

50-003 50-286
50-247
April 18, 2000



Consolidated Edison Company of New York, Inc.
Indian Point Station
Broadway & Bleakley Avenue
Buchanan, New York 10511-1099

NYSDEC - Division of Water
SPDES Compliance Information Section
Bureau of Watershed Compliance Programs
50 Wolf Road - Room 340
Albany, New York 12233-3506

Re: Monthly Discharge Monitoring Report
Permit #NY0004472
Con Edison - Indian Point Unit 1 and Unit 2
New York Power Authority Indian Point Unit 3

Gentlemen:

Enclosed are the Discharge Monitoring Reports (DMR) for the month of March 2000.

Explanation for deviations from the permitted circulator flows are forwarded to the Department of Environmental Conservation as they occur and, therefore, are not enclosed. One event report is attached for a non-compliance associated with an occurrence at the Con Edison Unit 2 Facility.

If you have any questions regarding this submission, please contact Mr. Reynolds J. Burns of Con Edison (914)734-5605 or Mr. Matthew Kerns of New York Power Authority at (914) 736-8452 .

Very truly yours,

Keith Barouch
Env., Health & Safety Manager
Indian Point Station
Con Edison Units 1 & 2

Enc.

/paa

0001

SECTION 1

New York State Department of Environmental Conservation
Division of Water

Report of Noncompliance Event

To: DEC Water Contact Cesare Manfredi DEC Region: 3

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

SECTION 2

SPDES #: NY-0004472 Facility: Con Edison - Indian Point Generating Station Units 1 & 2

Date of noncompliance: 03 / 27 / 00 Location (Outfall, Treatment Unit, or Pump Station): Storm Water Discharge

Description of noncompliance(s) and cause(s): Water that was pumped out of one storm drain manhole was discharged to an adjacent storm drain manhole. The water that was transferred via this process was turbid. The storm drain system at the Indian Point site eventually discharges to the Hudson River.

Has event ceased? (Yes) (No) If so, when? 03 / 27 / 00 Was event due to plant upset? (Yes) (No) SPDES limits violated? (Yes) (No)

Start date, time of event: 03 / 27 / 00, 01 : 00 (AM) (PM) End date, time of event: 03 / 27 / 00, 01 : 10 (AM) (PM)

Date, time oral notification made to DEC 03 / 27 / 00, 01 : 10 (AM) (PM) DEC Official contacted: Mr. Stephen Sellinger

Immediate corrective actions: Storm water transfer operation was immediately ceased upon identification as a potential non-compliance event.

Preventive (long term) corrective actions: The process of transferring water out of the storm water manholes and directly into an outfall that eventually discharges to the Hudson River will not take place. It has been communicated to the work crews that this type of activity is not permitted.

SECTION 3

Complete this section if event was a bypass:

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

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

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

SECTION 4

Facility Representative: Keith Barouch Title: Environmental Manager Date: 04 / 06 / 00

Phone #: (914) 734 - 5674 Fax #: (914) 736 - 5562

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

NAME **CONSOLIDATED EDISON OF NY**
 ADDRESS **INDIAN POINT STATION #1, 2 & 3**
BROADWAY & BLEAKLEY AVE

FACILITY **BUCHANAN NY 10511**
 LOCATION **INDIAN POINT STATION #1, 2 & 3**
NEW YORK NY 10003

ATTN: **RAYMOND BURNS**

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

NY0004472
 PERMIT NUMBER

SUM 4
 DISCHARGE NUMBER

MAJOR
(SUBR 03)
F - FINAL
SUM OF 001C, 001D, 001K & 001

Form Approved.
 OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	03	01		00	03	31

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.8	(19)	0	1/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 MAXIMUM	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Keith BAROUCH
E, H & S 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.

