	<sup>2</sup> DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.121	0.268	3	*****	*****	*****	*****		290	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	Mgd/d	*****	*****	*****	*****		Twice Per Month	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Bradley J. Adams Plant Manager TYPED OR PRINTED			815 406-3700	05/20/2011
			AREA Code	NUMBER
				MM/DD/YYYY

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

1. NO TURBINE BUILDING FIRE AND/OR OIL SUMP OR GENERAL NON-CHEMICAL METAL CLEANING WASTEWATER WAS DISCHARGED THIS MONTH.
2. FIRE PROTECTION, SERVICE WATER OR CLOSED COOLING SYSTEM DRAIN WATER WAS DISCHARGED THIS MONTH.

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
April 2011  
Page 1 of 2

**MONITORING DATA:**

DATE	CWBD Temperature deg F	CWBD Flow mgd	Rock River Flow cfs
04/01/2011	71.0	12.51	14,000
04/02/2011	71.0	18.59	13,700
04/03/2011	86.5	14.11	13,300
04/04/2011	86.5	11.61	13,000
04/05/2011	70.8	13.11	12,800
04/06/2011	75.0	16.28	12,500
04/07/2011	72.0	19.61	12,400
04/08/2011	75.0	15.96	12,500
04/09/2011	84.6	15.87	12,700
04/10/2011	85.3	22.12	12,700
04/11/2011	85.3	12.45	12,500
04/12/2011	77.0	19.00	12,100
04/13/2011	75.1	16.15	11,700
04/14/2011	78.0	19.80	11,400
04/15/2011	72.5	18.24	11,200
04/16/2011	72.5	16.82	11,600
04/17/2011	70.9	18.07	11,400
04/18/2011	71.0	17.76	11,200
04/19/2011	69.1	15.46	11,700
04/20/2011	71.0	16.72	13,500
04/21/2011	71.0	18.42	14,500
04/22/2011	74.4	18.00	14,400
04/23/2011	75.8	19.44	14,600
04/24/2011	75.8	19.63	14,600
04/25/2011	74.6	13.95	14,200
04/26/2011	80.6	14.37	14,500
04/27/2011	80.6	17.14	15,100
04/28/2011	70.7	16.89	15,300
04/29/2011	73.0	16.86	14,800
04/30/2011	78.0	21.98	14,400



**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
April 2011  
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 2011.

**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 measured was 31.2 mg/L on 04/04/2011. The CWBD TSS value measured was 4.75 mg/L on 04/04/2011.
5. Rock River flow for April 2011 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 2011. (Special Condition 15).

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

www.exeloncorp.com

June 23, 2011

LTR: BYRON 2011-0096  
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 May 1, 2011 through May 31, 2011.

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 and sets a 30 mg/L Daily Maximum and 15 mg/L 30-Day Average. On May 5, 2011, the TSS composite sample result for Outfall C01 was 48.4 mg/L and the duplicate result showed 49.2 mg/L. The following day, May 06, 2011, the TSS composite sample result for Outfall C01 was 12.1 mg/L and the duplicate result was 12.9 mg/L. The elevated TSS of May 05, 2011, did not endanger health or the environment. Byron Station has been reviewing potential causes of the elevated TSS at Outfall C01. It is reasonable that the TSS result of May 5<sup>th</sup> may be related to algae growth in the influent water being treated by the Wastewater Treatment Plant (TR). The TR system uses two 30,000 gallon Collection Tanks to collect influent wastewater until enough water is collected to start the TR system process. The TR system also consists of four settling ponds that are located outside the TR facility and these settling ponds also collect influent wastewater for eventual TR processing. On May 5, 2011, the influent wastewater being processed at TR consisted primarily of TR settling pond water. Since the settling pond water is exposed to outdoor elements, algae appear to have developed in the water, which were too fine for the gravity-fed sand filters to remove from the final effluent. Several actions are being taken to prevent this event from occurring in the future. These include: implementing operating procedure changes to capture past experience for TR water processing, possible use of portable turbidity meter to measure turbidity of the effluent, obtaining a grab sample of TR effluent approximately 2-3 hours after the process is started which is filtered through filter paper to visually ensure suspended solids are low. Also, Byron Station Operations personnel have been directed to increase the frequency they visually monitor the effluent water quality when the

TR system is running. This event and all actions associated with the event are captured in Byron Station's Corrective Action Program under Issue Report 1212078.

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

Respectfully,

A handwritten signature in black ink, appearing to read "Bradley J. Adams". The signature is fluid and cursive, with the first name "Bradley" and last name "Adams" clearly distinguishable.

Bradley J. Adams  
Plant Manager  
Byron Nuclear Generating Station

BJA/ZC/ca

Attachments

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701

FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010

ATTN: ZOEY COX/ENV SPEC

IL0048313  
PERMIT NUMBER

001-0  
DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	05/01/2011	TO	05/31/2011

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
COOLING SYSTEM BLOWDOWN  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	92.0	15	0	135	CN
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Reg. Mon. MO MAX	deg F		Daily	CONTIN
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.49	*****	8.78	12	0	240	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.6	2.6	19	0	285	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1.4	<1.4	19	0	240	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		Weekly	GRAB
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.002	19	0	240	GR
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	mg/L		Weekly	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.014	19	0	240	GR
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.071 DAILY MX	mg/L		Weekly	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.008	0.020	19	0	240	GR
01082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.213 30DA AVG	.433 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Bradley J. Adams 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 knowledge of the person or persons who manage the system, or those persons directly under their control for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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 <i>Bradley J. Adams</i>	TELEPHONE	DATE
			815 406-3700	06/23/2011
			AREA Code	NUMBER
			MM/DD/YYYY	

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

GL 1. MONITORING DATA FOR OUTFALL 001-0 IS INCLUDED ON ATTACHMENT.

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010  
ATTN: ZOIEY COX/ENV SPEC

IL0048313	001-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	05/01/2011	TO	05/31/2011

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
COOLING SYSTEM BLOWDOWN  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	mg/L	*****	*****	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	19.65	30.76	3	*****	*****	*****	*****	0	135	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mg/d	*****	*****	*****	*****		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.03	19	0	240	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

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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the person or persons who prepare the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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
Bradley J. Adams Plant Manager TYPED OR PRINTED		815 406-3700		06/03/2011
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

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

GL

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010  
ATTN: ZOEY COX/ENV SPEC

IL0048313  
PERMIT NUMBER

002-0  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
STORMWATER RUNOFF BASIN  
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	06/01/2011	TO	05/31/2011

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	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	*****	*****	*****	*****	.083 30DA AVG	.288 DAILY MX	mg/L		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Bradley J. Adams</b> 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 knowledge of the person or persons who design the system, or those persons directly involved in gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of the not being licensed to the relevant jurisdiction.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Bradley J. Adams</i>	TELEPHONE	DATE
			815 406-3700	06/23/2011
			AREA Code	NUMBER
			MM/DD/YYYY	

