

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

www.exeloncorp.com

October 20, 2011

LTR: BYRON 2011-0147  
File: 2.09.0411  
1.10.0101

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

Subject: Byron Station Monthly Discharge Monitoring Report

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

If there are any questions regarding this report, please contact Ms. Zoe Cox, Environmental/Radwaste Supervisor, 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 Exton 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	A01-0
PERMIT NUMBER	DISCHARGE NUMBER

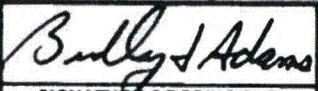
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 09/01/2011	TO 09/30/2011

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	-----	-----	---	-----	<1.1	1.6	19	0	285	EC
00530 1 0	PERMIT REQUIREMENT	-----	-----	---	-----	.15	30	DAILY MX		Monthly	COMP-8
Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----						
Chromium, hexavalent (as Cr)	PERMIT REQUIREMENT	-----	-----	---	-----	1	2	DAILY MX		Daily	GRAB
01032 1 0	SAMPLE MEASUREMENT	-----	-----	---	-----						
Effluent Gross	PERMIT REQUIREMENT	-----	-----	---	-----	30DA AVG					
Chromium, total (as Cr)	SAMPLE MEASUREMENT	-----	-----	---	-----						
01034 1 0	PERMIT REQUIREMENT	-----	-----	---	-----	1	2	DAILY MX		Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----						
Copper, total (as Cu)	PERMIT REQUIREMENT	-----	-----	---	-----	30DA AVG					
01042 1 0	SAMPLE MEASUREMENT	-----	-----	---	-----	.5	1	DAILY MX		Daily	GRAB
Effluent Gross	PERMIT REQUIREMENT	-----	-----	---	-----	30DA AVG					
Iron, total (as Fe)	SAMPLE MEASUREMENT	-----	-----	---	-----						
01046 1 0	PERMIT REQUIREMENT	-----	-----	---	-----		1	DAILY MX		Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----						
Lead, Total (as Pb)	PERMIT REQUIREMENT	-----	-----	---	-----	2	4	DAILY MX		Daily	GRAB
01051 1 0	SAMPLE MEASUREMENT	-----	-----	---	-----						
Effluent Gross	PERMIT REQUIREMENT	-----	-----	---	-----	30DA AVG					
Nickel, total (as Ni)	SAMPLE MEASUREMENT	-----	-----	---	-----						
01067 1 0	PERMIT REQUIREMENT	-----	-----	---	-----	1	2	DAILY MX		Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----						

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	10/20/2011
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 this month.
2. Flow existed 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

**IL0048313**  
**PERMIT NUMBER**

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

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR  
(SUBR 01)**

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

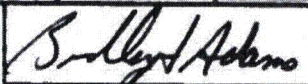
**FACILITY** Byron Nuclear Power Station  
**LOCATION** 4450 North German Church Road  
Byron, IL 61010

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 09/01/2011</b>	<b>TO 09/30/2011</b>

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Zinc, Total (as Zn)	<b>SAMPLE MEASUREMENT</b>	---	---	---	---	---	---	---		500	
0109210 Effluent Gross	<b>PERMIT REQUIREMENT</b>	---	---	---	---	1 30DA AVG	2 DAILY MAX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.018	0.098	3	---	---	---	---	0	135	CN
5006010 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MAX	kg/day	---	---	---	---		Daily	CONTIN
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
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	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
<b>NAME/TITLE</b> PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b> 815 406-3700		<b>DATE</b> 10/20/2011	
<b>Bradley J. Adams</b> Plant Manager								<b>AREA CODE</b> 815		<b>NUMBER</b> 406-3700	
<b>TYPED OR PRINTED</b>											

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

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

**PERMITTEE NAME/ADDRESS**

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

**IL0048313**  
PERMIT NUMBER

**B01-0**  
DISCHARGE NUMBER

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR  
(SUBR 01)**

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

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

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 09/01/2011	TO 09/30/2011

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-Day (20 Deg. C) 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	<0.14	<0.20	26	-----	<2.5	<3.0	19	0	290	DC
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lbs	-----	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	7.56	-----	7.65	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	<0.04	0.05	26	-----	<0.6	0.7	19	0	290	DC
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lbs	-----	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	0.009	0.015	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										
	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**

10/20/11 **DATE**

815 406-3700

10/20/2011

**AREA  
CODE NUMBER**

**MM/DD/YYYY**

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

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

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

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

IL0048313	C01-0
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)

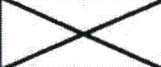
FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

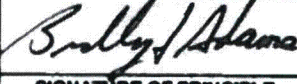
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 09/01/2011	TO 09/30/2011

WWTP (FORMER 001C)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	-----	-----	-----	-----	4.9	7.4	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	-----	-----	-----	-----		.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	
01061 1 0	PERMIT REQUIREMENT	-----	-----	-----	-----	.2	.4	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Nickel, total (as Ni)	SAMPLE MEASUREMENT	-----	-----	-----	-----					500	
01067 1 0	PERMIT REQUIREMENT	-----	-----	-----	-----	.1	.2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Bradley J. Adams			815 406-3700	10/20/2011
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. There was no discharge of processed steam generator chemical cleaning wastewater during this month.

2. Flow existed through this outfall 17 of 30 days during the month.

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

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

**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** **09/01/2011** TO **MM/DD/YYYY** **09/30/2011**

**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) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	-----	-----		500	
	PERMIT REQUIREMENT	-----	-----	-----	-----	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAS
Flow, in conduit or thru treatment plant 60050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.049	0.084	3	-----	-----	-----	-----	0	135	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mgd	-----	-----	-----	-----		Daily	CONTRN
	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> <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	408-3700	10/20/2011
			<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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

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

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

IL0048313  
PERMIT NUMBER

D01-0  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01)

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

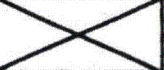
**MONITORING PERIOD**

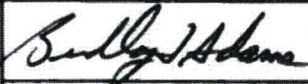
MM/DD/YYYY	TO	MM/DD/YYYY
09/01/2011		09/30/2011

RADWASTE TREATMENT (FORMER 001D)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	----	-----	<0.83	1.3	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	0.048	3	-----	-----	-----	----	0	135	CN
	PERMIT REQUIREMENT	Req. Min. 30DA AVG	Req. Min. DAILY MX	Mgd/d	-----	-----	-----	----		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Bradley J. Adams			815 406-3700	10/20/2011
Plant Manager			AREA CODE	NUMBER
TYPED OR PRINTED				

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

- Flow existed through this outfall 11 of 30 days during the month.

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

**PERMITTEE NAME/ADDRESS**

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

**IL0048313**  
**PERMIT NUMBER**

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

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR  
(SUBR 01)**

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

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

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 09/01/2011</b>	<b>TO 09/30/2011</b>

\*\*\* NO DISCHARGE ☐ \*\*\*

**ATTN:** Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----					500	
<b>00630 1 0</b>	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----	15 30DA AVG	30 DAILY MX	mg/L		Weekly	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----	18.2	18.2	19	0	240	GR
<b>00630 8 0</b>	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----	30 30DA AVG	100 DAILY MX	mg/L		Weekly	GRAB
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----					500	
<b>01032 1 0</b>	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----					500	
<b>01034 1 0</b>	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----					500	
<b>01042 1 0</b>	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----	5 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----					500	
<b>01045 1 0</b>	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----		1 DAILY MX	mg/L		Daily	GRAB
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	-----	-----	---	-----					500	
<b>01051 1 0</b>	<b>PERMIT REQUIREMENT</b>	-----	-----	---	-----	2 30DA AVG	4 DAILY MX	mg/L		Daily	GRAB

<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	10/20/2011	
Plant Manager		<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during the month.
2. Flow existed through this outfall 5 of 30 days during the month.

