February 22, 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
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 January 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. Mathew Kerns of New York Power Authority at (914)736-8452.

Very truly yours,

Stephen E. Quinn
General Manager
Nuclear Power Generation
Con Edison, Indian Point
1 and 2

Attachment

/km

05-192

JE22 1/1

9403100208 940131
PDR ADOCK 05000003
R PDR

Con Edison memorandum

INDIAN POINT STATION
JUNE 22, 1993

TO: DISTRIBUTION

FROM: Stephen B. Bram
Vice President, Nuclear Power

SUBJECT: Delegation of Responsibility

During the period that Stephen E. Quinn, General Manager of Nuclear Power Generation is assigned to INPO's on-loan program, Thomas Schmeiser, Acting General Manager is delegated all the duties and responsibilities of the position.

Stephen B. Bram

/se0622/93

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: 01 / — / 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 (see letter of June 18, 1993 from NYPA to DEC)

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: ___ / ___ / ___, ___ (AM) (PM) End date, time of event: ___ / ___ / ___, ___ (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 ARE EXPECTED 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 Burns Title: Chemistry Manager Date: 02 / 23 / 94

Phone #: (914) 736-5605 Fax #: (914) 736-5062

3506-101 (12/93)

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 envir[illegible] threatening noncompliance must be reported through the DEC Telephone Hotline, which is 1-800-457-7362.

DEC Regional Offices:

REGION 1 Robert Schenck, RWE SUNY Stony Brook Campus, Bldg. 40 Stony Brook, NY 11790-2356 Phone 516-444-0405 Fax 516-444-0135 Counties: Nassau Suffolk	**REGION 2** Rick Newman, RWE One Hunters Point Plaza 47-40 21st St Long Island City, NY 11101-5407 Phone 718-482-4933 Fax 718-482-4954 Counties: Bronx Queens Kings New York Richmond	**REGION 3 **** Cesare Manfredi, RWE Region 3 Suboffice 200 White Plains Ave, 5th Floor Tarrytown, NY 10591-5805 Phone 914-332-1835 Fax 914-332-4670 Counties: Dutchess Rockland Orange Sullivan Putnam Ulster Westchester
REGION 4 Fred Sievers, RWE 2176 Guilderland Ave Schenectady, NY 12306-4498 Phone 518-382-0080 Fax 518-382-1065 Counties: Albany Montgomery Columbia Otsego Delaware Rensselaer Greene Schoharie Schenectady	**REGION 5 **** Wiley Lavigne, RWE Route 86, P.O. Box 296 Ray Brook, NY 12977-0296 Phone 518-891-1370 Fax 518-891-4120 Counties: Clinton Hamilton Essex Saratoga Franklin Warren Fulton Washington	**REGION 6 **** Jim Eaton Region 6 Suboffice State Office Bldg 207 Genesee St Utica, NY 13501 Phone 315-793-2554 Fax 315-793-2748 Counties: Herkimer Lewis Jefferson Oneida St. Lawrence
REGION 7 Lee Hocke, RWE 615 Erie Blvd West Syracuse, NY 13204-2400 Phone 315-426-7500 Fax 315-426-7402 Counties: Broome Madison Cayuga Onondaga Chenango Oswego Cortland Tioga Tompkins	**REGION 8** Frank Piccola, RWE 6274 East Avon-Lima Rd Avon, NY 14414-9519 Phone 716-226-2466 Fax 716-226-2466 (Operator) Counties: Chemung Orleans Genesee Schuyler Livingston Seneca Monroe Steuben Ontario Wayne Yates	**REGION 9** John McMahon, RWE 270 Michigan Avenue Buffalo, NY 14203-2999 Phone 716-851-7070 Fax 716-851-7099 Counties: Allegany Erie Cattaraugus Niagara Chautauqua Wyoming

