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

March 24, 1994

NYSDEC - Division of Water
Source Surveillance Section
Bureau of Wastewater Facilities Operations
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 February 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.

If you have any questions regarding this submission, please contact Mr. Reynolds Burns of Con Edison at (914)734-5605 or Mr. Matthew Kerns of New York Power Authority at (914)736-8452.

Very truly yours,

Thomas Schmeiser
General Manager
Nuclear Power Generation
Con Edison, Indian Point
1 and 2

Attachment

9404110233 940324
PDR ADOCK 05000003
R PDR

IE25
1/1

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: 02/ / 94 Location (Outfall, Treatment Unit, or Pump Station): Discharge Canal

Description of noncompliance(s) and cause(s): The Indian Point site has been unable to maintain the required 1.75 foot head differential in the discharge canal under all operating conditions. This was originally believed to have been due to a combination of erosion from beneath the gates and with the gate operation. Further inspection performed during the course of the ongoing repair program revealed that additional structural repairs to the discharge canal are necessary.

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

Start date, time of event: 02/01/94 00:00 (AM) (PM) End date, time of event: 02/28/94 12:00 (AM) (PM)

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

Immediate corrective actions: ___

Preventive (long term) corrective actions: Repair work to correct the gates problems is completed. The new repair activities to be completed by April 1, 1994.

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 Byers Title: Chemistry Manager Date: 03/24/94

Phone #: (914) 739-5605 Fax #: (914) 739-5502

December 10, 1993

To: SPDES Permittees
From: Robert Townsend, P.E., Chief, Compliance Section, Bureau of Wastewater Facilities Operations, Division of Water
Subject: Standardized Noncompliance Report

To facilitate the reporting of noncompliance events, the Division of Water has developed this standardized form. According to the SPDES Permit General Conditions Part II, Section 5(b), noncompliance which may endanger health or the environment must be reported orally within 24 hours and also in writing within five (5) days. Other noncompliance as defined in Section 5(c) shall be reported as attachments to the Discharge Monitoring Report (DMR). This form should be used for these events as well as to report noncompliance relating to consent orders, scheduled events and bypass events.

By using this form all necessary information can readily be reported to DEC. Any additional information required to describe the event can be attached. **Please make additional copies of this form and use as needed**. Instructions are provided below. Please contact the Division of Water, Bureau of Wastewater Facilities Operations at 518-457-3790 for questions on form use. Thank you for your cooperation.

Instructions to complete and submit Noncompliance Report

1. Provide facility information and all applicable event details in Sections 1 through 3. Dates should be completed in month/day/year format.

2. Provide your name, title, business phone number, and date report was completed in Section 4. Use additional sheets as needed to provide full detail of the event in Section 2.

3. For 24-hour and 5-day reports, mail or fax the completed form to the appropriate DEC Regional Office listed below. Attach all other noncompliance reports to the DMR submittal or mail separately as related to consent order/scheduled event noncompliance. **Note** that 24-hour and 5-day reports are required only if the noncompliance endangers health or the environment. After hours and weekend reporting of health or environment threatening noncompliance must be reported through the DEC Telephone Hotline, which is 1-800-457-7362.