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

**PERMITTEE NAME/ADDRESS**

**NAME** Exelon Generation Co., LLC  
**ADDRESS** 4300 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**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 09/01/2011	TO 09/30/2011

**DMR Mailing ZIP CODE:**

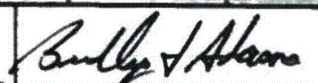
**61010**

**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) 01067 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----					500	
	PERMIT REQUIREMENT	-----	-----	---	-----	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn) 01082 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	0.220	0.482	3	-----	-----	-----	---	0	290	CN
	PERMIT REQUIREMENT	Req. Min. 30DA AVG	Req. Min. DAILY MX	Mg/gal	-----	-----	-----	---		Twice Per Month	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

<b>NAME/TITLE</b> PRINCIPAL EXECUTIVE OFFICER  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	<b>TELEPHONE</b>		<b>DATE</b>	
			815	406-3700	10/20/2011	
			<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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

1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning wastewater was discharged this month.
2. 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	TO	MM/DD/YYYY
09/01/2011		09/30/2011

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	-----	-----	---	-----	-----	97.0	15	0	135	CN
	PERMIT REQUIREMENT	-----	-----	---	-----	-----	Req. Mon. MD MAX	deg F		Daily	CONTIN
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	8.56	-----	8.80	12	0	240	GR
	PERMIT REQUIREMENT	-----	-----	---	8 MINIMUM	-----	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----	21.9	21.9	19	0	285	GR
	PERMIT REQUIREMENT	-----	-----	---	-----	Req. Mon. 30DA AVG	Req. Mon. DAILY MAX	mg/L		Monthly	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----	<1.4	<1.4	19	0	240	GR
	PERMIT REQUIREMENT	-----	-----	---	-----	15 30DA AVG	20 DAILY MAX	mg/L		Weekly	GRAB
Chromium, total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----	-----	0.002	19	0	240	GR
	PERMIT REQUIREMENT	-----	-----	---	-----	-----	0.2 DAILY MAX	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 MAX	mg/L		Weekly	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----	0.007	0.011	19	0	240	GR
	PERMIT REQUIREMENT	-----	-----	---	-----	213 30DA AVG	493 DAILY MAX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Bradley J. Adams			815 406-3700	10/20/2011
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. 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 09/01/2011</b>		<b>TO 09/30/2011</b>	

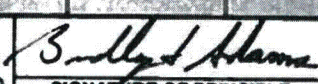
**DMR Mailing ZIP CODE:**

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	g/s			Req. Mon. DAILY MX	mg/L	Weekly	GRAB
Flow, in conduit or thru treatment plant		18.98	27.53	3					0	135
50060 1 0 Effluent Gross		Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgals/d					Daily	CONTIN
Chlorine, total residual							0.03	19	0	240
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
<b>NAME/TITLE</b> PRINCIPAL EXECUTIVE OFFICER	<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>					<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>TELEPHONE</b>	<b>DATE</b>	
Bradley J. Adams								815	406-3700	10/20/2011
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>										

**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

IL0048313  
PERMIT NUMBER

002-0  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)

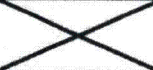
FACILITY Byron Nuclear Power Station  
LOCATION 4450 North German Church Road  
Byron, IL 61010

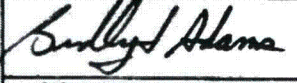
MONITORING PERIOD  
FROM MM/DD/YYYY TO MM/DD/YYYY  
09/01/2011 TO 09/30/2011

STORMWATER RUNOFF BASIN  
External Outfall

... NO DISCHARGE ☐ ...

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Solids, Total Suspended	SAMPLE MEASUREMENT	-----	-----	---	-----					500	
00530 1 0	PERMIT REQUIREMENT	-----	-----	---	-----	15 30DA AVG	30 DAILY MX	mg/L		Weekly	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	-----	-----	---	-----	29.0	37.1	19	0	240	GR
00530 8 0	PERMIT REQUIREMENT	-----	-----	---	-----	30 30DA AVG	100 DAILY MX	mg/L		Weekly	GRAB
Other Treatment, Process Complete											
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	-----	-----	---	-----					500	
01032 1 0	PERMIT REQUIREMENT	-----	-----	---	-----	.011 30DA AVG	.018 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Chromium, total (as Cr)	SAMPLE MEASUREMENT	-----	-----	---	-----					500	
01034 1 0	PERMIT REQUIREMENT	-----	-----	---	-----	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Copper, total (as Cu)	SAMPLE MEASUREMENT	-----	-----	---	-----					500	
01042 1 0	PERMIT REQUIREMENT	-----	-----	---	-----	.025 30DA AVG	.041 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Iron, total (as Fe)	SAMPLE MEASUREMENT	-----	-----	---	-----					500	
01045 1 0	PERMIT REQUIREMENT	-----	-----	---	-----		1 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											
Lead, total (as Pb)	SAMPLE MEASUREMENT	-----	-----	---	-----					500	
01051 1 0	PERMIT REQUIREMENT	-----	-----	---	-----	.003 30DA AVG	.298 DAILY MX	mg/L		Daily	GRAB
Effluent Gross											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Bradley J. Adams			815 406-3700	10/20/2011
Plant Manager			AREA CODE	NUMBER

**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

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

IL0048313  
PERMIT NUMBER

002-0  
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY	MM/DD/YYYY
FROM 09/01/2011	TO 09/30/2011

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01)

STORMWATER RUNOFF BASIN  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Nickel, total (as Ni) 01067 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----	-----	-----	---		500	
	PERMIT REQUIREMENT	-----	-----	---	-----	.011 30DA AVG	176 DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----	-----	-----	---		500	
	PERMIT REQUIREMENT	-----	-----	---	-----	.047 30DA AVG	.26 DAILY MX	mg/L		Daily	GRAB
Oil and Grease 03582 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----	<1.6	1.6	19	0	375	GR
	PERMIT REQUIREMENT	-----	-----	---	-----	15 30DA AVG	20 DAILY MX	mg/L		When Discharging	GRAB
Flow, in conduit or thru treatment plant 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.071	0.141	3	-----	-----	-----	---	0	370	ES
	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.					TELEPHONE		DATE			
Bradley J. Adams						815 406-3700		10/20/2011			
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)**

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

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
September 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>
09/01/2011	95.0	22.43	3650
09/02/2011	97.0	19.84	3560
09/03/2011	97.0	27.53	3470
09/04/2011	90.0	22.28	3820
09/05/2011	85.0	16.72	3670
09/06/2011	80.0	23.89	3680
09/07/2011	82.2	20.32	3620
09/08/2011	83.0	22.14	3440
09/09/2011	87.4	24.90	3520
09/10/2011	89.0	26.21	3420
09/11/2011	92.0	22.73	3220
09/12/2011	92.0	16.16	3240
09/13/2011	92.0	22.89	3170
09/14/2011	85.0	21.76	3040
09/15/2011	79.0	25.04	3090
09/16/2011	79.0	22.34	3050
09/17/2011	83.0	26.94	3030
09/18/2011	83.5	19.31	3010
09/19/2011	82.0	19.95	3150
09/20/2011	86.7	16.77	3230
09/21/2011	86.7	16.39	3180
09/22/2011	83.0	11.82	3030
09/23/2011	80.6	10.59	2740
09/24/2011	78.6	13.11	2930
09/25/2011	80.2	11.75	2860
09/26/2011	81.1	11.67	4310
09/27/2011	82.0	15.88	6500
09/28/2011	82.0	11.17	6630
09/29/2011	82.3	13.34	6220
09/30/2011	81.0	13.45	5640

**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
September 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 September 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 8.3 mg/L on 09/06/2011. The CWBD TSS value was 21.9 mg/L on 09/06/2011.
5. Rock River flow for September 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 September 2011. (Special Condition 15).