**

REGION 3 Suboffice Regional Water Staff 21 So. Putt Corners 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 518-623-3601	**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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REGION 4 Fred Sievers, RWE 2136 Guilderland Ave. Schenectady, NY 12306-4428 Phone 518-382-0480 Fax 518-382-1064 Counties: Albany, Montgomery, Columbia, Otsego, Delaware, Rensselaer, Greene, Schoharie, Schenectady	**REGION 5 **** Wiley Lavigne, RWE Route 86, P.O. Box 296 Ray Brook, NY 12977-0296 Phone 518-891-1370 Fax 518-891-4520 Counties: Clinton, Hamilton, Essex, Saratoga, Franklin, Warren, Fulton, Washington	**REGION 6 **** Jim Luz, RWE Region 6 Suboffice State Office Bldg. 207 Genesee St. Utica, NY 13501 Phone 315-793-2554 Fax 315-793-2548 Counties: Herkimer, Lewis, Oneida, Jefferson, St. Lawrence
REGION 7 Lee Fleckenstein, RWE 615 Erie Blvd. West Syracuse, NY 13204-2400 Phone 315-426-7400 Fax 315-426-7402 Counties: Broome, Madison, Cayuga, Onondaga, Chenango, Oswego, Cortland, Tioga, Tompkins	**REGION 8** Frank Riccio, RWE 6274 East Avon-Lima Rd. Avon, NY 14414-9519 Phone 716-226-2466 Fax 716-226-2466 (Operator) Counties: Chemung, Orleans, Genesee, Schuyler, Livingston, Seneca, Monroe, Steuben, Ontario, Wayne, Yates	**REGION 9** John McMahon, RWE 270 Michigan Avenue Buffalo, NY 14203-2999 Phone 716-851-7070 Fax 716-851-7099 Counties: Allegany, Erie, Cattaraugus, Niagara, Chautauqua, Wyoming

**

REGION 3 Suboffice
Regional Water Staff
21 So. Putt Corners 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 518-623-3601

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

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
94	01	01	94	01	31

MAJOR
(SUBR 03) SINGLE
F - FINAL
SECONDARY

Form Approved.
OMB No. 2040-0004
EXPIRES DEC 1-93

*** 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 C 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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	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 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 AREA CODE	NUMBER	DATE YEAR	MO	DAY
914	734-3201	94	02	22

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)

NY0004472 — PERMIT NUMBER

001 E — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	01	01	TO	94	01	31

MAJOR
(SUBR 03) ~~FORM Approved.~~
F - FINAL OMB No. 2040-0004
ION EXCHANGE 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	SAMPLE MEASUREMENT	0.025	0.059	(03)	******	******	******		0	7/7	INSTAN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		WEEKLY	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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: AREA CODE 914 NUMBER 734-5221

DATE: YEAR 94 MO 02 DAY 22

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Facility Name (Location of Effluent)
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

NYC004472 — PERMIT NUMBER
001 G — DISCHARGE NUMBER

MAJOR
(SUBR 03) Form Approved.
F - FINAL OMB No. 2040-0004
BOILER BLOWDOWN Expires 10-31-94

MONITORING PERIOD
FROM YEAR 94 MO 01 DAY 01 TO YEAR 94 MO 01 DAY 31

*** 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	0.007	0.007	(03)	******	******	******		0	7/7	INSTAN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		WEEKLY	INSTAN
PHOSPHATE, TOTAL COLOR. METHOD (AS P)	SAMPLE MEASUREMENT	0.22	0.22	(26)	******	****	******		0	1/31	GRAB
70505 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	16 30DA AVG	38 DAILY MX	LBS/DY	******	******	******	**** ****		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME TITLE PRINCIPAL EXECUTIVE OFFICER
Thomas Schmeiser
General 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 U.S.C. 1001 AND 33 U.S.C. 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	02	22

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

NAME CONSOLIDATED EDISON OF N.Y.
ADDRESS INDIAN POINT STATION #1,2 & 3
- 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: 001 I

MAJOR
(SUBR 03)
F - FINAL
CONDENSER COOLING WATER

Form Approved.
OMB No. 2040-0004
Approval Expires 12-31-94

MONITORING PERIOD
FROM YEAR 94 MO 01 DAY 01 TO YEAR 94 MO 01 DAY 31

*** 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	854	1020	(MGD)	******	******	******			CONTINUOUS	
SOURCE 1 & 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX MGD		******	******	******	****		HOURLY	SAMPLE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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: AREA CODE 914, NUMBER 734-5281
DATE: YEAR 94, MO 02, DAY 22

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

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

DISCHARGE MONITORING REPORT (DMR)

NYC004472 — PERMIT NUMBER
001 J — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 94 MO 01 DAY 01 TO YEAR 94 MO 01 DAY 31