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

- GL 1. NO TURBINE BUILDING FIRE AND OIL SUMP OR GENERAL NON-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)**

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010  
ATTN: ZOXY COX/ENV SPEC

IL0048313  
PERMIT NUMBER

002-0  
DISCHARGE NUMBER

**MONITORING PERIOD**

MM/DD/YYYY	TO	MM/DD/YYYY
05/01/2011		06/31/2011

FROM

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
STORMWATER RUNOFF BASIN  
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.178 DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.047 30DA AVG	.28 DAILY MX	mg/L		Daily	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	20 DAILY MX	mg/L		When Discharging	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		When Discharging	ESTIMA

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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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
Bradley J. Adams Plant Manager TYPED OR PRINTED		815 406-3700	06/23/2011
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
			MM/DD/YYYY

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

1. THIS DISCHARGE POINT WAS NOT USED THIS MONTH.

2. THERE WAS NO DISCHARGE OF PROCESSED STEAM GENERATOR CHEMICAL CLEANING WASTEWATER DURING THE MONTH.

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010  
ATTN: ZOEY COX/ENV SPEC

IL0048313  
PERMIT NUMBER

A01-0  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
DEMINEALIZER REGENERATE WASTE (001/  
External Outfall

**MONITORING PERIOD**

MM/DD/YYYY	TO	MM/DD/YYYY
05/01/2011		05/31/2011

FROM

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.2	1.2	19	0	285	EC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Monthly	COMP-8
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01032 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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
Bradley J. Adams Plant Manager TYPED OR PRINTED		815 404-3700	06/23/2011
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
			MM/DD/YYYY

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

- GL 1. THERE WAS NO DISCHARGE OF PROCESSED STEAM GENERATOR CHEMICAL CLEANING WASTEWATER DURING THIS MONTH.  
2. FLOW EXISTED 29 OF 31 DAYS DURING THIS MONTH.



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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010  
ATTN: ZOEY COX/ENV SPEC

IL0048313  
PERMIT NUMBER

A01-0  
DISCHARGE NUMBER

**MONITORING PERIOD**

MM/DD/YYYY	TO	MM/DD/YYYY
05/01/2011		05/31/2011

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
DEMINERALIZER REGENERATE WASTE (001/  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					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	0.025	0.110	3	*****	*****	*****	*****	0	135	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Bradley J. Adams 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 knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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  <i>Bradley J. Adams</i>	TELEPHONE	DATE
			815 406-3700	06/23/2011
			AREA Code	NUMBER
			MM/DD/YYYY	

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

GL

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701

FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010

ATTN: ZOEY COX/ENV SPEC

IL0048313  
PERMIT NUMBER

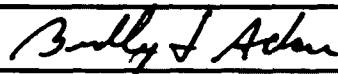
B01-0  
DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 05/01/2011	TO	05/31/2011	

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
STP PLANT EFFLUENT(FORMER 0018  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.28	0.29	26	-----	7.6	8.2	19	0	290	DC
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	mgd	-----	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	-----	7.53	-----	7.60	12	0	290	GR
	PERMIT REQUIREMENT	-----	-----	-----	6 MINIMUM	-----	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.27	0.32	26	-----	6.1	7.6	19	0	290	DC
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	mgd	-----	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	0.009	3	-----	-----	-----	-----	0	135	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgd/d	-----	-----	-----	-----		Daily	CONTIN

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 knowledge of the person or persons who furnished the information, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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	
Bradley J. Adams Plant Manager TYPED OR PRINTED			815 406-3700	06/23/2011	
			AREA Code	NUMBER	MM/DD/YYYY

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

CL 1. FLOW EXISTED THROUGH THIS OUTFALL 26 OF 31 DAYS DURING THIS MONTH.

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010  
ATTN: ZOEY COX/ENV SPEC

IL0048313  
PERMIT NUMBER

C01-0  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
WWTP (FORMER 001C)  
External Outfall

**MONITORING PERIOD**

MM/DD/YYYY	TO	MM/DD/YYYY
05/01/2011		05/31/2011

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.7	49.2	19	1	290	DC
00530 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Twice Per Month	COMP24
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01032 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 30DA AVG	.2 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01034 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01042 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01045 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		1 DAILY MX	mg/L		Daily	GRAB
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01051 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	2 30DA AVG	.4 DAILY MX	mg/L		Daily	GRAB
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01067 10 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 knowledge of the person or persons who furnish the information, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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
Bradley J. Adams Plant Manager TYPED OR PRINTED		815 406-3700	06/23/2011
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER
			MM/DD/YYYY

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

- GL 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 MINIMATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)**

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701

FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010

ATTN: ZOEY COX/ENV SPEC

IL0048313  
PERMIT NUMBER

C01-0  
DISCHARGE NUMBER

MONITORING PERIOD		
MM/DD/YYYY	TO	MM/DD/YYYY
05/01/2011		05/31/2011

DMR Mailing ZIP CODE: 61010

MAJOR  
(SUBR 01)  
WWTP (FORMER 001C)  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01082 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	0.047	0.092	3	*****	*****	*****	*****	0	135	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	Mgals/d	*****	*****	*****	*****		Daily	CONTIN

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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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
Bradley J. Adams Plant Manager TYPED OR PRINTED		<i>Bradley J. Adams</i>	815 406-3700	06/23/2011
		AREA Code	NUMBER	MM/DD/YYYY

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

GL 1. SEE DMR COVER LETTER FOR TSS EXCEEDANCE EXPLANATION.

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010  
ATTN: ZOXY COX/ENV SPEC


IL0048313	D01-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	05/01/2011	TO	05/31/2011

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
RADWASTE TREATMENT(FORMER 001D  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.5	<0.5	19	0	290	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	0.025	0.043	3	*****	*****	*****	*****	0	135	CN
	PERMIT REQUIREMENT	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	CONTIN

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 knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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
Bradley J. Adams Plant Manager TYPED OR PRINTED			815 406-3700	06/23/2011
			AREA Code	NUMBER
			MM/DD/YYYY	

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

GL 1. FLOW EXISTED THROUGH THIS OUTFALL 8 OF 31 DAYS DURING THE MONTH.



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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010  
ATTN: ZOEY COX/ENV SPEC

IL0048313  
PERMIT NUMBER

E01-0  
DISCHARGE NUMBER


DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
STORMWATER (FORMER 001E)  
External Outfall

**MONITORING PERIOD**

MM/DD/YYYY	TO	MM/DD/YYYY
05/01/2011		05/31/2011

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 30DA AVG	30 DAILY MX	mg/L		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.4	19.6	19	0	240	GR
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	*****	*****	*****	*****	30DA AVG <sup>1</sup>	DAILY MX <sup>2</sup>	mg/L		Daily	GRAB
Chromium, total (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG <sup>1</sup>	DAILY MX <sup>2</sup>	mg/L		Daily	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG <sup>5</sup>	DAILY MX <sup>1</sup>	mg/L		Daily	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		DAILY MX <sup>1</sup>	mg/L		Daily	GRAB
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG <sup>2</sup>	DAILY MX <sup>4</sup>	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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge and belief, and on the basis of the information submitted by others, I am aware that there are significant violations for submitting false information, including the possibility of fines and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Bradley J. Adams Plant Manager TYPED OR PRINTED			815 406-3700	06/23/2011
			AREA Code	NUMBER
				MM/DD/YYYY

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

- GL 1. THERE WAS NO DISCHARGE OF PROCESSED STEAM GENERATOR CHEMICAL CLEANING WASTEWATER DURING THE MONTH.  
2. FLOW EXISTED THROUGH THIS OUTFALL 7 DAYS OF 31 DAYS DURING THE MONTH.