DEC Regional Offices

REGION 1 Robert Schoen, RWI [illegible] [illegible] Phone [illegible] Fax [illegible] **Counties** [illegible] Suffolk	**REGION 2** Rich Newman, RWI One Hunters Point Plaza 47-40 21st St Long Island City, NY 11101-5407 Phone 718-482-4933 Fax 718-482-4933 **Counties:** Queens Bronx New York Kings Richmond	**REGION 3 **** Cesare Manfredi, RWI Region 3 Suboffice 200 White Plains Ave, 7th Floor Tarrytown, NY 10591-7805 Phone 914-332-1835 Fax 914-332-4670 **Counties** Rockland Dutchess Sullivan Orange Ulster Putnam Westchester
REGION 4 Fred Sievers, RWI [illegible] [illegible] Phone [illegible] Fax [illegible] **Counties** Montgomery Albany Oneida Columbia Rensselaer Delaware Schoharie Greene Schenectady	**REGION 5 **** Wiley Lavigne, RWI Route 86, P.O. Box 296 Raybrook, NY 12977-0296 Phone 518-891-1370 Fax 518-891-1370 **Counties** Clinton Hamilton Essex Saratoga Franklin Warren Fulton Washington	**REGION 6 **** Jim Luz, RWI Region 6 Suboffice State Office Bldg 207 Genesee St Utica, NY 13501 Phone 315-793-2554 Fax 315-793-2748 **Counties** Lewis Herkimer Oneida Jefferson St. Lawrence
REGION 7 Lee Flocke, RWI 615 Erie Blvd West Syracuse, NY 13204-2400 Phone 315-426-7500 Fax 315-426-7402 **Counties** Madison Broome Onondaga Cayuga Oswego Chenango Tioga Cortland Tompkins	**REGION 8** Frank Ricotta, RWI 6274 East Avon Lima Rd Avon, NY 14414-9519 Phone 716-226-2466 Fax 716-226-2466 (Operator) **Counties:** Orleans Chemung Schuyler Genesee Seneca Livingston Steuben Monroe Wayne Ontario Yates	**REGION 9** John McMahon, RWI 270 Michigan Avenue Buffalo, NY 14203-2999 Phone 716-851-7070 Fax 716-851-7060 **Counties** Allegany Erie Cattaraugus Niagara Chautauqua Wyoming

** **REGION 3 Suboffice**
Regional Water Staff
23 So. Pott Connors Rd
New Paltz, NY 12561-1696
Phone 914-255-5453
Fax 914-255-3042

REGION 5 Suboffice
Regional Water Staff
Box 220, Hudson St Extension
Warrensburg, NY 12885-0220
Phone 518-623-3671
Fax 518-623-3671

REGION 6 Suboffice
Regional Water Staff
317 Washington St
Watertown, NY 13601-3787
Phone 315-785-2513
Fax 315-785-2422

December 10, 1993

To: SPDES Permittees
From: Robert Townsend, P.E., Chief, Compliance Section, Bureau of Wastewater Facilities Operations, Division of Water
Subject: Standardized Noncompliance Report

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DEC Regional Offices

REGION 1 [illegible] RWE [illegible] [illegible] Phone [illegible] Fax [illegible] Counties [illegible]	**REGION 2** Rich Newman RWE One Hunters Point Plaza [illegible] Long Island City NY [illegible] Phone [illegible] Fax [illegible] Counties: Queens, Bronx, New York, Kings, Richmond	**REGION 3 **** Cesare Manfredi RWE Region 3 Suboffice [illegible] White Plains Ave 5th Floor Tarrytown NY [illegible] Phone 914 332 1835 Fax 914 332 [illegible] Counties: Rockland, Dutchess, Sullivan, Orange, Ulster, Putnam, Westchester
REGION 4 [illegible] RWE [illegible] Schenectady NY [illegible] Phone [illegible] Fax [illegible] Counties: Montgomery, Albany, Oswego, [illegible], Rensselaer, Delaware, Schoharie, [illegible], Schenectady	**REGION 5 **** Wiley Lavigne RWE Route 86 P.O. Box 296 Raybrook NY 12977-0296 Phone 518 891 1370 Fax [illegible] 891 4520 Counties: Clinton, [illegible]ulton, Essex, Saratoga, Franklin, Warren, Fulton, Washington	**REGION 6 **** Jim Luz RWE Region 6 Suboffice State Office Bldg 207 Genesee St Utica NY 13500 Phone 315 793 2554 Fax 315 793 2748 Counties: Lewis, Herkimer, Oneida, Jefferson, St. Lawrence
REGION 7 Lee Hucke RWE 615 Erie Blvd West Syracuse NY [illegible] Phone 315 426 [illegible] Fax 315 426 7402 Counties: Madison, Broome, Onondaga, Cayuga, Oswego, Chenango, [illegible], Cortland, Tompkins	**REGION 8** Frank Ricotta RWE 6274 East Avon Lima Rd Avon NY 14414-9519 Phone 716 226 2466 Fax 716 226 2466 (Operator) Counties: Orleans, Chemung, Schuyler, Genesee, Seneca, Livingston, Steuben, Monroe, Wayne, Ontario, Yates	**REGION 9** John McMahon RWE 270 Michigan Avenue Buffalo NY 14203-2999 Phone 716 851 7070 Fax 716 851 7000 Counties: Allegany, Erie, Cattaraugus, Niagara, Chautauqua, Wyoming