Roger Kappell for KB.
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **914 734-5674**
 DATE **00 04 18**
 AREA CODE NUMBER YEAR MO DAY

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

NAME **CONSOLIDATED EDISON OF NY**
ADDRESS **INDIAN POINT STATION #1,2 & 3**
BROADWAY & BLEAKLEY AVE
BUCHANAN NY 10511
FACILITY **INDIAN POINT STATION #1,2 & 3**
LOCATION **NEW YORK NY 10003**
ATTN: **RAYMOND BURNS**

NY0004472	SUM 7
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	03	01		00	03	31

MAJOR (SUBR 03)
F - FINAL
SUM OF 001B,C,D,E,G,K & L

***** NO DISCHARGE 1-1 *****
NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	13	31	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	30 DAILY AV	50 DAILY MX	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT	0.050	0.092	(03)	*****	*****	*****		0	7/7	INSTAN
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	INSTAN
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Keith BAROUCH</i> <i>E, H & S MANAGER</i>	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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>Roger Kuyzel for KB</i>	TELEPHONE	DATE		
			914 734-5674	00	04	18
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

NAME **CONSOLIDATED EDISON OF NY**
ADDRESS **INDIAN POINT STATION #1,2 & 3**
BROADWAY & BLEAKLEY AVE
BUCHANAN NY 10511
FACILITY **INDIAN POINT STATION #1,2 & 3**
LOCATION **NEW YORK NY 10003**
ATTN: **RAYMOND BURNS**

NY0004477
PERMIT NUMBER

001 C
DISCHARGE NUMBER

MAJOR (SUBR 03)
F - FINAL
SECONDARY DEMINERALIZER 8D

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	03	01	00	03	31

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE				(03)	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	INSTAN
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Keith BAROUCH
E, H & S MANAGER
TYPED OR PRINTED

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Roger Kappel for KB
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: *914 734-5674*
DATE: *00 04 18*
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ENTER RESULTS FOR BETZ CLAM-TROL CT-1 ON BLANK LINE OF THIS FORM

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

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

Form Approved.
OMB No. 2040-0004

NAME **CONSOLIDATED EDISON OF NY**
ADDRESS **INDIAN POINT STATION #1, 2 & 3**
BROADWAY & BLEAKLEY AVE
FACILITY **BUCHANAN** NY **10511**
LOCATION **INDIAN POINT STATION #1, 2 & 3**
NEW YORK NY **10003**

NY0004472
PERMIT NUMBER

001 E
DISCHARGE NUMBER

MAJOR
(SUBR 03)
F - FINAL
ION EXCHANGE PLANTS

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	03	01		00	03	31

***** NO DISCHARGE [] *****

NOTE: Read Instructions before completing this form.

ATTN: RAYMOND BURNS

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		0.021	0.037	(03)	*****	*****	*****		0	24/31	INSTAN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	INSTAN
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Keith Barouch</i> E, H & S MANAGER TYPED OR PRINTED	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Roger Kappel for KB</i>	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			914	734-5674	00	04	18

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

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

NAME **CONSOLIDATED EDISON OF NY**
 ADDRESS **INDIAN POINT STATION #1,2 & 3**
BROADWAY & BLEAKLEY AVE
BUCHANAN NY 10511
 FACILITY **INDIAN POINT STATION #1,2 & 3**
 LOCATION **NEW YORK NY 10003**
 ATTN: **RAYMOND BURNS**

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

NY0004472
 PERMIT NUMBER

001 G
 DISCHARGE NUMBER

MAJOR
(SUBR 03)
F - FINAL
BOILER BLOWDOWN

Form Approved.
 OMB No. 2040-0004

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
00	03	01	00	03	31

FROM TO

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.010	0.010	(03)	*****	*****	*****		0	7/7	INSTAN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			WEEKLY INSTAN
PHOSPHATE, TOTAL COLOR. METHOD (AS P) 70505 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.25	0.30	(26)	*****	*****	*****		0	1/31	GRAB
	PERMIT REQUIREMENT	16 30DA AVG	38 DAILY MX	LBS/DY	*****	*****	*****	****			ONCE/ GRAB MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Keith BAROUCH
 E, H & S MANAGER
 TYPED OR PRINTED

