

February 22, 1999



Consolidated Edison Company of New York, Inc.  
Indian Point Station  
Broadway & Bleakley Avenue  
Buchanan, New York 10511-1099

NYSDEC - Division of Water  
SPDES Compliance Information Section  
Bureau of Watershed Compliance Programs  
50 Wolf Road - Room 340  
Albany, New York 12233-3506

Re: Monthly Discharge Monitoring Report  
Permit #NY0004472  
Con Edison - Indian Point Unit 1 and Unit 2  
New York Power Authority Indian Point Unit 3

Gentlemen:

Enclosed are the Discharge Monitoring Reports (DMR) for the month of January 1999. Two separate event reports are attached for noncompliances which occurred at the New York Power Authority Unit 3 Facility. One of the noncompliance reports documents an occurrence from November 1998 that was omitted from the November 1998 submittal.

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

Very truly yours,

*Roger G. Keppel for*  
*Christopher English*  
Christopher English  
Env. Manager  
Indian Point Station  
Con Edison Units 1 & 2

Enc.

080008

9903090215 990222  
PDR ADOCK 05000003  
R 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 ☒ Permit Violation ☐ Order Violation ☐ Anticipated Noncompliance ☐ Bypass/Overflow

**SECTION 2**

SPDES #: NY-0004472 Facility: New York Power Authority – Indian Point 3

Date of Noncompliance: 11/19/98 Location (Outfall, Treatment Unit, or Pump Station): Outfall

Description of Noncompliance(s) and cause(s): Sewage line discovered overflowing into a storm drain which empties into the discharge canal. This was caused by blown fuses which tripped the lift station pumps, resulting in the wage sewage collecting in the lower lift station and then overflowing. There was also confusion regarding the repair of the fuses and restoring pump operation (on-coming shift believed the pumps were back in service).

Has event ceased? (Yes) (No) If so, when? 11/19/98 Was event due to plant upset? (Yes) ☒ (No) SPDES limits violated? (Yes) (No)

Start date, time of event: 11/19/98 ? (AM) (PM) End date, time of event 11/19/98 10:00 (AM) (PM)

Date, time oral notification made to DEC? 11/20/98 08:00 (AM) (PM) DEC Official contacted: Hotline

Immediate corrective actions: Fuses were replaced and the sewage pumps reset. Also any material which had not reached the drain was cleaned up.

Preventive (long term) corrective actions: Individuals involved in confusion about repair and restoration were counseled regarding the importance of turning over accurate information on equipment status.

**SECTION 3**

Complete this section if the event was a bypass:

BypassAmount: \_\_\_\_\_ Was prior DEC authorization received for this event? (Yes) (No)

DEC Official contacted: \_\_\_\_\_ Date of DEC approval: \_\_\_\_\_

Describe event in "description of noncompliance and cause" area in Section 2. Detail the start and end dates and times in Section 2 also.

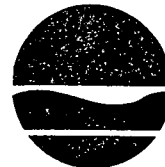
**SECTION 4**

Facility Representative: Ken Peters Title: Licensing Manager Date: 2/3/99

Phone #: (914) 736-8029 Fax #: (914) 736-8769

**SECTION 1**

*New York State Department of Environmental Conservation  
Division of Water*

**Report of Noncompliance Event**To: DEC Water Contact Cesare Manfredi DEC Region: 3Report Type: 5 Day ☒ Permit Violation Order Violation Anticipated Noncompliance Bypass/Overflow**SECTION 2**SPDES #: NY-0004472 Facility: New York Power Authority – Indian Point 3Date of Noncompliance: 1/15/99 Location (Outfall, Treatment Unit, or Pump Station): Outfall

Description of Noncompliance(s) and cause(s): On 1/15/99 a utility vehicle transmission leak was observed to be leaking To the ground. Due to adverse weather conditions (heavy rainfall) the transmission fluid was washed into the Storm darain system and subsequently the discharge canal. The volume leaked was approximately one quart.

