



Entergy Nuclear Northeast
Entergy Nuclear Operations, Inc.
Entergy Nuclear Indian Point 2, LLC
P. O. Box 249
Buchanan, NY 10511

October 23, 2001

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
Entergy Nuclear Indian Point 2

Gentlemen:

Enclosed are the Discharge Monitoring Reports (DMR) for the month of September 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 Entergy Nuclear, Indian Point 2 at (914)734-5791 or Mr. Matthew Kerns of Entergy Nuclear, Indian Point 3 at (914)736-8452.

Very truly yours,

A handwritten signature in cursive script that reads "Roger G. Keppel".

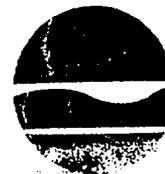
Roger Keppel
Environmental Health & Safety Manager
Indian Point Station
Entergy Units 1 & 2

Attachment
/paa

I.E 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: ENERGY NUCLEAR NORTHEAST I P 3

Date of noncompliance: 9/26/01 Location (Outfall, Treatment Unit, or Pump Station): 001J

Description of noncompliance(s) and cause(s): DURING the routine weekly inspection of turbine hall FLOOR DRAINS it was noted that a visible sheen was present in a drain near 31 CONDENSATE PUMP. A small oil leak was found on underside of pump motor, Above the Coupling. water flow into drain was estimated at less than 5 ml/min.

Has event ceased? (Yes) (No) If so, when? 9/26/01 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: 9/26/01 (AM) (PM)

Date, time oral notification made to DEC? 1 N/A (AM) (PM) DEC Official contacted: _____

Immediate corrective actions: INFORMED OPERATIONS SHIFT MANAGER and VERIFIED OIL SKIMMER WAS operating on the sump collecting the drainage. THERE WAS NO RELEASE TO the discharge canal.

Preventive (long term) corrective actions: A problem deficiency was entered into the plant maintenance system to schedule repair the leaks.

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: 1/1

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: 10/12/01

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 **BUCHANAN NY 10511**

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

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

ATTN: TOM TEAGUE

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	3.2	(19)	0	1/30	GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15			ONCE/	GRAB
EFFLUENT GROSS VALUE				****			MAXIMUM	MG/L		MONTH	
	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
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.

Roger Keppel
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **914 271-2353**
 DATE **01 10 23**
 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 **BUCHANAN NY 10511**

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

MAJOR
 (SUBR 03)
 F - FINAL
 REVERSE OSMOSIS REJECT

NY0004472
 PERMIT NUMBER

01N M
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

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

ATTN: TOM TEAGUE

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW RATE		SAMPLE MEASUREMENT	91818	148680	(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	*****	*****		*****	0.14	0.27	(19)	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		PERMIT REQUIREMENT	*****	*****	***	*****	30	45	DAILY AV DAILY MX		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		WEEKLY	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

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Roger Keppel
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
914	271-7353	01	10	23
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 **BUCHANAN NY 10511**

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

NY0004472
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MAJOR
 (SUBR 03)
 F - FINAL
 ACTION LEVELS - COND. POLISH. SYS. EF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	04	01		01	09	30

FROM

TO

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

ATTN: TOM TEAGUE

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality 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		*****	0.03	(26)	*****	*****	*****		0	1/180	GRAB	
	PERMIT REQUIREMENT	*****	5.0	DAILY MX BS/DY	*****	*****	*****	***			SEMI-GRAB ANNUAL	
COPPER, TOTAL (AS CU) 01042 V 0 0 SEE COMMENTS BELOW		*****	*****		*****	*****	0.01	(19)	0	1/180	GRAB	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0	DAILY MX MG/L			SEMI-GRAB ANNUAL	
IRON, TOTAL (AS FE) 01045 V 0 0 SEE COMMENTS BELOW		*****	*****		*****	*****	0.05	(19)	0	1/180	GRAB	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	4.0	DAILY MX MG/L			SEMI-GRAB ANNUAL	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							TELEPHONE		DATE		
Roger Keppel E, H & S MANAGER TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)								914	271-7353	01	10	23

REPORT ACTION LEVELS FOR OUTFALL 0011 - HIGH TDS TANK (CONDENSATE POLISHER REGENERATION SYSTEM) ABOVE.
 MONITOR LOCATION *V* ACTION LEVEL.