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

Form Approved  
OMB No. 2040-0004

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

NAME: EXELON GENERATION COMPANY LLC  
ADDRESS: 4300 WINFIELD RD  
WARRENVILLE, IL 60555-5701  
FACILITY: EXELON GENERATION CO LLC  
LOCATION: 4450 NORTH GERMAN CHURCH ROAD  
BYRON, IL 61010  
ATTN: ZOEY COX/ENV SPEC

IL0048313  
PERMIT NUMBER

E01-0  
DISCHARGE NUMBER


DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)  
STORMWATER (FORMER 001E)  
External Outfall

**MONITORING PERIOD**

MM/DD/YYYY	TO	MM/DD/YYYY
05/01/2011		05/31/2011

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY 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 SODA AVG	2 DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					500	
01062 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 SODA AVG	2 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.307	1.26	3	*****	*****	*****	*****	0	290	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. SODA AVG	Req. Mon. DAILY MX	Mgals/d	*****	*****	*****	*****		Twice Per Month	CONTIN

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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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	
Bradley J. Adams Plant Manager TYPED OR PRINTED			815 406-3700	06/23/2011	
			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. FIRE PROTECTION, SERVICE WATER OR CLOSED COOLING SYSTEM DRAIN WATER WAS DISCHARGED THIS MONTH.

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
May 2011  
Page 1 of 2

**MONITORING DATA:**

DATE	CWBD Temperature deg F	CWBD Flow mgd	Rock River Flow cfs
05/01/2011	78.4	17.11	14,100
05/02/2011	74.0	13.24	13,500
05/03/2011	67.0	18.32	13,100
05/04/2011	66.3	15.34	12,800
05/05/2011	70.5	16.58	12,400
05/06/2011	77.0	17.91	12,000
05/07/2011	81.0	23.47	11,600
05/08/2011	74.5	19.62	11,400
05/09/2011	80.7	15.61	11,000
05/10/2011	83.6	21.16	10,900
05/11/2011	92.0	17.02	10,600
05/12/2011	86.7	19.21	10,400
05/13/2011	88.8	19.16	10,400
05/14/2011	80.6	23.66	11,500
05/15/2011	77.9	19.45	11,500
05/16/2011	73.5	14.51	11,300
05/17/2011	74.0	21.29	10,600
05/18/2011	75.6	18.80	9,990
05/19/2011	79.5	20.33	9,620
05/20/2011	83.0	19.99	9,280
05/21/2011	84.7	22.65	8,970
05/22/2011	78.6	19.20	8,910
05/23/2011	77.3	20.03	11,100
05/24/2011	77.0	24.28	10,700
05/25/2011	76.0	19.07	10,400
05/26/2011	66.0	23.22	11,100
05/27/2011	73.4	21.42	11,600
05/28/2011	77.6	30.76	11,400
05/29/2011	82.7	20.14	11,100
05/30/2011	88.0	17.17	12,800
05/31/2011	90.7	19.48	13,100

**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
May 2011  
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 2011.

**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 measured was 49.6 mg/L on 05/02/2011. The CWBD TSS value measured was 2.6 mg/L on 05/02/2011.
5. Rock River flow for May 2011 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 2011. (Special Condition 15).

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

www.exeloncorp.com

July 18, 2011

LTR: BYRON 2011-0104  
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, 2011 through June 30, 2011.

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

Respectfully,



Bradley J. Adams  
Plant Manager  
Byron Nuclear Generating Station

BJA/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

001-0  
DISCHARGE NUMBER

**MONITORING PERIOD**

MM/DD/YYYY	TO	MM/DD/YYYY
06/01/2011		06/30/2011

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)

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	---	---	---	---	---	94.8	15	0	135	CN
	PERMIT REQUIREMENT	---	---	---	---	---	Req. Mon. MO MAX	deg F		Daily	CONTIN
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	---	---	---	8.65	---	8.79	12	0	240	GR
	PERMIT REQUIREMENT	---	---	---	6 MINIMUM	---	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	25.3	33.6	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	20 DAILY MX	mg/L		Weekly	GRAB
Chromium, total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	---	0.003	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	---	---	---	---	---	0.010	19	0	240	GR
	PERMIT REQUIREMENT	---	---	---	---	---	0.071 DAILY MX	mg/L		Weekly	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	0.008	0.010	19	0	240	GR
	PERMIT REQUIREMENT	---	---	---	---	213 30DA AVG	433 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Bradley J. Adams  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		DATE
			815	406-3700	07/18/2011
			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

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	06/01/2011	TO	06/30/2011

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01)

COOLING SYSTEM BLOWDOWN  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Oxidants, total residual	SAMPLE MEASUREMENT	---	---	---	---	---	---	---	500	
34044 1 0	PERMIT REQUIREMENT	---	---	---	---	---	---	---		
Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	05 DAILY MX	mg/L	---	Weekly	GRAB
Priority pollutants total effluent	PERMIT REQUIREMENT	---	---	---	---	---	---	---	500	
50008 1 0	SAMPLE MEASUREMENT	---	Req. Mon. DAILY MX	Sub	---	---	---	---	Weekly	GRAB
Effluent Gross	PERMIT REQUIREMENT	---	---	---	---	Req. Mon. DAILY MX	mg/L	---	Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	22.28	31.27	3	---	---	---	0	135	CN
50060 1 0	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/D	---	---	---	---	Daily	CONTIN
Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	0.05	19	0	240	GR
Chlorine, total residual	PERMIT REQUIREMENT	---	---	---	---	05 DAILY MX	mg/L	---	Weekly	GRAB
50060 1 0	SAMPLE MEASUREMENT	---	---	---	---	---	---	---	500	
Effluent Gross	PERMIT REQUIREMENT	---	---	---	---	.011 30DA AVG	.027 DAILY MX	mg/L	Daily When Discharging	GRAB
Hydrazine	SAMPLE MEASUREMENT	---	---	---	---	---	---	---	---	
81313 1 0	PERMIT REQUIREMENT	---	---	---	---	---	---	---	---	
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						815 408-3700		07/18/2011		
Bradley J. Adams 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)										
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

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

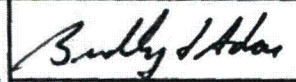
MM/DD/YYYY	TO	MM/DD/YYYY
08/01/2011		08/30/2011