Has event ceased? ☒ (Yes) ☐ (No) If so, when? 1/15/99 Was event due to plant upset? ☐ (Yes) ☒ (No) SPDES limits violated? ☒ (Yes) ☐ (No)Start date, time of event: 01/15/99 12:20 (AM) ☒ (PM) End date, time of event 01/15/99 12:30 (AM) ☒ (PM)Date, time oral notification made to DEC? 01/15/99 13:50 (AM) (PM) DEC Official contacted: Helen Operator 322

Immediate corrective actions: The vehicle was removed from service and taken off-site for repairs. A clean up of the ground was conducted, and oil absorbent boom placed in the discharge canal.

Preventive (long term) corrective actions: No long term corrective actions are considered necessary due to the nature of this spill and the maintenance presently performed on the vehicle.

**SECTION 3**Complete this section if the event was a bypass:BypassAmount: \_\_\_\_\_ Was prior DEC authorization received for this event? ☐ (Yes) ☐ (No)  
DEC Official contacted: \_\_\_\_\_ Date of DEC approval: \_\_\_\_\_

Describe event in "description of noncompliance and cause" area in Section 2. Detail the start and end dates and times in Section 2 also.

**SECTION 4**Facility Representative: Ken Peters Title: Licensing Manager Date: \_\_\_\_\_Phone #: (914) 736-8029 Fax #: (914) 736-8769

IP-3 SPILL/RELEASE RESPONSE PLAN	No: AP-24.1	Rev: 11
	Page: 14 of 26	

AP-24.1

Page 1 of 1

## ATTACHMENT 1: SPILL NOTIFICATION FORM

FACILITY NAME: INDIAN POINT 3  
 ADDRESS: Broadway, Buchanan NY 10511  
 SPDES PERMIT #: NY 000 4472

OWNER: New York Power Authority  
 HAZARDOUS WASTE ID: NYD085503746  
 PBS REGISTRATION #: 3-166367

DER #: 99-00082 PID #: N/A

LOCATION OF SPILL: ROADWAY NORTH OF TURB HALL

WHAT WAS SPILLED: TRANSMISSION FLUID QUANTITY SPILLED: ~1 qt.

PROBABLE SOURCE OF SPILL: MAINT. VEHICLE (SNOW PLOW)

TIME AND DATE OF SPILL: 1/15/99 1220

ACTION TAKEN/PLANNED TO CLEANUP SPILL: PLANT PERSONNEL BEGAN CLEAN-UP EFFORTS. MILLER ENV. CALLED IN TO PLACE OIL BOOMS IN CANAL