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

www.exeloncorp.com

November 17, 2011

LTR: BYRON 2011-0164  
File: 2.09.0411  
1.10.0101

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

Subject: Byron Station Monthly Discharge Monitoring Report

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

If there are any questions regarding this report, please contact Ms. Zoe Cox, Environmental/Radwaste Supervisor, 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

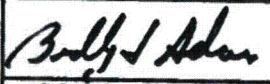
A01-0  
DISCHARGE NUMBER

MONITORING PERIOD  
FROM MM/DD/YYYY 10/01/2011 TO MM/DD/YYYY 10/31/2011

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01)

DEMINEALIZER 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			
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	1.8	2.1	19	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) 01046 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 inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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						 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT		815 406-3700	11/17/2011		
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 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

IL0048313  
PERMIT NUMBER

A01-0  
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY	TO	MM/DD/YYYY
FROM 10/01/2011		10/31/2011

DMR Mailing ZIP CODE: 61010

MAJOR  
(SUBR 01)

DEMINEALIZER REGENERATE WASTE (001A)  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Zinc, Total (as Zn)	SAMPLE MEASUREMENT	---	---	---	---				500	
01082 1 0	PERMIT REQUIREMENT	---	---	---	---	1 30DA AVG	2 DAILY MAX	mg/L	Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	0.027	0.110	3	---	---	---	---	0	135 CN
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MAX	mg/L	---	---	---	---	Daily	CONTIN
60050 1 0	SAMPLE MEASUREMENT									
Effluent Gross	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
NAME/TITLE	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					TELEPHONE		DATE		
PRINCIPAL EXECUTIVE OFFICER						815 406-3700		11/17/2011		
Bradley J. Adams						AREA CODE NUMBER		MM/DD/YYYY		
Plant Manager										
TYPED OR PRINTED						SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT				
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)										

**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 4460 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
10/01/2011		10/31/2011

DMR Mailing ZIP CODE:  
MAJOR  
(SUBR 01)

61010

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	0.97	1.19	26	—	11.5	13.0	19	0	290	DC
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	26	—	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	—	—	—	7.85	—	7.97	12	0	290	GR
	PERMIT REQUIREMENT	—	—	—	8 MINIMUM	—	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.80	1.08	26	—	8.4	11.6	19	0	290	DC
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	26	—	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant 60060 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.008	0.011	3	—	—	—	—	0	135	CN
	PERMIT REQUIREMENT	Req. Min. 30DA AVG	Req. Min. DAILY MX	3	—	—	—	—		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						815 406-3700		11/17/2011			
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 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

<b>IL0048313</b>		<b>C01-0</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> 10/01/2011		<b>TO</b> 10/31/2011	


**DMR Mailing ZIP CODE:**

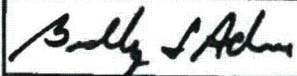
61010

**MAJOR**  
(BUBR 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	<b>SAMPLE MEASUREMENT</b>	---	---	---	---	4.6	6.0	19	0	290	DC
00630 1 0	<b>PERMIT REQUIREMENT</b>	---	---	---	---	15	30	DAILY MX		Twice Per Month	COMP24
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	---	---	---	---						
Chromium, hexavalent (as Cr)	<b>PERMIT REQUIREMENT</b>	---	---	---	---	30DA AVG	DAILY MX	mg/L			
01032 1 0	<b>SAMPLE MEASUREMENT</b>	---	---	---	---					500	
Effluent Gross	<b>PERMIT REQUIREMENT</b>	---	---	---	---	1	2	DAILY MX		Daily	GRAB
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	---	---	---	---						
01034 1 0	<b>PERMIT REQUIREMENT</b>	---	---	---	---	30DA AVG	DAILY MX	mg/L		500	
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	---	---	---	---						
Copper, total (as Cu)	<b>PERMIT REQUIREMENT</b>	---	---	---	---	1	2	DAILY MX		Daily	GRAB
01042 1 0	<b>SAMPLE MEASUREMENT</b>	---	---	---	---					500	
Effluent Gross	<b>PERMIT REQUIREMENT</b>	---	---	---	---	5	1	DAILY MX		Daily	GRAB
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	---	---	---	---						
01046 1 0	<b>PERMIT REQUIREMENT</b>	---	---	---	---					500	
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	---	---	---	---						
Lead, total (as Pb)	<b>PERMIT REQUIREMENT</b>	---	---	---	---						
01051 1 0	<b>SAMPLE MEASUREMENT</b>	---	---	---	---					500	
Effluent Gross	<b>PERMIT REQUIREMENT</b>	---	---	---	---	2	4	DAILY MX		Daily	GRAB
Nickel, total (as Ni)	<b>SAMPLE MEASUREMENT</b>	---	---	---	---						
01067 1 0	<b>PERMIT REQUIREMENT</b>	---	---	---	---	1	2	DAILY MX		Daily	GRAB
Effluent Gross	<b>SAMPLE MEASUREMENT</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	408-3700	11/17/2011
Plant Manager			<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>
<b>TYPED OR PRINTED</b>	<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>				

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

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

C01-0  
DISCHARGE NUMBER

**MONITORING PERIOD**

MM/DD/YYYY	MM/DD/YYYY
FROM 10/01/2011	TO 10/31/2011

DMR Mailing ZIP CODE:  
MAJOR  
(SUBR 01)

61010

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) 01082 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	0.047	0.092	3	---	---	---	---	0	135	CN
	PERMIT REQUIREMENT	Req. Mon 30DA AVG	Req. Mon DAILY MX	kg/day	---	---	---	---		Daily	CONTN
	SAMPLE MEASUREMENT										
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**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)**

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

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


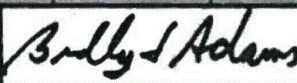
MM/DD/YYYY	MM/DD/YYYY
FROM 10/01/2011	TO 10/31/2011

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	—	—	—	—	<0.7	0.8	19	0	290	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	—	—	—	—	15 30DA AVG	30 DAILY MX	mg/L		Twice Per Month	COSIPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.023	3	—	—	—	—	0	135	CN
60060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon 30DA AVG	Req Mon DAILY MX	Mg/day	—	—	—	—		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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.					 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE 815 406-3700		DATE 11/17/2011	
Bradley J. Adams						AREA CODE		NUMBER		MM/DD/YYYY	
Plant Manager											
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**

MM/DD/YYYY	TO	MM/DD/YYYY
10/01/2011		10/31/2011

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	
00630 1 0	PERMIT REQUIREMENT	_____	_____	---	_____	15	30				
Effluent Gross						30DA AVG	DAILY MX	mg/L		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	_____	_____	---	_____	18.8	22.9	19	0	240	GR
00630 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	
01048 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/TYPE											

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	11/17/2011
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. There was no discharge of processed steam generator chemical cleaning wastewater during the month.
2. Flow existed through this outfall 1 of 31 days during the month.

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

**PERMITTEE NAME/ADDRESS**

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

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

**ATTN:** Zoe Cox/ENV SPEC

**IL0048313**  
**PERMIT NUMBER**

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

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 10/01/2011</b>	<b>TO 10/31/2011</b>

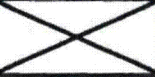
**DMR Mailing ZIP CODE:**

**61010**

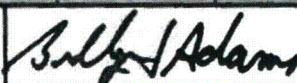
**MAJOR  
(SUBR 01)**

**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			
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) 01082 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	0.315	3	---	---	---	---	0	280
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgd/Do	---	---	---	---	Twice Per Month	CONTIN
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

<b>NAME/TITLE</b> PRINCIPAL EXECUTIVE OFFICER  <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>  11/17/2011
			<b>AREA CODE</b>  NUMBER	<b>MM/DD/YYYY</b>

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

1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning wastewater was discharged this month.
2. 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 60556-5701

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

ATTN: Zoe Cox/ENV SPEC

IL0046313  
PERMIT NUMBER

001-0  
DISCHARGE NUMBER

MONITORING PERIOD

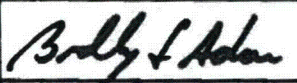
MM/DD/YYYY	MM/DD/YYYY
FROM 10/01/2011	TO 10/31/2011

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	—	—	—	—	—	87.0	15	0	135	CN
	PERMIT REQUIREMENT	—	—	—	—	—	Req. Mon. MD MAX	deg F		Daily	CONTIN
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	—	—	—	8.60	—	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	—	—	—	—	8.4	8.4	19	0	285	GR
	PERMIT REQUIREMENT	—	—	—	—	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Monday	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	—	—	—	—	—	0.002	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) 01082 1 0 Effluent Gross	SAMPLE MEASUREMENT	—	—	—	—	0.010	0.025	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.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	TELEPHONE		DATE
			815	406-3700	11/17/2011
			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.