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Rogn Kappel for KB
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 914-734-5274
 DATE
 00 04 18

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

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

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

Form Approved.
OMB No. 2040-0004

NAME **CONSOLIDATED EDISON OF NY**
ADDRESS **INDIAN POINT STATION #1,2 & 3**
BROADWAY & BLEAKLEY AVE
BUCHANAN NY 10511
FACILITY **INDIAN POINT STATION #1,2 & 3**
LOCATION **NEW YORK NY 10003**

NY0004472
PERMIT NUMBER

001 I
DISCHARGE NUMBER

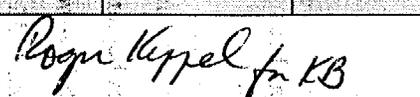
MAJOR (SUBR 03)
F - FINAL
CONDENSER COOLING WATER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	03	01		00	03	31

***** NO DISCHARGE [] *****

NOTE: Read Instructions before completing this form.

ATTN: RAYMOND BURNS

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	959.4	1064.8	(03)	*****	*****	*****		0	HOURLY	IMPLOG
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		HOURLY	PHLOG
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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	
Keith BAROUCH E, H & S MANAGER TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO

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

REFER TO NOTE "0" ON PAGE 9 OF THE PERMIT FOR SPECIAL REPORTING REQUIREMENTS.

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

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

Form Approved.
OMB No. 2040-0004

NAME **CONSOLIDATED EDISON OF NY**
ADDRESS **INDIAN POINT STATION #1,2 & 3**
BROADWAY & BLEAKLEY AVE
FACILITY **BUCHANAN** NY **10511**
LOCATION **INDIAN POINT STATION #1,2 & 3**
NEW YORK NY **10003**
ATTN: **RAYMOND BURNS**

NY0004472
PERMIT NUMBER

001 J
DISCHARGE NUMBER

MAJOR
(SUBR 03)
F - FINAL
FLOOR DRAINS

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	03	01		00	03	31

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

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	E 0.058	E 0.097	(03)	*****	*****	*****		0	1/7	ESTIMA
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			WEEKLY ESTIMA
OIL AND GREASE VISUAL 84066 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	*****	(94)	*****	*****	*****		0	1/7	VISUAL
	PERMIT REQUIREMENT	REPORT NONSP AV	***** YES=1	NO=0	*****	*****	*****	****			WEEKLY VISUAL
	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.				Rogn Kappelp KB			TELEPHONE		DATE	
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)						914 734 5274		00	04	18	

FLWS TRIBUTARY TO FLOOR DRAINS SHALL NOT CONTAIN MORE THAN 15 MG/L OF OIL AND GREASE OR ANY VISIBLE SHEEN

NAME **CONSOLIDATED EDISON OF NY**
ADDRESS **INDIAN POINT STATION #1, 2 & 3**
BROADWAY & BLEAKLEY AVE
BUCHANAN NY 10511
FACILITY LOCATION **INDIAN POINT STATION #1, 2 & 3**
NEW YORK NY 10003
ATTN: **RAYMOND BURNS**

NY0004472
PERMIT NUMBER

001 K
DISCHARGE NUMBER

MAJOR (SUBR 03)
F - FINAL
TOTAL FACILITY DISCHARGE CANAL

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
00	03	01	TO	00	03	31

***** NO DISCHARGE [] *****
NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	64.8	(15)	0	31/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	110	DAILY MX DEG-F			DAILY GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.7	*****	7.9	(12)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU			WEEKLY GRAB
BORON, TOTAL (AS B) 01022 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	146	(26)	*****	*****	0.020	(19)	0	1/7	CALCTD
	PERMIT REQUIREMENT	*****	525	DAILY MX LBS/DY	*****	*****	1.0	DAILY MX MG/L			WEEKLY CALCTD
LITHIUM, TOTAL (AS LI) 01132 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.00003	(19)	0	1/31	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.01	DAILY MX MG/L			ONCE/ MONTH CALCTD
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.1	(19)	0	31/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2	DAILY MX MG/L			CONTINCONTIN UDUS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Keith Barouch</i> <i>E, H & S. MANAGER</i> 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.	<i>Roger Kappel</i> for KCB SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 914 734 5674 AREA CODE NUMBER	DATE 00 04 18 YEAR MO DAY
--	---	--	---	---------------------------------