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			
Solids, Total Suspended	SAMPLE MEASUREMENT	---	---	---	---					
00530 1 0	PERMIT REQUIREMENT	---	---	---	---	15 30DA AVG	30 DAILY MX	mg/L	Weekly	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	---	---	---	---					
00530 8 0	PERMIT REQUIREMENT	---	---	---	---	30 30DA AVG	100 DAILY MX	mg/L	Weekly	GRAB
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	---	---	---	---					
01032 1 0	PERMIT REQUIREMENT	---	---	---	---	.011 30DA AVG	.016 DAILY MX	mg/L	Daily	GRAB
Chromium, total (as Cr)	SAMPLE MEASUREMENT	---	---	---	---					
01034 1 0	PERMIT REQUIREMENT	---	---	---	---	1 30DA AVG	2 DAILY MX	mg/L	Daily	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	---	---	---	---					
01042 1 0	PERMIT REQUIREMENT	---	---	---	---	.025 30DA AVG	.041 DAILY MX	mg/L	Daily	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	---	---	---	---					
01045 1 0	PERMIT REQUIREMENT	---	---	---	---		1 DAILY MX	mg/L	Daily	GRAB
Lead, total (as Pb)	SAMPLE MEASUREMENT	---	---	---	---					
01051 1 0	PERMIT REQUIREMENT	---	---	---	---	.063 30DA AVG	.298 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
Bradley J. Adams			815	406-3700	
Plant Manager			AREA CODE	NUMBER	
TYPED OR PRINTED					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

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	06/01/2011	TO	06/30/2011

DMR Mailing ZIP CODE:

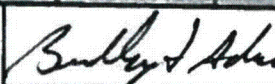
61010

MAJOR  
(SUBR 01)

STORMWATER RUNOFF BASIN  
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			
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	Mgal/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.	 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Bradley J. Adams			815 406-3700	07/18/2011
Plant Manager			AREA CODE	NUMBER
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.



**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

**A01-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 06/01/2011	TO 06/30/2011

DMR Mailing ZIP CODE:

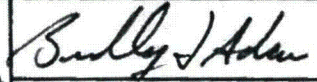
61010

MAJOR  
(SUBR 01)

DEMINEALIZER REGENERATE WASTE (001A)  
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	---	---	---	---	4.2	4.2	19	0	285	EC
00530 1 0	PERMIT REQUIREMENT	---	---	---	---	15 30DA AVG	30 DAILY MX	mg/L		Monthly	COMP-S
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
Nickel, total (as Ni)	SAMPLE MEASUREMENT	---	---	---	---					500	
01067 1 0	PERMIT REQUIREMENT	---	---	---	---	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB

<b>NAME/TITLE</b> PRINCIPAL EXECUTIVE OFFICER  <b>Bradley J. Adams</b>  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	07/18/2011	
			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 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

**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</b> 08/01/2011		<b>TO</b> 08/30/2011	

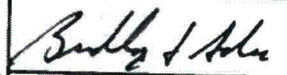
**DMR Mailing ZIP CODE:**

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) 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	0.020	0.069	3	---	---	---	---	0	135	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	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										
<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>		
Bradley J. Adams								815	406-3700	07/18/2011	
Plant Manager								AREA CODE	NUMBER	MM/DD/YYYY	
TYPED OR PRINTED											
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>											
EPA Form 3320-1 (Rev 01/06) Previous editions may be used. <span style="float: right;">GL 2/28/2011 PAGE 2</span>											



**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

B01-0  
DISCHARGE NUMBER

**MONITORING PERIOD**

MM/DD/YYYY	TO	MM/DD/YYYY
06/01/2011		06/30/2011

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)

STP PLANT EFFLUENT (FORMER 001B)  
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			
BOD, 5-Day (20 Deg. C) 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.49	0.71	26	—	11	17	19	0	290	DC
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lbd	—	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	—	—	—	7.43	—	7.47	12	0	290	GR
	PERMIT REQUIREMENT	—	—	—	6 MINIMUM	—	9 MAXIMUM	SU		Twice Per Month	GRAS
Solids, total suspended 00630 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.14	0.17	26	—	2.5	3.3	19	0	290	DC
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lbd	—	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	0.013	3	—	—	—	—	0	135	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgals	—	—	—	—		Daily	CONTN
	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			
Bradley J. Adams						815 408-3700		07/18/2011			
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 26 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

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

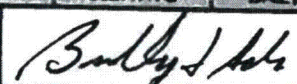
MONITORING PERIOD

MM/DD/YYYY	MM/DD/YYYY
FROM 06/01/2011	TO 06/30/2011

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01)

WWTP (FORMER 001C)  
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			
Solids, total suspended	SAMPLE MEASUREMENT	---	---	---	---	2.5	3.2	19	0	290	DC
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	
01046 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		
Bradley J. Adams								815 408-3700	07/18/2011		
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 15 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

**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 06/01/2011	TO 06/30/2011

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

**WWTP (FORMER 001C)**  
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	
01082 1 0	PERMIT REQUIREMENT	---	---	---	---	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	0.046	0.077	3	---	---	---	---	0	135	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										
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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>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>	<b>DATE</b>		
Bradley J. Adams						<i>Bradley J. Adams</i>		615 406-3700	07/18/2011		
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>											
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

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
08/01/2011	08/30/2011

FROM TO

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)

RADWASTE TREATMENT (FORMER 001D)  
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			
Solids, total suspended	SAMPLE MEASUREMENT	---	---	---	---	<0.5	<0.5	19	0	290	CP
00530 1 0	PERMIT REQUIREMENT	---	---	---	---	15	30	mg/L		Twice Per Month	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.023	0.024	3	---	---	---	---	0	135	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										
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	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			
Bradley J. Adams						815 408-3700		07/18/2011			
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 12 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

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

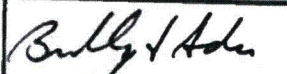
FROM	MM/DD/YYYY	TO	MM/DD/YYYY
	08/01/2011		08/30/2011

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)

STORMWATER (FORMER 001E)  
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	---	---	---	---	---	---	---		500	
00530 1 0	PERMIT REQUIREMENT	---	---	---	---	15	30				
Effluent Gross						30DA AVG	DAILY MX	mg/L		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	---	---	---	---	21.3	22.2	19	0	240	GR
00530 8 0	PERMIT REQUIREMENT	---	---	---	---	30	100				
Other Treatment, Process Complete						30DA AVG	DAILY MX	mg/L		Weekly	GRAB
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	---	---	---	---	---	---	---		500	
01032 1 0	PERMIT REQUIREMENT	---	---	---	---	1	2				
Effluent Gross						30DA AVG	DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr)	SAMPLE MEASUREMENT	---	---	---	---	---	---	---		500	
01034 1 0	PERMIT REQUIREMENT	---	---	---	---	1	2				
Effluent Gross						30DA AVG	DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	---	---	---	---	---	---	---		500	
01042 1 0	PERMIT REQUIREMENT	---	---	---	---	5	1				
Effluent Gross						30DA AVG	DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	---	---	---	---	---	---	---		500	
01045 1 0	PERMIT REQUIREMENT	---	---	---	---	---	1				
Effluent Gross						---	DAILY MX	mg/L		Daily	GRAB
Lead, total (as Pb)	SAMPLE MEASUREMENT	---	---	---	---	---	---	---		500	
01051 1 0	PERMIT REQUIREMENT	---	---	---	---	2	4				
Effluent Gross						30DA AVG	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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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
Bradley J. Adams			815 406-3700	07/18/2011
Plant Manager			AREA CODE	NUMBER
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 the month.
2. 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