PERSONNEL OPERATING ON-SCENE: NYPA PERSONNEL & MILLER ENV GROUP

## AGENCY NOTIFICATIONS MADE:

U.S. NRC

Who: SANLIN

Spill / Report Number: 35272

When: 1417 1/15/99

U.S. Coast Guard, National Response Center

Who: N/A

Spill / Report Number: \_\_\_\_\_

When: \_\_\_\_\_

NYS Department of Environmental Conservation

Who: HELEN Operator 322

Spill / Report Number: 9812715

When: 1350 1/15/99

Other Agencies

Who: N/A

Spill / Report Number: \_\_\_\_\_

When: \_\_\_\_\_

## NYPA PERSONNEL NOTIFIED:

IP3: D. GUNN, L. DAVER, J. LEFERE, CRS, NICK LIZZO, D. PHILLIPS/MTC

WPO NOTIFIED: W. Slade (WPO X6405) or designee: ED HOLMAN When: 1328 1/15/99

RECORDED BY: Patrick Donabue 1/15/99 for BILL SLADE  
 Sign/Date

NOTE ANY ADDITIONAL COMMENTS ON BACK

Completed Form to be sent to RES Manager

## EVENT NOTIFICATION WORKSHEET

NOTIFICATION TIME 1417 EST	FACILITY OR ORGANIZATION Indian Point	UNIT 3	CALLER'S NAME N. Lizzo	CALL BACK #: ENS 3027 or ( ) - STATION
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EVENT TIME & ZONE 1220 EST	EVENT DATE 1/15/99	1-Hr Non-Emergency 10 CFR 50.72(b)(1)		(v) Emergency Siren INOP	AESS
POWER/MODE BEFORE 99.5	POWER/MODE AFTER 99.5	(i)(A) TS Required S/D	ASHU	(vi) Fire	AFIR
EVENT CLASSIFICATIONS		(i)(B) TS Deviation	ADEV	(vi) Toxic Gas	ACHE
		(ii) Degraded Condition	ADEG	(vi) Rad Release	ARAD
GENERAL EMERGENCY GEN/AAEC		(ii)(A) Unanalyzed Condition	AUNA	(vi) Oth Hampering Safe Op.	AHIN
		(ii)(B) Outside Design Basis	AOUT	4-Hr Non-Emergency 10 CFR 50.72(b)(2)	
SITE AREA EMERGENCY SIT/AAEC		(ii)(C) Not Covered by OPs/EPs	ACNC	(i) Degrade While S/D	ADAS
ALERT ALE/AAEC		(iii) Earthquake	ANEA	(ii) RPS Actuation (scram)	ARPS
UNUSUAL EVENT UNU/AAEC		(iii) Flood	ANFL	(iii) ESF Actuation	AESF
✓ 50.72 NON-EMERGENCY (see next columns)		(iii) Hurricane	ANHU	(iii)(A) Safe S/D Capability	AINA
PHYSICAL SECURITY (73.71) D777		(iii) Ice/Hail	ANIC	(iii)(B) RHR Capability	AINB
TRANSPORTATION NTRA		(iii) Lightning	ANLI	(iii)(C) Control of Rad Release	AINC
MATERIAL/EXPOSURE B777/E777/F777		(iii) Tornado	ANTO	(iii)(D) Accident Mitigation	AIND
FITNESS FOR DUTY HFIT		(iii) Oth Natural Phenomenon	ANOT	(iv)(A) Air Release > 2X App B	AAIR
OTHER N777/C777/G777		(iv) ECCS Discharge to RCS	ACCS	(iv)(B) Liq Release > 2X App B	ALIQ
		(v) Lost ENS	AENS	(v) Offsite Medical	AMED
		(v) Lost Other Assessment/Comms	AARC	✓ (vi) Offsite Notification	APRE

## DESCRIPTION

Include: Systems affected, actuations &amp; their initiating signals, causes, effect of event on plant, actions taken or planned, etc.

On January 15, 1999, at 1350 hours, a notification was made to the New York State Department of Conservation (NYSDEC), Spill Report No. 9812715. The notification was made because approximately one (1) quart of transmission fluid (oil) was spilt onto the ground and was washed by existing weather into the storm drain system which discharges into the plant cooling water discharge canal. Plant systems were reviewed and there were no plant events or occurrences that appear to be causally related. The water in the discharge canal is river water that has been used for cooling plant equipment during plant operation. The discharge canal has oil containment barriers that are designed to contain the majority of oil discharges. Additional action was taken to install temporary absorbent oil collection booms in the discharge canal. Plant personnel initiated cleanup which is continuing at this time.

This report is being made in accordance with 10 CFR 50.72(b)(2)(vi), for any event related to the protection of the environment for which a notification to another government agency (i.e., NYDEC) has been or will be made.

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD?	YES (Explain above)	✓ NO
LOCAL RESIDENT			✓			
STATE(s)	✓			DID ALL SYSTEMS FUNCTION AS REQUIRED?	✓ YES	NO (Explain above)
LOCAL		✓				
OTHER GOV AGENCIES		✓		MODE OF OPERATION		
MEDIA/PRESS RELEASE		✓		UNTIL CORRECTED: NA	ESTIMATED RESTART DATE: NA	ADDITIONAL INFO ON BA □ YES □ NO

# IP3 Deviation/Event Report

Print Date: Feb 1, 1999

Page 1 of 2

## Part 1 -- DER Initiation

DER No. **DER-99-00082**

A. Date/Time: 1. Discovery: **01/15/1999 12:20**

2. Event:

B. Type: **2 Departmentally initiated**

C. Level of Defense: **10 Other - as indicated**

D. DER Description: Title: **Spill of Transmission fluid from snow plow**

A transmission oil leak was discovered after oil was found on plant grounds by the north end of turbine hall. Due to the adverse weather conditions the oil was subsequently washed into the storm drain system and the discharge canal. The estimated volume of the spill is one quart.