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 Cow/ENV SPEC

IL0048313		001-0	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	10/01/2011	TO	10/31/2011

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)

COOLING SYSTEM BLOWDOWN  
External Outfall

\*\*\* NO DISCHARGE ☐ \*\*\*

PARAMETER	X	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	---	---	---	---	---	.05 DAILY MX	mg/L	Weekly	GRAB
Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	---	---	---	500	
Priority pollutants total effluent	PERMIT REQUIREMENT	---	---	---	---	---	---	---	500	
60006 1 0	SAMPLE MEASUREMENT	---	---	---	---	---	---	---	500	
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	16.54	30.51	3	---	---	---	---	0	135
60050 1 0	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgals/d	---	---	---	---	Daily	CONTIN
Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	---	---	---	0	240
Chlorine, total residual	PERMIT REQUIREMENT	---	---	---	---	---	.05 DAILY MX	mg/L	Weekly	GRAB
60060 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							815 406-3700		11/17/2011	
Bradley J. Adams							AREA CODE NUMBER		MM/DD/YYYY	
Plant Manager										
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

002-0  
DISCHARGE NUMBER

MONITORING PERIOD

FROM MM/DD/YYYY TO MM/DD/YYYY  
10/01/2011 10/31/2011

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 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----					
	PERMIT REQUIREMENT	-----	-----	---	-----	15 30DA AVG	30 DAILY MX	mg/L	Weekly	GRAB
Solids, Total Suspended 00530 8 0 Other Treatment, Process Complete	SAMPLE MEASUREMENT	-----	-----	---	-----					
	PERMIT REQUIREMENT	-----	-----	---	-----	30 30DA AVG	100 DAILY MX	mg/L	Weekly	GRAB
Chromium, hexavalent (as Cr) 01032 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----					
	PERMIT REQUIREMENT	-----	-----	---	-----	.011 30DA AVG	.016 DAILY MX	mg/L	Daily	GRAB
Chromium, total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----					
	PERMIT REQUIREMENT	-----	-----	---	-----	1 30DA AVG	2 DAILY MX	mg/L	Daily	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----					
	PERMIT REQUIREMENT	-----	-----	---	-----	.025 30DA AVG	.041 DAILY MX	mg/L	Daily	GRAB
Iron, total (as Fe) 01045 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----					
	PERMIT REQUIREMENT	-----	-----	---	-----		1 DAILY MX	mg/L	Daily	GRAB
Lead, total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	-----	-----	---	-----					
	PERMIT REQUIREMENT	-----	-----	---	-----	.063 30DA AVG	.298 DAILY MX	mg/L	Daily	GRAB

NAME/TITLE <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 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.	<i>Bradley J. Adams</i>  <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	TELEPHONE		DATE
			815	408-3700	11/17/2011
			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. 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

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

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 10/01/2011</b>	<b>TO 10/31/2011</b>

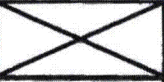
**DMR Mailing ZIP CODE:**

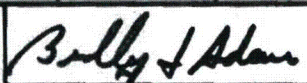
**61010**

**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			
Nickel, total (as Ni) 01067 1 0 Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	---	---	---			
	PERMIT REQUIREMENT	---	---	---	---	.011 30DA AVG	.175 DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	---	---	---			
	PERMIT REQUIREMENT	---	---	---	---	.047 30DA AVG	.25 DAILY MX	mg/L		Daily	GRAB
Oil and Grease 03562 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 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT				---	---	---	---			
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	agagad	---	---	---	---		When Discharging	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

<b>NAME/TITLE</b> PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>		<b>DATE</b>
Bradley J. Adams			815	406-3700	11/17/2011
Plant Manager			<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

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

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

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

For Exelon Byron Station

Permit IL0048313

October 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>
10/01/2011	77.0	13.09	5260
10/02/2011	77.2	12.19	5100
10/03/2011	81.7	10.36	4810
10/04/2011	81.3	17.74	4630
10/05/2011	85.5	9.18	4480
10/06/2011	86.0	13.94	4120
10/07/2011	86.0	15.53	4040
10/08/2011	82.3	14.58	3770
10/09/2011	82.8	13.33	3440
10/10/2011	81.7	13.35	3480
10/11/2011	86.0	11.53	3570
10/12/2011	87.0	17.26	3730
10/13/2011	83.6	17.51	3990
10/14/2011	81.0	18.36	440
10/15/2011	79.0	22.99	4350
10/16/2011	80.6	18.46	4100
10/17/2011	79.5	13.73	4050
10/18/2011	78.0	18.15	4100
10/19/2011	74.7	8.95	3990
10/20/2011	74.8	30.51	4300
10/21/2011	77.5	16.14	4240
10/22/2011	77.5	23.95	4290
10/23/2011	77.0	16.91	4450
10/24/2011	82.0	14.64	4300
10/25/2011	79.8	18.80	4120
10/26/2011	81.1	18.91	4000
10/27/2011	76.6	18.46	4070
10/28/2011	74.8	17.95	4010
10/29/2011	76.4	24.98	4000
10/30/2011	76.4	19.19	3870
10/31/2011	74.8	11.95	3760

**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
October 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 October 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 19.2 mg/L on 10/04/2011. The CWBD TSS value was 8.4 mg/L on 10/04/2011.
5. Rock River flow for October 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 October 2011. (Special Condition 15).

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

www.exeloncorp.com

December 13, 2011

LTR: BYRON 2011-0170  
File: 2.09.0411  
1.10.0101

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

Subject: Byron Station Monthly Discharge Monitoring Report

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

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

Respectfully,



Timothy J. Tulon  
Site Vice President  
Byron Nuclear Generating Station

TJT/ZC/ca

Attachments

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

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	MM/DD/YYYY
FROM 11/01/2011	TO 11/30/2011

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 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	_____	_____	---	_____	1.3	1.4	19	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) 01057 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 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	
Timothy J. Tulon		815	406-3800	12/13/2011	
Site Vice President		AREA CODE	NUMBER	MM/DD/YYYY	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

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

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

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

**PERMITTEE NAME/ADDRESS**

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

**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 11/01/2011</b>	<b>TO 11/30/2011</b>

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

**DEMINEALIZER 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	
01082 1 0	PERMIT REQUIREMENT	---	---	---	---	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	0.037	0.169	3	---	---	---	---	0	135	CN
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L	---	---	---	---		Daily	CONTRN
60060 1 0	SAMPLE MEASUREMENT										
Effluent Gross	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							<b>TELEPHONE</b>		<b>DATE</b>	
<b>PRINCIPAL EXECUTIVE OFFICER</b>								815 406-3600		12/13/2011	
Timothy J. Tulon Site Vice President								<b>AREA CODE NUMBER</b>		<b>MM/DD/YYYY</b>	
<b>TYPED OR PRINTED</b>	<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>										
<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
11/01/2011		11/30/2011

DMR Mailing ZIP CODE:  
MAJOR  
(SUBR 01)

61010

STP PLANT EFFLUENT (FORMER 001B)  
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			
BOD, 5-Day (20 Deg. C) 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	<0.13	<0.13	28	—	<2.7	<3.2	19	0	290	DC
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lb/d	—	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	—	—	—	7.36	—	7.44	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	0.04	0.06	28	—	<0.8	1.0	19	0	290	DC
	PERMIT REQUIREMENT	5.3 30DA AVG	10.5 DAILY MX	lb/d	—	30 30DA AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.004	0.010	3	—	—	—	—	0	135	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgd/d	—	—	—	—		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					TELEPHONE		DATE			
Timothy J. Tulon						815	406-3600	12/13/2011			
Site Vice President						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 29 of 30 days during this month.											

