May 21, 1996

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 Water Compliance Programs
50 Wolf Road - Room 320
Albany, New York 12233-3506

Re: Monthly Discharge Monitoring Report
Permit #0004472
Con Edison Indian Point Units 1 & 2
New York Power Authority Indian Point Unit 3

Gentlemen:

Enclosed are the Discharge Monitoring Reports (DMR) for the month of April 1996. A Report of Noncompliance Event is attached for a non-compliance which occurred at the New York Power Authority Unit 3 Facility.

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. Reynolds Burns of Con Edison at (914)734-5605 or Mr. Mathew Kerns of New York Power Authority at (914)736-8452.

Very truly yours,

John McAvoy
Plant Manager
Indian Point Station
Con Edison Units 1 & 2

Attachment

/kj

9605280300 960521
PDR ADOCK 05000003
R PDR

280004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME CONSOLIDATED EDISON OF N.Y.
ADDRESS INDIAN POINT STATION #1,2 & 3
4 IRVING PLACE, ROOM 300
NEW YORK NY 10003
FACILITY
LOCATION
ATTN: DR. ROBERT KEEGAN

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NY0004472	001 C

SECONDARY DEMINERALIZER BD
(SUBR 03)
F - FINAL
MAJOR

Form Approved. 12345
OMB No. 2040-0004
Approval expires 10-31-94

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	04	01	TO	96	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

PARAMETER (12-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
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	INSTA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

9605280303 960521
PDR ADOCK 05000003
R PDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
John McAuly
Plant Manager
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
914	734-5221	96	05	21

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME CONSOLIDATED EDISON OF N.Y.
ADDRESS INDIAN POINT STATION #1,2 & 3
4 IRVING PLACE, ROOM 300
NEW YORK NY 10003
FACILITY
LOCATION
ATTN: DR. ROBERT KEEGAN

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

(2-16) NY0004472 — PERMIT NUMBER
(17-19) 001 E — DISCHARGE NUMBER

ION EXCHANGE PLANTS
(SUBR 03) 12345
F - FINAL
MAJOR

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	04	01	TO	96	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.055	0.106	(03)	******	******	******		0	6/7	INSTAN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		WEEKLY	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
John McAvoy
Plant Manager
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
914	734-5211	96	05	21

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

FACILITY NAME/ADDRESS (Include Facility Name/Location if different)
NAME CONSOLIDATED EDISON OF N.Y.
ADDRESS INDIAN POINT STATION #1,2 & 3
4 IRVING PLACE, ROOM 300
NEW YORK NY 10003
FACILITY
LOCATION
ATTN: DR. ROBERT KEEGAN

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

(2-16) NY0004472 — PERMIT NUMBER
(17-19) 001 G — DISCHARGE NUMBER

BOILER BLOWDOWN
(SUBR 03)
F - FINAL
MAJOR

Form Approved. 12345
OMB No. 2040-0004
Approval expires 10-31-94

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	04	01	TO	96	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.01	0.01	(03)	******	******	******		0	7/7	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	0.24	0.26	(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										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
John McAuley
Plant Manager
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
914	734-5231	96	05	21

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME CONSOLIDATED EDISON OF N.Y.
ADDRESS INDIAN POINT STATION #1,2 & 3
4 IRVING PLACE, ROOM 300
NEW YORK NY 10003
FACILITY
LOCATION
ATTN: DR. ROBERT KEEGAN

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

(2-16) NY0004472 — PERMIT NUMBER
(17-19) 001 I — DISCHARGE NUMBER

CONDENSER COOLING WATER
(SUBR 03)
F - FINAL
MAJOR

Form Approved. 12345
OMB No. 2040-0004
Approval expires 10-31-94

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	04	01	TO	96	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1720.2	1827.9	(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										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
John McAvoy
Plant Manager
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years)

John McAvoy
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
914	734-5221	96	05	21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REFER TO NOTE "O" ON PAGE 9 OF THE PERMIT FOR SPECIAL REPORTING REQUIREMENTS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME CONSOLIDATED EDISON OF N.Y.
ADDRESS INDIAN POINT STATION #1,2 & 3
4 IRVING PLACE, ROOM 300
NEW YORK NY 10003
FACILITY
LOCATION
ATTN: DR. ROBERT KEEGAN