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	TO	MM/DD/YYYY
08/01/2011		08/30/2011

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)

STORMWATER (FORMER 001E)  
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)	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	
0108210 Effluent Gross	PERMIT REQUIREMENT	---	---	---	---	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.298	0.345	3	---	---	---	---	0	290	CN
5005010 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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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		07/18/2011			
Bradley J. Adams Plant Manager TYPED OR PRINTED						AREA CODE NUMBER		MM/DD/YYYY			
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, Service Water or Closed Cooling System drain water was discharged this month.



**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT**

For Exelon Byron Station

Permit IL0048313

June 2011

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>
06/01/2011	91.7	22.02	12,200
06/02/2011	86.2	21.55	11,600
06/03/2011	85.2	22.27	10,300
06/04/2011	94.8	28.32	8,960
06/05/2011	92.3	27.52	8,130
06/06/2011	92.5	12.72	7,680
06/07/2011	94.4	23.46	7,300
06/08/2011	94.1	18.60	6,910
06/09/2011	93.1	24.10	7,650
06/10/2011	86.1	18.13	9,790
06/11/2011	81.3	31.27	10,500
06/12/2011	82.2	22.67	10,600
06/13/2011	84.7	14.79	10,200
06/14/2011	84.7	22.77	9,090
06/15/2011	84.0	21.13	8,470
06/16/2011	86.4	21.67	8,760
06/17/2011	89.0	22.55	7,980
06/18/2011	89.0	28.05	7,480
06/19/2011	90.8	22.85	7,200
06/20/2011	90.8	17.15	6,970
06/21/2011	91.8	24.70	6,900
06/22/2011	91.8	21.02	6,980
06/23/2011	85.9	24.02	7,040
06/24/2011	84.3	20.50	6,950
06/25/2011	87.4	28.62	6,880
06/26/2011	88.3	22.40	6,650
06/27/2011	89.0	16.61	6,480
06/28/2011	89.0	23.93	6,180
06/29/2011	86.0	20.89	6,070
06/30/2011	94.0	22.30	5,990

**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
June 2011  
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 2011.

**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 67.5 mg/L on 06/06/2011 and was 10.4 mg/L on 06/13/2011. The CWBD TSS value was 17.0 mg/L on 06/06/2011 and was 33.6 mg/L on 06/13/2011.
5. Rock River flow for June 2011 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 2011. (Special Condition 15).

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

www.exeloncorp.com

August 22, 2011

LTR: BYRON 2011-0117  
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, 2011 through July 31, 2011.

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

Respectfully,



Bradley J. Adams  
Plant Manager  
Byron Nuclear Generating Station

BJA/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

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

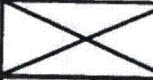
**MONITORING PERIOD**

MM/DD/YYYY	TO	MM/DD/YYYY
07/01/2011		07/31/2011

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)

DEMINERALIZER REGENERATE WASTE (001A)  
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	-----	-----	---	-----	0.8	1.1	19	0	285	EC
00530 1 0	PERMIT REQUIREMENT	-----	-----	---	-----	15	30			Monthly	COMP-6
Effluent Gross						30DA AVG	DAILY MX	mg/L			
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	-----	-----	---	-----					500	
01032 1 0	PERMIT REQUIREMENT	-----	-----	---	-----					Daily	GRAB
Effluent Gross						1	2	mg/L			
Chromium, total (as Cr)	SAMPLE MEASUREMENT	-----	-----	---	-----					500	
01034 1 0	PERMIT REQUIREMENT	-----	-----	---	-----					Daily	GRAB
Effluent Gross						1	2	mg/L			
Copper, total (as Cu)	SAMPLE MEASUREMENT	-----	-----	---	-----					500	
01042 1 0	PERMIT REQUIREMENT	-----	-----	---	-----					Daily	GRAB
Effluent Gross						5	1	mg/L			
Iron, total (as Fe)	SAMPLE MEASUREMENT	-----	-----	---	-----					500	
01045 1 0	PERMIT REQUIREMENT	-----	-----	---	-----					Daily	GRAB
Effluent Gross							1	mg/L			
Lead, Total (as Pb)	SAMPLE MEASUREMENT	-----	-----	---	-----					500	
01051 1 0	PERMIT REQUIREMENT	-----	-----	---	-----					Daily	GRAB
Effluent Gross						2	4	mg/L			
Nickel, total (as Ni)	SAMPLE MEASUREMENT	-----	-----	---	-----					500	
01067 1 0	PERMIT REQUIREMENT	-----	-----	---	-----					Daily	GRAB
Effluent Gross						1	2	mg/L			
						30DA AVG	DAILY MX	mg/L		Daily	GRAB
NAME/TITLE											

NAME/TITLE  
PRINCIPAL EXECUTIVE OFFICER  
Bradley J. Adams  
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.

*Bradley J. Adams*  
SIGNATURE OF PRINCIPLE  
EXECUTIVE OFFICER OR  
AUTHORIZED AGENT

TELEPHONE  
815 406-3700  
AREA CODE NUMBER

DATE  
08/22/2011  
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:** 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 07/01/2011</b>	<b>TO 07/31/2011</b>

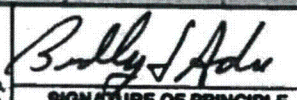
**DMR Mailing ZIP CODE:**

**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) 0109210 Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	---	---	---		500	
	PERMIT REQUIREMENT	---	---	---	---	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant 5005010 Effluent Gross	SAMPLE MEASUREMENT	0.030	0.136	3	---	---	---	---	0	135	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgald	---	---	---	---		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> 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>	
Bradley J. Adams								815	406-3700	08/22/2011	
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

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**

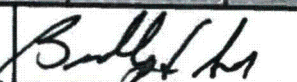
MM/DD/YYYY	TO	MM/DD/YYYY
07/01/2011		07/31/2011

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01)

STP PLANT EFFLUENT (FORMER 001B)  
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			
BOD, 5-Day (20 Deg. C) 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	<0.16	0.27	26	-----	<3.0	4.0	19	0	290	DC
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	mg/L	-----	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	7.48	-----	7.55	12	0	290	GR
	PERMIT REQUIREMENT	-----	-----	---	6 MINIMUM	-----	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.14	0.15	26	-----	3.0	4.6	19	0	290	DC
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	mg/L	-----	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	0.013	3	-----	-----	-----	---	0	135	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgals	-----	-----	-----	---		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Bradley J. Adams 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
			815 408-3700	08/22/2011
			AREA CODE NUMBER	MM/DD/YYYY