** **REGION 3 Suboffice**
Regional Water Staff
21 So. Putt Corners Rd
New Paltz NY [illegible]
Phone 914 255 [illegible]
Fax 914 255 [illegible]

REGION 5 Suboffice
Regional Water Staff
Box 220 Hudson St Extension
Warrensburg NY 12885-0220
Phone 518 623 [illegible]
Fax 518 623 [illegible]

REGION 9 Suboffice
Regional Water Staff
317 Washington St
Watertown NY 13601-[illegible]
Phone 315 785 2511
Fax 315 785 2422

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
001 C — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	02	01	TO	94	02	28

MAJOR
(SUBR 03) SWES
F - FINAL
SECONDARY DEPENERATED SO

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

*** NO DISCHARGE ! X ! ***

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			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX MGD		******	******	******	**** ****		ONCE/ MONTH	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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9404110237 940324
PDR ADOCK 05000003
R PDR

NAME TITLE PRINCIPAL EXECUTIVE OFFICER

THOMAS SCHMEISER
GENERAL 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 MAY ALSO BE IMPOSED UNDER STATE LAWS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
914	734-5221	94	03	25

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

ENTER RESULTS FOR BETZ CLAM-TROL CT-1 ON BLANK LINE OF THIS FORM

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

NAME 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)

NYC004472 — PERMIT NUMBER
001 E — EXTENSION NUMBER

MAJOR
(SL-R 03)
F - FINAL
DCN EXCHANGE

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	03	01	TO	94	03	28

*** 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	0.026	0.036	(03)	******	******	******		0	7/7	INSTAN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		WEEKLY	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										

NAME TITLE PRINCIPAL EXECUTIVE OFFICER

THOMAS SCHMEISER
GENERAL MANAGER
TYPED OR PRINTED

CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THAT 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 FOR KNOWING VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 914, NUMBER 734-5221

DATE: YEAR 94, MO 03, DAY 25

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)

NY0004472 — PERMIT NUMBER
001 G — DISCHARGE NUMBER

MAJOR
(SUBR 03)
F - FINAL
BOILER BLOWDOWN

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	02	01	TO	94	02	28

*** NO DISCHARGE ! __ ! ***

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FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.007	0.007	(03)	******	******	******		0	7/7	INSTAN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		WEEKLY	INSTAN
PHOSPHATE, TOTAL COLOR. METHOD (AS P) 70505 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.02	0.05	(26)	******	******	******		0	1/28	GRAB
	PERMIT REQUIREMENT	16 30DA AVG	38 DAILY MX	LBS/DY	******	******	******	**** ****		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

THOMAS SCHMEISER
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
914	734-5221	94	03	25

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)

NY0004472 — PERMIT NUMBER
001 I — DISCHARGE NUMBER

MAJOR
(SUBR 03)
F - FINAL
CONDENSER COOLING WATER

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	02	01	TO	94	02	28

*** 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	782	891	(03)	******	******	******		0	HOURLY	FMPLG
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX MGD		******	******	******	**** ****		HOURLY	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

NAME TITLE PRINCIPAL EXECUTIVE OFFICER

THOMAS SCHMEISER
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
914	734-5221	94	03	25

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

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

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 J
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR 03) SWEST
F - FINAL
FLOOR DRAINS

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	02	01	TO	94	02	28

*** NO DISCHARGE ! __ ! ***

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	0.001	0.001	(03)	******	******	******		0	1/7	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	1/7	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
THOMAS SCHMEISER
GENERAL MANAGER
TYPED OR PRINTED