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

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

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

ATTN: Zoe Cox/ENV SPEC

IL0046313  
PERMIT NUMBER

C01-0  
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY	MM/DD/YYYY
FROM 11/01/2011	TO 11/30/2011


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	---	---	---	---	5.5	8.2	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	
01045 1 0	PERMIT REQUIREMENT	---	---	---	---		1	mg/L		Daily	GRAB
Effluent Gross							DAILY MX				
Lead, total (as Pb)	SAMPLE MEASUREMENT	---	---	---	---					500	
01051 1 0	PERMIT REQUIREMENT	---	---	---	---	2	4	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Nickel, total (as Ni)	SAMPLE MEASUREMENT	---	---	---	---					500	
01067 1 0	PERMIT REQUIREMENT	---	---	---	---	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				

NAME/TITLE  
PRINCIPAL EXECUTIVE OFFICER  
  
Timothy J. Tulon  
Site Vice President  
  
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPLE  
EXECUTIVE OFFICER OR  
AUTHORIZED AGENT

TELEPHONE  
815 406-3800  
AREA CODE NUMBER

DATE  
12/13/2011  
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 through this outfall 14 of 30 days during the month.

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

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

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
FROM 11/01/2011		11/30/2011

DMR Mailing ZIP CODE:  
MAJOR  
(SUBR 01)

61010

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) 01082 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 60050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.028	0.080	3	---	---	---	---	0	135	CN
	PERMIT REQUIREMENT	Req. Min. 30DA AVG	Req. Min. DAILY MX	Mgd/d	---	---	---	---		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					TELEPHONE		DATE			
Timothy J. Tulon						815	406-3800	12/13/2011			
Site Vice President								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

IL0048313  
PERMIT NUMBER

D01-0  
DISCHARGE NUMBER

**MONITORING PERIOD**

MM/DD/YYYY	MM/DD/YYYY
FROM 11/01/2011	TO 11/30/2011

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 Effluent Gross	PERMIT REQUIREMENT	—	—	—	—	15 30DA AVG	30 DAILY MX	mg/L		Twice Per Month	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.020	0.023	3	—	—	—	—	0	135	CN
60050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	—	—	—	—		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					TELEPHONE		DATE			
Timothy J. Tulon						815 408-3600		12/13/2011			
Site Vice President						AREA CODE NUMBER		MM/DD/YYYY			
TYPED OR PRINTED	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT										
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											
1. Flow existed through this outfall 2 of 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**

MM/DD/YYYY	TO	MM/DD/YYYY
11/01/2011		11/30/2011

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 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	—	—	—	—	—	—	—		500	
	PERMIT REQUIREMENT	—	—	—	—	15 30DA AVG	30 DAILY MX	mg/L		Weekly	GRAB
Solids, total suspended 00630 8 0 Other Treatment, Process Complete	SAMPLE MEASUREMENT	—	—	—	—	124	125	19	0	240	GR
	PERMIT REQUIREMENT	—	—	—	—	30 30DA AVG	100 DAILY MX	mg/L		Weekly	GRAB
Chromium, hexavalent (as Cr) 01032 1 0 Effluent Gross	SAMPLE MEASUREMENT	—	—	—	—	—	—	—		500	
	PERMIT REQUIREMENT	—	—	—	—	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Chromium, total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	—	—	—	—	—	—	—		500	
	PERMIT REQUIREMENT	—	—	—	—	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	—	—	—	—	—	—	—		500	
	PERMIT REQUIREMENT	—	—	—	—	5 30DA AVG	1 DAILY MX	mg/L		Daily	GRAB
Iron, total (as Fe) 01045 1 0 Effluent Gross	SAMPLE MEASUREMENT	—	—	—	—	—	—	—		500	
	PERMIT REQUIREMENT	—	—	—	—	—	1 DAILY MX	mg/L		Daily	GRAB
Lead, total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	—	—	—	—	—	—	—		500	
	PERMIT REQUIREMENT	—	—	—	—	2 30DA AVG	4 DAILY MX	mg/L		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Timothy J. Tulon  Site Vice President  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE	
			815	406-3600	12/13/2011	
			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 7 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**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 11/01/2011</b>	<b>TO 11/30/2011</b>

**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) 01067 1 0 Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	---	---	---		500	
	PERMIT REQUIREMENT	---	---	---	---	1 36DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Zinc, total (as Zn) 01062 1 0 Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	---	---	---		500	
	PERMIT REQUIREMENT	---	---	---	---	1 36DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant 60060 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.229	0.484	3	---	---	---	---	0	290	CN
	PERMIT REQUIREMENT	Req. Mon. 36DA AVG	Req. Mon. DAILY MX	mgd/d	---	---	---	---		Twice Per Month	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> <b>PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					<b>TELEPHONE</b>		<b>DATE</b>			
Timothy J. Tulon						815 406-3600		12/13/2011			
Site Vice President						<b>AREA CODE</b> <b>NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b> 1. No Turbine Building Fire and Oil Sump or Generic Non-Chemical Metal Cleaning wastewater was discharged this month. 2. Fire Protection, 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  
FROM MM/DD/YYYY 11/01/2011 TO MM/DD/YYYY 11/30/2011

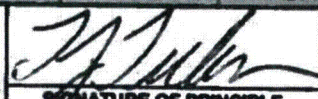
DMR Mailing ZIP CODE: 61010

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	—	—	—	—	—	82.8	15	0	135	CN
	PERMIT REQUIREMENT	—	—	—	—	—	Req. Mon. MD MAX	deg F		Daily	CONTIN
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	—	—	—	8.57	—	8.65	12	0	240	GR
	PERMIT REQUIREMENT	—	—	—	6 MINIMUM	—	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	—	—	—	—	9.3	9.3	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	—	—	—	—	<1.5	1.7	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	—	—	—	—	—	0.004	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) 01082 1 0 Effluent Gross	SAMPLE MEASUREMENT	—	—	—	—	0.010	0.015	19	0	240	GR
	PERMIT REQUIREMENT	—	—	—	—	213 30DA AVG	433 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Timothy J. Tulon Site Vice President  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			815 408-3800	12/13/2011
			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**  
**PERMIT NUMBER**

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

**MONITORING PERIOD**

<b>MM/DD/YYYY</b>	<b>TO</b>	<b>MM/DD/YYYY</b>
11/01/2011		11/30/2011

**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				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	
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	---	---	---	---	---	---	---	500		
Priority pollutants total effluent	<b>PERMIT REQUIREMENT</b>	---	Req. Mon. DAILY 1dX	1d	---	---	Req. Mon. DAILY MX	mg/L	Weekly	GRAB	
<b>50008 1 0</b>	<b>SAMPLE MEASUREMENT</b>	18.40	24.94	3	---	---	---	---	0	135	
Flow, in conduit or thru treatment plant	<b>PERMIT REQUIREMENT</b>	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	liquid	---	---	---	---	Daily	CONTIN	
<b>60060 1 0</b>	<b>SAMPLE MEASUREMENT</b>	---	---	---	---	---	0.04	19	0	240	
Chlorine, total residual	<b>PERMIT REQUIREMENT</b>	---	---	---	---	---	.05 DAILY MX	mg/L	Weekly	GRAB	
Effluent Gross	<b>SAMPLE MEASUREMENT</b>	---	---	---	---	---	---	---	500		
Hydrazine	<b>PERMIT REQUIREMENT</b>	---	---	---	---	.011 30DA AVG	.027 DAILY MX	mg/L	Daily When Discharging	GRAB	
<b>61313 1 0</b>	<b>SAMPLE MEASUREMENT</b>	---	---	---	---	---	---	---	---	---	
Effluent Gross	<b>PERMIT REQUIREMENT</b>	---	---	---	---	---	---	---	---	---	
	<b>SAMPLE MEASUREMENT</b>	---	---	---	---	---	---	---	---	---	
	<b>PERMIT REQUIREMENT</b>	---	---	---	---	---	---	---	---	---	
	<b>SAMPLE MEASUREMENT</b>	---	---	---	---	---	---	---	---	---	
	<b>PERMIT REQUIREMENT</b>	---	---	---	---	---	---	---	---	---	
<b>NAME/TITLE</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							<b>TELEPHONE</b>		<b>DATE</b>	
<b>PRINCIPAL EXECUTIVE OFFICER</b>								815 406-3600		12/13/2011	
Timothy J. Tulon Site Vice President								<b>AREA CODE NUMBER</b>		<b>MM/DD/YYYY</b>	
<b>TYPED OR PRINTED</b>	<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>										