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

- 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 Cox/ENV SPEC

IL0048313  
PERMIT NUMBER

C01-0  
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY	TO	MM/DD/YYYY
07/01/2011		07/31/2011

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	---	---	---	---	2.6	4.3	19	0	290	DC
00630 1 0	PERMIT REQUIREMENT	---	---	---	---	15	30	30DA AVG	DAILY MX	mg/L	Twice Per Month
Effluent Gross											COMP24
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	---	---	---	---					500	
01032 1 0	PERMIT REQUIREMENT	---	---	---	---	.1	2	30DA AVG	DAILY MX	mg/L	Daily
Effluent Gross											GRAB
Chromium, total (as Cr)	SAMPLE MEASUREMENT	---	---	---	---					500	
01034 1 0	PERMIT REQUIREMENT	---	---	---	---						
Effluent Gross						1	2	30DA AVG	DAILY MX	mg/L	Daily
Copper, total (as Cu)	SAMPLE MEASUREMENT	---	---	---	---					500	
01042 1 0	PERMIT REQUIREMENT	---	---	---	---	.5	1	30DA AVG	DAILY MX	mg/L	Daily
Effluent Gross											GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	---	---	---	---	---				500	
01045 1 0	PERMIT REQUIREMENT	---	---	---	---	---	1				
Effluent Gross											GRAB
Lead, total (as Pb)	SAMPLE MEASUREMENT	---	---	---	---					500	
01051 1 0	PERMIT REQUIREMENT	---	---	---	---	2	4	30DA AVG	DAILY MX	mg/L	Daily
Effluent Gross											GRAB
Nickel, total (as Ni)	SAMPLE MEASUREMENT	---	---	---	---					500	
01067 1 0	PERMIT REQUIREMENT	---	---	---	---	1	2	30DA AVG	DAILY MX	mg/L	Daily
Effluent Gross											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
Bradley J. Adams			615	408-3700	08/22/2011
Plant Manager			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 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

**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

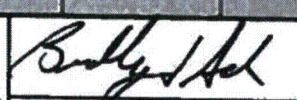
**MONITORING PERIOD**

FROM **MM/DD/YYYY** 07/01/2011 TO **MM/DD/YYYY** 07/31/2011

**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			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	---	---	---	---					500	
01082 1 0	PERMIT REQUIREMENT	---	---	---	---	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	0.046	0.071	3	---	---	---	---	0	135	CN
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/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										
	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</b> 		<b>TELEPHONE</b>		<b>DATE</b>	
Bradley J. Adams						815 406-3700		08/22/2011			
Plant Manager						<b>AREA CODE</b>		<b>NUMBER</b>			
<b>TYPED OR PRINTED</b>						<b>EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>											
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

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	TO	MM/DD/YYYY
07/01/2011		07/31/2011

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)

RADWASTE TREATMENT (FORMER 001D)  
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	---	---	---	---	<0.5	<0.5	19	0	290	CP
00530 1 0	PERMIT REQUIREMENT	---	---	---	---	15 30DA AVG	30 DAILY MX	mg/L		Twice Per Month	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.025	0.045	3	---	---	---	---	0	135	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										
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			
Bradley J. Adams						815 406-3700		08/22/2011			
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 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

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**

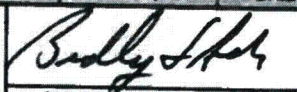
FROM	MM/DD/YYYY	TO	MM/DD/YYYY
	07/01/2011		07/31/2011

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01)

STORMWATER (FORMER 001E)  
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	_____	_____	---	_____					500	
00530 1 0	PERMIT REQUIREMENT	_____	_____	---	_____	15	30			Weekly	GRAB
Effluent Gross						30DA AVG	DAILY MX	mg/L			
Solids, total suspended	SAMPLE MEASUREMENT	_____	_____	---	_____	11.2	11.9	19	0	240	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											

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
Bradley J. Adams			815 406-3700	08/22/2011
Plant Manager			AREA CODE	NUMBER
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 the month.
- 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

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

IL0048313  
PERMIT NUMBER

E01-0  
DISCHARGE NUMBER

**MONITORING PERIOD**

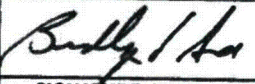
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2011	TO 07/31/2011

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01)

STORMWATER (FORMER 001E)  
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			
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	0.388	0.759	3	---	---	---	---	0	290
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mg/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
Bradley J. Adams			815 406-3700	08/22/2011
Plant Manager			AREA CODE	NUMBER
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, 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

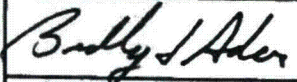
IL0048313 PERMIT NUMBER	001-0 DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 07/01/2011	TO MM/DD/YYYY 07/31/2011

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01)

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	---	---	---	---	---	99.1	15	0	135	CN
	PERMIT REQUIREMENT	---	---	---	---	---	Req. Mon. MO MAX	deg F		Daily	CONTIN
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	---	---	---	8.52	---	8.73	12	0	240	GR
	PERMIT REQUIREMENT	---	---	---	6 MINIMUM	---	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	4.2	4.2	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	20 DAILY MX	mg/L		Weekly	GRAB
Chromium, total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	---	0.001	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	---	---	---	---	---	0.009	19	0	240	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	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.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	TELEPHONE		DATE
Bradley J. Adams			815	406-3700	08/22/2011
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

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  
FROM MM/DD/YYYY 07/01/2011 TO MM/DD/YYYY 07/31/2011

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01)

COOLING SYSTEM BLOWDOWN  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Oxidants, total residual									500	
34044 1 0 Effluent Gross						.05 DAILY MX	mg/L		Weekly	GRAB
Priority pollutants total effluent									500	
50008 1 0 Effluent Gross			Req. Mon. DAILY MX	lb/d		Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant		22.79	31.51	3				0	135	CN
50050 1 0 Effluent Gross		Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d					Daily	CONTIN
Chlorine, total residual						0.04	19	0	240	GR
50060 1 0 Effluent Gross						.05 DAILY MX	mg/L		Weekly	GRAB
Hydrazine									500	
81313 1 0 Effluent Gross						.011 30DA AVG	.027 DAILY MX	mg/L	Daily When Discharging	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		
Bradley J. Adams						815	406-3700	08/22/2011		
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)**