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

NAME **ENERGY 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 **BUCHANAN NY 10511**

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

NY0004472
 PERMIT NUMBER

0017
 DISCHARGE NUMBER

MAJOR
 (SUBR 03)
 F - FINAL
 FILTER BACKWASH

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

FROM

TO

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

ATTN: TOM TEAGUE

PARAMETER	X	QUANTITY OR LOADING			Quality 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	INSTAN
		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

Roger Keppel
 E, H + S MANAGER
 TYPED OR PRINTED

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Roger Keppel
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

914-271-9353
 AREA CODE NUMBER

DATE

01 10 23
 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 Diff.))

NAME **ENERGY 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 **BUCHANAN NY 10511**

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	TO	YEAR	MO	DAY
01	09	01		01	09	30

FROM

TO

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

ATTN: TOM TEAGUE

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality 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/ MONTH	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	*****	*****		*****	0.02	0.02	(19)	0	1/30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT DAILY AV	REPORT DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.007	0.007	(03)	*****	*****	*****		0	5/30	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

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Roger Keppel
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 914 271-7353
 AREA CODE NUMBER
 DATE
 01 10 23
 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.

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 **BUCHANAN NY 10511**

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

NY0004472
 PERMIT NUMBER

0011
 DISCHARGE NUMBER

MAJOR
 (SUBR 03)
F - FINAL
CHEMICAL BULK STORAGE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

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

ATTN: TOM TEAGUE

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE		33700	44700	(07)	*****	*****	*****		0	5/30	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	GPD	*****	*****	*****	***		WEEKLY	INSTAN
PH		*****	*****		8.5	*****	8.5	(12)	0	1/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	*****	0.05	(19)	0	1/30	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
 E, H + S MANAGER
 TYPED OR PRINTED

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Roger G Keppel
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 914-271-7353
 DATE: 01 10 23
 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
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 LOCATION **BUCHANAN NY 10511**

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

NY0004472
 PERMIT NUMBER

001 K
 DISCHARGE NUMBER

MAJOR
 (SUBR 03)
 F - FINAL

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

TOTAL FACILITY DISCHARGE CANAL

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

ATTN: TOM TEAGUE

PARAMETER	X	QUANTITY OR LOADING			Quality 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 PH		*****	*****		*****	*****	96.9	(15)	0	30/30	GRAB
		*****	*****	****	*****	*****	110	DAILY MX			DAILY GRAB
		*****	*****		7.5	*****	7.7	(12)	0	1/7	GRAB
		*****	*****	****	6.0	*****	9.0	SU			WEEKLY GRAB
EFFLUENT GROSS VALUE BORON, TOTAL (AS B) 01022 1 0 0 EFFLUENT GROSS VALUE		*****	16.6	(26)	*****	*****	< 1.0	(19)	0	1/7	CALCTD
		*****	525	DAILY MX LBS/DY	*****	*****	1.0	DAILY MX			WEEKLY CALCTD
LITHIUM, TOTAL (AS LI) 01132 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	< 0.01	(19)	0	1/30	CALCTD
		*****	*****	****	*****	*****	0.01	DAILY MX			ONCE / MONTH CALCTD
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	0.1	(19)	0	30/30	GRAB
		*****	*****	****	*****	*****	0.2	DAILY MX			CONTINUOUS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Roger Keppel
 E, H & S MANAGER
 TYPED OR PRINTED

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Roger Keppel
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 914 271-7353
 DATE
 01 10 23

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 325 (Rev 5/95) Previous editions may be used. 00938/010915-0449 This is a 4-part form. PAGE 1 OF 1

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

NAME **ENERGY NUCLEAR INDIAN POINT 2**
 ADDRESS **INDIAN POINT 2 NUCLEAR PWR STA**
BROADWAY & BLEAKLEY AVE
BUCHANAN NY 10511
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 LOCATION **BUCHANAN NY 10511**

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

NY0004472
 PERMIT NUMBER

0011
 DISCHARGE NUMBER

MAJOR
(SUBR 03)
F - FINAL
CONDENSER COOLING WATER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

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

NOTE: Read instructions before completing this form.