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

**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

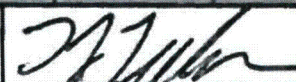
MM/DD/YYYY	TO	MM/DD/YYYY
11/01/2011		11/30/2011

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	---	---	---	---					
01046 1 0	PERMIT REQUIREMENT	---	---	---	---		1 DAILY MX	mg/L	Daily	GRAB
Lead, total (as Pb)	SAMPLE MEASUREMENT	---	---	---	---					
01051 1 0	PERMIT REQUIREMENT	---	---	---	---	.053 30DA AVG	.258 DAILY MX	mg/L	Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Timothy J. Tulon			815 406-3900	12/13/2011
Site Vice President			AREA CODE NUMBER	MM/DD/YYYY

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

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

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

**PERMITTEE NAME/ADDRESS**

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

**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 11/01/2011</b>	<b>TO 11/30/2011</b>


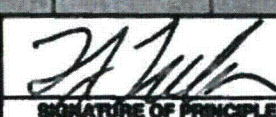
**DMR Mailing ZIP CODE:**

**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			
Nickel, total (as Ni) 01067 1 0 Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	---	---	---	---	---	---
	PERMIT REQUIREMENT	---	---	---	---	011 30DA AVG	175 DAILY MX	mg/L	---	Daily	GRAB
Zinc, total (as Zn) 01082 1 0 Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	---	---	---	---	---	---
	PERMIT REQUIREMENT	---	---	---	---	047 30DA AVG	25 DAILY MX	mg/L	---	Daily	GRAB
Oil and Grease 03562 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 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT				---	---	---	---	---	---	---
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgals/d	---	---	---	---	---	When Discharging	ESTIM
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<b>NAME/TITLE</b> PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							<b>TELEPHONE</b>		<b>DATE</b>	
Timothy J. Tulon						815		408-3600	12/13/2011		
Site Vice President						<b>AREA CODE</b>		<b>NUMBER</b>	<b>MM/DD/YYYY</b>		
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>					

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

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

ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
November 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>
11/01/2011	80.0	18.07	4,450
11/02/2011	79.6	18.25	4,230
11/03/2011	75.8	18.56	4,770
11/04/2011	74.8	20.05	5,160
11/05/2011	82.8	24.45	5,290
11/06/2011	82.8	19.83	5,210
11/07/2011	76.7	16.28	5,120
11/08/2011	76.1	19.41	5,370
11/09/2011	72.4	18.20	7,990
11/10/2011	70.9	14.63	11,900
11/11/2011	78.8	20.01	12,000
11/12/2011	82.0	24.94	11,100
11/13/2011	76.0	19.79	10,400
11/14/2011	77.8	14.37	9,630
11/15/2011	77.8	20.01	9,230
11/16/2011	67.3	20.00	8,730
11/17/2011	69.4	21.97	8,120
11/18/2011	74.0	18.99	7,850
11/19/2011	76.0	22.58	7,580
11/20/2011	70.7	20.16	7,370
11/21/2011	73.8	14.46	7,260
11/22/2011	73.8	19.13	7,070
11/23/2011	73.2	19.31	7,010
11/24/2011	78.0	22.61	6,970
11/25/2011	79.4	18.63	6,790
11/26/2011	79.4	23.72	6,700
11/27/2011	70.8	19.91	6,990
11/28/2011	70.3	15.75	7,340
11/29/2011	70.3	17.87	7,320
11/30/2011	70.5	20.17	7,210

**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
November 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 November 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 14.3 mg/L on 11/07/2011. The CWBD TSS value was 9.3 mg/L on 11/07/2011.
5. Rock River flow for November 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 November 2011. (Special Condition 15).



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

www.exeloncorp.com

January 25, 2012

LTR: BYRON 2012-0014  
File: 2.09.0411  
1.10.0101

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

Subject: Byron Station Monthly Discharge Monitoring Report

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

Special Condition 14 of the NPDES permit requires the station to weigh the copper anodes at the end of the zebra mussel control season and to include the total mass of copper used in the discharge monitoring report. The zebra mussel copper ion skids were shutdown on December 5, 2011. The anodes of the 0A copper ion skid were removed and weighed on December 29, 2011. The anodes of the 0B copper ion skid were removed and weighed on December 29, 2011. The total mass of copper used for zebra mussel control was 94 pounds.

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

Respectfully,



Timothy J. Tulon  
Site Vice President  
Byron Nuclear Generating Station

TJT/ZC/ca

Attachments

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

PERMITTEE NAME/ADDRESS  
NAME Exelon 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


MM/DD/YYYY	TO	MM/DD/YYYY
12/01/2011		12/31/2011

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)

DEMINEALIZER REGENERATE WASTE (001A)  
External Outfall

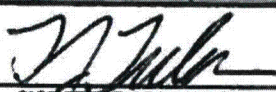
... NO DISCHARGE ☐ ...

ATTN: Zoe Cox/ENV SPEC

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
Solids, Total Suspended	SAMPLE MEASUREMENT	_____	_____	---	_____	<1.7	1.9	19	0	285	EC
00530 1 0	PERMIT REQUIREMENT	_____	_____	---	_____	15	30			Monthly	COMP-8
Effluent Gross						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			
Nickel, total (as Ni)	SAMPLE MEASUREMENT	_____	_____	---	_____					500	
01057 1 0	PERMIT REQUIREMENT	_____	_____	---	_____	1	2			Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX	mg/L			

NAME/TITLE  
PRINCIPAL EXECUTIVE OFFICER  
Timothy J. Tulon  
Site Vice President  
TYPED OR PRINTED

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

  
SIGNATURE OF PRINCIPLE  
EXECUTIVE OFFICER OR  
AUTHORIZED AGENT

TELEPHONE  
815 406-3600  
AREA CODE NUMBER  
DATE  
01/25/2012  
MM/DD/YYYY

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.
2. Flow existed 26 of 31 days during this month.

DMR Mailing ZIP CODE: 61010  
MAJOR  
(SUBR 01)


IL0048313
PERMIT NUMBER

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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	12/01/2011	TO	12/31/2011

**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			
Zinc, Total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	—	—	—	—					500	
	PERMIT REQUIREMENT	—	—	—	—	1 300A AVG	2 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.043	0.115	3	—	—	—	—	0	135	CN
	PERMIT REQUIREMENT	Req. Mon. 300A AVG	Req. Mon. DAILY MX	Mgd/d	—	—	—	—		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

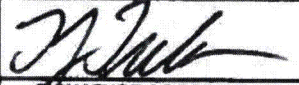
NAME/TITLE  
PRINCIPAL EXECUTIVE OFFICER

Timothy J. Tulon

Site Vice President

TYPED OR PRINTED

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



SIGNATURE OF PRINCIPLE  
EXECUTIVE OFFICER OR  
AUTHORIZED AGENT

TELEPHONE

815 408-3800

AREA CODE NUMBER

DATE

01/25/2012

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

IL0048313	B01-0
PERMIT NUMBER	DISCHARGE NUMBER


MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 12/01/2011	TO 12/31/2011

DMR Mailing ZIP CODE: 61010  
MAJOR (SUBR 01)