**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

<b>IL0048313</b>		<b>002-0</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>07/01/2011</b>	<b>TO</b>	<b>07/31/2011</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			
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----						
00630 1 0	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----	15 30DA AVG	20 DAILY MX	mg/L		Weekly	GRAB
Solids, Total Suspended	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----						
00630 8 0	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----	30 30DA AVG	100 DAILY MX	mg/L		Weekly	GRAB
Other Treatment, Process Complete	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----						
Chromium, hexavalent (as Cr)	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----	.011 30DA AVG	.016 DAILY MX	mg/L		Daily	GRAB
01032 1 0	<b>SAMPLE MEASUREMENT</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>	-----	-----	---	-----						
01034 1 0	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----	.025 30DA AVG	.041 DAILY MX	mg/L		Daily	GRAB
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----						
Copper, total (as Cu)	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----						
01042 1 0	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----						
Effluent Gross	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----		1 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----						
01045 1 0	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----						
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----						
Lead, total (as Pb)	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----	.083 30DA AVG	.298 DAILY MX	mg/L		Daily	GRAB
01061 1 0	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----						
Effluent Gross	<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>
Bradley J. Adams			815 406-3700	08/22/2011
Plant Manager			<b>AREA CODE</b>	<b>NUMBER</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

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	07/01/2011	TO	07/31/2011

DMR Mailing ZIP CODE:

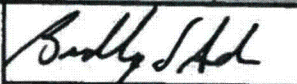
61010

MAJOR  
(BUBR 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			
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	Mg/sd	-----				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.	 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Bradley J. Adams			815 406-3700	08/22/2011
Plant Manager			AREA CODE	NUMBER
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.

**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT**

For Exelon Byron Station

Permit IL0048313

July 2011

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>
07/01/2011	95.0	24.50	5,790
07/02/2011	96.0	26.75	5,630
07/03/2011	96.0	22.65	5,480
07/04/2011	89.3	15.41	5,370
07/05/2011	89.7	26.22	5,230
07/06/2011	91.5	21.39	5,010
07/07/2011	91.5	23.37	4,870
07/08/2011	90.8	19.74	4,800
07/09/2011	93.3	31.51	4,660
07/10/2011	94.1	21.98	4,450
07/11/2011	94.1	17.86	4,500
07/12/2011	94.0	20.80	4,370
07/13/2011	91.4	24.16	4,390
07/14/2011	85.7	19.22	4,340
07/15/2011	90.0	25.55	4,100
07/16/2011	91.7	25.80	3,950
07/17/2011	97.6	20.44	3,720
07/18/2011	97.6	18.86	3,680
07/19/2011	99.1	22.45	3,590
07/20/2011	97.7	23.16	3,560
07/21/2011	97.7	25.09	3,460
07/22/2011	95.5	20.60	3,930
07/23/2011	94.0	23.36	4,790
07/24/2011	94.6	19.42	5,520
07/25/2011	93.1	24.33	5,490
07/26/2011	93.7	24.01	5,360
07/27/2011	93.7	20.95	5,200
07/28/2011	92.9	22.68	6,750
07/29/2011	93.4	22.99	8,120
07/30/2011	93.3	31.02	7,960
07/31/2011	94.6	20.09	7,600



**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
July 2011  
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 2011.

**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 59.0 mg/L on 07/04/2011. The CWBD TSS value was 4.2 mg/L on 07/04/2011.
5. Rock River flow for July 2011 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 2011. (Special Condition 15).

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

www.exeloncorp.com

September 23, 2011

LTR: BYRON 2011-0135  
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, 2011 through August 31, 2011.

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

Respectfully,



Bradley J. Adams  
Plant Manager  
Byron Nuclear Generating Station

BJA/ZC/vb

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

**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>
FROM 08/01/2011	TO 08/31/2011

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR  
(SUBR 01)**

**DEMINEALIZER REGENERATE WASTE (001A)**

**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	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----					500	
00530 1 0	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----	15 30DA AVG	30 DAILY MX	mg/L		Monthly	COMP-8
Effluent Gross											
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----					500	
01032 1 0	<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	
01034 1 0	<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	
01042 1 0	<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	
01045 1 0	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----		1 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Lead, Total (as Pb)	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----					500	
01051 1 0	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----	.2 30DA AVG	.4 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Nickel, total (as Ni)	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----					500	
01067 1 0	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----	1 30DA AVG	2 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>TELEPHONE</b>		<b>DATE</b>	
Bradley J. Adams		<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		815	408-3700	09/23/2011	
Plant Manager		AREA CODE	NUMBER	MM/DD/YYYY			
<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 22 of 31 days during this month.
3. There was no discharge of demineralizer regenerant waste 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 Cox/ENV SPEC

**IL0048313**  
PERMIT NUMBER

**A01-0**  
DISCHARGE NUMBER

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 08/01/2011	TO 08/31/2011

**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	
01092 1 0	PERMIT REQUIREMENT	-----	-----	----	-----	1	2				
Effluent Gross						30DA AVG	DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.009	0.031	3	-----				0	135	CN
50050 1 0	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mg/d	-----					Daily	CONTIN
Effluent Gross											
	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										
<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>	
Bradley J. Adams						815 406-3700		09/23/2011			
Plant Manager											
TYPED OR PRINTED						AREA CODE NUMBER		MM/DD/YYYY			
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>											
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

**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>	
PERMIT NUMBER		DISCHARGE NUMBER	
<b>MONITORING PERIOD</b>			
MM/DD/YYYY		MM/DD/YYYY	
FROM	08/01/2011	TO	08/31/2011

**DMR Mailing ZIP CODE:**

61010

**MAJOR  
(SUBR 01)**

**STP PLANT EFFLUENT (FORMER 001B)  
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			
BOD, 5-Day (20 Deg. C) 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.32	0.35	28	-----	6.0	7.0	19	0	290	DC
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lps	-----	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	7.47	-----	7.55	12	0	290	GR
	PERMIT REQUIREMENT	-----	-----	---	6 MINIMUM	-----	9 MAXIMUM	SI		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.09	0.13	28	-----	1.5	2.5	19	0	290	DC
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lps	-----	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	0.009	3	-----	-----	-----	---	0	135	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	MGals	-----	-----	-----	---		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>  Bradley J. Adams  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	09/23/2011
			<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 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

**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**

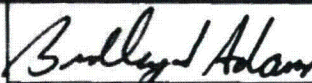
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 08/01/2011	TO 08/31/2011

**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	-----	-----	-----	-----	6.5	8.8	19	0	290	DC
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	
01046 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				

<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>  Bradley J. Adams  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>DATE</b> 09/23/2011	
			<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. GL 2/28/2011 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

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 08/01/2011	TO 08/31/2011

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			
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	0.049	0.090	3	-----	-----	-----	-----	0	135	CN
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgstd	-----	-----	-----	-----		Daily	CONTIN
50050 1 0	SAMPLE MEASUREMENT										
Effluent Gross	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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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		09/23/2011			
Bradley J. Adams 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)											
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

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

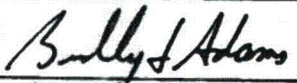
MM/DD/YYYY	MM/DD/YYYY
FROM 08/01/2011	TO 08/31/2011

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01)

RADWASTE TREATMENT (FORMER 001D)  
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	-----	-----	----	-----	<0.5	<0.5	19	0	290	CP
00530 1 0	PERMIT REQUIREMENT	-----	-----	----	-----	15	30	mg/L		Twice Per Month	COMPOS
Effluent Gross	SAMPLE MEASUREMENT	0.023	0.023	3	-----	-----	-----	-----	0	135	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
Bradley J. Adams			815 406-3700	09/23/2011
Plant Manager			AREA CODE	NUMBER
TYPED OR PRINTED				

