December 21, 1994

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 November 1994. A report of Noncompliance Event is attached.

Explanation for deviations from the permitted circulator flows are forwarded to the Department of Environmental Conservation as they occur and, therefore, are not enclosed. In addition, an explanation for the exceedance of an action level is attached.

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,

Thomas Schmeiser
Plant Manager
Indian Point Station
Con Edison Units 1 & 2

Attachment

/km

IE25
1/1

9501030030 941221
PDR ADOCK 05000003
P PDR

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 X Permit Violation ___ Order Violation ___ Anticipated Noncompliance ___ Bypass/Overflow

SECTION 2

SPDES #: NY- 0004472 Facility: Indian Point Units 1, 2 and 3

Date of noncompliance: 11/1,7,8/94 Location (Outfall, Treatment Unit, or Pump Station): Discharge Canal

Description of noncompliance(s) and cause(s): The Indian Point Site was unable to maintain the required 1.75 foot head differential in the discharge canal under all operating conditions on November 1, 7 and 8, 1994. The causes of these short duration occurances were due to temporary circulating water flow transients and gate operations.

Has event ceased? (Yes) (No) If so, when? 11/8/94 Was event due to plant upset? (Yes) (No) SPDES limits violated? (Yes) (No)

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

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

Immediate corrective actions: Gate adjustments were made and circulator flows reestablished.

Preventive (long term) corrective actions:

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: Reynolds Burns Title: Chemistry Manager Date: 12/22/94

Phone #: (914) 734-5605 Fax #: (914) 736-5562

3506-101 (12/93)

FACILITY NAME, ADDRESS (Include County, Village, Township, if applicable)

NAME [illegible]

ADDRESS [illegible]

[illegible] PLACE, [illegible]

[illegible] NEW YORK [illegible] NY 10003

FACILITY

LOCATION

ATTN: DR. ALBERT PERSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER

MONITORING PERIOD

FROM YEAR 94 MO 11 DAY 01 TO YEAR 94 MO 11 DAY 30

MAJOR (SUBCLASS) [illegible] - FINAL

SECONDARY [illegible]

Form Approved. OMB No 2040-0004 Approved [illegible]

*** NO DISCHARGE ! X ! ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(MGD)	******	******	******				
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH	INST
	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

Thomas Schmeiser
Plant Manager

TYPED OR PRINTED

[illegible]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
914	734-5241	94	12	2

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

ENTER RESULTS FOR BETC CLAM-TOOL DT-1 ON BLANK LINE OF THIS FORM

NAME AND ADDRESS (Include zip code)
NAME CONSOLIDATED EDISON CO. OF N.Y.
ADDRESS LINDEN POINT STATION
4 IRVING PLACE, RM 23
NEW YORK
FACILITY
LOCATION
ATTN: DR. ROBERT KEDZIA

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

NY0004472
PERMIT NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	12	01	TO	94	12	30

MAJOR
(CHECK ONE) X
F - FINAL
CON EDISON - LINDEN PLANT 3

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

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.029	0.057	(MGD)	*******	*******	*******		0	7/7	INSTA
	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
Thomas Schmeier
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(c)(2)(A) AND (B).

Thomas Schmeier
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
914	734-5201	94	12	21

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

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

NAME CONSOLIDATED EDISON CO. OF N.Y.

ADDRESS INDIAN POINT STATION 2, [illegible]

4 IRVING PLACE, [illegible]

NEW YORK NY 10003

FACILITY

LOCATION

ATTN: DR. ROBERT KEEGAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAJOR

(OTHER 03) Form Approved.