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NY0004472	001 J

FLOOR DRAINS
(SUBR 03)
F - FINAL
MAJOR

Form Approved. 12345
OMB No. 2040-0004
Approval expires 10-31-94

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	04	01	TO	96	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-69)	SAMPLE TYPE (69-70)
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	E 0.101	E 0.163	(03)	******	******	******		0	1/7	ESTIM
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		WEEKLY	ESTIM
OIL AND GREASE VISUAL	SAMPLE MEASUREMENT	1	******	(94)	******	******	******		1	1/7	VISUAL
84066 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	******	YES=1 NO=0	******	******	******	**** ****		WEEKLY	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
John McAvoy
Plant Manager
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
914	734-5221	96	05	21

COMMENT 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 N.Y.
ADDRESS INDIAN POINT STATION #1,2 & 3
4 IRVING PLACE, ROOM 300
NEW YORK NY 10003
FACILITY
LOCATION
ATTN: DR. ROBERT KEEGAN

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

(2-16) NY0004472 PERMIT NUMBER

(17-19) 001 K DISCHARGE NUMBER

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

Form Approved. 12345
OMB No. 2040-0004
Approval expires 10-31-94

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	04	01	TO	96	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

PARAMETER (32-37)		(1 Card Only) (4-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	******	******		******	******	75.8	(15)	0	16/16	GRAB
00011 S 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	********	******	******	93.2 DAILY MX	DEG.F		DAILY	GRAB
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	******	******		******	******	73.7	(15)	0	14/14	GRAB
00011 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	********	******	******	110 DAILY MX	DEG.F		DAILY	GRAB
PH	SAMPLE MEASUREMENT	******	******		7.2	******	7.9	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS UE	PERMIT REQUIREMENT	******	******	********	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
BORON, TOTAL (AS B)	SAMPLE MEASUREMENT	******	188	(26)	******	******	0.013	(19)	0	7/7	CALC
01022 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	525 DAILY MX	LBS/DY	******	******	1.0 DAILY MX	MG/L		WEEKLY	CALCTD
LITHIUM, TOTAL (AS LI)	SAMPLE MEASUREMENT	******	******		******	******	<0.01	(19)	0	1/30	CALC
01132 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	0.01 DAILY MX	MG/L		ONCE/ MONTH	CALCTD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	******	0.1	(19)	0	30/30	CONTIN
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	0.2 DAILY MX	MG/L		CONTIN UOUS	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
John McAvoy
Plant Manager
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 5 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
914	734-5221	96	05	21
AREA CODE	NUMBER	YEAR	MO	DAY

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

FOR THERMAL EFFLUENT LIMITATIONS ON TOTAL FACILITY DISCHARGE CANAL SEE PERMIT.
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.~~

Facility Name/Location if different
NAME CONSOLIDATED EDISON OF N.Y.
ADDRESS INDIAN POINT STATION #1,2 & 3
4 IRVING PLACE, ROOM 300
NEW YORK NY 10003
FACILITY
LOCATION
ATTN: DR. ROBERT KEEGAN

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NY0004472	001 M

SUM OF OUTFALLS 001C & 001D
(SUBR 03) Form Approved. 12345
F - FINAL OMB No. 2040-0004
MAJOR Approval expires 10-31-94

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	04	01	TO	96	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CHROMIUM, HEXAVALENT (AS CR)	SAMPLE MEASUREMENT	******	******		******	NODI C	NODI C	(19)	. .	NODI C	NODI
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	******	******		******	0.15	0.45	(19)	0	1/7	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	0.011	0.021	(03)	******	******	******		0	1/7	INSTA
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
John McKay
Plant Manager
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
914	734-5221	96	05	21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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 N.Y.
ADDRESS INDIAN POINT STATION #1,2 & 3
4 IRVING PLACE, ROOM 300
NEW YORK NY 10003
FACILITY
LOCATION
ATTN: DR. ROBERT KEEGAN

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

(2-16)	(17-19)
NY0004472	001 N
PERMIT NUMBER	DISCHARGE NUMBER

SUM OF OUTFALLS 001B,C,D,E0011
(SUBR 03)
F - FINAL
MAJOR

Form Approved. 12345
OMB No. 2040-0004
Approval expires 10-31-94

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	04	01	TO	96	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BORON, TOTAL (AS B)	SAMPLE MEASUREMENT	******	******		******	28	114	(19)	0	7/7	GRAB
01022 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.260	0.394	(03)	******	******	******		0	7/7	INSTA
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		WEEKLY	INSTA
	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
John McAvoy
Plant Manager
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE OR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
914	734-5261	96	05	21
AREA CODE	NUMBER	YEAR	MO	DAY