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
USE PARAMETER LISTED AS LITHIUM TO REPORT LITHIUM HYDROXIDE. SEE PERMIT FOR THERMAL EFFLUENT LIMITS. TO REPORT EFFLUENT TEMPERATURE FOR THE REPORTING PERIOD JULY 1-APRIL 14, USE PARAMETER 00011 W. TO REPORT EFFLUENT TEMPERATURE FOR THE REPORTING PERIOD APRIL 15-JUNE 30, USE PARAMETER 00011 S.
EPA Form 3320-1 (REV 3/99) Previous editions may be used. THIS IS A 4-PART FORM PAGE 1 OF 1
00956/000310-2025

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

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

Form Approved.
OMB No. 2040-0004

NAME **CONSOLIDATED EDISON OF NY**
ADDRESS **INDIAN POINT STATION #1,2 & 3**
BROADWAY & BLEAKLEY AVE
FACILITY **BUCHANAN** NY **10511**
LOCATION **INDIAN POINT STATION #1,2 & 3**
NEW YORK NY **10003**
ATTN: **RAYMOND BURNS**

NY0004472
PERMIT NUMBER

001 M
DISCHARGE NUMBER

MAJOR (SUBR 03)
F - FINAL
SUM OF OUTFALLS 001C & 001D

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	03	01		00	03	31

***** NO DISCHARGE [] *****
NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHROMIUM, HEXAVALENT (AS CR) 01032 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	NODI C	NODI C	(19)	-	NODI C	NODI C
	PERMIT REQUIREMENT	*****	*****	****	*****	0.05 30DA AVG	0.1 DAILY MX	MG/L		ONCE/	GRAB
CHROMIUM, TOTAL (AS CR) 01034 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	NODI C	NODI C	(19)	-	NODI C	NODI C
	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 30DA AVG	1.0 DAILY MX	MG/L		WEEKLY	GRAB
LITHIUM, TOTAL (AS LI) 01132 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.65	0.83	(19)	0	1/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT DAILY AV	REPORT DAILY MX	MG/L		ONCE/	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.016	0.033	(03)	*****	*****	*****		0	17/31	INSTAN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Keith Barouch</i> <i>E, H & S MANAGER</i> 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.	<i>Raymond Burns</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE <i>914 734-5274</i> AREA CODE NUMBER	DATE <i>00 04 18</i> YEAR MO DAY
---	---	--	--	--

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
USE PARAMETER LISTED AS LITHIUM TO REPORT LITHIUM HYDROXIDE
NODI C EXPLANATION - THE USE OF CHROMIUM, HAS BEEN DISCONTINUED AT THE SITE THEREFORE NO SAMPLING IS REQUIRED.

NAME **CONSOLIDATED EDISON OF NY**
ADDRESS **INDIAN POINT STATION #1,2 & 3**
BROADWAY & BLEAKLEY AVE
FACILITY **BUCHANAN** NY **10511**
LOCATION **INDIAN POINT STATION #1,2 & 3**
NEW YORK NY **10003**

NY0004472
PERMIT NUMBER

001 N
DISCHARGE NUMBER

MAJOR (SUBR 03)
F - FINAL
SUM OF OUTFALLS 001B,C,D, & 0011

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	03	01	TO	00	03 31

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

ATTN: RAYMOND BURNS

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BORON, TOTAL (AS B) 01022 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	108.1	426.3	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L			WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.024	0.065	(03)	*****	*****	*****		0	7/7	INSTAN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			WEEKLY INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Keith BAROUCH
E, H + S 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.