F - FINAL OMB No. 2040-0004

COOLER BLOWDOWN Approval expires 10-31-94

PERMIT NUMBER NY0038873

MONITORING PERIOD

FROM YEAR 94 NO 11 DAY 01 TO YEAR 94 NO 11 DAY 30

*** NO DISCHARGE ! __ ! ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT	0.006	0.007	(03)	******	******	******		0	7/7	INST
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30 AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		WEEKLY	INST
PHOSPHATE, TOTAL COLOR. METHOD (AS P) 70506 1 0 0	SAMPLE MEASUREMENT	0.01	0.001	(26)	******	******	******		0	1/30	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	15 30DA AVG	30 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

Thomas Schnuefer
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 (C)(2)(A) AND (B), AMONG OTHERS.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DA
914	734-5221	94	12	2

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

PERMITTEE NAME ADDRESS (Include facility name and location if different)

NAME CONSOLIDATED EDISON CO. OF N.Y.

ADDRESS INDIAN POINT STATION BOX 1018

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)

NY0038873 | 001 F

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 94 MO 11 DAY 01 TO YEAR 94 MO 11 DAY 30

MAJOR (SOUR 33)

F - FINAL

CONDENSER CIRCULATING WATER

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

*** NO DISCHARGE ! __ ! ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1233	1269	(03)	******	******	******		0	HOURLY	IMPLOG
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX MGD		******	******	******	**** ****		HOURLY	IMPLOG
	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

Thomas Schmeiser
Plant Manager
TYPED OR PRINTED

CERTIFICATION "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 (C)(2)(A) AND (B)."

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
914	734-5221	94	12	21

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

REFER TO NOTE "D" ON PAGE 8 OF THE PERMIT FOR SPECIAL REPORTING REQUIREMENTS.

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

NAME CONSOLIDATED EDISON CO. OF N.Y.

ADDRESS ARTHUR KILL STATION [illegible]

4 IRVING PLACE, ROOM 30

NEW YORK [illegible] 10003

FACILITY

LOCATION

ATTN: DR. ROBERT KEEGAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NY0004472 — PERMIT NUMBER

001 J — DISCHARGE NUMBER

MAJOR (SUBR 03) E - FINAL FLOOR DRAINS

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

MONITORING PERIOD

FROM YEAR 94 MO 11 DAY 01 TO YEAR 94 MO 11 DAY 30

*** NO DISCHARGE ! __ ! ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.008	(03)	*******	*******	*******		0	1/1	ESTIMA
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		WEEKLY	ESTIMA
OIL AND GREASE VISUAL	SAMPLE MEASUREMENT	0	******	(94)	******	******	******		0	1/1	VISUAL
34056 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

Thomas Schneider
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 PER VIOLATION AND/OR MAXIMUM IMPRISONMENT (IN WHICH CASE THE TERMS ARE 1 YEAR).

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Thomas Schneider

TELEPHONE: AREA CODE 914 NUMBER 784-5221

DATE: YEAR 94 MO 12 DAY 21

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

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

PERMITTEE NAME ADDRESS (Include Facility Name, Street, City, State, and ZIP Code)

NAME CONSOLIDATED EDISON CO. OF N.Y.

ADDRESS INDIAN POINT STATION [illegible]
4 IRVING PLACE, ROOM [illegible]
NEW YORK [illegible]

FACILITY

LOCATION

ATTN: DR. ROBERT KEEGAN

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

PERMIT NUMBER	DISCHARGE NUMBER
NY0004472	001 K

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	12	01	TO	94	11	30

MAJOR
(SUBCODE) Form Approved.
F - FINAL OMB No. 2040-0004
TOTAL FACILITY DISCHARGE CANAL Approval expires 10-31-94

*** NO DISCHARGE ! __ ! ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	******	******		******	******	84.3	(15)	0	DAILY	GRAB
00011 1 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	******	******	110 DAILY MX	DEG.F		DAILY	GRAB
PH	SAMPLE MEASUREMENT	******	******		7.2	******	7.8	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
BORON, TOTAL (AS B)	SAMPLE MEASUREMENT	******	31.9	(lbs)	******	******	<.01	(19)	0	1/7	CALCT
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	******	******		******	******	<.001	(19)	0	1/30	CALCTD
01132 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.01 DAILY MX	MG/L		ONCE/ MONTH	CALCTD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	******	0.08	(19)	0	CONTIN VOUS	CONTIN
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.2 DAILY MX	MG/L		CONTIN UOUS	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME TITLE PRINCIPAL EXECUTIVE OFFICER

THOMAS SCHMUCKER
Plant Manager
TYPED OR PRINTED

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 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	94	12	21

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.

