

August 20, 2001



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
625 Broadway 4th Floor
Albany, New York 12233-3506

Re: Monthly Discharge Monitoring Report
Permit #NY0004472
Con Edison - Indian Point Unit 1 and Unit 2
Entergy Nuclear Northeast

Gentlemen:

Enclosed are the Discharge Monitoring Reports (DMR) for the month of July 2001.

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 Entergy Nuclear Northeast at (914) 736-8452.

Very truly yours,

A handwritten signature in dark ink that reads "Roger G. Keppel". The signature is written in a cursive style with a horizontal line underneath.

Roger Keppel
Env., Health & Safety Manager
Indian Point Station
Con Edison Units 1 & 2

Enc.

/paa

IE 25

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: 7/21/01 Location (Outfall, Treatment Unit, or Pump Station): 001

Description of Noncompliance(s) and cause(s): During the night of 7/21/01, #36 circ pump failed. When the pump was finally removed and opened, it was discovered that the 16 gallons of oil it should contain was missing. Although no indication of the oil was seen in the discharge canal or Hudson River, it is assumed that the 16 gallons were released to the environment.

Has event ceased? (Yes) (No) If so, when? 7/21/01 Was event due to plant upset? (Yes) (No) SPDES limits violated? (Yes) (No)

Start date, time of event: unknown (AM) (PM) End date, time of event 7/21/01 (AM) (PM)

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

Immediate corrective actions: Removed and repaired #36 circulating water pump

Preventive (long term) corrective actions: N/A

SECTION 3

Complete this section if the event was a bypass:

BypassAmount: _____ 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: John Donnelly Title: Licensing Manager Date: 8/1/01

Phone #: (914) 736-8310 Fax #: (914) 736-8769

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME **ENTERGY NUCLEAR INDIAN POINT 2**
ADDRESS **INDIAN POINT 2 NUCLEAR PWR STA**
BROADWAY & BLEAKLEY AVE
BUCHANAN NY 10511
FACILITY **INDIAN POINT 3 NUCLEAR PWR STA**
LOCATION **3 BUCHANAN NY 10511**
ATTN: **TOM TEAGUE**

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

NY0004472
PERMIT NUMBER

SUM 4
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	07	01	01	07	31

FROM

TO

Form Approved.
OMB No. 2040-0004
MAJOR
(SUBR 03)
F - FINAL
SUM OF 001C,001D,001K & 001

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.7	(19)	0	1/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 MAXIMUM	MG/L		ONCE / MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				TELEPHONE		DATE			
Roger Keppel E, H & S MANAGER TYPED OR PRINTED											
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				914-271-7353		01 08 20			
						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 **ENTERGY NUCLEAR INDIAN POINT 2**
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BROADWAY & BLEAKLEY AVE
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ATTN: **TOM TEAGUE**

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

NY0004472
PERMIT NUMBER

SUM 7
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	07	01	01	07	31

FROM

TO

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

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	3.4	12	(19)	0	✓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	0.187	0.251	(03)	*****	*****	*****		0	7/7	INSTAN
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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ROGER KEPPEL E, H & S MANAGER TYPED OR PRINTED						914 271-7353		01	08	20	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	

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

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LOCATION **3 BUCHANAN NY 10511**
ATTN: **TOM TEAGUE**

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

NY0004472
PERMIT NUMBER

001 C
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	07	01	01	07	31

FROM

TO

Form Approved.
OMB No. 2040-0004

MAJOR
(SUBR 03)
F - FINAL
SECONDARY DEMINERALIZER BD

***** NO DISCHARGE ☒ *****

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT 300A AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	INSTANT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				914 271-7353		01	08	20	
						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)
NAME **ENTERGY NUCLEAR INDIAN POINT 2**
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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

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD								
YEAR	MO	DAY		YEAR	MO	DAY		
01	07	01	TO	01	07	31		

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.018	0.031	(03)	*****	*****	*****		0	17/31	INSTW
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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ROGER Keppel EHS MANAGER TYPED OR PRINTED						914-271-7353		01	08	20	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	

