



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 #NY0251135
Entergy Indian Point Fuel Oil Tank Farm

Gentlemen:

Enclosed is the Discharge Monitoring Report (DMR) for the month of September 2001.

If you have any questions regarding this submission, please contact Mr. Thomas Teague of Entergy (914)734-5791.

Very truly yours,

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

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

Enc.

/paa

JE25

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

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

NAME **CONSOLIDATED EDISON CO OF NY**
ADDRESS **INDIAN POINT TANK FARM**
BROADWAY & BLEAKLEY AVE
BUCHANAN NY 10511
FACILITY **INDIAN POINT TANK FARM**
LOCATION **BUCHANAN NY 10580**
ATTN: **RAYMOND BURNS**

NY0251135
PERMIT NUMBER

001 M
DISCHARGE NUMBER

MINOR
(SUBR 03)
F - FINAL
STORMWATER FROM IMPOUNDMENT

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

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

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE		*****	E 288000	(07)	*****	*****	*****		0	1/30	ESTIMA
00056 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT	DAILY MX GPD	*****	*****	*****	***		ONCE/	INSTAN
OIL & GREASE		*****	*****		*****	*****	1.1	(19)	0	1/30	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	15	DAILY MX		ONCE/	GRAB
				****				MG/L		MONTH	

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 NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
QUARTERLY ACTION LEVELS WILL BE SENT WITH APRIL, JULY, OCT. AND JAN.'S DMRS.
Flow rate is estimated based on maximum discharge flow during any 24 hour period.