PERMITTEE NAME, ADDRESS (Include Facility Name, Location, if different)
NAME CONSOLIDATED EDISON CO. OF N.Y.
ADDRESS EAST RIVER POINT STATION 21, E. E.
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)

NY0004472 — PERMIT NUMBER
001 M — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 94 MO 11 DAY 01 TO YEAR 94 MO 11 DAY 30

MAJOR
(SUBR 03)
F - FINAL
SUM OF OUTFALLS 001 & 002

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

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CHROMIUM, HEXAVALENT (AS CR)	SAMPLE MEASUREMENT	******	******		******	0.01	0.02	(19)	0	1/30	GRAB
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	******	******		******	0.03	0.06	(19)	0	1/7	GRAB
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	******	******		******	0.07	0.16	(19)	0	1/30	GRAB
01132 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT DAILY AV	REPORT DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.003	0.014	(03)	******	******	******				
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
Thomas Schmeiser
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 40 CFR 122.22(d). Penalties under these statutes may include a fine of up to $10,000 per day of violation and a maximum imprisonment of between 6 months and 15 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
914	784-5221	94	12	21

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Facility Name/Location if different

NAME CONSOLIDATED EDISON OF N.Y.

ADDRESS INDIAN POINT STATION #1,2 & 3

4 IRVING PLACE, ROOM 30

NEW YORK NY 10003

FACILITY

LOCATION

ATTN: DR. ROBERT KEEGAN

NY0004472 — PERMIT NUMBER

001 N — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	11	01	TO	94	11	30

MAJOR

(SUBR 03)

F - FINAL

SUM OF OUTFALLS 001 & 002

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94
NPDES 3010 0760011

*** NO DISCHARGE ! __ ! ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BORON, TOTAL (AS B)	SAMPLE MEASUREMENT	*******	*******		******	15.3	36.3	(19)	0	1/7	LMAT
00022 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	0.093	0.104	(03)	******	******	******		0	7/7	INSTAN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******	**** ****	WEEKLY	INSTAN	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME, TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas Schmaser
Plant Manager

TYPED OR PRINTED

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 a 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	94	12	21

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

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

NAME CONSOLIDATED EDISON CO. 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)

NY0004472 — PERMIT NUMBER

001 Z — DISCHARGE NUMBER

MAJOR (SUBR 03) SWEP

E - FINAL

FILTER BACKWASH

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	11	01	TO	94	11	30

*** NO DISCHARGE ! __ ! ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING (Card Only)			QUALITY OR CONCENTRATION (Card Only)				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	18011	18500	(07)	******	******	******		0	7/7	INSTA
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	GPD	******	******	******	**** ****		WEEKLY	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas Schmeiser

Plant Manager

TYPED OR PRINTED

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	734-5261	94	12	21

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

OUTFALL 001Z = 001K IN PERMIT

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

NAME CONSOLIDATED EDISON OF 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)

NY0004472 — PERMIT NUMBER
SUM 4 — DISCHARGE NUMBER

MAJOR
(SUBR 03)
F - FINAL
SUM OF 001 [illegible] 001

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-95

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	11	01	TO	94	11	30

*** NO DISCHARGE ! __ ! ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING (Code Only)			QUALITY OR CONCENTRATION (Code Only)				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		******	******	5.0	(19)	0	1/30	GRA
	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
Thomas Schmeiser
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	734-5221	94	12	2

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

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)

PERMIT NUMBER: NY0004472
DISCHARGE NUMBER: SUM 7

MAJOR
(SUBR 03)
F - FINAL
SUM OF 001 [illegible]

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

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
94	11	01	94	11	30

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMP TYPE
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		******	7.0	15.0	(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	0.151	0.179	(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
Thomas Schmeder
Plant Manager
TYPED OR PRINTED

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 a 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	94	12	21

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