MAJOR
(SUBR C3) INTEST
F - FINAL
FLOOR DRAINS

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	0.001	0.001	(03)	******	******	******		0	1/7	ESTIMA
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		WEEKLY	ESTIMA
OIL AND GREASE VISUAL 84066 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	******	(94)	******	******	******		0	1/7	VISUAL
	PERMIT REQUIREMENT	REPORT 30DA AVG	******	YES=1 NO=0	******	******	******	**** ****		WEEKLY	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	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 734-5201
DATE: YEAR 94, MO 02, DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
FLOWS TRIBUTARY TO FLOOR DRAINS SHALL NOT CONTAIN MORE THAN 15 MG/L OF OIL AND GREASE OR ANY VISIBLE SHEEN

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

MONITORING PERIOD
FROM YR 01 DAY 01 TO YR 01 DAY 31

MAJOR
(SUBR C3) FORM Approved.
F - FINAL OMB No. 2040-0004
TOTAL FACILITY DISCHARGE CANAL
Approval Expires 11-30-90

*** 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	******	******		******	******	66.0	(15)	0	DAILY	GRAB
00011 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	****** **** ****		******	******	110 DAILY MX	DEG.F		DAILY	GRAB
PH	SAMPLE MEASUREMENT	******	******		7.5	******	7.7	(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	******	29.8	(20)	******	******	<.01	(19)	0	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	******	******		******	******	<.001	(19)	0	1/21	CALCTD
01132 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.01 DAILY MX	MG/L		ONCE/ MONTH	CALCTD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	******	0.2	(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 SCHNEIDER
General Manager
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 914, NUMBER 734-5221
DATE: YEAR 94, MO 02, DAY 22

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 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 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	01	01	TO	94	01	31

MAJOR
(SUBR 03) Form Approved.
F - FINAL OMB No. 2040-0004
SUM OF OUT 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	******	******		******	<.01	<.01	(19)	0	1/31	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	******	******		******	0.07	0.10	(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	******	******		******	<0.1	<0.1	(19)	0	1/31	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	0.005	0.006	(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										

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 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or 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	02	22

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 01 DAY 01 TO YEAR 94 MO 01 DAY 31

MAJOR
(SUBR 03) Form Approved.
F - FINAL OMB No. 2040-0004
SUM OF OUT Approval expires 10-31-94 30011

*** 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
SOROX TOTAL (AS B)	SAMPLE MEASUREMENT	******	******		******	16.7	22.5	(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	0.169	0.192	(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

[illegible]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
914	734-5221	94	02	22

COMMENT AND EXPLANATION OF ANY VIOLATIONS [illegible]

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

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

NY0004472 — PERMIT NUMBER
001 Z

MONITORING PERIOD
FROM YEAR 94 MO 01 DAY 01 TO YEAR 94 MO 01 DAY 31

MAJOR
(SUBR 03) ~~Form Approved.~~
F - FINAL OMB No. 2040-0004
FILTER BACK ~~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.	ANALYSIS TYPE	SAMPLE TYPE
FLOW RATE	SAMPLE MEASUREMENT	18000	18650	(MGD)	******	******	******		0	7/7	INSTA
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	GPD	******	******	******	**** ****		WEEKLY	INSTA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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 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 State statutes may exceed Federal $ [illegible] and/or imprisonment of [illegible] years and/or [illegible]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
914	737-8211	94	02	22

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
004 4 — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 94 MO 01 DAY 01 TO YEAR 94 MO 01 DAY 31

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
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	5.0	(12)	0	1/30	GRAB
	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

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).

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 914 NUMBER 681-6521
DATE: YEAR 94 MO 02 DAY 26

COMMENT AND EXPLANATION OF ANY VIOLATIONS Reference attached

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 7 — DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
94	01	01	94	01	31

MAJOR
(SUBR 03) FORM Approved.
F - FINAL OMB No. 2040-0004
SUM OF 001 Expiration Date: 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
SOLIDS, TOTAL SUSPENDED 00530 1 C 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	5.4	16.3	(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 C 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.220	0.273	(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 Schneider
General Manager

TYPED OR PRINTED

I 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 AND 33 U.S.C. 1319)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
914	734-5221	94	02	22

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