STP PLANT EFFLUENT (FORMER 0015)  
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	<0.25	<0.27	26	-----	<4.0	<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	-----	-----	---	6.91	-----	7.53	12	0	290	GR
	PERMIT REQUIREMENT	-----	-----	---	6 MINIMUM	-----	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended 00630 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.11	0.13	26	-----	1.5	2.0	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
Flow, in conduit or thru treatment plant 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.006	0.006	3	-----	-----	-----	---	0	135	CN
	PERMIT REQUIREMENT	Req. Min. 30DA AVG	Req. Min. DAILY MX	Mgals/d	-----	-----	-----	---		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Timothy J. Tulon			615 408-3800	01/25/2012
Site Vice President			AREA CODE	NUMBER

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

1. Flow existed through this outfall 27 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

<b>IL0048313</b>		<b>C01-0</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> 12/01/2011		<b>TO</b> 12/31/2011	

**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	<b>SAMPLE MEASUREMENT</b>	---	---	---	---	5.2	7.7	19	0	290	DC
00530 1 0	<b>PERMIT REQUIREMENT</b>	---	---	---	---	15	30	mg/L		Twice Per Month	COMP24
Effluent Gross						30DA AVG	DAILY MX				
Chromium, hexavalent (as Cr)	<b>SAMPLE MEASUREMENT</b>	---	---	---	---					500	
01032 1 0	<b>PERMIT REQUIREMENT</b>	---	---	---	---	.1	.2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Chromium, total (as Cr)	<b>SAMPLE MEASUREMENT</b>	---	---	---	---					500	
01034 1 0	<b>PERMIT REQUIREMENT</b>	---	---	---	---	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Copper, total (as Cu)	<b>SAMPLE MEASUREMENT</b>	---	---	---	---					500	
01042 1 0	<b>PERMIT REQUIREMENT</b>	---	---	---	---	.5	1	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Iron, total (as Fe)	<b>SAMPLE MEASUREMENT</b>	---	---	---	---					500	
01046 1 0	<b>PERMIT REQUIREMENT</b>	---	---	---	---		1	mg/L		Daily	GRAB
Effluent Gross							DAILY MX				
Lead, total (as Pb)	<b>SAMPLE MEASUREMENT</b>	---	---	---	---					500	
01051 1 0	<b>PERMIT REQUIREMENT</b>	---	---	---	---	2	4	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
Nickel, total (as Ni)	<b>SAMPLE MEASUREMENT</b>	---	---	---	---					500	
01067 1 0	<b>PERMIT REQUIREMENT</b>	---	---	---	---	1	2	mg/L		Daily	GRAB
Effluent Gross						30DA AVG	DAILY MX				
<b>NAME/TITLE</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					<b>TELEPHONE</b>		<b>DATE</b>			
<b>PRINCIPAL EXECUTIVE OFFICER</b>						815 406-3600		01/25/2012			
Timothy J. Tulon Site Vice President						<b>AREA CODE</b>		<b>NUMBER</b>			
<b>TYPED OR PRINTED</b>						<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>MM/DD/YYYY</b>			
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>											
1. There was no discharge of processed steam generator chemical cleaning wastewater during this month.											
2. Flow existed through this outfall 19 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**



MM/DD/YYYY	TO	MM/DD/YYYY
FROM 12/01/2011		12/31/2011

DMR Mailing ZIP CODE:  
MAJOR  
(SUBR 01)

61010

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) 01082 1 0	SAMPLE MEASUREMENT	---	---	---	---					500	
Effluent Gross	PERMIT REQUIREMENT	---	---	---	---	1 30DA AVG	2 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.044	0.078	3	---	---	---	---	0	135	CN
Effluent Gross	PERMIT REQUIREMENT	Req. Min. 30DA AVG	Req. Min. DAILY MX	MgdEd	---	---	---	---		Daily	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Timothy J. Tulon								815	406-3600	01/25/2012	
Site Vice President								AREA CODE	NUMBER	MM/DD/YYYY	
TYPED OR PRINTED											
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**

<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
<b>FROM 12/01/2011</b>	<b>TO 12/31/2011</b>

**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	<b>SAMPLE MEASUREMENT</b>	—	—	—	—	<0.5	<0.5	19	0	290	CP
00530 1 0	<b>PERMIT REQUIREMENT</b>	—	—	—	—	15 30DA AVG	20 DAILY MX	mg/L		Twice Per Month	COMPOS
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	0.022	0.023	3	—	—	—	—	0	135	CN
50060 1 0	<b>PERMIT REQUIREMENT</b>	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mgals/d	—	—	—	—		Daily	CONTIN
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
<b>NAME/TITLE</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					<b>TELEPHONE</b>		<b>DATE</b>			
<b>PRINCIPAL EXECUTIVE OFFICER</b>						815 406-3600		01/26/2012			
Timothy J. Tulon Site Vice President						<b>AREA CODE NUMBER</b>		<b>MM/DD/YYYY</b>			
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b> 1. Flow existed through this outfall 3 of 31 days during the month.											

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

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

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

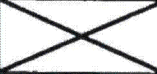
ATTN: Zoe Cox/ENV SPEC

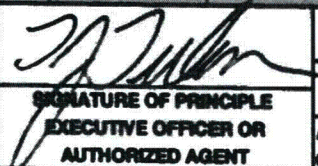
IL0048313		E01-0	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 12/01/2011		TO 12/31/2011	

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 Effluent Gross	PERMIT REQUIREMENT	_____	_____	---	_____	15 30DA AVG	30 DAILY MX	mg/L		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	_____	_____	---	_____	8.8	9.5	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	
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

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
			815 406-3800	01/25/2012
			AREA CODE NUMBER	MM/DD/YYYY

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

1. There was no discharge of processed steam generator chemical cleaning wastewater during the month.
2. Flow existed through this outfall 5 of 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		E01-0	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	12/01/2011	TO	12/31/2011


**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) 01082 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 60060 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.094	0.162	3	---	---	---	---	290	CN	
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mgd	---	---	---	---	Twice Per Month	CONTIN	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
<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 assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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>		
Timothy J. Tulon								815	406-3800	01/25/2012	
Site Vice President								<b>AREA CODE</b>		<b>NUMBER</b>	<b>MM/DD/YYYY</b>
<b>TYPED OR PRINTED</b>											
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b> 1. 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 60555-6701

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 12/01/2011	TO 12/31/2011

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 0001110 Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	---	82.4	15	0	135	CN
	PERMIT REQUIREMENT	---	---	---	---	---	Req. Min. NO MAX	deg F		Daily	CONTIN
pH 0040010 Effluent Gross	SAMPLE MEASUREMENT	---	---	---	8.69	---	8.79	12	0	240	GR
	PERMIT REQUIREMENT	---	---	---	5 MINIMUM	---	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 0053010 Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	22.6	22.6	19	0	285	GR
	PERMIT REQUIREMENT	---	---	---	---	Req. Min. 30DA AVG	Req. Min. DAILY MAX	mg/L		Monthly	GRAB
Oil & Grease 0055610 Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	<1.4	<1.4	19	0	240	GR
	PERMIT REQUIREMENT	---	---	---	---	15 30DA AVG	20 DAILY MAX	mg/L		Weekly	GRAB
Chromium, total (as Cr) 0103410 Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	---	<0.0021	19	0	240	GR
	PERMIT REQUIREMENT	---	---	---	---	---	0.2 DAILY MAX	mg/L		Weekly	GRAB
Copper, total (as Cu) 0104210 Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	---	0.010	19	0	240	GR
	PERMIT REQUIREMENT	---	---	---	---	---	0.071 DAILY MAX	mg/L		Weekly	GRAB
Zinc, total (as Zn) 0109210 Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	0.009	0.012	19	0	240	GR
	PERMIT REQUIREMENT	---	---	---	---	213 30DA AVG	423 DAILY MAX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Timothy J. Tulon			815 408-3800	01/25/2012
Site Vice President			AREA CODE	NUMBER
TYPE OR PRINTED				

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

- 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** 4400 Winfield Road  
Warrenville, IL 60555