E. Cross Reference:

1. Equipment:

Component ID	QA Category	Component Name

2. System: Sub System: Desc.:

3. Document:


4. Keyword:

ENVIRONMENTAL
OIL SPILLS
SPILL

5. PID:

6. WR#:

F. Requirement Not Met:

Oil spill prevention

G. Immediate Corrective Action:

notified plant personnel (RES, B&G, Ops), and began clean-up. Requested Miller Env. Group respond to oil in Disch. Canal. Notified WPO ENV, NYSDEC, NRC

H. Possible Cause(s): **Unknown/Undetermined Cause**

I. 1. Potential Operability Concern: ☐ 2. Potential Reportability Concern: ☒

J. 1. Initiator: **DONAHUE, PATRICK**

2. Dept.: **IRES**

3. Ext: **8405**

## Part 2 -- CLASSIFICATION (SM) (required for all Oper. Occurrences and Potential Oper./Reportability Concerns)

A. Plant Status: 1. Power Level (%): **100**

2. Generator MWe: **1010**

3. Mode: **Run**

4. Pressurizer Level (%): **48**

5. RCS Pressure (PSIG): **2240**

6. RCS Temperature (°F): **567**

B. Operability: 1. System/Component: **Operable**

2. LCO Entry: ☐

3. Evaluation Req'd ☐

4. PORC ☐

5. Comments:

4 hr notifications made. cleanup service company will be on-site to clean-up discharge canal.

C. Reportability (under 10 CFR or other): **Reportable**

Evaluation Req'd: ☐

Report Hour	Due By	Agency	Regulatory Requirement	Section	LER
4	1/15/99 16:20:00	NRC	10CFR	50.72b2vi	<input type="checkbox"/>

Continued on Page 3

D. Notification Completed: ☒

E. SM Log Notation Made: ☐

F. SM: **HANSLER, ROBERT**

Review Date: **01/15/1999**

## Part 3 -- Operations Management Review

A. Concurrence with Part 2: ☐

B. Concurred By:

Date:

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

NAME **CONSOLIDATED EDISON OF NY**  
 ADDRESS **INDIAN POINT STATION #1,2 & 3**  
**BROADWAY & BLEAKLEY AVE**  
**BUCHANAN NY 10511**  
 FACILITY **INDIAN POINT STATION #1,2 & 3**  
 LOCATION **BUCHANAN NY 10511**  
 ATTN: **RAYMOND BURNS**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

**NY0004472**

PERMIT NUMBER

**001 C**

DISCHARGE NUMBER

MAJOR  
(SUBR 03)

F - FINAL

SECONDARY DEMINERALIZER BD

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

3WES

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
99	01	01	99	01	31
(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)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			( 03 )	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT 300A AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/ MONTH	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.)	<i>Page 6. Kappel for Christopher English</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
CHRIS ENGLISH ENVIRONMENTAL MANAGER TYPED OR PRINTED			914.734-5208 AREA CODE NUMBER	99 2 12 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.

9903090229 990222  
 PDR ADDCK 05000003  
 R PDR

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

00903/990113-2050

PAGE 1 OF

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

NAME **CONSOLIDATED EDISON OF NY**  
 ADDRESS **INDIAN POINT STATION #1,2 & 3**  
**BROADWAY & BLEAKLEY AVE**  
**BUCHANAN NY 10511**  
 FACILITY **INDIAN POINT STATION #1,2 & 3**  
 LOCATION **BUCHANAN NY 10511**  
 ATTN: **RAYMOND BURNS**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (17-19)

**NY0004472**  
 PERMIT NUMBER

**001 E**  
 DISCHARGE NUMBER

MAJOR  
 (SUBR 03)  
 F - FINAL  
 ION EXCHANGE PLANTS

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98

3WEST

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	01	01	99	01	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

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

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.059	0.118	( 03 )	*****	*****	*****		0	1/7	INSTAN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Chris English*  
 ENVIRONMENTAL 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.)

