December 18, 2000

Con Edison
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 November 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.

If you have any questions regarding this submission, please contact Mr. Thomas Teague of Con Edison (914)734-5791 or Mr. Matthew Kerns of New York Power Authority at (914) 736-8452 .

Very truly yours,

Roger G Kappel for K Barouch

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

Enc.

/paa

IE25

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: ENTERGY NUCLEAR NORTHEAST INDIAN POINT #3

Date of noncompliance: 11 / 18 / 00 Location (Outfall, Treatment Unit, or Pump Station): OUTFALL 01L

Description of noncompliance(s) and cause(s): THE WEEKLY BORON SAMPLE FROM OUTFALL 01L WAS MISSED FOR THE WEEKENDING 11/18/00. THIS OUTFALL DOES NOT HAVE CONTINUOUS DISCHARGE FLOW, THEREFORE THE WEEKLY GRAB SAMPLE IS OBTAINED FROM THE FIRST TANK RELEASED EACH WEEK. THE ONLY TANK RELEASED FOR THE WEEKENDING 11/18/00 WAS ON SATURDAY, AND A SAMPLE WAS COLLECTED FOR SUSPENDED SOLIDS ANALYSIS. THE TECHNICIAN COLLECTING THE SAMPLE ASSUMED THAT THE WEEKLY SAMPLE for boron HAD ALREADY BEEN OBTAINED BECAUSE IT WAS SATURDAY.

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

Start date, time of event: / / , : (AM) (PM) End date, time of event: / / , : (AM) (PM)

Date, time oral notification made to DEC? / / , : (AM) (PM) DEC Official contacted: ___

Immediate corrective actions: THE WEEKLY BORON CONCENTRATION (FROM OUTFALL 01L) WAS ESTIMATED BASED ON THE PREVIOUS 3 MONTHS OF SAMPLE DATA. THE FINAL DISCHARGE CANAL BORON WAS CALCULATED USING THIS ESTIMATED VALUE and IP3 OUTFALL FLOW. THE RESULT WAS WELL BELOW THE 1.0 PPM DISCHARGE LIMIT.

Preventive (long term) corrective actions: ADDITIONAL METHODS WILL BE ESTABLISHED TO ENSURE ALL WEEKLY REQUIRED SAMPLES ARE OBTAINED AND PROPERLY IDENTIFIED FOR EACH REQUIRED ANALYSIS.

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: KEN PETERS Title: LICENSING MANAGER Date: 12 / 13 / 00

Phone #: (914) 736 . 8029 Fax #: (914) 736 . 8769

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
01N M — DISCHARGE NUMBER

MAJOR
(SUBR 03)
F - FINAL
REVERSE OSMOSIS REJECT

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	11	01	TO	00	11	30

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	Quality or Concentration MINIMUM	Quality or Concentration AVERAGE	Quality or Concentration MAXIMUM	Quality or Concentration UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE	SAMPLE MEASUREMENT	146172	283680	(07)	******	******	******		0	29/30	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	GPD	******	******	******	**** ****		WEEKLY	INSTAN
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	0.10	0.10	(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	******	******		******	******	1.8	(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 Barosch
Eff. 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 C. Kippel for K. Barosch
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
914	271 7353	2000	12	18
AREA CODE	NUMBER	YEAR	MO	DAY

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

00938/001110-1434

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	001 Z
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR 03)
F - FINAL
FILTER BACKWASH

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	11	01	TO	00	11	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

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

Keith Barovich
Ht & S Manager

TYPED OR PRINTED

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Roger C Kepel
for K. Barovich

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
914	271 7353	2000	12	18
AREA CODE	NUMBER	YEAR	MO	DAY

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

OUTFALL 001Z = 001K IN PERMIT

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	001 N
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	11	01	TO	00	11	30

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	Quality or Concentration MINIMUM	Quality or Concentration AVERAGE	Quality or Concentration MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BORON, TOTAL (AS B)	SAMPLE MEASUREMENT	******	******		******	168.8	904.6	(19)	0	1/7	GRAB
01022 1 0 0	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.025	0.101	(03)	******	******	******		0	7/7	INSTAN
50050 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		WEEKLY	INSTAN
EFFLUENT GROSS VALUE											
	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

Keith Barouch
EH&S Manager

TYPED OR PRINTED

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Roger Kappel for K Barouch

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
914	271 7353	2000	12	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 M — DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	11	01	TO	00	11	30

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CHROMIUM, HEXAVALENT (AS CR)	SAMPLE MEASUREMENT	******	******		******	NODI C	NODI C	(19)	—	NODI C	NODI C
01032 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.05 30DA AVG	0.1 DAILY MX	MG/L		ONCE/ MONTH	GRAB
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	******	******		******	NODI C	NODI C	(19)	—	NODI C	NODI C
01034 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 30DA AVG	1.0 DAILY MX	MG/L		WEEKLY	GRAB
LITHIUM, TOTAL (AS LI)	SAMPLE MEASUREMENT	******	******		******	0.25	0.54	(19)	0	1/30	GRAB
01132 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT DAILY AV	REPORT DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.010	0.021	(03)	******	******	******		0	1/7	INSTAN
50050 1 0 0 EFFLUENT GROSS VALUE	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

Keith Barovich
EH&S Manager

TYPED OR PRINTED

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Roger C Keppel for K Barovich

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
914	271 7353	2000	12	18

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.