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

**ATTN:** Zoe CowENY SPEC

**IL0048313**  
**PERMIT NUMBER**

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

**MONITORING PERIOD**

**MM/DD/YYYY** **MM/DD/YYYY**  
**FROM** 12/01/2011 **TO** 12/31/2011

**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	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Oddtants, total residual	<b>SAMPLE MEASUREMENT</b>	---	---	---	---	---	---	---	500	
34044 1 0	<b>PERMIT REQUIREMENT</b>	---	---	---	---	---	.05 DAILY MAX	mg/L	Weekly	GRAB
Priority pollutants total effluent	<b>SAMPLE MEASUREMENT</b>	---	---	---	---	---	---	---	500	
50008 1 0	<b>PERMIT REQUIREMENT</b>	---	Req. Mon. DAILY MAX	lb/d	---	---	Req. Mon. DAILY MAX	mg/L	Weekly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	19.37	26.97	3	---	---	---	---	0	135
50060 1 0	<b>PERMIT REQUIREMENT</b>	Req. Mon. 360A AVG	Req. Mon. DAILY MAX	Mgals/d	---	---	---	---	Daily	CONTIN
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	---	---	---	---	---	0.04	19	0	240
50060 1 0	<b>PERMIT REQUIREMENT</b>	---	---	---	---	---	.05 DAILY MAX	mg/L	Weekly	GRAB
Hydrazine	<b>SAMPLE MEASUREMENT</b>	---	---	---	---	---	---	---	500	
81313 1 0	<b>PERMIT REQUIREMENT</b>	---	---	---	---	011 30DA AVG	.027 DAILY MAX	mg/L	Daily When Discharging	GRAB
	<b>SAMPLE MEASUREMENT</b>									
	<b>PERMIT REQUIREMENT</b>									
	<b>SAMPLE MEASUREMENT</b>									
	<b>PERMIT REQUIREMENT</b>									
<b>NAME/TITLE</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						<b>TELEPHONE</b>		<b>DATE</b>	
<b>PRINCIPAL EXECUTIVE OFFICER</b>							815 406-3600		01/25/2012	
<b>TIMOTHY J. TULON</b> Site Vice President							<b>AREA CODE NUMBER</b>		<b>MM/DD/YYYY</b>	
<b>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</b>										

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

**PERMITTEE NAME/ADDRESS**

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

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

**ATTN:** Zoe Cox/ENV SPEC

<b>IL0046313</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> 12/01/2011		<b>TO</b> 12/31/2011	

**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 00630 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>	---	---	---	---	---	---			
	<b>PERMIT REQUIREMENT</b>	---	---	---	---	15 30DA AVG	30 DAILY MX		Weekly	GRAB
Solids, Total Suspended 00630 6 0 Other Treatment, Process Complete	<b>SAMPLE MEASUREMENT</b>	---	---	---	---	---	---			
	<b>PERMIT REQUIREMENT</b>	---	---	---	---	30 30DA AVG	100 DAILY MX		Weekly	GRAB
Chromium, hexavalent (as Cr) 01032 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>	---	---	---	---	---	---			
	<b>PERMIT REQUIREMENT</b>	---	---	---	---	.011 30DA AVG	.016 DAILY MX		Daily	GRAB
Chromium, total (as Cr) 01034 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>	---	---	---	---	---	---			
	<b>PERMIT REQUIREMENT</b>	---	---	---	---	1 30DA AVG	2 DAILY MX		Daily	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>	---	---	---	---	---	---			
	<b>PERMIT REQUIREMENT</b>	---	---	---	---	.025 30DA AVG	.041 DAILY MX		Daily	GRAB
Iron, total (as Fe) 01046 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>	---	---	---	---	---	---			
	<b>PERMIT REQUIREMENT</b>	---	---	---	---	---	1 DAILY MX		Daily	GRAB
Lead, total (as Pb) 01051 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>	---	---	---	---	---	---			
	<b>PERMIT REQUIREMENT</b>	---	---	---	---	.063 30DA AVG	.298 DAILY MX		Daily	GRAB

<b>NAME/TITLE</b> PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		<b>TELEPHONE</b>		<b>DATE</b>
Timothy J. Tulon			645	406-3600	01/25/2012
Site Vice President			<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>
<b>TYPED OR PRINTED</b>			<b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		

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

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 12/01/2011</b>	<b>TO 12/31/2011</b>

**DMR Mailing ZIP CODE:**

**61010**

**MAJOR  
(SUFR 01)**

**STORMWATER RUNOFF BASIN**  
External Outfall

\*\*\* NO DISCHARGE ☒ \*\*\*

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Nickel, total (as Ni) 01067 1 0 Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	---	---	---	---	---	---
	PERMIT REQUIREMENT	---	---	---	---	.011 30DA AVG	.175 DAILY MX	mg/L	---	Daily	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	---	---	---	---	---	---
	PERMIT REQUIREMENT	---	---	---	---	.047 30DA AVG	.25 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 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	---	---	---	---	---	---	---	---	---	---
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/s	---	---	---	---	---	When Discharging	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

<b>NAME/TITLE</b> PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 <b>SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>	<b>DATE</b>
Timothy J. Tulon			615 406-3800	01/25/2012
Site Vice President			<b>AREA CODE</b>	<b>NUMBER</b>

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

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

ATTACHMENT TO  
 COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
 DISCHARGE MONITORING REPORT  
 For Exelon Byron Station  
 Permit IL0048313  
 December 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>
12/01/2011	70.5	17.85	6,950
12/02/2011	69.7	17.97	6,740
12/03/2011	75.1	22.63	6,890
12/04/2011	77.3	19.14	7,950
12/05/2011	71.2	14.94	8,770
12/06/2011	69.2	19.60	8,920
12/07/2011	66.0	16.15	8,860
12/08/2011	64.0	18.02	8,590
12/09/2011	65.0	15.65	8,330
12/10/2011	62.0	26.97	7,900
12/11/2011	69.0	19.89	7,430
12/12/2011	72.0	15.04	7,160
12/13/2011	72.5	22.03	7,150
12/14/2011	78.0	17.32	7,500
12/15/2011	82.4	19.73	9,150
12/16/2011	67.2	19.95	10,200
12/17/2011	67.1	26.23	10,300
12/18/2011	67.2	18.08	9,820
12/19/2011	75.7	14.87	9,270
12/20/2011	73.8	21.20	8,820
12/21/2011	72.2	17.28	8,630
12/22/2011	72.2	21.90	8,330
12/23/2011	68.0	19.94	8,110
12/24/2011	67.6	23.29	7,960
12/25/2011	70.5	19.98	7,830
12/26/2011	71.0	14.33	7,600
12/27/2011	78.0	19.43	7,450
12/28/2011	78.0	17.07	7,310
12/29/2011	71.7	19.47	7,240
12/30/2011	72.2	19.94	7,190
12/31/2011	72.2	24.66	7,420

**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
December 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 December 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 26.7 mg/L on 12/05/2011. The CWBD TSS value was 22.6 mg/L on 12/05/2011.
5. Rock River flow for December 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 December 2011. (Special Condition 15).

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

[www.exeloncorp.com](http://www.exeloncorp.com)

02/27/12

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: December 2011 DMR Attachment to Cooling System Blowdown (Outfall 001-0)  
NPDES Permit Number IL0048313**

As part of this mailing please find the December 2011 DMR Attachment to Cooling System Blowdown (Outfall 001-0) that was inadvertently not sent with the December 2011 DMR mailing in January 2012. If you have any questions regarding this attachment please contact Ms. Zoe Cox, Environmental/Radwaste Supervisor at (815) 406-3035.

Respectfully,



Zoe Cox  
Environmental/Radwaste Supervisor  
Byron Nuclear Generating Station

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

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**ATTACHMENT TO  
COOLING SYSTEM BLOWDOWN (Outfall 001-0)  
DISCHARGE MONITORING REPORT  
For Exelon Byron Station  
Permit IL0048313  
December 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 December 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.
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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 26.7 mg/L on 12/05/2011. The CWBD TSS value was 22.6 mg/L on 12/05/2011.
5. Rock River flow for December 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 December 2011. (Special Condition 15).