*Roger E. Kappel for Christopher English*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 914 734-5208  
 DATE  
 99 2 12  
 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 **CONSOLIDATED EDISON OF NY**  
 ADDRESS **INDIAN POINT STATION #1,2 & 3**  
**BROADWAY & BLEAKLEY AVE**  
**BUCHANAN NY 10511**  
 FACILITY **INDIAN POINT STATION #1,2 & 3**  
 LOCATION **BUCHANAN NY 10511**  
 ATTN: **RAYMOND BURNS**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (17-19)

**NY0004472**

PERMIT NUMBER

**001 G**

DISCHARGE NUMBER

MAJOR  
 (SU8R 03)  
 F - FINAL  
 BOILER BLOWDOWN

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98

3WES

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
99	01	01	99	01	31

FROM (20-21) (22-23) (24-25) TO (26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	REPORT 30DA AVG	0.010	0.010	( 03 )	*****	*****	*****	*****	0	7/7	INSTAN
PHOSPHATE, TOTAL COLOR. METHOD (AS P) 50505 1 0 0 EFFLUENT GROSS VALUE	REPORT 30DA AVG	0.13	0.14	( 26 )	*****	*****	*****	*****	0	1/31	GRAB
	PERMIT REQUIREMENT	16 30DA AVG	38 DAILY MX	MGD	*****	*****	*****	*****		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

**CHRIS ENGLISH**  
**ENVIRONMENTAL 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. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 6 years.)

*Roger G. Kappel for Christopher English*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

714 734-5208

DATE

99 2 12

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 **CONSOLIDATED EDISON OF NY**  
 ADDRESS **INDIAN POINT STATION #1,2 & 3**  
**BROADWAY & BLEAKLEY AVE**  
**BUCHANAN NY 10511**  
 FACILITY **INDIAN POINT STATION #1,2 & 3**  
 LOCATION **BUCHANAN NY 10511**  
 ATTN: **RAYMOND BURNS**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (17-19)

**NY0004472**  
 PERMIT NUMBER

**001 I**  
 DISCHARGE NUMBER

MAJOR  
 (SUBR 03)  
 F - FINAL  
 CONDENSER COOLING WATER

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98

3WES

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	01	01	99	01	31
(20-21)		(22-23)	(24-25)	(26-27)	(28-29)
		(30-31)			

\*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1688.8	1782.0	( 03 )	*****	*****	*****		0	HOURLY	PHPLOG
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGO	*****	*****	*****	****		HOURLY	PHPLOG
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

*Chris English*

*Environmental 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.)

*Chris English*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

914 734-5208

DATE

99 2 12

AREA CODE NUMBER YEAR MO DAY

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

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

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

NAME **CONSOLIDATED EDISON OF NY**  
 ADDRESS **INDIAN POINT STATION #1,2 & 3**  
**BROADWAY & BLEAKLEY AVE**  
**BUCHANAN NY 10511**  
 FACILITY **INDIAN POINT STATION #1,2 & 3**  
 LOCATION **BUCHANAN NY 10511**  
 ATTN: **RAYMOND BURNS**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

**NY0004472**

PERMIT NUMBER

**001 J**

DISCHARGE NUMBER

MAJOR  
 (SUBR 03)  
 F - FINAL  
 FLOOR DRAINS

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

3WES

MONITORING PERIOD

FROM **99 01 01** TO **99 01 31**  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE **1** \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (38-39)	AVERAGE (40-41)	MAXIMUM (42-43)	UNITS (44-45)			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT	E 0.063	E 0.097	( 03)	*****	*****	*****		0	1/7	ESTIMA
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
OIL AND GREASE VISUAL 84066 1 0 0	SAMPLE MEASUREMENT	0	*****	( 94)	*****	*****	*****		0	1/7	VIS
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

*Chris English*

ENVIRONMENTAL 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.)