Page Kappel for KB
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE *914 734 5674* DATE *00 04 18*
AREA CODE NUMBER YEAR MO DAY

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

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

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

Form Approved.
OMB No. 2040-0004

NAME **CONSOLIDATED EDISON OF NY**
ADDRESS **INDIAN POINT STATION #1, 2 & 3**
BROADWAY & BLEAKLEY AVE
BUCHANAN NY 10511
FACILITY **INDIAN POINT STATION #1, 2 & 3**
LOCATION **NEW YORK NY 10003**
ATTN: **RAYMOND BURNS**

NY0004472
PERMIT NUMBER

001 7
DISCHARGE NUMBER

MAJOR (SUBR 03)
F - FINAL
FILTER BACKWASH

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	03	01		00	03	31

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Keith Barouch
E, H, S. MANAGER
TYPED OR PRINTED

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Raymond Burns for KCB
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 914 734 5682
DATE: 00 04 18
AREA CODE NUMBER YEAR MO DAY

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

OUTFALL 001Z = 001K IN PERMIT

NAME **CONSOLIDATED EDISON OF NY**
ADDRESS **INDIAN POINT STATION #1,2 & 3**
BROADWAY & BLEAKLEY AVE
BUCHANAN NY 10511
FACILITY **INDIAN POINT STATION #1,2 & 3**
LOCATION **NEW YORK NY 10003**
ATTN: **RAYMOND BURNS**

NY0004472
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	10	01	TO	00	03 31

MAJOR (SUBR 03)
F - FINAL
ACTION LEVELS-CND.POLSH.SYS.EF

***** NO DISCHARGE 1-1 *****
NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLUORIDE, TOTAL (AS F) 00951 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	0.01	(26)	*****	*****	*****		0	SEMI-ANNUAL	GRAB
	PERMIT REQUIREMENT	*****	5.0	DAILY MX LBS/DY	*****	*****	*****	****		SEMI-ANNUAL	GRAB
COPPER, TOTAL (AS CU) 01042 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.05	(19)	0	SEMI-ANNUAL	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0	DAILY MX MG/L		SEMI-ANNUAL	GRAB
IRON, TOTAL (AS FE) 01045 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.27	(19)	0	SEMI-ANNUAL	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	4.0	DAILY MX MG/L		SEMI-ANNUAL	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Keith Barouch
E, H+S MANAGER
TYPED OR PRINTED

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Regu Kuppel
for KB
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 914 734 5674
DATE: 00 04 18
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT ACTION LEVELS FOR OUTFALL 001L - HIGH TDS TANK (CONDENSATE POLISHER REGENERATION SYSTEM) ABOVE.
MONITOR LOCATION *V*= ACTION LEVEL.

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

NAME **CONSOLIDATED EDISON OF NY**
 ADDRESS **INDIAN POINT STATION #1, 2 & 3**
BROADWAY & BLEAKLEY AVE
BUCHANAN NY 10511
 FACILITY **INDIAN POINT STATION #1, 2 & 3**
 LOCATION **NEW YORK NY 10003**

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

Form Approved.
 OMB No. 2040-0004

NY0004472
 PERMIT NUMBER

01N H
 DISCHARGE NUMBER

MAJOR (SUBR 03)
F - FINAL
REVERSE OSMOSIS REJECT

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
00	03	01	00	03	31	

FROM

TO

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

NOTE: Read Instructions before completing this form.

ATTN: RAYMOND BURNS

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	111888	144000	(07)	*****	*****	*****		0	7/7	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	GPD	*****	*****	*****	****			WEEKLY INSTAN
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	0.13	0.20	(19)	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 DAILY AV	45 DAILY MX	MG/L			WEEKLY GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.9	(19)	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L			WEEKLY GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Keith BAROUCH
E, H & S MANAGECK
 TYPED OR PRINTED

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Ray Kappel for KB
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 914 734-5674
 DATE: 00 04 18
 AREA CODE NUMBER YEAR MO DAY

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