ATTN: **TOM TEAGUE**

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			Quality 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	2493.8	2507.2	(03)	*****	*****	*****		0	HOURLY	PWR LOG
	PERMIT REQUIREMENT	REPORT 300A AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		HOURLY	MP LOG
	SAMPLE MEASUREMENT										
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	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.

Roger Keppel
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: **914 271-7353**
 DATE: **01 10 23**
 AREA CODE: **914** NUMBER: **271-7353** YEAR: **01** MO: **10** DAY: **23**

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

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

00936/010915-0449

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 **BUCHANAN NY 10511**

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

NY0004472
 PERMIT NUMBER

001 F
 DISCHARGE NUMBER

MAJOR
 (SUBR 03)
 F - FINAL
 ION EXCHANGE PLANTS

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

FROM

TO

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

ATTN: TOM TEAGUE

PARAMETER	X	QUANTITY OR LOADING			Quality 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	0.016	0.031	(03)	*****	*****	*****		0	28/30	INSTAN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Roger Keppel
 E, H + S MANAGER
 TYPED OR PRINTED

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Roger Keppel
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 914 271-7353
 DATE: 01 10 23
 AREA CODE: 914 NUMBER: 271-7353 YEAR: 01 MO: 10 DAY: 23

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 **BUCHANAN NY 10511**

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	TO	YEAR	MO	DAY
01	09	01		01	09	30

FROM

TO

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

ATTN: **TOM TEAGUE**

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality 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 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		ONCE/MONTH	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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

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Roger L. Keppel
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **914 271-7353**
 DATE **01 10 23**
 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**
 ADDRESS **INDIAN POINT 2 NUCLEAR PWR STA**
BROADWAY & BLEAKLEY AVE
BUCHANAN NY 10511
 FACILITY **INDIAN POINT 3 NUCLEAR PWR STA**
 LOCATION **BUCHANAN NY 10511**

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	
01	09	01	TO	01	09	30

*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

ATTN: TOM TEAGUE

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	2.9	7.2	(19)	0	1/7	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30	50			WEEKLY	GRAB
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.202	0.246	(03)	*****	*****	*****		0	1/7	INSTAN
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	INSTAN
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Roger Keppel
 E, H & S MANAGER
 TYPED OR PRINTED

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Roger Keppel
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 914 271-7353
 DATE: 01 10 23
 AREA CODE: 914 NUMBER: 271-7353 YEAR: 01 MO: 10 DAY: 23

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 **BUCHANAN NY 10511**

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**

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

FROM

TO

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

ATTN: TOM TEAGUE

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BORON, TOTAL (AS B)	*****	*****	*****		*****	1.5	10.8	(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	0.157	0.231	(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										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
ROGER Keppel
E, H & S MANAGER
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Roger Keppel
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **914-271-7353**
 DATE **01 10 23**
 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)

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: **BUCHANAN NY 10511**

NY0004472
PERMIT NUMBER

001 J
DISCHARGE NUMBER

MAJOR
(SUBR 03)
F - FINAL
FLOOR DRAINS

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

ATTN: TOM TEAGUE

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality 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 0.054	E 0.064	(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
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	—	—	—	0.6	10.3	33.6		0	4/30	GLAB
	PERMIT REQUIREMENT	—	—	—	—	—	50	MG/L			
OIL & GREASE VISUAL	SAMPLE MEASUREMENT	0	—	—	—	—	—		0	4/30	VISUAL
	PERMIT REQUIREMENT	—	—	MG=0	—	—	—	—			
OIL & GREASE	SAMPLE MEASUREMENT	—	—	—	1.8	1.8	1.8		0	4/30	GLAB
	PERMIT REQUIREMENT	—	—	—	—	—	15	MG/L			
FLOW	SAMPLE MEASUREMENT	E 0.059	E 0.119	—	—	—	—		0	4/30	EST
	PERMIT REQUIREMENT	—	—	MGD	—	—	—	—			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
ROGER Keppel
E, H + S MANAGER
 TYPED OR PRINTED

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Roger G Keppel
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: **914 271-7353**
 DATE: **10 23 01**
 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