TELEPHONE

*Page 6. Kappel for Christopher English*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

914 734 5208

AREA CODE NUMBER

DATE

99 2 12

YEAR MO DAY

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

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

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

NAME **CONSOLIDATED EDISON OF NY**  
 ADDRESS **INDIAN POINT STATION #1,2 & 3**  
**BROADWAY & BLEAKLEY AVE**  
**BUCHANAN NY 10511**  
 FACILITY **INDIAN POINT STATION #1,2 & 3**  
 LOCATION **BUCHANAN NY 10511**  
 ATTN: **RAYMOND BURNS**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

NY0004472

PERMIT NUMBER

001 K

DISCHARGE NUMBER

MAJOR  
(SUBR 03)

F - FINAL

TOTAL FACILITY DISCHARGE CANAL

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98

3WES

MONITORING PERIOD

FROM YEAR 99 MO 01 DAY 01 TO YEAR 99 MO 01 DAY 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	66.5	( 15 )	O	31/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	110 DAILY MX	DEG.F		DAILY	GRAB
PH	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.8	( 12 )	O	1/7	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
BORON, TOTAL (AS B)	SAMPLE MEASUREMENT	*****	62.3	( 26 )	*****	*****	< 1.0	( 19 )	O	1/7	CALCTD
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 )	O	1/31	CALCTD
01132 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.01 DAILY MX	MG/L		ONCE/ MONTH	CALCTD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.1	( 19 )	O	31/31	GRAB
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

*Chris English*

*Environmental 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. § 1318. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 6 years.)

*Boyan G. Keppel for Christopher English*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

914 734-5208

DATE

99 2 12

AREA CODE NUMBER YEAR MO DAY

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.

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

NAME **CONSOLIDATED EDISON OF NY**  
 ADDRESS **INDIAN POINT STATION #1,2 & 3**  
**BROADWAY & BLEAKLEY AVE**  
**BUCHANAN NY 10511**  
 FACILITY **INDIAN POINT STATION #1,2 & 3**  
 LOCATION **BUCHANAN NY 10511**  
 ATTN: **RAYMOND BURNS**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (17-19)

**NY0004472**  
 PERMIT NUMBER

**001 M**  
 DISCHARGE NUMBER

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

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98

3WEST

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	01	01	99	01	31
(20-21)		(22-23)	(24-25)		(26-27)
			(28-29)		(30-31)

\*\*\* NO DISCHARGE 1-1 \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (38-45) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHROMIUM, HEXAVALENT (AS CR) 01032 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	NODIC	NODIC	(19)	-	NODIC	NODIC
	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	*****	*****		*****	NODIC	NODIC	(19)	-	NODIC	NODIC
	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	*****	*****		*****	5.04	9.49	(19)	0	1/31	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	0.011	0.022	(03)	*****	*****	*****		0	9/31	INSTAN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**CHRIS ENGLISH**  
**ENVIRONMENTAL 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 6 years.)

*Regu G. Kappel for Christopher English*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

914 734-5208

AREA CODE NUMBER

DATE

99 2 12

YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 USE PARAMETER LISTED AS LITHIUM TO REPORT LITHIUM HYDROXIDE

NODIC 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 NY**  
 ADDRESS **INDIAN POINT STATION #1,2 & 3**  
**BROADWAY & BLEAKLEY AVE**  
**BUCHANAN NY 10511**  
 FACILITY **INDIAN POINT STATION #1,2 & 3**  
 LOCATION **BUCHANAN NY 10511**  
 ATTN: **RAYMOND BURNS**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (17-19)