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 K — DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	11	01	TO	00	11	30

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	Quality or Concentration MINIMUM	Quality or Concentration AVERAGE	Quality or Concentration MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******	76.1	(15)	0	30/30	GRAB
	PERMIT REQUIREMENT	******	******	*****	******	******	110 DAILY MX	DEG.F		DAILY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.8	******	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	******	184	(26)	******	******	<1.0	(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	******	******		******	******	<0.01	(19)	0	1/7	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	30/30	GRAB
	PERMIT REQUIREMENT	******	******	*****	******	******	0.2 DAILY MX	MG/L		CONTIN UOUS	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Keith Barosch
EH: 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 G Kupel for K. Barosch
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
914	271 7353	2000	12	18

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 [illegible]

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)*

PERMIT NUMBER	DISCHARGE NUMBER
NY0004472	001 J

MAJOR
(SUBR 03)
F - FINAL
FLOOR DRAINS

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	11	01	TO	00	11	30

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	Quality or Concentration MINIMUM	Quality or Concentration AVERAGE	Quality or Concentration MAXIMUM	Quality or Concentration UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	E 0.106	E 0.222	(03)	******	******	******		0	1/7	ESTIMA
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******	********		WEEKLY	ESTIMA
OIL AND GREASE VISUAL	SAMPLE MEASUREMENT	0	******	(94)	******	******	******		0	1/7	VISUAL
84066 1 0 0 EFFLUENT GROSS VALUE	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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
Keith Barovich Eff's Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Roger C Keppel for K Barovich	914 271 7353	2011	12	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)*

FLOWS TRIBUTARY TO FLOOR DRAINS SHALL NOT CONTAIN MORE THAN 15 MG/L OFOIL AND GREASE OR ANY VISIBLE SHEEN

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	001 I
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR 03)
F - FINAL
CONDENSER COOLING WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	11	01	TO	00	11	30

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	Quality or Concentration MINIMUM	Quality or Concentration AVERAGE	Quality or Concentration MAXIMUM	Quality or Concentration UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1120.4	1513.1	(03)	******	******	******		0	Hourly	PMPLOG
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		HOURLY	PMPLOG
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Keith Barosch Eff. & Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Roger L Kappel for K Barosch	914	271 7353	2000	12	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)*

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

00932/001110-1434

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	11	01	TO	00	11	30

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	Quality or Concentration MINIMUM	Quality or Concentration AVERAGE	Quality or Concentration MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.008	0.010	(03)	******	******	******		0	7/30	INSTAN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		WEEKLY	INSTAN
PHOSPHATE, TOTAL COLOR. METHOD (AS P)	SAMPLE MEASUREMENT	0.16	0.19	(26)	******	******	******		0	1/30	GRAB
70505 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	16 30DA AVG	38 DAILY MX	LBS/DY	******	******	******	**** ****		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Keith Barsuch
EHS 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 C Kappel for K Barsuch

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
914	271 7353	2000	12	18

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

00931/001110-1434

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 E — DISCHARGE NUMBER

MAJOR
(SUBR 03)
F - FINAL
ION EXCHANGE PLANTS

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	11	01	TO	00	11	30

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	Quality or Concentration MINIMUM	Quality or Concentration AVERAGE	Quality or Concentration MAXIMUM	Quality or Concentration UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.019	0.034	(03)	******	******	******		0	16/30	INSTAN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		WEEKLY	INSTAN
	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

Keith Barouch
Ehs Manager

TYPED OR PRINTED

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Roger B. Keppel for K. Barouch

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
914	271 7353	2000	12	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 C — DISCHARGE NUMBER

MAJOR
(SUBR 03)
F - FINAL
SECONDARY DEMINERALIZER BD

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	11	01	TO	00	11	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Keith Barouch EH&S Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Roger G. Kappel for K. Barouch	914	271 7353	2000	12	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)

ENTER RESULTS FOR ZETZ CLAM-TROL CT-1 ON BLANK LINE OF THIS FORM

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

SUM 7 — DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	11	01	TO	00	11	30

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	Quality or Concentration MINIMUM	Quality or Concentration AVERAGE	Quality or Concentration MAXIMUM	Quality or Concentration UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	12	50	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	******	******	********	******	30 DAILY AV	50 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.037	0.126	(03)	******	******	******		0	7/7	INSTAN
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	********		WEEKLY	INSTAN
	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			TELEPHONE		DATE		
Keith Barouch EHS Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Roger G. Kepel for K. Barouch	914	271 7353	2000	12	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)*

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	SUM 4
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	11	01	TO	00	11	30

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	2.0	(19)	0	1/30	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 MAXIMUM	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Keith Barouch
Eff. Mgr

TYPED OR PRINTED

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Roger G Keppel for K. Barouch

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
914	271 7353	2000	12	18
AREA CODE	NUMBER	YEAR	MO	DAY

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

00927/001110-1434