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

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ATTN: **TOM TEAGUE**

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

NY0004472

PERMIT NUMBER

001 6

DISCHARGE NUMBER

MONITORING PERIOD

YEAR

MO

DAY

YEAR

MO

DAY

01

07

01

01

07

31

FROM

TO

MAJOR
(SUBR 03)
F - FINAL
BOILER BLOWDOWN

Form Approved.
OMB No. 2040-0004

*** NO DISCHARGE ☒ ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MSD	*****	*****	*****	****		WEEKLY	INSTAN
EFFLUENT GROSS VALUE											
PHOSPHATE, TOTAL	SAMPLE MEASUREMENT			(26)	*****	*****	*****				
COLOR, METHOD (AS P)	PERMIT REQUIREMENT	16 30DA AVG	38 DAILY MX	LBS/DY	*****	*****	*****	****		ONCE/ GRAB MONTH	
70505 1 0 0											
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
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ROGER Keppel E, H & S MANAGER						914-271-7353		01	08	20	
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 **ENTERGY NUCLEAR INDIAN POINT 2**
ADDRESS **INDIAN POINT 2 NUCLEAR PWR STA**
BROADWAY & BLEAKLEY AVE
BUCHANAN NY 10511
FACILITY **INDIAN POINT 3 NUCLEAR PWR STA**
LOCATION **3 BUCHANAN NY 10511**
ATTN: **TOM TEAGUE**

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

NY0004472
PERMIT NUMBER

001 I
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	07	01	01	07	31

FROM

TO

Form Approved.
OMB No. 2040-0004
MAJOR
(SUBR 03)
F - FINAL
CONDENSER COOLING WATER

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2436.5	2499.8	(03)	*****	*****	*****		0	NAMES	IN LOG
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		HOURLY	IN LOG
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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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.				TELEPHONE		DATE			
Roger Keppel E, H, S MANAGER						94 271-7353		01	08	20	
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 #0 ON PAGE 9 OF THE PERMIT FOR SPECIAL REPORTING REQUIREMENTS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME **ENTERGY NUCLEAR INDIAN POINT 2**
ADDRESS **INDIAN POINT 2 NUCLEAR PWR STA**
BROADWAY & BLEAKLEY AVE
BUCHANAN NY 10511
FACILITY **INDIAN POINT 3 NUCLEAR PWR STA**
LOCATION **3 BUCHANAN NY 10511**
ATTN: **TOM TEAGUE**

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

NY0004472
PERMIT NUMBER

001 J
DISCHARGE NUMBER

MAJOR
(SUBR 03)
F - FINAL
FLOOR DRAINS

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	07	01	01	07	31

*** NO DISCHARGE ☒ ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	E 0.064	E 0.072	(03)	*****	*****	*****		0	1/7	ESTIM
	PERMIT REQUIREMENT	REPORT 300A 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										
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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.	TELEPHONE	DATE		
ROGER Keppel E, H & S MANAGER TYPED OR PRINTED			914-271-7353	01	08 20
	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 OF OIL AND GREASE OR ANY VISIBLE SHEEN

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME **ENTERGY NUCLEAR INDIAN POINT 2**
ADDRESS **INDIAN POINT 2 NUCLEAR PWR STA**
BROADWAY & BLEAKLEY AVE
BUCHANAN NY 10511
FACILITY **INDIAN POINT 3 NUCLEAR PWR STA**
LOCATION **3 BUCHANAN NY 10511**
ATTN: **TOM TEAGUE**

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

NY0004472

PERMIT NUMBER

001 K

DISCHARGE NUMBER

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

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

YEAR

MO

DAY

FROM

01

07

01

TO

YEAR

MO

DAY

01

07

31

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	97.9	(15)	0	31/31	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	110	DEG.F			DAILY GRAB
PH	SAMPLE MEASUREMENT	*****	*****		7.3	*****	7.6	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0	SU			WEEKLY GRAB
BORON, TOTAL (AS B) 01022 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	160	(26)	*****	*****	<1.0	(19)	0	1/7	CALC'D
	PERMIT REQUIREMENT	*****	525	DAILY MX	*****	*****	1.0	MG/L			WEEKLY CALC'D
LITHIUM, TOTAL (AS LI) 01132 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.01	(19)	0	1/31	CALC'D
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.01	MG/L			ONCE/ MONTH
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.1	(19)	0	31/31	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.2	MG/L			CONTINUOUS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROGER KEPPEL
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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Roger Keppel

TELEPHONE

914 271-7353

DATE

01 08 20

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. 00877/010719-1931 THIS IS A 4-PART FORM PAGE 1 OF 1

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME **ENTERGY NUCLEAR INDIAN POINT 2**
ADDRESS **INDIAN POINT 2 NUCLEAR PWR STA**
BROADWAY & BLEAKLEY AVE
BUCHANAN NY 10511
FACILITY **INDIAN POINT 3 NUCLEAR PWR STA**
LOCATION **3 BUCHANAN NY 10511**
ATTN: **TOM TEAGUE**