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

- 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

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**

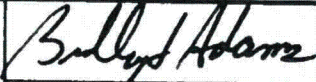
MM/DD/YYYY	MM/DD/YYYY
FROM 08/01/2011	TO 08/31/2011

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01)

STORMWATER (FORMER 001E)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
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	-----	-----	---	-----				500	
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	
01046 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.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	TELEPHONE	DATE
Bradley J. Adams			815 406-3700	09/23/2011
Plant Manager			AREA CODE	NUMBER

**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 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

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 08/01/2011	TO 08/31/2011

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)

STORMWATER (FORMER 001E)  
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			
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 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.315	0.665	3	-----	-----	-----	---	0	290	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mg/m3	-----	-----	-----	---		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			
Bradley J. Adams						815	406-3700	09/23/2011			
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. 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. <span style="float: right;">GL 2/28/2011 PAGE 2</span>											



**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 08/01/2011	TO 08/31/2011

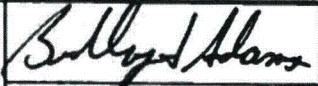
DMR Mailing ZIP CODE: 61010

MAJOR  
(SUBR 01)

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	-----	-----	---	-----	-----	95.8	15	0	135	CN
	PERMIT REQUIREMENT	-----	-----	---	-----	-----	Req. Mon. MO MAX	deg F		Daily	CONTIN
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	8.46	-----	8.69	12	0	240	GR
	PERMIT REQUIREMENT	-----	-----	---	6 MINIMUM	-----	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----	19.7	28.0	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	-----	-----	---	-----	<1.6	2.5	19	0	240	GR
	PERMIT REQUIREMENT	-----	-----	---	-----	15 30DA AVG	20 DAILY MX	mg/L		Weekly	GRAB
Chromium, total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----	-----	0.002	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	-----	-----	---	-----	-----	0.010	19	0	240	GR
	PERMIT REQUIREMENT	-----	-----	---	-----	-----	0.071 DAILY MX	mg/L		Weekly	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----	<0.004	0.006	19	0	240	GR
	PERMIT REQUIREMENT	-----	-----	---	-----	213 30DA AVG	433 DAILY MX	mg/L		Weekly	GRAB

<b>NAME/TITLE</b> PRINCIPAL EXECUTIVE OFFICER  <b>Bradley J. Adams</b>  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>DATE</b> 09/23/2011	
			<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

**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 08/01/2011</b>	<b>TO 08/31/2011</b>

**DMR Mailing ZIP CODE:**

61010

**MAJOR  
(SUBR 01)**

**COOLING SYSTEM BLOWDOWN  
External Outfall**

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Oxidants, total residual	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----	-----	-----	-----		500	
<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>50006 1 0</b>	<b>PERMIT REQUIREMENT</b>	-----	Req. Mon. DAILY MX	lbs/d	-----	-----	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	22.31	30.56	3	-----	-----	-----	---	0	135	CN
<b>50050 1 0</b>	<b>PERMIT REQUIREMENT</b>	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgals/d	-----	-----	-----	---		Daily	CONTIN
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----	-----	0.05	19	0	240	GR
<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>										

**NAME/TITLE**  
**PRINCIPAL EXECUTIVE OFFICER**  
  
Bradley J. Adams  
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**  
09/23/2011  
**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

**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>	
<b>MONITORING PERIOD</b>			
<b>MM/DD/YYYY</b>		<b>MM/DD/YYYY</b>	
<b>FROM 08/01/2011</b>		<b>TO 08/31/2011</b>	

**DMR Mailing ZIP CODE:**

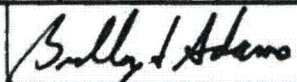
**61010**

**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			
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
Effluent Gross											
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	.016 DAILY/MX	mg/L		Daily	GRAB
Effluent Gross											
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
Effluent Gross											
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
Effluent Gross											
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----						
<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>	-----	-----	---	-----						
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----	.063 30DA AVG	.250 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>
Bradley J. Adams			815	406-3700	09/23/2011
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

**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 08/01/2011</b>	<b>TO 08/31/2011</b>

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

**STORMWATER RUNOFF BASIN**  
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			
Nickel, total (as Ni)	SAMPLE MEASUREMENT	-----	-----	---	-----						
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	-----	-----	---	-----	.011 30DA AVG	.176 DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	-----	-----	---	-----						
01082 1 0 Effluent Gross	PERMIT REQUIREMENT	-----	-----	---	-----	.047 30DA AVG	.26 DAILY MX	mg/L		Daily	GRAB
Oil and Grease	SAMPLE MEASUREMENT	-----	-----	---	-----						
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	-----	-----	---	-----	.15 30DA AVG	.20 DAILY MX	mg/L		When Discharging	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				-----	-----	-----	---			
50050 1 0 Effluent Gross	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			
Bradley J. Adams						815	406-3700	09/23/2011			
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  
 August 2011  
 Page 1 of 2

**MONITORING DATA:**

DATE	CWBD Temperature deg F	CWBD Flow mgd	Rock River Flow cfs
08/01/2011	94.8	16.77	7360
08/02/2011	95.8	25.15	7420
08/03/2011	95.8	20.21	7680
08/04/2011	94.0	22.96	7980
08/05/2011	92.0	21.77	7610
08/06/2011	92.0	30.56	6830
08/07/2011	95.0	21.64	5780
08/08/2011	95.0	16.44	5030
08/09/2011	92.2	23.63	5040
08/10/2011	88.4	21.05	4800
08/11/2011	86.0	22.50	4700
08/12/2011	88.3	22.68	4500
08/13/2011	91.3	28.84	4710
08/14/2011	91.3	22.30	5450
08/15/2011	87.5	18.18	4960
08/16/2011	89.7	21.87	4460
08/17/2011	89.7	22.72	4220
08/18/2011	90.8	22.26	4050
08/19/2011	90.8	22.88	3920
08/20/2011	92.4	28.02	3920
08/21/2011	89.0	22.11	4110
08/22/2011	88.3	16.40	4190
08/23/2011	92.2	22.98	4400
08/24/2011	95.7	20.52	4810
08/25/2011	95.7	23.90	4840
08/26/2011	90.0	22.49	4490
08/27/2011	90.6	26.06	4220
08/28/2011	89.8	25.45	3940
08/29/2011	87.4	15.34	3810
08/30/2011	89.8	22.43	3640
08/31/2011	92.0	21.54	3600



**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
August 2011  
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 August 2011.

**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 08/01/2011 and was 20.0 mg/L on 08/22/11. The CWBD TSS value was 11.4 mg/L on 08/01/2011 and was 28.0 mg/L on 08/22/11.
5. Rock River flow for August 2011 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 August 2011. (Special Condition 15).