**NY0004472**  
 PERMIT NUMBER

**001 N**  
 DISCHARGE NUMBER

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

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98

3WES

MONITORING PERIOD

FROM 

YEAR	MO	DAY
99	01	01

 TO 

YEAR	MO	DAY
99	01	31

  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BORON, TOTAL (AS B)		*****	*****		*****	11.7	37.5	( 19)	0	1/7	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			WEEKLY	GRAB
EFFLUENT GROSS VALUE						30DA AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.191	0.259	( 03)	*****	*****	*****		0	7/7	INST
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		WEEKLY	INSTAN
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX					****			
	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

**CHRIS ENGLISH**  
**ENVIRONMENTAL 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 6 years.)

TELEPHONE

**914 734 5208**

AREA CODE NUMBER

DATE

**99 2 12**

YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

*Chris English*

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



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

NAME **CONSOLIDATED EDISON OF NY**  
 ADDRESS **INDIAN POINT STATION #1,2 & 3**  
**BROADWAY & BLEAKLEY AVE**  
**BUCHANAN NY 10511**  
 FACILITY **INDIAN POINT STATION #1,2 & 3**  
 LOCATION **BUCHANAN NY 10511**  
 ATTN: **RAYMOND BURNS**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (17-19)

**NY0004472**  
 PERMIT NUMBER

**001 Z**  
 DISCHARGE NUMBER

MAJOR  
 (SUBR 03)  
 F - FINAL  
 FILTER BACKWASH

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98

3WES

MONITORING PERIOD								
YEAR		MO	DAY	TO	YEAR		MO	DAY
99		01	01		99		01	31
(20-21)		(22-23)	(24-25)		(26-27)		(28-29)	(30-31)

\*\*\* NO DISCHARGE 1-1 \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	24474	65400	( 07 )	*****	*****	*****		0	1/7	INSTA
00056 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY	INSTAN
EFFLUENT GROSS VALUE		DAILY AV	DAILY MX	GPD				****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

*Chris English*

ENVIRONMENTAL 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.)

*Boye G. Kuppel*

*Christopher English*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

914 734 5208

DATE

99 2 12

COMMENTS 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 NY**  
 ADDRESS **INDIAN POINT STATION #1,2 & 3**  
**BROADWAY & BLEAKLEY AVE**  
**BUCHANAN NY 10511**  
 FACILITY **INDIAN POINT STATION #1,2 & 3**  
 LOCATION **BUCHANAN NY 10511**  
 ATTN: **RAYMOND BURNS**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (17-19)

**NY0004472**  
 PERMIT NUMBER

**SUM 4**  
 DISCHARGE NUMBER

MONITORING PERIOD  
 FROM **99 01 01** TO **99 01 31**  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR  
 (SUBR 03)  
 F - FINAL  
 SUM OF 001C, 001D, 001K & 001 : **3WES**

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98

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

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.8	(19)	0	1/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 MAXIMUM	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**Chris English**  
**ENVIRONMENTAL 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.)

*Robert C. Koppel for Christopher English*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

**914 734-5208**  
 AREA CODE NUMBER

DATE

**99 2 12**  
 YEAR MO DAY

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



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

NAME **CONSOLIDATED EDISON OF NY**  
 ADDRESS **INDIAN POINT STATION #1, 2 & 3**  
**BROADWAY & BLEAKLEY AVE**  
**BUCHANAN NY 10511**  
 FACILITY **INDIAN POINT STATION #1, 2 & 3**  
 LOCATION **BUCHANAN NY 10511**  
 ATTN: **RAYMOND BURNS**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

**NY0004472**

PERMIT NUMBER

**SUM 7**

DISCHARGE NUMBER

MAJOR  
(SUBR 03)

F - FINAL

SUM OF 0018, C, D, E, G, K & L

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

3WES

MONITORING PERIOD

FROM YEAR **99** MO **01** DAY **01** TO YEAR **99** MO **01** DAY **31**  
 (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)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	4.7	18	(19)	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 DAILY AV	50 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT	0.285	2364	(03)	*****	*****	*****		0	7/7	INSTAN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**Chris English**  
**Environmental 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. § 1318. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

**914 234 5208**

AREA CODE NUMBER

DATE

**99 2 12**

YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

*Roger B. Kappel for Christopher English*

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