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

NY0004472
PERMIT NUMBER

001 L
DISCHARGE NUMBER

MAJOR
(SUBR 03)
F - FINAL
CHEMICAL BULK STORAGE

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	07	01	01	07	31

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	39200	74200	(07)	*****	*****	*****		0	1/31	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	GPD	*****	*****	*****	****		WEEKLY	INSTAN
PH	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.6	(12)	0	1/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.05	(19)	0	1/31	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
ROGER KEPPEL
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 KEPPEL
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
914 271-7353
AREA CODE NUMBER

DATE
01 08 20
YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME **ENTERGY NUCLEAR INDIAN POINT 2**
ADDRESS **INDIAN POINT 2 NUCLEAR PWR STA**
BROADWAY & BLEAKLEY AVE
BUCHANAN NY 10511
FACILITY **INDIAN POINT 3 NUCLEAR PWR STA**
LOCATION **3 BUCHANAN NY 10511**
ATTN: **TOM TEAGUE**

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

NY0004472
PERMIT NUMBER

001 M
DISCHARGE NUMBER

MONITORING PERIOD

YEAR
01

MO
07

DAY
01

FROM

YEAR
01

MO
07

DAY
31

TO

Form Approved.
OMB No. 2040-0004

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

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
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 MONTH	
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	*****	*****		*****	0.14	0.33	(19)	0	1/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT DAILY AV	REPORT DAILY MX	MG/L		ONCE/ GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.012	0.023	(03)	*****	*****	*****		0	15/31	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
Roger Keppel
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
Roger Keppel

TELEPHONE
914 271-7353

DATE
01 08 20

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

EPA Form 3320-1 (REV 3/99) Previous editions may be used. 00879/010719-1931 THIS IS A 4-PART FORM PAGE 1 OF

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME **ENTERGY NUCLEAR INDIAN POINT 2**
ADDRESS **INDIAN POINT 2 NUCLEAR PWR STA**
BROADWAY & BLEAKLEY AVE
BUCHANAN NY 10511
FACILITY **INDIAN POINT 3 NUCLEAR PWR STA**
LOCATION **3 BUCHANAN NY 10511**
ATTN: **TOM TEAGUE**

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

NY0004472

PERMIT NUMBER

001 N

DISCHARGE NUMBER

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

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

YEAR

MO

DAY

FROM

01

07

01

TO

01

07

31

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BORON, TOTAL (AS B) 01022 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	(03)	*****	23.6	121.3	(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	0.177	0.251	MGD	*****	*****	*****	*****	0	7/7	INSTAN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX		*****	*****	*****	*****		WEEKLY	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ROGER KEPPEL

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

Roger Keppel

TELEPHONE

914 271-7353

AREA CODE

NUMBER

DATE

01 08 20

YEAR

MO

DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME **ENTERGY NUCLEAR INDIAN POINT 2**
ADDRESS **INDIAN POINT 2 NUCLEAR PWR STA**
BROADWAY & BLEAKLEY AVE
BUCHANAN **NY 10511**
FACILITY **INDIAN POINT 3 NUCLEAR PWR STA**
LOCATION **3 BUCHANAN** **NY 10511**
ATTN: **TON TEAGUE**

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

NY0004472
PERMIT NUMBER

001 Z
DISCHARGE NUMBER

MAJOR
(SUBR 03)
F - FINAL
FILTER BACKWASH

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD								
YEAR	MO	DAY	FROM	YEAR	MO	DAY	TO	
01	07	01		01	07	31		

*** NO DISCHARGE ☒ ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT			(07)	*****	*****	*****				
00056 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	GPD	*****	*****	*****	****		WEEKLY	INSTAN
EFFLUENT GROSS VALUE	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		I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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			
Roger Keppel EHS MANAGER						914 271-7353		01	08	20	
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)
OUTFALL 0012 = 001K IN PERMIT

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME **ENTERGY NUCLEAR INDIAN POINT 2**
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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

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	07	01	01	07	31

*** NO DISCHARGE 1-1 ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	123115	158160	(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	*****	*****		*****	0.11	0.15	(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										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Roger Keppel
E, H + S MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Roger Keppel

TELEPHONE

914 271-7553

AREA CODE NUMBER

DATE

01 08 20

YEAR MO DAY

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