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

FACILITY NAME/ADDRESS (Include Facility Name, Location if different)
NAME CONSOLIDATED EDISON OF N.Y.
ADDRESS INDIAN POINT STATION #1,2 & 3
4 IRVING PLACE, ROOM 300
NEW YORK NY 10003
FACILITY
LOCATION
ATTN: DR. ROBERT KEEGAN

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

(2-16) NY0004472 PERMIT NUMBER
(17-19) 001 Z DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	04	01	TO	96	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

FILTER BACKWASH
(SUBR 03)
F - FINAL
MAJOR

Form Approved. 12345
OMB No. 2040-0004
Approval expires 10-31-94

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

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMP TYP (69-7
FLOW RATE	SAMPLE MEASUREMENT	22310	40200	(07)	******	******	******		0	7/7	INST
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	GPD	******	******	******	**** ****		WEEKLY	INST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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
John McAvoy
Plant Manager
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DA
914	734-5221	96	05	21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
OUTFALL 001Z = 001K IN PERMIT

Facility Name/Location (if different)
NAME CONSOLIDATED EDISON OF N.Y.
ADDRESS INDIAN POINT STATION #1,2 & 3
4 IRVING PLACE, ROOM 300
NEW YORK NY 10003
FACILITY
LOCATION
ATTN: DR. ROBERT KEEGAN

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

(2-16) NY0004472 — PERMIT NUMBER
(17-19) SUM 4 — DISCHARGE NUMBER

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

Form Approved. 12345
OMB No. 2040-0004
Approval expires 10-31-94

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	04	01	TO	96	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

PARAMETER (33-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	1.3	(19)	0	1/30	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 MAXIMUM	MG/L		ONCE/MONTH	GRAB
	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
John McRoy
Plant Manager
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
914	734-5221	96	05	21

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

Facility Name/Location if different)
NAME CONSOLIDATED EDISON OF N.Y.
ADDRESS INDIAN POINT STATION #1,2 & 3
4 IRVING PLACE, ROOM 300
NEW YORK NY 10003
FACILITY
LOCATION
ATTN: DR. ROBERT KEEGAN

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

(2-16) NY0004472 — PERMIT NUMBER
(17-19) SUM 7 — DISCHARGE NUMBER

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

Form Approved. 12345
OMB No. 2040-0004
Approval expires 10-31-94

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	04	01	TO	96	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPL TYPE (69-70)
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	6.1	30	(19)	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	30 DAILY AV	50 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.341	0.525	(03)	******	******	******		0	7/7	INSTA
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	**** ****		WEEKLY	INSTA
	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
John McAvoy
Plant Manager
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
914	734-5221	96	05	21

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

New York State Department of Environmental Conservation
Division of Water

Report of Noncompliance Event

To: DEC Water Contact CESARE MANFREDI R.W.E **DEC Region:** 3

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

SECTION 2

SPDES #: NY-0004472 **Facility:** NEW YORK POWER AUTHORITY INDIAN POINT # 3

Date of noncompliance: 04 / 24 / 96 **Location (Outfall, Treatment Unit, or Pump Station):** OUTFALL 001J

Description of noncompliance(s) and cause(s): DURING A WEEKLY TURBINE BUILDING FLOOR DRAIN INSPECTION, AN OIL SHEEN WAS OBSERVED IN A FLOOR DRAIN. THE AMOUNT WAS MINOR. THE CAUSE WAS A LEAK OF OIL FROM NEARBY EQUIPMENT.

Has event ceased? (Yes) (No) **If so, when?** 04/24/96 **Was event due to plant upset?** (Yes) (No) **SPDES limits violated?** (Yes) (No)

Start date, time of event: 04 / 24 / 96, 06:30 (AM) (PM) **End date, time of event:** 04 / 24 / 96, 10:10 (AM) (PM)

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

Immediate corrective actions: THE AREA WAS CLEANED AND THE FLOOR WAS CLEANED. OIL ABSORBANT MATERIAL WAS PLACED IN THE AREA.

Preventive (long term) corrective actions: OIL LEAK ON EQUIPMENT TO BE REPAIRED. HOUSEKEEPING IN THIS AREA WAS MADE A PRIORITY.

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:** 05 / 09 / 96

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