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Thomas Schmeiser
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
914	734-5221	94	03	25
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

001 K — DISCHARGE NUMBER

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

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	02	01	TO	94	02	28

*** NO DISCHARGE ! __ ! ***

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
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******	62.0	(15)	0	DAILY	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	******	110 DAILY MX	DEG.F		DAILY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.4	******	7.5	(12)	0	1/7	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
BORON, TOTAL (AS B) 01022 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	24.0	(25)	******	******	0.004	(19)	0	1/7	CALCTD
	PERMIT REQUIREMENT	******	525 DAILY MX	LBS/DY	******	******	1.0 DAILY MX	MG/L		WEEKLY	CALCTD
LITHIUM, TOTAL (AS LI) 01132 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<.001	(19)	0	1/28	CALCTD
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.01 DAILY MX	MG/L		ONCE/ MONTH	CALCTD
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.16	(19)	0	CONTINUOUS	CONTINUOUS
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.2 DAILY MX	MG/L		CONTINUOUS	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

THOMAS SCHMEISER
GENERAL 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 a fine up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Thomas Schmeiser

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
914	734-5221	94	03	25

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.~~

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED) 00794/940211-1737 PAGE 1 OF

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)

NYC004472 — PERMIT NUMBER
001 M — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 94 MO 02 DAY 01 TO YEAR 94 MO 02 DAY 28

MAJOR
(SUBR 03)
F - FINAL
SUM OF OUTFALLS 001 TO 31 SEP 1D

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

*** 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) 01032 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.01	0.01	(19)	0	1/2S	GRAB
	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	******	******		******	0.05	0.10	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 30DA AVG	1.0 DAILY MX	MG/L		WEEKLY	GRAB
LITHIUM, TOTAL (AS LI) 01132 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.13	0.15	(19)	0	1/28	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	0.003	0.006	(03)	******	******	******		0	7/7	INSTAN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		WEEKLY	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
THOMAS SCHMEISER
GENERAL MANAGER
TYPED OR PRINTED

CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 914, NUMBER 734-5021

DATE: YEAR 94, MO 03, DAY 25

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)

NY0004472 — PERMIT NUMBER
001 N — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 94 MO 02 DAY 01 TO YEAR 94 MO 02 DAY 25

MAJOR
(SUBR 03)
F - FINAL
SUM OF OUTFALLS 00795/940211

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	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BORON, TOTAL (AS B)	SAMPLE MEASUREMENT	******	******		******	11.9	15.9	(19)	0	1/7	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	0.208	0.286	(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 SCHMEISER
GENERAL 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 [illegible]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 914 NUMBER 734-5221 YEAR 94 MO 03 DAY 25

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)

NY0004472 — PERMIT NUMBER
001 Z — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 94 MO 02 DAY 01 TO YEAR 94 MO 02 DAY 28

MAJOR
(SUBR 03)
F - FINAL
FILTER BACKWASH

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 RATE	SAMPLE MEASUREMENT	21900	21951	(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										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
THOMAS SCHMEISER
GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 914, NUMBER 734-5221

DATE: YEAR 94, MO 03, DAY 25

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 001C,001D,001E

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	02	01	TO	94	02	28

*** 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
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	4.8	(19)	0	1/25	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 MAXIMUM	MG/L		ONCE/ MONTH	
	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
GENERAL MANAGER

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 914 734-5221 (AREA CODE, NUMBER)

DATE: 94 03 25 (YEAR, MO, DAY)

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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 7 — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	02	01	TO	94	02	23

MAJOR
(SUBR 03)
F - FINAL
SUM OF 001

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	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	4.7	10.8	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	30 DAILY AV	50 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.231	0.255	(03)	******	******	******		0	7/7	INSTAN
	PERMIT REQUIREMENT	REPORT DAILY AV	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 SCHMEISER
GENERAL 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 AREA CODE	NUMBER	DATE YEAR	MO	DAY
914	734-5221	94	03	25

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